



# Strengthening transformative leadership for inclusive WASH in Bhutan



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**Cover photo:** Leadership training in action. Photo credit: SNV.

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## Acronyms

ABS	Ability Bhutan Society
BNEW	Bhutan Network for Empowering Women
GESI	Gender Equality and Social Inclusion
KAP	Knowledge, Attitudes, and Practices
MOH	Ministry of Health of the Government of Bhutan
UTS-ISF	University of Technology - Institute for Sustainable Futures
WASH	Water, Sanitation and Hygiene

## 1 Introduction and background

This research report shares key outcomes for participants of SNV's 'Transformative leadership for inclusive WASH in a post-COVID world' project conducted in Bhutan (2021-2022). In this section, we define transformative leadership, and we describe the project context, the anticipated short-term outcomes for and by project participants, as well as the project activities that were delivered.

### 1.1 Why do we need transformative leadership?

Access to water, sanitation, and hygiene (WASH) services for all that leaves no one behind requires leadership that is inclusive and gender transformative. As the health and wider WASH sector prepare for a post-COVID world and the challenges of climate change, pathways for transformative leadership are more crucial than ever. Recent research<sup>1</sup> has identified that gender-transformative leadership in WASH is critical for safeguarding populations at risk of exclusion from WASH services, including women and girls in all their diversity.

#### What is transformative leadership?

Transformative leadership is leadership that directly challenges the status quo and builds momentum towards greater equality. This leadership approach promotes the idea that anyone can be a leader. Transformative leadership engages with leaders' values and beliefs, calls into question existing power structures and discriminatory practices, and involves collaborative action to co-create a more equal society.<sup>2</sup>

### 1.2 Project context

The *Transformative Leadership for Inclusive WASH* project (2021-22) sought to build potential for transformative leadership as part of a longer-term programme by SNV providing technical support to the MoHs Rural Sanitation and Hygiene Programme. Specifically, the project aimed to address different sectoral needs, including:

- Increasing investment in women's leadership skills
- Establishing networks and collective action
- Working with men to increase women's voice and influence in the WASH sector.

The project leveraged multiple existing partnerships and activities, with SNV in Bhutan as the lead organisation, working in close partnership with the Ability Bhutan Society

<sup>1</sup> D. Gonzalez, N. Carrard, A. Chhetri, P. Somphongbouthakanh, T. Choden, G. Halcrow, R. Budhathoki, U. Wangchuk, and J. Willetts, 'Qualities of transformative leaders in WASH: A study of gender-transformative leadership during the COVID-19 pandemic', *Front. Water* vol. 4, 2022, <https://www.frontiersin.org/articles/10.3389/frwa.2022.1050103/full>.

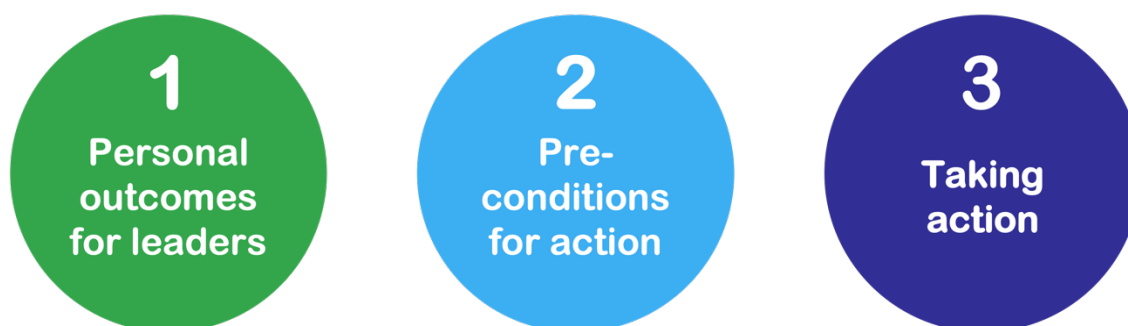
<sup>2</sup> D. Gonzalez, et al., *Front Water* 4, 2022.

(ABS), Bhutan Network for Empowering Women (BNEW), CBM Australia, and the University of Technology Sydney’s Institute for Sustainable Futures (UTS-ISF).

UTS-ISF led the action research and impact assessment components. The action research component was concerned with the project partnership itself and involved an internal structured process to observe, reflect on, and strengthen the partnership. The process involved periodic surveys and guided group reflection discussions. The impact assessment component explored, and documented changes experienced by the project participants and outcomes associated with their engagement in project activities. This report captures lessons from the impact assessment component.

### 1.3 Dimensions of change and anticipated short-term outcomes

The project was designed around a theory of change that identified three dimensions of change, as shown in Figure 1. Each dimension has specific anticipated short-term outcomes, listed below.



**Figure 1. Three dimensions of change**

#### **1 Personal outcomes for leaders**

Personal outcomes for leaders capture internal changes for leaders themselves. Two short-term outcomes for leaders were anticipated under this dimension:

1a

Participating leaders have strengthened and expanded **social justice and human rights values**.

1b

Participating leaders become more conscious of their **own leadership style and strategies** and how to capitalise on them for transformative action and mitigate any negative effects.

## 2 Cultivating good preconditions for action

Cultivating good preconditions for action involves improving leaders' skills and knowledge around GESI transformative action. This dimension includes three anticipated short-term outcomes:

2a

Participating leaders have developed the **skills to influence and inspire** others to challenge wider norms and perceptions.

2b

Participating leaders are able to **see constraints and make changes in the systems and structures** that will help transform the system.

2c

Participating leaders have an **enhanced understanding of gender equality and social inclusion (GESI) issues** and the sense that **they are capable of bringing about changes**.

## 3 Taking transformative action

Taking transformative action refers to demonstrating specific and practical actions taken by leaders, that lead to transformative outcomes. Three anticipated short-term outcomes were identified under this dimension of change:

3a

Participating leaders have used their own initiative to take **transformative GESI action**.

3b

Participating leaders have supported **collective action, advocacy and mutual support** amongst relevant networks and online groups.

3c

Participating leaders actively contribute towards **breaking traditions and norms** (e.g., have people with a disability able to voice their needs, set new norms).

## 1.4 Project activities

The project engaged 99 participants, who were formal and informal leaders in Bhutan's WASH sector. Participants had diverse backgrounds and focused on different sectors and scales, covering both the national and sub-national levels. Participants included 13 women with disabilities, 56 health workers, and 30 local government leaders, and they were identified and selected by SNV in Bhutan with guidance from ABS, and the District Health Office. Participants were selected based on previous engagement in SNV, ABS and BNEW programs and for having previously demonstrated leadership skills and potential.

Four key project activities were conducted with participating leaders, as shown in Table 1, as well as ongoing mentoring and support of participating leaders by SNV, ABS and BNEW.

**Table 1. Project activities**

Activity	Delivered on	Participants	Number of participants
Two-day leadership training for women with disabilities	June 2022	Women with disabilities	13 (women)
Two-day leadership training for health workers	July 2022	Health workers	56 (55 women, 1 man)
Two-day Make Rights Real & Transformative Leadership reconvergence workshop	August 2022	Local government leaders, health workers, legal representatives, CSO staff, and education sector leaders	30 (11 women, 19 men)
Establishing and facilitating a community of practice, including setting up and moderating social media platforms (WeChat, WhatsApp, Telegram, and Facebook) with all participants	July 2022 - current	All project participants	99 (79 women, 20 men)

## 2 Impact assessment approach

We used a mixed methods approach to assess the changes and short-term outcomes, implementing a survey at baseline and endline, and in-depth interviews at endline. The eight anticipated short-term outcomes were used as a framework for data collection design and analysis.

We conducted a knowledge, attitudes, and practices (KAP) survey at baseline and endline. The baseline KAP survey was conducted between June and August 2022 and 89 survey responses were collected, while the endline was conducted between November and December 2022, with 50 responses collected. KAP survey questions were mapped against the outcomes to assess changes for participants (see the [Annex](#)). The data was explored with Python to generate descriptive insights. For analysis, only the data from respondents who took both the baseline and endline surveys were included, which resulted in a sample of 44 respondents.

Upon project completion, we also conducted five in-depth interviews with selected leaders to capture stories of change. SNV selected interview participants based on their engagement in the project and to ensure diversity and representation of different leadership roles. The interviews were manually coded using a deductive thematic analysis approach, guided by the anticipated outcomes.

Ethics approval to conduct this study was obtained from the University of Technology Sydney prior to data collection. Informed consent was obtained from all participants, and consent to be identified was granted by the five selected interviewees.



## 3 Findings

### 3.1 Participant characteristics

The characteristics of the 44 participating leaders who completed both baseline and endline KAP surveys are summarised in Table 2.

**Table 2. KAP survey participant characteristics**

	Participant characteristics	Overall
<b>Sample</b>	Individuals	44
<b>Gender</b>	Men (M)	12 (27%)
	Women (W)	32 (73%)
<b>Age</b>	20-35	25 (57%)
	35-50	17 (39%)
	50-65	2 (5%)
<b>Disability</b>	Participants reporting a disability	7 (16%)
	Health workers	23 (52%)
<b>Leadership group</b>	Would-be-heroes*	13 (30%)
	Women with disabilities	5 (11%)
	Other†	3 (7%)

\* Would-be-heroes are the local leaders who participated in the SNV programme implementing the [Make Rights Real approach](#) in Bhutan.

† Two CSO staff and one government official.

The types of disability reported included physical, visual, hearing, and speech.

The characteristics of the five leaders who participated in the in-depth interviews are detailed in Table 3.

**Table 3. Interview participant characteristics**

Number	Gender	Age group	Position	Leadership group
1	Man	35-50	Local government elected leader	Would-be-heroes
2	Man	35-50	Local government elected leader	Would-be-heroes
3	Woman	20-35	Community Health Assistant	Health worker
4	Woman	20-35	Community member	Women with disabilities
5	Woman	50-65	District Education Officer	Would-be-heroes

## 3.2 Assessment of short-term outcomes for participating leaders

This section presents key findings related to each of the eight anticipated short-term outcomes under the three dimensions of change. The findings draw from data from both the KAP surveys and the in-depth interviews.

### 1 Personal outcomes for leaders

1a

Participating leaders have strengthened and expanded **social justice and human rights values**.

**Participating leaders demonstrated strong social justice and human rights values, which were already present at the start, and maintained throughout the project.**

This outcome had the highest baseline in the KAP survey results, with between 40 to 43 respondents selecting the highest option to statements gauging how important it was to them to support gender equality, the inclusion of people with disabilities, and the participation of people in disadvantaged groups. With little to no room to move, the endline results remained high, with almost all respondents strongly agreeing with the statements.

Through the interviews, leaders shared that their commitment to GESI had been renewed through their engagement in the project activities.

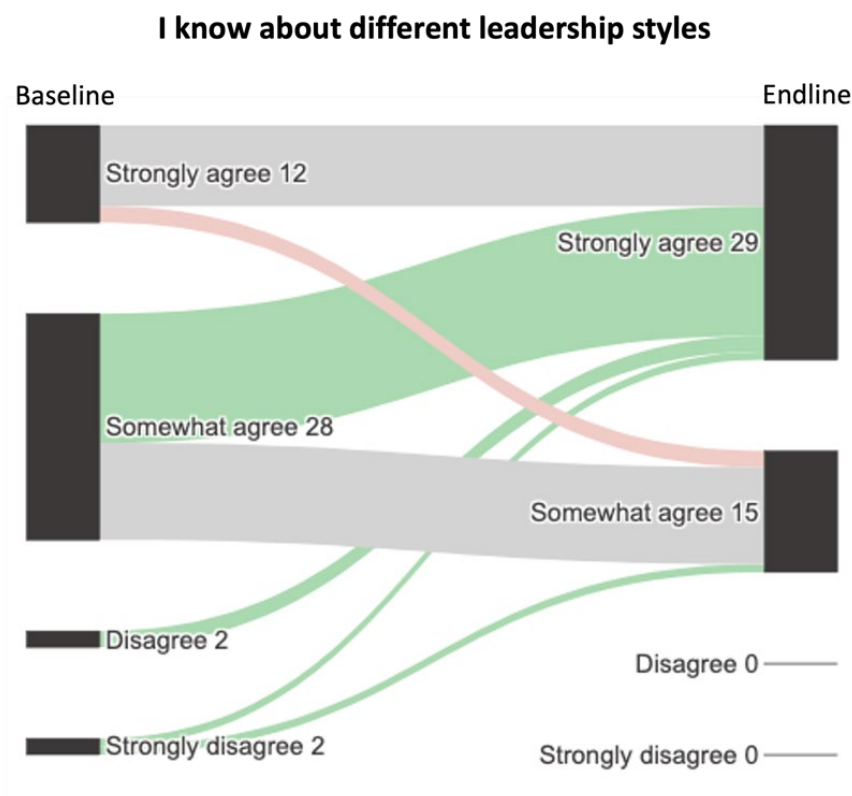
*After attending many meetings and workshops, I really came to understand that social inclusion is their fundamental right and also very important in decision-making. I have the duty as a duty bearer [to work towards social inclusion]. – Local government leader (M)*

1b

Participating leaders become more conscious of their **own leadership style and strategies** and how to capitalise on them for transformative action and mitigate any negative effects.

**After participating in the project, leaders have become more aware of leadership, and more purposeful as active transformative leaders in the sector. Training on ways to strengthen leadership skills can be improved.**

Notable improvements were observed amongst the majority of KAP survey respondents around knowing about and understanding leadership styles (Figure 2).



**Figure 2. Baseline and endline results for the statement, 'I know about different leadership styles'**

Improvements were also observed around leaders' understanding of their own leadership style and their strengths and weaknesses as leaders. Results were mixed for a question assessing whether leaders knew about ways to improve their leadership and influence other people, indicating room for improvement in the delivery of the project activities pertaining to this area.

Four of the interviewed leaders highlighted how their leadership skills and ability to influence had supported them in conducting transformative GESI actions. Some recognised their formal positions of power and influence within the system, while others in informal positions of leadership highlighted that taking initiative after participating in the project had strengthened their leadership skills and ability to influence others.

*The leadership qualities have been sinking in. Before, people didn't really take me seriously, but now I am taken seriously. Leadership qualities changed me - I am able to motivate others to be active and participate. People come to me with issues and problems, and I always use my network to help. – Community member with a disability (W)*

The assessment of the two identified outcomes under this dimension indicate that leaders already had strong social justice and human rights values, which were maintained during the project. Leaders gained awareness and knowledge about leadership styles and strategies, but there is room to improve training on ways in which leadership and influence can be strengthened.

## 2 Cultivating good preconditions for action

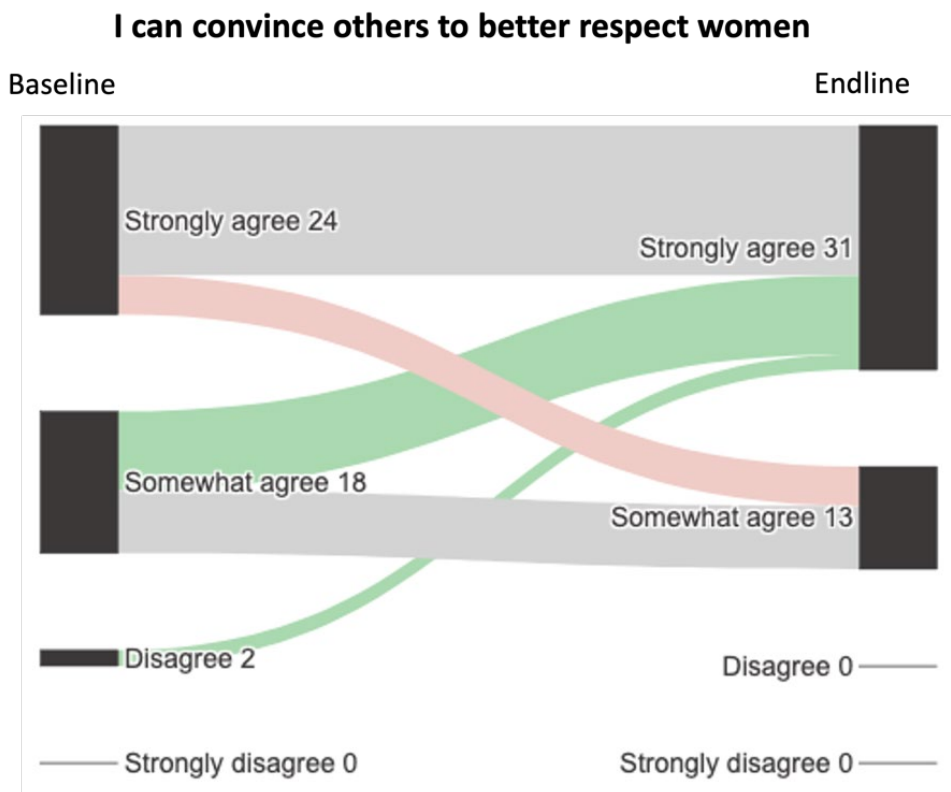
2a

Participating leaders have developed the **skills to influence and inspire** others to challenge wider norms and perceptions.

### Through participating in the project, leaders have improved their ability and self-confidence to influence and inspire others.

Twelve KAP survey respondents (27%) showed improvement in their reported ability to convince others to better respect women and to treat people with disabilities as equal in value and worth (Figure 3).

Given the baseline for this outcome was already high, most respondents showed no change and continued to score high for this outcome. Only a few respondents (between 3 and 5 depending on the survey question) showed a moderate decline, moving from strongly agree at baseline to somewhat agree at endline.



**Figure 3. Baseline and endline results for the statement ‘I can convince others to better respect women’**

The interviews revealed that leaders have taken up opportunities to influence and inspire others to make changes for GESI. Specifically, leaders shared stories about raising awareness during office and community meetings and talking to other influential stakeholders. Participating in the project also improved leaders' self-confidence and equipped them with tools to influence others.

*Being a part of the project gave me opportunities to share my stories – gaining confidence to attend other meetings and training. People did not know a lot about disability, and they looked down on people with a disability, and that also contributed to creating a barrier for us to come forward. Now, as I have become confident and I know how to tell my story, this helps in creating awareness in the public through social media and on TV. I now feel I am able to do what I couldn't. – Community member with a disability (W)*

For some leaders, convincing and influencing other stakeholders remained challenging. Despite this, they have reported being able to influence some key actors and start contributing to changes in harmful norms and systems.

2b

**Participating leaders are able to see constraints and make changes in the systems and structures that will help transform the system.**

**Leaders showed improvements in identifying constraints and have started taking action to transform the system, however, responses were mixed.**

At endline, all KAP survey respondents either agreed or somewhat agreed that they were able to identify which groups in their community experienced disadvantage. Compared with the baseline, this represented improvements for 10 respondents (who moved from somewhat agree, disagree, and strongly disagree to strongly agree), a moderate decline for nine (from strongly to somewhat agree), and no change for the remaining 25, who had selected either strongly agree (14) or somewhat agree (11).

Interviewed leaders identified several constraints and challenges in their transformative GESI work, including challenges with influencing and convincing some higher-ranking stakeholders, the need for additional budget allocations to improve or build new infrastructure, and social resistance to GESI stemming from stigma and harmful beliefs, which were associated with low levels of education and literacy:

*The low level of literacy among the public is a challenge in making and bringing positive change, including stigma towards people with a disability. In my community, people firmly believe that disability is the cause of karma [past life deeds]. – Local government leader (M)*

Leaders demonstrated they have started taking action to make changes and address the constraints they had identified, for example, through raising awareness among community members, advocating, and seeking support in their existing and expanding networks, as illustrated through the assessment of the short-term outcomes under the third dimension of change.



**Participating leaders have an** enhanced understanding of gender equality and social inclusion (GESI) issues **and the sense that** they are capable of bringing about changes.

**The project achieved meaningful improvements in leaders’ understanding of GESI issues and their sense of duty and agency, but there were mixed results in leaders’ sense of confidence to talk about GESI issues.**

Compared with the baseline, 12 KAP survey respondents showed an overall improvement in knowledge about gender issues in their community (Figure 4) and typical issues facing people with disabilities. Most respondents showed no change, which is encouraging, given their baseline results were already high. Between four and six respondents had a moderate decline and moved from ‘strongly’ to ‘somewhat’ agreeing with the statements given.



**Figure 4. Baseline and endline results for the statement ‘I know about gender issues in my community’**

Regarding leaders’ confidence to talk about gender issues and issues faced by people with a disability and other disadvantaged groups, the baseline was also high, which was maintained at endline, with only a few respondents showing a change. At baseline, between 25 to 31 respondents (depending on the survey question) strongly agreed that they felt confident. At endline, between 21 to 28 respondents showed no change. While some improvement was achieved, with between seven to nine respondents feeling more confident, some moderate decline was also observed, with two to four respondents (depending on the survey question) going from strongly to somewhat agreeing with the positive statements given.



Strengthening capacity of today's leaders to drive equitable and sustainable development. Photo credit: SNV.

The decline in knowledge and confidence of some leaders could be explained by a well-documented cognitive bias<sup>3</sup> in self-assessments, in which respondents tend to over- or underestimate their ability or knowledge related to a particular area.

Interviewed leaders provided compelling accounts of how their understanding of GESI issues had improved through their participation in the project, as well as their sense of duty and agency to work towards achieving a positive change. Respondents related how their understanding of disability had been very narrow before participating in the project, and that although they understood gender issues before, now they had the tools to address them and take practical actions to support GESI.

*I did understand gender in a general sense, but I am not sure if I stressed the need before. However, now I have understood, and as a District Education Officer and having attended the training, I have learnt that women and people living with disability need the additional support. – District Education Officer (W)*

*My idea of disability was very narrow [...]. My thinking has changed from just focusing on my problem and learning how to work with other people living with a disability, and organisations to talk about inclusion. I was aware that we had a*

<sup>3</sup> D. Dunning, 'The Dunning–Kruger Effect: On Being Ignorant of One's Own Ignorance'. *Advances in Experimental Social Psychology*, 44, 2011, pp. 247-96, <https://doi.org/10.1016/B978-0-12-385522-0.00005-6>

*national policy for people with disabilities, but I didn't know what was in the policy. Now I know, I learned that the policy could enable and empower people with a disability. – Community member with a disability (W)*

The project contributed to cultivating good preconditions for transformative action among the participating leaders. Although the assessment of two of the three outcomes in this dimension showed mixed results, overall, there were improvements for several leaders who started with a lower baseline.

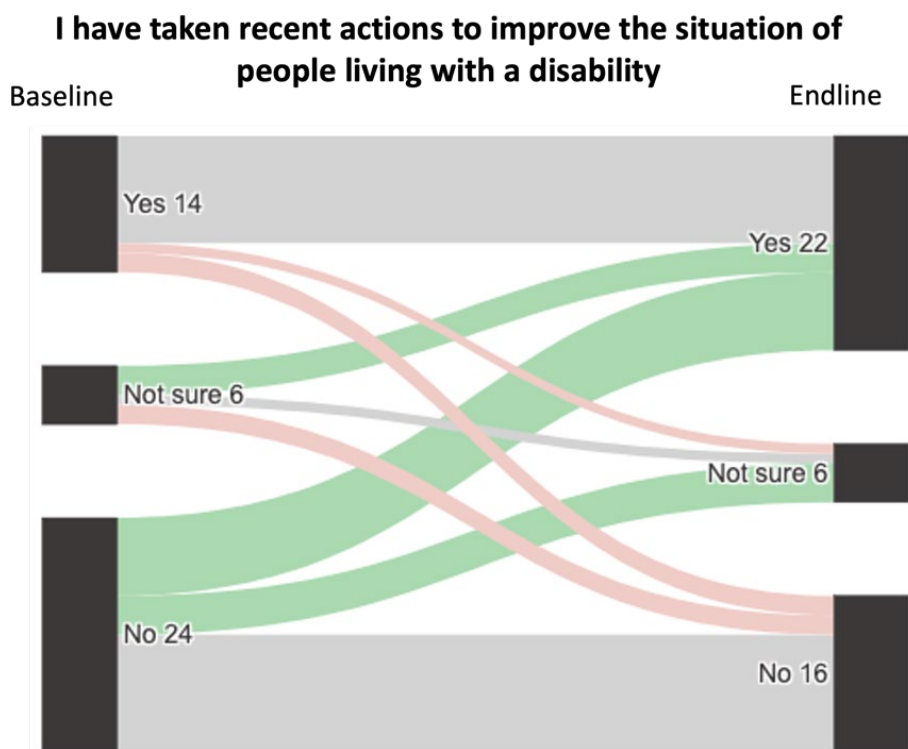
### 3 Taking transformative action



Participating leaders have used their own initiative to take **transformative GESI action**.

#### Several leaders reported taking transformative GESI action.

The KAP survey revealed an increase in leaders taking recent GESI actions. The biggest improvement was related to taking action to improve the situation of people with a disability, with 22 of the respondents that had taken recent action at endline, compared to only 14 at baseline (Figure 5). This includes 11 leaders who at baseline reported not having taken any actions or being unsure. Qualitative survey data indicated these actions included allocating budgets for disability inclusion infrastructure, construction of disability-friendly toilets and other accessible infrastructure, advocacy and awareness raising among networks, and supporting friends or constituents with disabilities.



**Figure 5. Baseline and endline results for the statement 'I have taken recent actions to improve the situation of people with a disability'**



Valuable improvements were also observed in taking actions to improve women's empowerment (8 leaders taking recent actions at endline who had not at baseline) and to improve the situation of other disadvantaged groups (8 leaders taking recent actions at endline who had not at baseline). Some leaders who reported having taken recent actions at baseline did not report doing so at endline, which could be due to the timing of the survey and the interpretation of the word 'recent.'

The interviewees all reported having taken practical actions. For example, one of the local leader participants shared that participating in the project prepared him to prioritise the needs of people with disabilities in planning and construction processes. He reported raising awareness of the importance of GESI during public meetings. He has also taken several actions in the construction of inclusive infrastructure at government buildings, as well as supporting inclusive sanitation facilities at home for people with disabilities. He said that he used his influence to only grant approval for the construction of public toilets that have provisions for gender-sensitive designs:

*I have also ensured that all the upcoming public toilets have separate toilets for men and women. If there are no provisions for gender-sensitive public constructions, I as local government chairman, do not grant approval for the construction. – Local government leader (M)*

3b

**Participating leaders have supported** collective action, advocacy and mutual support **amongst relevant networks and online groups.**

**Through the project, leaders made remarkable use of their networks and supported collective action, advocacy, and mutual support.**

At endline, 42 KAP survey respondents either strongly or somewhat agreed that connecting with other participating leaders through the social media groups was valuable to them, with 8 more leaders reporting so at endline than at baseline. Being part of the community of practice network was perceived to be valuable to almost all respondents from the start of the project (42 respondents at baseline), which remained high until the end of the project (43 survey respondents at endline).

The interviews provided rich accounts of how the leaders were able to support collective action, and advocacy, and provided mutual support, highlighting the importance of working collectively to effect change. One participant shared how her views of collective action were influenced by participating in the project:

*I attended the Inclusive WASH Facilities and The Transformative and MRR training in Trongsa. The training was a very interesting platform for me to meet local leaders, civil society workers, health assistants and other officers. This is also where I really learned the big difference we can make when stakeholders work together. – District Education Officer (W)*

Another emerging theme was the importance leaders placed in sharing new knowledge with others, raising awareness, and advocating for changes towards GESI within the communities where they worked. Most leaders highlighted enhanced public awareness of the importance and need of women's empowerment and disability inclusion, which they believe is what led to collective action to build disability-friendly

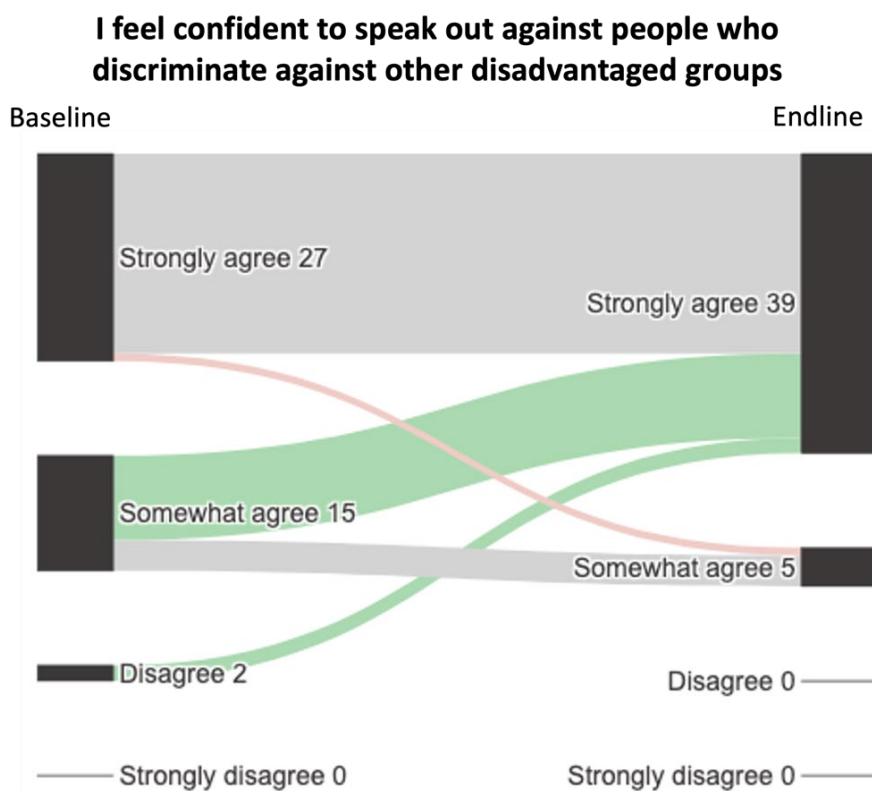
toilets for people in communities, helping achieve 100% improved sanitation coverage in some communities, and changing perceptions among the community members.



**Participating leaders actively contribute towards** breaking traditions and norms (e.g., have people with a disability able to voice their needs, set new norms).

**There is evidence of improvements in leaders’ contributions towards breaking traditions and norms.**

Although the KAP survey results for this outcome had a high baseline, meaningful improvements were observed for several respondents who improved their sense of confidence to speak out against people who discriminate against women, people with disabilities, and other disadvantaged groups, the latter showing the largest improvement (Figure 6).



**Figure 6. Baseline and endline results for the statement ‘I feel confident to speak out against people who discriminate against other disadvantaged groups’**

Two of the five interviewed leaders shared evidence of achieving this outcome. A participant shared that through her role as a health assistant, she encouraged women to participate in decision-making and the local government elections. She also actively took opportunities to challenge gender norms during patient clinic visits, encouraging men to take up household responsibilities that typically fall on the women, such as looking after young children.

*The leadership training has encouraged me to encourage my friends to participate in training and to support and include people living with disabilities more. For a very long time, I was invited to attend events and share my experiences as a person with a disability. I was always alone, and I told the event organisers and the Disabled Peoples Organisation that I wanted to invite another woman friend. They asked me to look for a friend with a disability. I spoke to my friends about my opportunity and that they didn't have to worry about any financial burden while travelling. I encouraged them and I took three women with a disability with me. Now wherever I go, I take my friends with me. – Community member with a disability (W)*

Leaders demonstrated effectively taking action to achieve transformative change at different levels. There was strong evidence of collective action by participating leaders, and meaningful improvements for several leaders who have taken up opportunities and used their initiative to drive action. Although transformative change takes time, the survey responses and stories shared give a significant indication that the project was effective at mobilising leaders to take steps towards change.

### 3.3 Limitations

The findings above should be interpreted in the context of the following limitations from the data:

1. The baseline was high for all KAP survey questions, which suggests that participants were already familiar with core concepts addressed in the leadership activities from previous programme engagement or other channels. Given there was little room to move, comparison between baseline and endline data did not reveal substantial change for most respondents, and mixed results for those where change was observed. Section 4 presents suggestions for areas for improvement in further programme implementation and future research design.
2. The findings from the interviews give depth and richness and highlight particular stories, but only capture the views of a small number of participants that were purposely selected and may not be generalisable to the entire cohort of participating leaders.
3. Under half of the leaders responded to the endline survey (44 of 99 leaders), and hence greater participation may have provided different results.

## 4 Final reflections and considerations for future work

The findings described above highlight the project's success in achieving meaningful changes across all the anticipated short-term outcomes, especially when considering the various challenges with project implementation and data limitations. Leaders demonstrated many strengths and improvements in several areas through their participation in project activities, particularly in supporting collective action and advocacy, improving their understanding of GESI issues, and strengthening the sense they could bring about change, and learning about leadership.

Learning new skills and addressing complex social issues is a non-linear process, and it is realistic to expect that leaders will encounter challenges and may not always be successful in every attempt to effect change. Therefore, it is also expected that there will be variations and fluctuations in their self-assessment of outcomes, especially for outcomes such as these, which require complex behaviour and societal change towards greater inclusion.

Based on the project elements that leaders valued, future transformative leadership work should continue to include the facilitation of a community of practice that promotes collective action, and also continue to provide ongoing mentoring and support for leaders. Having access to guidelines, designs, policy, and supporting practical tools, was also seen as very valuable in supporting leaders to take practical action and drive change and should be maintained in future work.

Future impact assessment work could be improved by designing more complex, refined tools that may be more likely to reveal differences in respondents' opinions on various issues. A more refined survey tool would be more likely to provide a more discerning baseline, particularly among participants that are already committed to GESI and have participated in other leadership and GESI training.

Additionally, increasing the number of in-depth interviews to have a broader base of qualitative data to match and explain the quantitative survey data should also be considered for future impact assessment work.

## References

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## Annex

**Table 4. KAP survey questions used to assess short-term outcomes for participants**

Anticipated short-term outcome for participants	KAP survey question
<b>1. Personal outcomes for leaders</b>	
1a. Participating leaders have strengthened and expanded <b>social justice and human rights values</b> .	Q4. Supporting gender equality is important to me
	Q5. Supporting inclusion of people with disabilities is important to me
	Q6. Supporting participation of all disadvantaged groups is important to me
1b. Participating leaders become more conscious of their <b>own leadership style and strategies</b> and how to capitalise on them for transformative action and mitigate any negative effects.	Q15. I know about different leadership styles
	Q16. I understand my leadership style
	Q17. I understand my strengths and weaknesses as a leader
	Q18. I know ways to improve my leadership and influence of other people
<b>2. Cultivating good preconditions for action</b>	
2a. Participating leaders have developed the <b>skills to influence and inspire</b> others to challenge wider norms and perceptions	Q13. I can convince others to better respect women
	Q14. I can convince others to treat people with disabilities as equal in value and worth
2b. Participating leaders are able to <b>see constraints and make changes in the systems and structures</b> that will help transform the system	Q3. I can identify which groups in my community experience disadvantage
2c. Participating leaders have an <b>enhanced understanding of gender equality and social inclusion (GESI) issues</b> and sense that <b>they are capable of bringing about changes</b>	Q1. I know about gender issues in my community
	Q2. I know about typical issues facing people with disabilities
	Q7. I feel confident to talk about gender issues with other people

	Q8. I feel confident to talk about the issues faced by people with a disability
	Q9. I feel confident to talk about issues faced by other disadvantaged groups
<b>3. Taking transformative action</b>	
3a. Participating leaders have used their own initiative to take <b>transformative GESI action</b>	Q19. I have taken recent actions to improve women's empowerment
	Q20. I have taken recent actions to improve the situation of people with a disability
	Q21. I have taken recent actions to improve the situation of other disadvantaged groups
3b. Participating leaders have supported <b>collective action, advocacy and mutual support</b> amongst relevant networks and online groups	Q22. Connecting through the WeChat/WhatsApp group with other leaders has been valuable to me
	Q24. Being a part of the community of practice network has been valuable to me
3c. Participating leaders actively contribute towards <b>breaking traditions and norms</b> (e.g., have people with a disability able to voice their needs, set new norms)	Q10. I feel confident to speak out against people who discriminate against women
	Q11. I feel confident to speak out against people who discriminate against people with a disability
	Q12. I feel confident to speak out against people who discriminate against other disadvantaged groups



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