

Final Narrative

Use this form to provide your final update to your foundation program officer regarding the results achieved for the entire project. In addition, please provide your perspective on key lessons learned or takeaways and input on the foundation's support of your work to ensure that we can capture and share learnings as appropriate both internally and externally.

The Final Narrative must be submitted in Word, as PDFs will not be accepted.

General Information

Investment Title	Umodzi - Men, Women, Boys and Girls in Alliance to Achieve Gender Equality		
Grantee/Vendor	Cooperative for Assistance and Relief Everywhere, Inc.		
Primary Contact	Thokozani Mwenyekonde	Investment Start Date	November 19, 2015
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Program Officer	Pilar Pacheco	Reporting Period End Date	April 30, 2018
Program Coordinator	Taryn Slemmons	Reporting Due Date	June 30, 2018
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Remaining Funds (If applicable)	\$13		

¹ Feedback Contact/Email: the full name and email of the contact whom foundation staff queries for various surveys.

Submission Information

By submitting this report, I declare that I am authorized to certify, on behalf of the grantee or vendor identified on page 1, that I have examined the following statements and related attachments, and that to the best of my knowledge, they are true, correct and complete. I hereby also confirm that the grantee or vendor identified on page 1 has complied with all of the terms and conditions of the Grant Agreement or Contract for Services, as applicable, including but not limited to the clauses contained therein regarding Use of Funds, Anti-Terrorism, Subgrants and Subcontracts, and Regulated Activities.

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Progress and Results

1. Final Progress Details

Provide information regarding the entire investment's progress towards achieving the investment outputs and outcomes. In addition, submit the Results Tracker with actual results as requested. **If this investment has an Integrated Product Development Plan (IPDP) that was developed with your foundation Program Officer, progress toward relevant outputs and outcomes should be updated in that document.**

Umodzi was a two-year action research project to test the effectiveness and scalability of a gender-synchronized, transformational approach that is integrated into existing school-based life skills (LS) and sexuality education programs for 10- to 19-year-old adolescent boys and girls. The purpose of Umodzi was to enhance the sustained empowerment of adolescent girls in rural communities in Central Malawi to exercise their sexual and reproductive health (SRH) rights and ultimately achieve better life outcomes. The project used a comparative study to demonstrate evidence-based impact and also used a proof-of-concept component to inform process in real time. The project was conceptualized to achieve the following outcomes:

1. Adoption of gender-equitable attitudes and behaviors among adolescent boys and girls in primary school aged 10-19
2. Improved health and development knowledge, attitude, self-efficacy, and self-care practices among adolescent boys and girls in primary school aged 10-19
3. Increased evidence on the efficacy of a gender-synchronized model to foster gender-equitable knowledge, attitudes, and practices and increased LS/SRH knowledge, attitudes and positive behaviors among adolescents

This section therefore summarizes the investment achievements (outputs and outcomes), emerging impact of the intervention, challenges encountered, and lessons learned over the life of project.

Outcome 1: Adoption of gender-equitable attitudes and behaviors among adolescent boys and girls in primary school aged 10-19 years.

CARE recognizes that to effectively address root causes of gender inequality and power disparities, there is a need to focus on power dynamics that disadvantage adolescent girls, and to expand the roles and responsibilities of adolescent boys and adult males in contributing to the empowerment of rural adolescent girls. CARE also understands the importance of focusing not only on adolescents but also on community adults who can support adolescents to exercise more gender-equitable knowledge, attitudes and behaviors that they are learning with their peers. To help girls and boys start adopting gender-equitable attitudes and behaviors, Umodzi implemented gender-synchronized interventions aimed at achieving two intermediate outcomes which include: (i) girls and boys have increased access to knowledge of and opportunities to dialogue and practice gender-equitable attitudes and behaviors; (ii) enhanced inter-generational relationships between men and boys and women and girls that are supportive of adolescent gender and SRH. Over the 2 years of project implementation, the following results have been realized towards achieving the outputs and outcomes:

Intermediate Outcome 1.1: Girls and boys have increased access to knowledge of and opportunities to dialogue and practice gender-equitable attitudes and behaviors

To help girls and boys challenge stereotypical concepts of femininity and masculinity, Umodzi developed, piloted, and tested the integration of GCP modules into existing life skills teen club activities. The GCP content enhanced the life skills curriculum (LSC) which was lacking gender aspects by helping boys and girls reflect on gender norms, socialization processes, social expectations, and gender roles to realize gender-equitable attitudes and behaviors.

During project implementation, girls and boys participated in a total of 9,521 GCP reflection sessions facilitated by 34 trained LS teachers (patrons and matrons). For effective implementation and monitoring of GCP sessions, each teen club developed an action plan which was monitored internally by patrons/matrons and head teachers and externally by the zone primary education advisor (PEA) and project staff. The summary of outputs achieved during the project implementation are summarized in the table below:



Figure 1: A Patron conducting GCP session at Khuza Primary School

Output	Target	Achieved	Comment
Gender Conscious Practice (GCP) curriculum developed	1	1	Manual was developed by CARE staff with support from CARE USA. The purpose of developing it in-house was to ensure that key issues from the formative research were well captured and translated into a gender transformative series of activities
Male and female teachers (patrons and matrons) trained in GCP curriculum	34	34	These were previously trained by the PCTFI project in delivery of supplementary LSC and SRH materials such as Auntie Stella toolkit. It was important to take the same cohort to build on the investment made by PCTFI
Teen club sessions (per teen club) using GCP curriculum conducted	952	952	2 rounds of 28 sessions were conducted in each of the 17 schools. Each session was tracked using a checklist that documented how the session was delivered, supplementary resources used, successes and challenges faced during the session
Teen Club action plans developed implemented and monitored	34	34	The project tracked 2 action plans for the 2 rounds of GCP sessions in all 12 schools, resulting in 34 action plans monitored

The findings from the evaluation and real time learning show that the integration of GCP into teen club activities has been impactful on improving gender knowledge among boys and girls, with emerging impact on gender-equitable attitudes and behaviors. For example, comparison of baseline to endline findings against the GEM Scale for division of labor at household level increased significantly from 49% at baseline to 62% at end line in the treatment zone compared with an increase from 46% to 49% in control zone. Boys and girls showed increased understanding of the difference between sex and gender and how traditionally delegated tasks are socially constructed, which was a step towards reconstructing gender roles and developing gender-equitable attitudes and behaviors. Boys and girls developed accepting attitudes towards uptake of tasks that are traditionally delegated to the opposite sex. These changes were evidently demonstrated both at school and home where boys and girls are swapping roles and boys are taking up tasks such as mopping, cooking, fetching water, and washing up dishes which are traditionally and previously conceived by learners in the implementation area as tasks for girls. Another key result is that boys have become more supportive of girls during menstruation and with homework and are reporting reduced behaviors of bullying girls.

Key finding: Reduction in bullying of girls by boys during menstruation

Before the project, a portion (7%) of boys admitted to having bullied girls, especially during menstruation. This behavior has now changed, resulting in no boys (0%) accepting to have bullied girls. Previously boys would laugh at girls when they stained their dresses, but now they have stopped doing so. This shows that boys have understood the experiences of girls during menstruation and have accepted that it is part of physical development that girls undergo.¹

These changes demonstrate that the project has made strides towards facilitating change around gender norms and attitudes within the intervention zone. Also, there has been emerging impact on SRH outcomes implying that gender knowledge, attitudes and behaviors have improved and they are gradually influencing girls' understanding and realization of SRH rights. Overall, the evaluation findings show an increasing trend in knowledge of family planning methods and HIV transmission. However, one surprising finding shows a slight reduction in the knowledge level among boys and girls that condom use can effectively prevent pregnancy and STIs, even though midline data showed improved knowledge of condom effectiveness. Boys and girls also showed improved knowledge of risks of becoming pregnant even at first sexual encounter.

Although the project has realized the achievements and results above, there were variations in how these were achieved across the schools. The key factors contributing to these variations include:

- The intervention was delayed, reducing the time for GCP sessions and impacting boys' and girls' ability to internalize and practice the desired behaviors. However, the eventual extension of the project end date allowed time for achieving the planned target.
- Some patrons/matrons lacked interest in facilitating the GCP sessions, which resulted in poor content delivery.
- Turnover of patrons/matrons resulted in delayed facilitation of reflective sessions. This required additional teachers to be oriented to fast-track the delivery of the GCP content.

In line with the above-stated achievements and challenges, the key lesson from the project is that exposing girls and boys to GCP sessions helps to build adolescents' confidence, self-esteem to pursue their aspirations and unleash their skills and capabilities, where they are now consciously challenging their own attitudes and behaviors toward members of the opposite sex.

Intermediate Outcome 1.2: Enhanced inter-generational relationships between men and boys and women and girls that are supportive of adolescent gender and SRH

CARE knows that the potential of adolescents as individuals and peers to transform gender norms and roles is limited unless adults and community institutions that often frame the environments within which children are socialized and learn social and gender norms support and reinforce new gender norms, attitudes, and practices. Intergenerational discussions were delivered through a gender-



Figure 1: A male champion facilitating a joint intergenerational discussion session

¹ For detailed findings, please refer to outcome 3 and the endline evaluation report

synchronized approach² to ensure that girls and women do not lag behind and that men and boys do not dominate girls' spaces. To reinforce adolescent intentions and adoption of new ideas and behaviors, Umodzi provided gender-equitable role models and mentoring opportunities for adolescents to dialogue on gender and SRH by linking adult male gender change agents with boys. The linkages entailed creating spaces in the school teen clubs for dialogues between adult change agents and boys and girls to discuss gender and SRH concepts challenging negative masculinities and femininities which culturally is uncommon.

During implementation, 323³ intergenerational dialogues were facilitated by 34 male champions (who were trained in the EMB approach) and 170 representatives of mother groups (10 per school) who visited teen clubs in the 17 schools at least three times a month per teen club. To safeguard the safety of children from potential harm, GBV and abuse, the project strengthened existing child protection mechanisms and ensured that they were functional in all 17 schools. The linkages helped to address adult-youth power dynamics by improving adult awareness and understanding of gender/adolescent SRH concerns and improve intergenerational communication.



Figure 2: A member of mother group supports group discussions in intergenerational discussion sessions

The summary of outputs achieved during the project implementation are summarized in the table below:

Output	Target	Achieved	Comment
Community sensitization on Umodzi mentorship sessions	17	17	One community sensitization meeting at each of the 17 schools targeting the stakeholders around the school. This was the platform for community buy-in to support the project
Engaging Men and Boys (EMB) to Improve Gender Equality and SRH manual developed	1	1	The manual was adapted from 3 resources on the EMB approach to the local context and translated in to Chichewa. The translation effectively supported male champions to conduct the sessions in a language that they were comfortable with
Umodzi and Pathways staff trained in the EMB manual	5	5	Although the Pathways program staff were not directly involved in the delivery of the Umodzi intervention, it was important to train them for continued support and integration with other program pieces
Male champions trained in conducting intergenerational discussion with boys using the EMB manual	34	34	Male champions were selected based on proximity to the schools; their marital status, good moral record, continued engagement in gender dialogues and also personal interest to take up the task and be assigned a teen club
Mentorship sessions (19 per teen club) between boys and male champions, girls and mother groups conducted	323	323	One round of 19 sessions was conducted in 17 schools, making a total of 323 sessions
Protection mechanisms in all 17 schools strengthened and monitored	17	17	Protection mechanisms were existing in all schools and strengthened. To ensure sustainability, the project made deliberate efforts to utilize existing mechanisms for easy follow-through beyond the project life span

The findings from the evaluation and real time learning show that the intergenerational dialogues reinforced adolescents' intentions and adoption of new ideas and behaviors with emerging impact on boys' and girls' self-efficacy, such as ability to develop positive communications with peers and others in their communities. To demonstrate ability to construct positive values that are gender-equitable, boys are supporting girls with homework without asking for a relationship. Boys are also defending girls' rights and influencing others to do the same. The findings also show that boys are becoming more conscious of girls' rights, demonstrated through their increasing ability to defend the rights of others, especially girls. Through the intergenerational dialogues, boys and girls have reported increased confidence to communicate with peers and adults from their communities. For example, as gleaned from the qualitative research, learners reported that they are

² This approach allows for same-sex spaces and provided opportunities for men, boys, women and girls to undergo transformative processes in their own spaces first and later on integrate their changes with other groups.

³ These 19 sessions conducted in 17 teen clubs

now able to say “no” to their friends if their friends wanted them to go to places which are not safe for them or can negatively affect their education. Mother groups have supported girls specifically to gain confidence not to accept forced marriages and nurture their aspirations.

Key finding: Changing gender norms

The intergenerational dialogues have reinforced understanding of the need to shift norms on distribution of tasks where boys have increasingly reported helping their sisters with household tasks. The findings show that attitudes among boys and girls surrounding the equal sharing of tasks has improved, reported at 67% at endline from 37% at baseline in the intervention zone. The dialogues have also reinforced norms shifts on traditionally delegated tasks, where girls reported that they are now taking up tasks that are traditionally delegated to boys and men such as herding animals, thatching roofs, constructing washrooms and digging of rubbish pits. Through their interaction with the adult change agents in their dialogue sessions, boys and girls have gained confidence in their attitude and behavior change as these adults are taking them through a change process that is socially acceptable. They are now more confident to make decisions about their own future and future partners – for example, there was an increase in the percentage of boys and girls that reported that they are now able to refuse unwanted sex from a girl or boy.⁴ About 85.6% of boys and girls reported being able and confident to refuse to have sex with the opposite sex at baseline, which increased to 91.4% at endline in the treatment area (compared to a 84.5% to 91.8% change in the control area). In addition, the percentage of boys and girls that reported that they can refuse to have sex with someone who is not prepared to use a condom increased from 78% to 86% within the intervention area and from 75% to 89% in the control area.

Even though the achievements and results described above have been realized, there were variations in how these were realized across the schools because of the following reasons:

- The EMB aspect of the project was delayed, which reduced the opportunities for linkages with selected GCP sessions which were meant to maximize community engagement through the male champions.
- Operationally, in schools where the male champions were coming from distant communities, the sessions were not regularly conducted, resulting in missing timelines stipulated in the action points.
- Despite efforts to prepare for the presence of male champions in the schools, there was still some apprehension among some teachers and school management teams. This was addressed by ensuring that a member of the mother group was present in the first few sessions, which made the learners slightly reticent but that improved with time.

From this intermediate outcome, the key lesson is that the intergenerational dialogues gave the boys and girls confidence to accept how boys are now relating to girls and vice-versa. The dialogues also gave the boys and girls confidence to portray their changed gender-equitable attitudes and behaviors to the wider population because they gained additional knowledge from change agents that had been recognized at the community level.

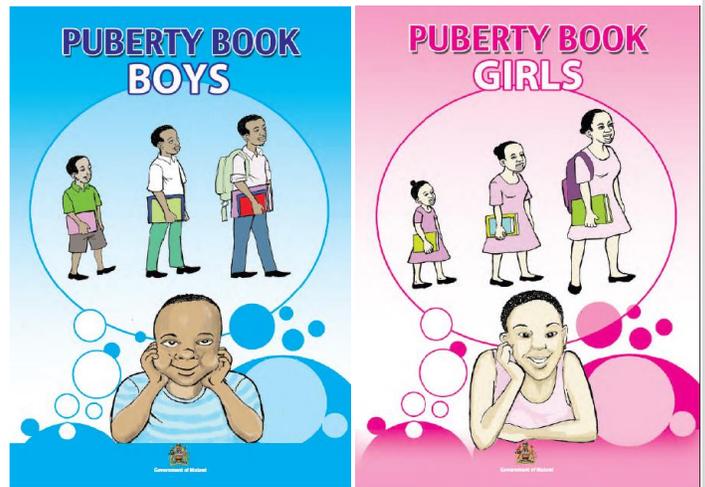
Outcome 2: Improved health and development knowledge, attitude, self-efficacy, and self-care practices among adolescent boys and girls in primary school aged 10-19

Access to appropriate and accurate information about her body during this critical period in her physical, psychological and emotional development is essential to the adolescent girl’s sense of wellbeing and self-image. As early as the onset of puberty, a girl needs to understand the changes that are taking place in her body. She needs to know what menstruation is and to be given the tools (information and materials) to manage it with dignity and without fear. Similarly, adolescent boys need the same access to appropriate and accurate SRH information and should be encouraged to understand the changes girls undergo including during menstruation so that they can be supportive. The same applies to girls, who need to be equipped with information on boys’ body development so that they can understand the changes that boys undergo.

Intermediate Outcome 2.1: Girls and boys have increased access to knowledge of LS/SRH topics, opportunities to dialogue about their attitudes, and practice positive behaviors.

⁴ For detailed findings, please refer to outcome 3 and the endline evaluation report

To improve knowledge, attitudes, self-efficacy and practices in the SRH thematic areas of puberty, fertility awareness, menstruation management, and life skills thematic areas such as peer support for those at differing levels of physical development and anti-bullying, Umodzi leveraged community capacities developed by PCTFI program. The PCTFI was the CARE program that worked with the Ministry of Education Science and Technology (MEoST) to strengthen school-based SRH education delivery by supplementing the primary school Life Skills Curriculum with age-appropriate materials for early adolescence (10 to 14 years) and late adolescence (15 to 19 years). It used the Malawi Boys' and Girls' Puberty books to supply information about puberty for 10- to 14-year-olds and the Auntie Stella Toolkit (www.auntiestella.org) to successfully address the information needs of older adolescents. The schools were also oriented on available Youth-Friendly SRH services in the catchment areas and were encouraged to establish and nurture referral linkages with them. CARE's PCTFI project first delivered the materials in teen clubs targeting adolescent boys and girls with age-appropriate LS/SRH activities and then these activities were carried forward by the Umodzi staff in both the control and intervention zones.



Umodzi matched LS/SRH activities to GCP activities to maximize internalization of SRH and gender issues that negatively impact adolescent girls' SRH rights. The project worked to ensure systematic monitoring of curriculum implementation which included monitoring the quality of delivery of LS/SRH education. During the monitoring visits, Umodzi staff explored the integration of GCP and LS/SRH with LS Teachers, Teen Facilitators, and pupils, including its advantages and challenges.

The delivery of LS/SRH education is the longest running intervention in the after school teen club activities in both the treatment and control education zones. The intervention aimed at increasing girls' and boys' access to appropriate and accurate SRH information for adolescent boys and girls and consequently improve their knowledge, attitudes and practices on sexual and reproductive health services and rights. To understand the effectiveness of the delivery of the gender-synchronized interventions in addition to the LS/SRH education, Umodzi assessed knowledge, attitudes, and practices on SRH services and rights. The evaluation findings show that there are notable improvements in knowledge, attitudes, self-efficacy, and self-care among boys and girls on SRHR.

In both the treatment and control education zones, the project has registered an increasing trend in knowledge of contraception and its use. The most commonly mentioned were implants, male and female condoms, and injectables. There are some variations of knowledge change between girls and boys. Implants were a popular mode of contraception reported more by girls, while condoms were popularly mentioned by boys. Interestingly, there is reported reduction in use of contraception over the period despite an increase in knowledge of contraceptives. This may be linked to the increased number boys and girls that reported willingness to refuse unwanted sex and reduction in sexual activity, although further research is needed to better understand the interplay of factors that are driving this trend.

Boys and girls also reported increased self-care demonstrated by increased knowledge of the menstrual cycle and how it relates with conception. For example, they reported that they know more about the risks of falling pregnant even at first sexual encounter. Additionally, more learners reported that it was right for boys and girls to date, kiss, and refuse to have sex with someone who is not prepared to use a condom. However, the change was more noticeable in the control than the treatment area. This means that boys and girls are now becoming more confident to negotiate for their SRH choices and rights, thereby reducing incidences of teenage pregnancies and STIs. Boys and girls also reported increased knowledge that the risk of HIV and STI transmission can be reduced by visiting STI and HIV clinics.

Misconceptions about family planning persist despite increased knowledge as evidenced by this quote from a boy learner in Suza zone: *“It is not right to be telling people in school about family planning methods like norplants (implants) because they have never given birth before. Someone can put norplants (implants) but that cannot prevent them from contracting AIDS. If you are still in school and you want to sleep with someone it is good to protect yourselves to avoid early pregnancies. It is very okay for people still in school to be taught about other sexual things but not family planning”.*

Key Finding: A more supportive environment for girls' menstrual health and hygiene in schools

The project has also made strides to improve attitudes of both boys and girls to such that there is increased number of boys (+6%), who now understand that it is normal for girls to menstruate when they reach puberty, consequently reducing issues of publicly ridiculing girls when they stain their dresses during menstruation. In addition, it was noted that boys' and

girls' attitudes of respecting each other's bodies remained constant. For example, they both felt that it is not appropriate to touch each other's private parts and the numbers remained constant between baseline and endline.

Self-efficacy is reported to have increased as demonstrated in part by the increasing number of girls and boys who are now confident and able to refuse to have sex if not interested, or chose when and whom to have sex with. About 85.6% of boys and girls reported being able and confident to refuse to have sex with the opposite sex at baseline, which increased to 91.4% at endline in the treatment area (compared to a 84.5% to 91.8% change in the control area). While there seems to have been a higher percentage point change in the control zone; the analysis of baseline-endline findings suggests that there the increase reported amongst in the older adolescent girls (15-19) in the control zone was higher. This is an important finding because it shows that the project has strengthened self-confidence and decision-making capabilities amongst older adolescent girls. The implication is that confident girls can ably make decisions that support their aspirations and challenge aspects of culture that negatively impact their ability to excel with their education.

Despite the project realizing the above stated emerging impact, the implementation of the activities to achieve this outcome faced some challenges, especially because the delivery of LS/SRH depended on the commitment and capacity of teachers since Umodzi staff was only monitoring.

As expected, differences in teachers' workload, skills and motivation impacted the delivery of the LS/SRH activities with some teachers being more committed than others. In addition, the government's revision of the school reduced time for extra-curricular and after school activities, which resulted in some teachers falling behind in their assigned tasks. To address these challenges, high performing teachers, PEAs, and Umodzi staff worked together to support other teachers to better integrate GCP and LS/SRH in their lesson plans and maximize the time available to them after school.

Outcome 3: Increased evidence on the efficacy of a gender-synchronized model to foster gender equitable knowledge, attitudes, and practices and increased LS/SRH knowledge, attitudes and positive behaviors among adolescents

To contribute to creating evidence of a promising gender-synchronized model, the Umodzi project conducted a final evaluation of changes in gender-equitable attitudes and behaviors among boys and girls and real time learning to capture implementation learning. The hypothesis we sought to test with this proof-of-concept was that if we exposed adolescent boys and girls to a series of gender-synchronized interventions, we would see changes in gender-equitable knowledge, attitudes and practices with impact on SRH outcomes for adolescent girls and boys.

A comparative mixed-method evaluation was used to assess the impact of the combined gender-responsive LS/SRH and EMB interventions (GCP and Male champions) on knowledge, attitudes, and behaviors of girls and boys. Real time learning interventions facilitated adaptive management of the activities, provided qualitative information and data to complement and enrich the findings of formal evaluations, and enabled rapid assessments of the efficacy of key approaches. Progress and achievement towards building evidence includes: (i) development and utilization of a real-time learning framework to capture the implementation learning of delivering a gender-synchronized model; (ii) development and utilization of a research framework to demonstrate evidence on the efficacy of a gender-synchronized model. In line with these intermediate outcomes, the following investment outputs and outcomes have been achieved so far:

Intermediate outcome 3.1: Real-time learning framework developed and utilized to capture the implementation learning of delivering a gender-synchronized model to foster gender equitable knowledge, attitudes, and practices and increased LS/SRH knowledge, attitudes and positive behaviors among adolescents

To capture implementation learning of delivering a gender-synchronized model, Umodzi conducted real time learning (RTL) sessions using Kolb's experiential cycle⁵ to reflect, analyze and document the effectiveness of the project strategy to produce the desired change. The Umodzi project adapted, acted on and documented corrective measures in real time throughout the life of the project. RTL was well suited for tracking gender transformative change, which is unpredictable, non-linear and involves multiple influences of diverse actors and agencies.

It is also from the RTL that the project developed a learning brief to strengthen and support the findings from the evaluations.

Over the life of the project, Umodzi has conducted 5 RTL quarterly sessions involving patrons and matrons, male champions, boy and girl learners, community and religious leaders and head teachers in all 17 schools. To maximize learning, the RTL events were conducted at cluster level, each cluster comprising of 3 schools and 27 participants on average.

⁵ Kolb's experiential cycle is an educational theory that states that "*Learning is the process whereby knowledge is created through the transformation of experience*"

Guided by questions on the THINK, ACT, REFLECT cycle, RTL events focused on discussing and learning observed community shifts in gender (attitudes, actions and reactions). Data from RTL learning reflections was centrally housed in a qualitative database to allow better documentation of Umodzi implementation over time. Such information was compiled into summaries of key issues to guide corrective measures in real time and future replication efforts.

In the reflective sessions, the following key issues were discussed: the success and challenges of the intervention, and recommendations for scale up.

- Participants of RTL echoed sentiments of representatives of Ministry of Education and Gender at district and national level to have a learners' manual in English and Chichewa as a resource material to the GCP and Male Champions manuals which are facilitators' manuals.
- Patrons and matrons shared that there is interest from other staff members to support the teen club activities and that they are orienting them on the job. This is an acknowledgement that the approach to managing teen clubs is part of teacher skills development. The Umodzi team encouraged the matrons and patrons to support their colleagues in efforts to expand the skills in their respective schools.
- To integrate GCP in LS/SRH activities, some patrons and matrons shared that they use the LS/SRH materials such as Auntie Stella and Puberty Workbooks as reference materials or examples to explain gender concepts further. For example, at Khuza primary school, they used pictures from the 'Gender Issues' activity in Puberty/Buthu workbook (p.21-26) to illustrate Division of Labor, an activity in the GCP manual. From this the learners realize that the issues discussed are not alien to their society. This innovation was shared with all other clusters to emulate as a way of fostering learning.

- The sessions fostered sharing of innovative ideas by various schools. Worth noting were the delivery methods which included group work, role plays, drama, plenary sessions, songs, poems, folktales, debate and question and answer sessions to make the activities more interactive. Additionally, some schools shared their championship of expanding the Mopping Competition session in GCP manual to a multi-task (sieving flour, chopping vegetables, sweeping, mopping, washing dishes and winnowing maize bran) competition between boys and girls, witnessed by community leaders, parents and the larger community.



Figure 3: Pot scouring competition - a task traditionally delegated to girls



Figure 4: Mopping competition - challenging a task traditionally delegated to girls



Figure 6: Boys and girls sieving flour - a task traditionally delegated to girls

This innovation was the main driver that changed people's perception about how it is possible for boys and girls

to take up tasks that are traditionally delegated to the opposite sex as a step towards shifting gender roles.

- The project delayed in introducing the male champions to the teen clubs. As such, some activities in the GCP manual that required that male champions take a leading role were modified. Prior to the training conducted for male champions identified through CARE's Pathways project, the Umodzi team encouraged the teachers to identify men who are regarded as role models in their communities to carry out the role of the male champion. This worked for some teen clubs but not others.
- RTL sessions provided male champions an opportunity to learn skills on facilitation and effective delivery methods and techniques from patrons/matrons. This was important because male champions have lower literacy levels than patrons and matrons and have no prior formal training to transfer knowledge to adolescents through interactive discussions except that which was provided during the training.
- Initially boys shunned teen club activities with male champions because they perceived these to be meant for girls only given the critical role that mother groups have been playing to promote girls' SRHR. Mother group members were also more skilled facilitators than male champions and as such were able to motivate girls to participate. The project responded by recommending that mother group members and male champions co-facilitate the beginning of each session before separating into same sex groups for in-depth discussion.

- RTL sessions also involved learners as an impact group and their presence provided an opportunity to reflect on how contents of the 2 manuals (GCP and EMB) are changing their knowledge, attitudes and practices of gender. They were able to share what they felt was working well and what was not in their respective teen clubs.

Intermediate outcome 3.2: Research framework developed and utilized to demonstrate evidence on the efficacy of a gender-synchronized model to foster gender equitable knowledge, attitudes, and practices and increased LS/SRH knowledge, attitudes and positive behaviors among adolescents

To test the efficacy of the gender synchronized, transformative approach, the Umodzi project conducted a comparative pre- and post-intervention evaluation to assess adolescent boys' and girls' gender-equitable knowledge, attitudes and behaviors. To implement this impact evaluation, CARE engaged a Malawi based research partner, Center for Development Management (CDM), which has a long term working relationship with CARE in conducting evaluations and randomized control trials.

The research design was longitudinal and used a census sampling technique to sample 1,417 girls and boys who were teen club members from Suza and Linyangwa zones. The two educational areas were comparable in terms of level of existing LS/SRH activities, education structures, and selected socio-demographic indicators. One educational zone, Suza included LS/SRH and GCP activities for girls and boys and linkages with adult gender change agents in 17 schools. The comparison zone, Linyangwa, comprised of LS/SRH activities only in 13 schools. Men and women gender change agents did not exist in the control area.

The evaluation described above started with a baseline to establish benchmark indicators to track attainment of expected outcomes. This was followed by a qualitative midline assessment that qualitatively explored gender attitude and practice shifts and other personal changes that resulting from GCP and intergenerational discussions. The midline was followed by an end line assessment to capture the emerging impact of the intervention on gender equitable knowledge, attitudes and behaviors of adolescent girls and boys. Throughout the evaluation spectrum, 1,417 boys and girls were followed from baseline and 73% (1,035) were retained at endline.

To demonstrate the impact of the Umodzi model, the assessment computed the GCP index to form an aggregate of variables spanning across the 7 domains of change. The GCP index was used to answer the main research question: What is the effect of adding GCP and gender male change agents' interventions to LS/SRH education on knowledge, attitudes, and behaviors of adolescent girls and boys? Additionally, further analysis was done to understand the changes in each domain of change: sexual and reproductive health; division of labor; gender and social norms/beliefs; Gender Based Violence; leadership and decision-making; care and support; and communication and negotiation. The emerging impact as demonstrated using the GCP index and analysis for each of domain of change is as follows:

GCP Index

Overall, the GCP index shows a negative Difference in Difference⁶ (DID) for the whole intervention. However, the analysis shows a positive DID (DID=0.5%) for GCP index on boys in each group (10-14) and (15-19) and also for older adolescents girls (15-19) (DID=1.7%). These findings suggest that the project had greater impact on boys and older girls than on younger girls than expected. Detailed findings can be found below.

Summary of Analysis on the 7 Domains of Change

Domain of Change	Baseline		End line		Difference	Attribution/Interpretation
	Suza	Linyangwa	Suza	Linyangwa		
Sexual and reproductive health						
Girls' knowledge of implants as contraceptive	34%	33%	57%	59%	23 percent point increase for girls compared to 12 percent point for boys.	Girls are more knowledgeable of implants than other contraceptives. This is a surprise as contextually, implants are commonly used by women or girl that are

⁶ Difference in difference is a measure of the effect of the treatment between a treatment and a control group over time
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						married as it is a long term method.
Boys and girls knowledge that a girl can get pregnant at first sexual encounter	69%	69%	74%	82%	Percent point increase is higher in control area	This is interesting and calls for additional research to find out if the boys and girls in the control area were exposed to other interventions besides the LS/SRH by CARE
Understanding that menstruation is normal	90%	92%	96%	97%	6 percent point increase in treatment compared to 5 in control area	We can infer that the increase in knowledge of menstruation being normal was highlighted in relation to forms of violence that girls experience as they were covering the gender modules. The insignificant difference between the control and treatment area is because the PCTFI materials that were used in the control area also had strong menstruation hygiene management component
Effective use of condom to prevent pregnancy and STIs	91%	93%	89%	89%	A drop in both control and treatment	Expected change. The question assessed 100% effectiveness to prevent pregnancy and STIs. This demonstrates that learners are now fully aware that condoms have a percentage of failure to prevent pregnancy and STIs.
Division of labor						
Cooking can done by both boys and girls	37%	35%	67%	43%	Significant increase in treatment area	This demonstrates that the combined intervention supported shifts in the more practical aspects of social roles such equal sharing tasks. It was the simplest thing to influence, showing that the intergenerational discussions supported boys and girls to take up shared roles as a public declaration of change in gender perspective
Norms/beliefs						
Boys offered to help with a task that is traditionally delegated to girls	92%	93%	98%	94%	The increase is more in the treatment area	The intergenerational discussions also supported boys and girls to begin to take up tasks that traditionally delegated to members of the opposite sex

Gender-Based Violence						
Boys and girls who would protect a girl or boy who is being abused	91%	92%	96%	98%	Increase in both areas with a slightly higher in the control area	It was expected that the increase would be higher in the treatment area than in the control area but the finding was on the contrary. There is need to investigate further if there were other interventions in the control area that could have contributed to this change.
Boys who would not touch a girl's breast	89%	93%	98%	96%		The gender content from GCP and intergenerational discussions supported boys understanding that touching girls' private body areas without consent is a violation of their rights
Boys and girls that respect girls and their rights	86%	90%	87%	89%		This a positive change in the right direction although the change was very minimal, but it is worth noting that there was an increase in the treatment area and a decrease in the control area
Leadership and decision making						
Belief that girls can be prefects or school captains	93.6%	94.0%	95.7%	95.8%		This may suggest that there was content in the LS/SRH material that may have helped in shift of belief that girls can also be prefects or school leaders.
Learners' confidence to decide about their future	96.6%	97.3%	97.1%	99.0%	A lower increase in treatment area than control	This may imply that learners in the control area were already exposed to some higher level life skills that increased their assertiveness
Learners' confidence to decide about a future partner	76.5%	76.9%	83.7%	88.7%	A lower increase in treatment area than control	As above
Care and support						
Boys or girls would support girls/boys without expecting a relationship	92.9%	94.5%	97.7%	96.1%		This suggests that boys have challenged negative masculinities put girls at a disadvantage and begin to treat girls as equals as demonstrated by this quote by a boy from the treatment area Girls are now confident to seek support from boys without expecting a relationship or that they boy will ask for a

						relationship as demonstrated by this quote by a girl from the treatment area
Communication and negotiation						
Boys' and girls' confidence in communicating to each other	72%	71%	85%	82%	An increase in the treatment area	This shows that some activities that in GCP that helped boys and girls to express themselves openly without being ridiculed. For girls the confidence increased by 11% in treatment area and 9% in the control area.

Analysis of Outcome Indicators

To demonstrate change in expected outcome 1 that boys and girls aged 10-19 years attending teen clubs in primary schools had adopted gender-equitable attitudes and behaviors, aggregates of variables that measured knowledge, attitudes and behaviors were calculated. The measures contributed to tracking the following indicators:

- Percentage of adolescent boys and girls aged 10-19 that demonstrate gender equitable attitudes, disaggregated by age and sex
- Percentage of adolescent boys and girls aged 10-19 that demonstrate gender equitable behaviors, disaggregated by age and sex

The graph below presents the indicators on gender equitable attitudes and behaviors among boys and girls in the same age group:

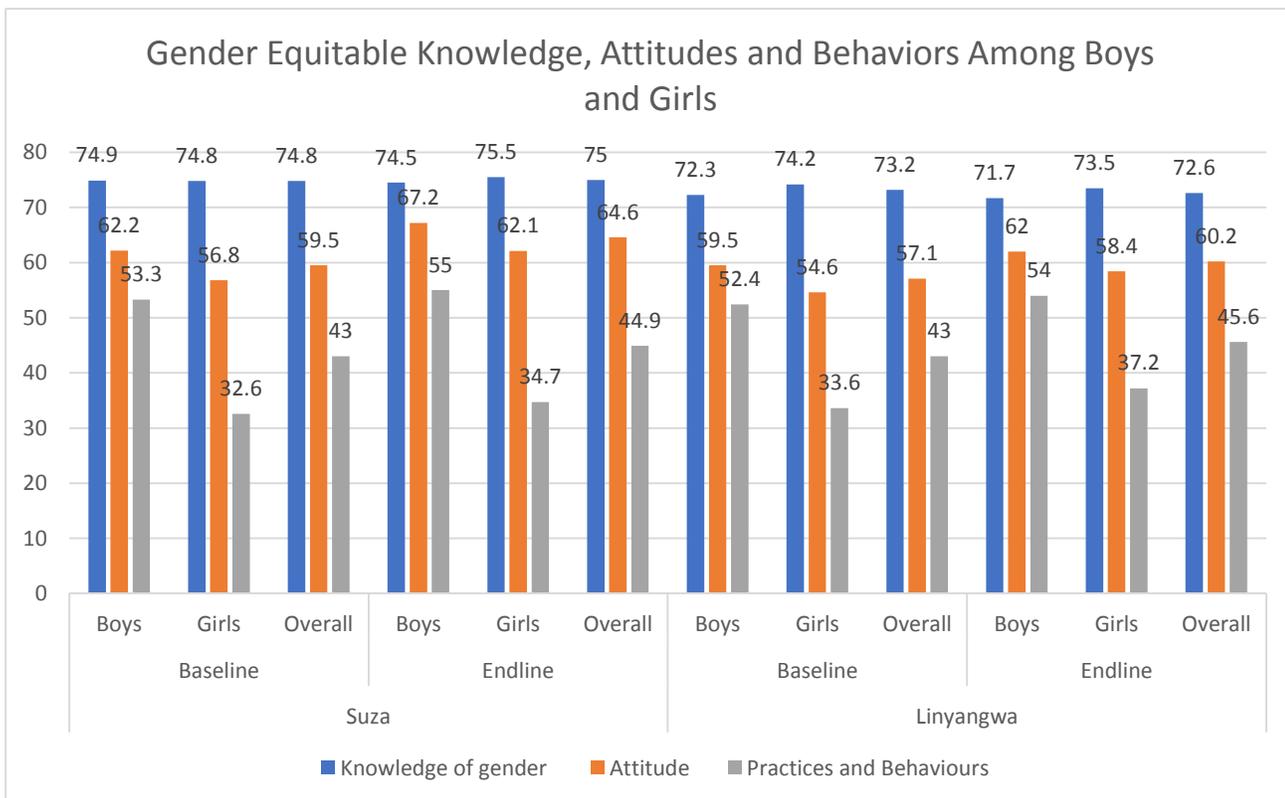


Figure 1: Gender knowledge, attitude, practice and behavior for learners in Suza and Linyangwa Zones in Kasungu district

Generally, there was an increase in gender-equitable knowledge, attitudes, practices and behaviors of both boys and girls in the treatment area between baseline and end line. This is supported by the graph above which shows a 0.2 percent point increase in between baseline and end line in the treatment area as compared to a decrease (minus 0.6 percent point) in the control area between baseline and end line. Compared with the control area, there were some variations. For example, the aggregate findings based on the GCP index suggest that there was a decrease in gender-equitable attitudes for the entire cohort of participants (85% at baseline and 62% at endline), as well as behaviors (65% at baseline and 34.7% at endline)⁷. This pattern is somewhat contrary to the expected targets and the following factors may explain the variations:

- There is a possibility that there were more boys and girls could not be traced in the treatment area than the control area, resulting in findings positively skewed towards the control area. The Umodzi team managed to follow up with teachers on the proportions of boys and girls that could not be traced as the end line survey was in progress
- There is a stronger possibility that some of the gender content that was in LS/SRH materials influenced knowledge, attitudes and behaviors of boys and girls in the control area.

To demonstrate change in expected outcome 2 that boys and girls aged 10-19 years attending teen clubs in primary schools had adopted SRH-equitable attitudes and behaviors, aggregates of variables that measured knowledge, attitudes and behaviors were calculated. The measures contributed to tracking the following indicators:

- Percentage of adolescent boys and girls aged 10-19 demonstrating improved SRH knowledge and attitudes, disaggregated by sex and age
- Percentage of adolescent boys and girls aged 10-19 reporting improved SRH behaviors and practices, disaggregated by sex and age

The graph below presents the indicators on SRH equitable attitudes and behaviors among boys and girls in the same age group:

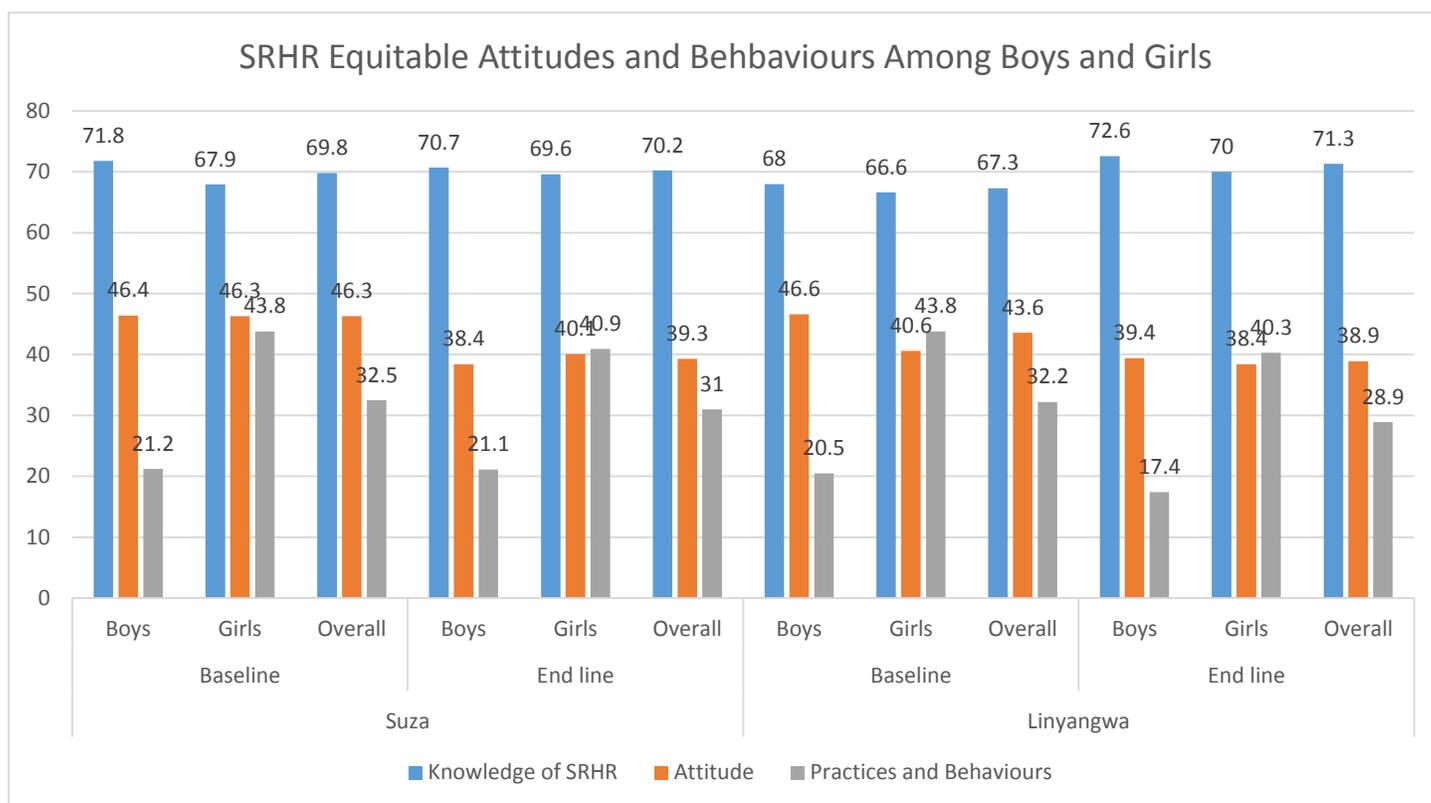


Figure 2: SRHR knowledge, attitude, practice and behavior for learners in Suza and Linyangwa Zones in Kasungu district

Generally, there was an increase in SRH knowledge, attitudes, practices and behaviors of both boys and girls in the treatment area between baseline and endline. Compared with the control area, there were some variations. Knowledge, attitudes and behaviors of gender increased in the treatment area as compared to the control area. It was expected that

changes in gender equitable knowledge, attitudes and behaviors would influence positive changes in SRH knowledge, attitudes and behaviors but this was not the case, as the graph above shows that there were no significant changes. There were variations between the targets and actuals, where the target percentage for boys and girls expected to demonstrate SRH-equitable attitudes was 90% and the actual realized was 39%. It was also expected that 90% of the boys and girls would demonstrate SRH-equitable behaviors, but at endline only 41% were reported to do so. The following factors may explain the variations:

- Again there is a possibility that there were more boys and girls lost in the treatment area than the control area, resulting in findings positively skewed towards the control area.
- There is a possibility that there were other sources of information on gender such as other interventions by other CARE projects such as Join My Village that worked extensively on girls' assertiveness and leadership which would have also influenced how boys and girls relate with each other.
- In addition, the control area was already using LS/SRH materials that had been supplemented with gender content under the PCTFI project.

Overall, the evaluation was able to test the effectiveness of the intervention on gender-equitable attitudes and behaviors of adolescent boys and girls. Basing on the positive effects of the intervention on boys (aged 10-14 and 15-19) and older girls (aged 15-19) as stated above, this implies that the intervention has the potential to being more impactful if delivered over a longer period and with a focus on older adolescents.

However, the evaluation faced a key challenge which was retention of boys and girls recruited in the study. Out of the 1,417 boys and girls that were recruited, 1,035 were traced at end line, resulting in retention of 73%. The retention was lower than what the project had anticipated because of the following reasons:

- Some had transitioned to secondary schools far from study locations and could not be followed.
- Some had migrated to other areas and this was more common in Lifupa, a primary school in Linyangwa zone that is located in Kasungu National Park and there are routine transfers of parents between parks.
- School dropout in general and in some cases due to teenage pregnancies and marriages.
- Others could not be traced.

To augment the evaluation, Umodzi developed a robust monitoring and measurement system to track, document and analyze change in real time; promote reflective learning; engage local stakeholders in the approach from the beginning; and to inform sustainability and replication by others. The monitoring system tracked activity implementation, disaggregating some variables by sex and age to allow monitoring of adherence to gender synchronization aims, for example boy and girl participation in GCP sessions and intergenerational discussions with adult change agents. At quarterly intervals, the Umodzi team compiled reports of attendance in teen club sessions with patrons/matrons and male champions. Trends of attendance were analyzed to explore common issues affecting boys' and girls' attendance in teen clubs.

Using attendance registers and session checklist, the Umodzi team managed to triangulate numbers of boys and girls attending teen club sessions for the whole period. The tools also allowed tracking of individual attendance. The latter data set informed the performance of the following indicators:

- Percentage of adolescent boys and girls aged 10-19 that attended at least 50% of GCP sessions, disaggregated by age and sex
- Percentage of adolescent boys and girls aged 10-19 that attended at least 50% of the sessions with Male Champions and Mother Groups respectively
- Percentage of adolescent boys and girls aged 10-19 that attended at least 50% of LS/SRH sessions and other opportunities to dialogue on SRH, disaggregated by age and sex

Overall, cumulative monthly recordings of attendance of boys and girls in teen clubs was good. During each attendance more than the targeted 50% of the boys and girls in the teen clubs were regularly attending the sessions. As shared in the RTL sessions, most learners were excited with the sessions and indicated that they looked forward to the subsequent sessions. However, the project did not meet targets on the above indicators because of the following reasons:

- The school timetable was revised just before the intervention was started. Learners in the junior classes – grades 4 and 5 – could not hold to wait for the seniors to join them for teen club activities
- The intervention spanned across 2 academic years due to delays with the start of activities, resulting in losing some learners that were in grade 8 and had transitioned to secondary school
- Some patrons/matrons and male champions had challenges to correctly fill in the data collection forms despite being trained and supported in monthly monitoring visits. This resulted in loss of data, especially in the first few months of the intervention.

Evidence to Engage Malawi Government and Influence Policy

Umodzi benefitted from the existence of government platforms that offer potential for scalability and several community-level gender innovations that were supported by two CARE-Malawi projects which offered potential linkages of gender change agents to adolescents. The project worked with the Ministry of Education, Science, and Technology (MoEST) which is a custodian of primary schools in Malawi. The MoEST encourages schools to set time for after-school club activities. CARE's PCTFI project leveraged this opportunity to utilize this space to formulate teen clubs which are being supported by primary school teachers, trained as patrons and matrons. Umodzi built on these teen clubs to integrate the gender intervention. In an effort to create community buy-in and ensure girls thrive and stay in school, the MoEST requires communities to establish Mother Groups, a structure that works through Parent-Teacher Associations (PTAs) and School Management Committees (SMCs) to advocate girls' right to education and provide mentorship, counseling, and protection from school-related GBV. Umodzi also worked with this structure to support the work with male champions to advance gender knowledge, attitudes and behaviors of adolescent boys and girls and also to assure child protection and safety in schools.

To ensure scalability and sustainability of the Umodzi interventions, the project further engaged district level departments such as ministries of Gender, Social Welfare, Education, Health, as well as instructors from the Teachers Training College in the first GCP curriculum adaptation. Additionally, the project engaged representatives from the directorates of Basic Education (responsible for management and technical oversight of primary schools), Teacher Education and Development (responsible for teachers' professional development), Inspection and Advisory Services (responsible for adherence to teaching standards), Malawi Institute of Education (responsible for curriculum development and assessment) and the Ministry of Gender to further refine the curriculum and also begin to discuss CARE's vision of influencing the adoption of the Umodzi model by Malawi government through the 2 ministries – Gender and Education.

Based on evidence presented above and recommendations from all stakeholders that the project engaged from the start, CARE Malawi responded to a unanimous request and engaged the Malawi Institute of Education (MIE), an institution responsible for developing national curriculum for primary and secondary education in Malawi, to develop a learners' manual that will supplement life skills in the target primary schools through the teen clubs and in non-target schools through other available after-school clubs such as AIDS Toto Clubs. This will serve as a short term measure of scaling up.

In the long term, CARE Malawi is engaging MoEST to selected content from the GCP manual in to the national life skills curriculum as these activities are more interactive, build on morals of adolescents, enhances learning experience and also advance knowledge of gender among adolescent boys and girls. This is based on evidence from RTL where learners and teachers testified to this and made a formal request for this.

To demonstrate evidence that the Umodzi model is scalable and has potential to influence policy, the project showcased the impact of the interventions on a young adolescent boy, Alex Nkhoma from Makwiniro Primary School who gave 2 moving testimonies on 2 separate occasions. Alex made a public declaration at the 2017 National Launch of 16 days of activism against gender based violence of how the gender conscious concepts he had learnt through Umodzi were helping him to support girls enjoy their rights to access education by stopping bullying and teasing behaviors that make girls uncomfortable during menstruation. Alex's public declaration ignited the interest of the Minister of Gender to honor airtime on national television for him to share more of what he has learnt from the pilot project, Umodzi.



Figure 4: Alex Nkhoma making a speech at the National Learning Event

Alex also made a moving speech at a National Learning Event organized by Umodzi project of how the Umodzi interventions have changed boys like him to begin to see and value girls as equals and important members of society. He testified of how previously boys in his school used to touch girls' private parts as a sign of disrespect and that this behavior has since stopped. He confirmed the project's vision that if girls are given a safe and protective environment where they can enjoy their rights same way as boys, they will be able to make choices that will help them stay longer in school and excel academically. He echoed the need to have a learners' manual that will help them to supplement the knowledge gained from the sessions and also that the manual can reach out to other learners who have not had an opportunity to know about GCP and EMB sessions nationwide. In his remark, the guest of honor, representing the Director of Basic Education responsible for primary schools in Malawi, acknowledged the plea and committed on behalf of the Ministry of

Education, Science and Technology to adopt the learners' manual as a resource material to supplement life skills in the short term. In the long term, the Director's representative committed to honoring the CARE's and its stakeholders' recommendation to include selected content from the GCP manual in to the national life skills curriculum as these activities are more interactive, build on morals of adolescents and also advance knowledge of gender among adolescent boys and girls.



Figure 5: Ministry of Education officials learning about Umodzi GCP and EMB manuals and SRH materials at the National Learning Event

2. Geographic Areas to Be Served

Provide the final list of countries and sub-regions/states that have benefitted from this work and associated dollar amounts. If areas to be served include the United States, indicate city and state. Add more rows as needed. More information about Geographic Areas to Be Served can be found [here](#).

Location	Foundation Funding (U.S.\$)
Kasungu District, Malawi	\$563,710.00

3. Geographic Location of Work

Provide the final list of countries and sub-regions/states where this work has been performed and associated dollar amounts. If location of work includes the United States, indicate city and state. Add more rows as needed. More information about Geographic Location of Work can be found [here](#).

Location	Foundation Funding (U.S.\$)
Malawi	479,142
United States	84,555

4. Lessons Learned

Describe the top one to three takeaways or lessons learned from this project.

1. The intervention has proven to be effective and calls for scale up. In the absence of funding for intervention start-up, CARE Malawi developed a learners' manual titled "Gender and Sexual and Reproductive Health Education -

Learners' Resource Book" to be provided by the Ministry of Education to all primary schools nationwide as a resource to supplement life skills curriculum as a short term measure to scale up the transfer of knowledge to adolescent boys and girls.

2. Additionally, because of the impact that the contents of the 2 manuals that were developed by Umodzi has made on adolescent boys and girls, CARE Malawi recommended inclusion of GCP activities in the national life skills curriculum.
3. The lessons above were realized because CARE Malawi worked with existing structures set up by Malawi government and this guarantees continued knowledge transfer of gender-equitable knowledge to adolescent boys and girls in primary schools nationwide

4. Feedback for the Foundation

Provide one to three ways the foundation successfully enabled your work during this project. Provide one to three ways the foundation can improve.

1. The foundation, through the designated Project Officers, were readily available to support the project technically in an effort to realize its expected outcomes. This provided an opportunity for the Umodzi project to revise its Results Framework to demonstrate evidence and also account for the investment that was made in generating the evidence presented in section 2 above.
2. The foundation, through the designated Project Officers, provided flexible conditions to implement the project, such as a no-cost extension which allowed the project to have adequate time for project implementation.
3. The foundation also supported the project's participation in the Community of Practice events, from the project learnt from other grantees how to engage government. Umodzi project emulated and made deliberate efforts to disseminate learning and evidence to all government stakeholders at district and national level. In addition, the Umodzi project also learnt from other partners how they engaged government in curriculum development and transferred this knowledge to CARE Malawi which applied the same during the learners' manual development and review process. The learning will further one be taken to subsequent stages of advocacy where CARE Malawi will be influencing adoption of selected content from the GCP manual into the national life skills curriculum.

5. Global Access and Intellectual Property

If your funding agreement is subject to Intellectual Property Reporting, please click the following link to complete an [Intellectual Property \(IP\) Report](#).

If not, please acknowledge by typing "N/A": N/A

To delegate permissions to another member of your project team or for any questions regarding the Intellectual Property Report, please contact GlobalAccess@gatesfoundation.org.

6. Regulated Activities

Do you represent that all Regulated Activities¹ related to your project are in compliance with all applicable safety, regulatory, ethical and legal requirements? Please mark with an "X":

N/A (no Regulated Activities in project)

Yes

No (if no, please explain below)

¹ Regulated Activities include but are not limited to: clinical trials; research involving human subjects; provision of diagnostic, prophylactic, medical or health services; experimental medicine; the use of human tissue, animals, radioactive isotopes, pathogenic organisms, genetically modified organisms, recombinant nucleic acids, Select Agents or Toxins (www.selectagents.gov), Dual Use technology (http://export.gov/regulation/eg_main_018229.asp), or any substance, organism, or material that is toxic or hazardous; as well as the approvals, records, data, specimens, and materials related to any of the foregoing.

7. Subgrants

If your grant agreement (not applicable to contracts) is subject to expenditure responsibility and permits you to make subgrants to organizations that are not U.S. public charities or government agencies/instrumentalities, please complete the [Subgrantee Checklist](#) and attach a copy with this progress narrative for each such subgrantee.

Financial Update

The purpose of the Financial Update section is to supplement the information provided in the “Financial Summary & Reporting” sheet in the foundation budget template, which reports actual expenditures. This section is a tool to help foundation staff fully understand the financial expenditures across the life of the project. Together, the Financial Update section and budget template (“Financial Summary & Reporting” sheet) should provide a complete quantitative and qualitative explanation of variances to approved budget.

Note: If you are using an older version of the budget template, this information could be in a different location in your template.

1. Summary

Briefly describe how total project spending compared against the budget and how your assumptions changed as the project progressed.

The financial narrative update is based on the attached financial expenditure report from inception to date (31st May 2018).

The project has exhausted the grant as planned. A detailed financial report is attached to show expenditure.

Overall there were no variations between budget and expenditure. However, there were variations in the budget lines and this was largely due to miscalculated estimates of costs against each budget line.

Explanations for variances have been provided in below.

2. Latest Period Variance

Provide explanation for any cost category variances outside the allowable range. Explain causes, consequences for the project, and mitigation plans if relevant. Report whether or not approval for the variance has been obtained from your Program Officer.

Note: “Latest period variance” compares actuals to previous projections for the period. See “Financial Summary & Reporting” sheet in the foundation budget template for calculated variance. If you are using an older version of the budget template, this information could be in a different location in your template. Allowable variance is defined in your grant agreement.

Given there was no period 3 budget listed in the reporting template, the variance amounts listed for period 3 are not an accurate reflection of true variance. Explanations for overall budget variance are listed below.

3. Total Grant Variance

Provide explanation for any cost category variances outside the allowable range. Explain causes, consequences for the project, and mitigation plans if relevant. Report whether or not approval for the variance has been obtained from your Program Officer.

Note: “Total grant variance” compares actuals plus current projections to the budget. See “Financial Summary & Reporting” sheet in the foundation budget template for calculated variance. If you are using an older version of the budget template, this information could be in a different location in your template. Allowable variance is defined in your grant agreement.

Variations in specific cost categories are explained below. Approval was sought from the Program Officer to utilize some of the travel funds for other programmatic and research activities while remaining within the overall budget amount.

- Expense from the personnel budget varied considerably from the budget amount. Due to delays in implementation, the project had to engage additional staff to support implementation to meet timelines. Additionally, the personnel costs had to be adjusted to meet adjustments in cost of living.
- For Travel, this line was under-spent throughout the project period because one event that was budgeted for community of practice events was not held. In country travel costs were fully covered.
- The budget line for consultants was over spent because the research partner had to negotiate for a reasonable budget to deliver quality work. CARE Malawi assessed the overall budget to ensure that it was within the overall budget.
- The Other Direct Costs line was underspent because CARE Malawi identified more reasonable ways of intervention delivery that were cost-effective.

4. Sub-awards (if applicable)

Use the chart to provide the name(s) of the sub-grantee(s) or subcontractor(s), actual disbursement for this reporting period, total disbursement to date from the primary grantee to sub-awardee, total spend to date by the sub-awardee and total contracted amount.

Note: The total of actual disbursements for this reporting period should equal the actual Sub-awards expenses reported on the “Financial Summary & Reporting” sheet in the foundation template for this reporting period. If you are using an older version of the budget template, this information could be in a different location in your template.

Organization Name	Actual Disbursement for this Reporting Period (U.S.\$)	Total Disbursed from Primary Awardee to Sub to Date (U.S.\$)	Total Sub-Awardee Spent to Date (U.S.\$)	Total Contracted Amount (U.S.\$)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

5. Other Sources of Support (if applicable)

List and describe any sources of *in-kind* project support or resources received in the reporting period.

Note: Names of the other sources of funding and their contributions (U.S.\$) should be included in the budget template on the “Financial Summary & Reporting” sheet in the foundation budget template in the Funding Plan table. If you are using an older version of the budget template, this information could be in a different location in your template.

Not applicable

Describe how interest earned and/or currency gains were used to support the project.

Privacy and Non-Confidentiality Notice

The foundation is required by the IRS to publish a list of its grants. We may also provide a general description of our grants and contracts on our web sites, in press releases, and in other marketing materials. Subject to the foundation’s [Privacy Policy](#), the foundation may also share information you provide to us (either orally or in writing) with third parties, including external reviewers, key partners and co-funders. This document is subject to the foundation’s [Terms of Use](#).

For Foundation Staff to Complete

Analysis (required if PO assessment differs from grantee/vendor assessment or if there are unexpended funds)

Progress Analysis

Include analysis of significant project variances and key learnings that may inform portfolio discussions for progress against the strategic goals.

Budget and Financial Analysis

Include analysis of unexpended funds or over expenditures. Refer to the [Unexpended Grant Funds Policy](#) for options available when recommending how to handle unexpended grant funds, or reach out to your primary contact in GCM.