



Challenges and Lessons Learned around Cross-Sectoral Programming from the Patsy Collins Trust Fund Initiative

Thematic Brief





BACKGROUND: PCTFI'S BEGINNINGS

In 2005, CARE began implementing projects under the Patsy Collins Trust Fund Initiative (PCTFI) to improve equitable access to and quality of education for marginalized girls in 17 countries. Funding for this initiative came from the estate of Patsy Collins, a philanthropist who left \$28 million to CARE to “make a difference for marginalized girls: ensuring their rights to appropriate education and development; supporting their positive participation in their communities and society; and empowering them to fulfill their greatest potential.”

PCTFI is rooted in the belief that equitable quality education is a foundational component of adolescent and youth empowerment, particularly for girls. Taking a transformative education approach—which supports adolescents to build their agency and use knowledge and critical skills to improve their condition and the condition of their communities—the program works with governments, schools, communities, and teachers to ensure girls and boys receive quality education. This is done in tandem with efforts to support parents, community leaders, and other powerholders to shift gender and social norms that negatively

impact educational access, learning, retention, and transition.

With a long-term view grounded in analysis and innovative responses to how and why girls are sidelined from society, PCTFI was designed to address contextually specific barriers to education and empowerment and track evidence to help vulnerable girls realize their rights. By targeting the most marginalized communities in Latin America, Asia, and Africa—where some of the most significant numbers of girls are out of school or are at risk of dropping out before completing an education cycle—the program complements CARE’s Leadership Development Framework,¹ which enables and supports children and adolescents to develop leadership skills; express their opinions and ideas; act individually and collectively on issues of personal importance; make healthy decisions; and work towards the achievement of self-described goals.

Programmatic Shifts

PCTFI’s first allocation of funding focused on longitudinal basic education focused programming, using CARE’s Gender Equality Framework as a guide to look for change in individuals, their relations, and structures related to four domains (educational quality, equality, attainment, and individual empowerment). This expanded to a second cohort of countries that also supported holistic and evidence-based educational programs. Additionally, smaller investments were made in HIV/AIDS and education integrated programming, and programs focused on the use of evidence to inform education-focused advocacy. In 2015, PCTFI expanded again through a third cohort of funded projects, this time focused on cross-sectoral approaches to adolescent empowerment. This included an increased focus on integrated programming for education that included adolescent sexual and reproductive health and rights (ASRHR), social accountability, and economic empowerment components. Select information and communication technology (ICT) approaches and tools were included to promote the development of 21st-century skills among adolescents, support teachers’ professional development, and share vital information about sexual and reproductive health, employment opportunities, and climate-smart action.

OVERVIEW: INTEGRATED ADOLESCENT EDUCATION & EMPOWERMENT

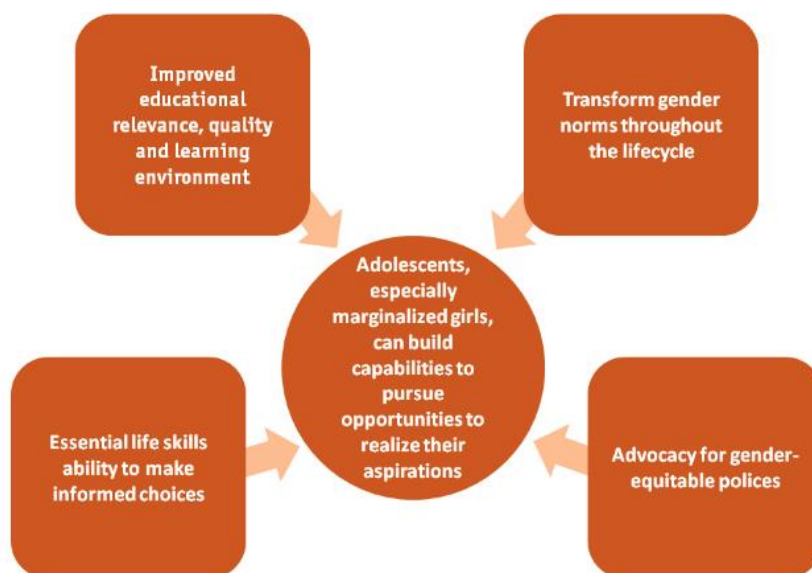
Programming under PCTFI was intentionally designed to foster contextually relevant approaches rooted in learnings from cross-project exchanges, ongoing data collection, and analysis. This methodology utilized global knowledge on what does or does not work within the girls’ education sector and strengthened CARE’s external linkages with other organizations. For example, through the PCTFI Cohort 3 projects, partnerships were formed between CARE, Team4Tech, Orange Communications, Girl Effect, the Post Office Savings Bank of Kenya, and others to support specific needs on ICT, communications, and banking products for adolescents. To date, PCTFI has generated ample learning on the obstacles that hinder access to and participation in education and transition opportunities for adolescents and girls. This has enabled an increased understanding of how cross-sectoral approaches can improve educational access, attainment, and empowerment, particularly for girls.

¹ The creation and initial piloting of the leadership development model (previously known as Power Within) were conducted under the first phase of PCTFI. See [EDU-GE-2010-CARE-Education-Plus-Report.pdf](#)

TECHNICAL APPROACH

In response to burgeoning youth demographics and changing geopolitical and local dynamics, CARE's Cohort 3 approaches were rooted in learnings from earlier CARE work² and based on the understanding that adolescence is a critical link between childhood and adulthood that brings challenges that impact girls and boys differently.³ While access to education plays a vital role in ensuring adolescents have increased social and economic opportunities once they reach adulthood, efforts to ensure they are protected and supported must include a framework that focuses explicitly on economic and social empowerment, sexual and reproductive health and rights, and other life skills, including ICT literacies.

PCTFI's Cohort 3 Theory of Change is as follows:



For girls, CARE understands that dimensions of empowerment shift depending upon where they are in their lifecycle, particularly as they reach marriage and childbearing age. This is also impacted by outside factors such as conflict, natural disasters, displacement, food insecurity, and discrimination. Faced with pervasive social norms that lead to early marriage, gender-based and other forms of violence, and restrictions on girls' mobility, CARE acknowledges the need for enabling environments, including supportive community, household, peer, and school structures, that help young people realize their aspirations. This understanding is based on CARE's Gender Equality Framework⁴ and aligns with the PCTFI Cohort 3 Theory of Change. This Theory of Change recognizes that empowerment cannot succeed if it is a burden carried solely by the individual, particularly if the individual is forced to function in a society

² This includes CARE's work under several multi-country initiatives, including the Power to Lead Alliance (PTLA) and Innovation through Sport: Promoting Leaders, Empowering Youth (ITSPLEY) projects. These aimed at creating, strengthening, and scaling girls' leadership opportunities. For more information, please see [Power to Lead Alliance \(PTLA\): Empowering Girls to Learn and Lead - CARE](#) and [Girls-Leadership-Program-Brief-Final-Feb-2012.pdf \(care.org\)](#). Additionally, CARE's early adolescent empowerment programming was informed by work conducted under the UKaid Girls' Education Challenge (GEC) and the USAID-funded School Dropout Prevention Pilot (SDPP) which designed and tested the effectiveness of different approaches to reduce dropout rates and improve education outcomes for at-risk children and adolescents, including girls. For more information see [Microsoft Word - 1b GEC1 Educational Marginalisation paper - FINAL.docx \(girlseducationchallenge.org\)](#) and [USAID | USAID School Dropout Prevention Pilot Program](#).

³ Adolwa, J. Brand, C., Kintz, G., Renault, L., and C. Toth. *Girls' Leadership Development in Action: CARE's Experience from the Field*. (Atlanta, GA, 2012). <http://www.care.org/sites/default/files/documents/EDU-GE-2012-Girls-Leadership-in-Action.pdf>; Young Men Initiative/CARE/Norwegian Ministry of Foreign Affairs. (2012). *The Young Men Initiative: Engaging Young Men in the Western Balkans in Gender Equality and Violence Prevention*. [YE-2012-Balkans Young Mens Initiative.pdf \(care.org\)](#)

⁴ CARE. (2019). *Gender Equality and Women's Voice Guidance Note*, pp. 7-9. [GEVV guidance-note english 2019-1.pdf \(careint.org/la\)](#)

that produces—even normalizes—unhealthy relationships and is rooted in structures that foster and sustain power imbalances.

To help girls navigate the transition from childhood to adulthood, CARE supports opportunities for girls to promote the development of increased leadership competencies, critical communication, and interpersonal skills while strengthening their agency to make informed decisions amidst shifting power dynamics. This also includes supporting married adolescents and addressing traditional gender norms that encourage early marriage and negatively impact girls' ability to pursue future opportunities.

Adolescent Sexual Reproductive Health and Rights (ASRHR)

Intimately tied to CARE's adolescent empowerment framework is the need for girls to learn more about their sexuality and access reliable and adolescent-friendly sexual and reproductive health information and services. Research shows that adolescents face barriers to receiving sexual and reproductive health care, including a "lack of familiarity with the health care system, limited ability to pay for services, fear of disclosure of confidential information to family and friends, and uncertainty about their ability to access services without the consent of a parent or guardian."⁵ By providing age- and culturally- appropriate sexuality information and access to adolescent-friendly services, girls show improved reproductive health outcomes, including decreases in early and unwanted pregnancy and sexually transmitted infections. This reduction saves lives and improves educational and employment opportunities while reducing poverty and increasing economic growth.⁶

As a result, Cohort 3 was designed with the understanding that adolescent sexual and reproductive health and rights (ASRHR) are critical to their development and ability to engage with their communities throughout their lives. Activities to promote adolescent sexual reproductive health and rights (ASRHR) were integrated into PCTFI programming. Under this umbrella, three key components were integrated into project design considerations:

- Strengthening adolescent sexual reproductive health knowledge, curricula, and rights awareness among adolescents, teachers, and other adults;
- Building skills and support for informed SRH decision making; and
- Improving ASRH services to increase adolescent ASRH service access and use.

To promote an enabling social and service delivery environment for ASRHR, CARE's Social Analysis and Action (SAA) approach⁷ was adapted and applied to address negative attitudes, values, and biases towards ASRHR. Additionally, the program utilized a modified version of CARE's Community Score Card (CSC),⁸ a flagship social accountability approach that solicits participant feedback at all stages of programming and promotes the idea that project participants know what they need for themselves and their communities. In this context, adolescent feedback solicited under PCTFI informed the prioritization and provision of services, including the role schools should play to facilitate access to essential information and services, such as menstrual hygiene management for girls.

⁵ Ralph, L. J. & C. D. Brindis. *Access to reproductive healthcare for adolescents: Establishing healthy behaviors at a critical juncture in the life course. Current Opinion in Obstetrics and Gynecology. 2010;22(5):369-374.*

⁶ Ibid

⁷ For more information, please see CARE. *Social Analysis and Action Global Implementation Manual. [saatoolkit final rights reserved.pdf \(care.org\)](#)*

⁸ For more information please see CARE. (2013). *Community Score Card: A Generic Guide for Implementing CARE's CSC Process to Improve Quality of Services. [FP-2013-CARE CommunityScoreCardToolkit.pdf](#)*

As a result of this integration of ASRHR and education programming, projects were able to establish and foster an enabling service delivery and social environment and created inclusive spaces for adolescent-led participation in actions that promote changes in the attitudes, behaviors, and policies affecting adolescents' health, well-being, and ability to exercise their rights. For example, in **Mali**, the Education for Change project developed the capacity of 431 teachers, head teachers, and inspectors around student-centered practices and meaningful integration of DRR and SRH into regular classes. At the endline, 92% of the teachers trained by the project were integrating DRR and/or SRH in their classes.⁹ Additionally, 84% of the schools had integrated SRH in their regular formal curriculum compared to 16% at the baseline, while 83% had integrated DRR, compared to 37.5% at the baseline.¹⁰ Additionally, adolescent use of SRH services increased during the course of the project from 2% at the baseline to 14% at the midline and 31% at the endline.¹¹

Economic Empowerment

Based on increased global understanding on adolescent empowerment and a shift in programming target groups from younger to older children and adolescents and their readiness to engage in economic life, under Cohorts 1 and 2, CARE increased its understanding of the skills adolescents need to facilitate the positive transition into vocational training, self- or wage employment, or other opportunity pathways. CARE expanded its education model during Cohort 3 to test and implement innovative economic empowerment approaches to promote a culture of entrepreneurship and microenterprise engagement for adolescents, parents, and communities. A vital component of this included efforts to prepare young people to participate in economic activities through trainings in savings/financial literacy, entrepreneurship skills, and/or vocational skills development with an intentional focus on transferable skills such as business selection, planning, and management (SPM) in **Kenya, Zimbabwe, Rwanda, Mali, and Nepal**. This focus was also coupled with creating opportunities for young people to engage with local and national economic development strategies through inclusion in market value chains, local labor markets, and participation in Adolescent/Youth Village Savings and Loan Associations (YSLAs). In **Kenya**, learning financial literacy concepts and skills helped to increase the saving rate for adolescents; adolescents were more likely to save money in savings accounts at endline than at baseline, with 20.3 percent of all respondents at endline stating that they saved in an account compared to 9.9 percent of baseline respondents. Furthermore, the number of adolescents who reported learning about the importance of savings significantly increased from baseline to endline, from less than 40 percent to greater than 80 percent.¹² In **Nepal**, adolescents engaged in economic activities involving poultry coops, off-season vegetable farming, retail shops, goat rearing, tea and snack shops, sweets and snacks production, and mobile cosmetic businesses.

Information, Communication, and Technology (ICT)

In our increasingly global, technology-based world, adolescents must have access to education that includes 21st century skills—including those related to ICT—to enhance learning, facilitate the identification of opportunities, access critical information that is reliable and up-to-date, and engage and act with others safely. Through PCTFI projects in **Kenya, Mali, Cambodia, India, and Rwanda**, ICT tools, platforms, and digital content were used to ensure marginalized adolescents have the following:

⁹ Daoua Developpement Conseils. (2021). *Evaluation Finale du Projet Education for Change (EFC)*, p.57

¹⁰CARE Mali. (2020). *Education for Change Project, Final Report*, pp. 5-6

¹¹ Daoua Developpement Conseils. (2021). *Evaluation Finale du Projet Education pour le Changement, "Jannde Yiriwère,"* p. 14; pp.105-106

¹² CARE. (2021). *Endline Evaluation: Adolescent Empowerment Project (AEP)*, p. 40

- access to information on markets, careers, and ASRHR
- an understanding of the risks and mitigation strategies related to sexual and reproductive health and other health areas that affect learning and employment opportunities
- knowledge on how to find and capitalize on business opportunities
- other means to overcome social isolation and to engage with and give/receive peer support around concerns and issues of importance to adolescents
- the confidence to engage in social networking and to know how to do so safely online
- additional tools to develop and apply financial and market literacy skills and
- additional tools to find support and to learn from influential mentors.

Through increased meaningful access to technology in several countries, PCTFI promoted the development of digital literacies within classroom and community settings, including tablets, mobile devices, social media, and messaging platforms. Under several projects in Cohort 3 (**Mali, Cambodia, Kenya, and India**), digital tools were used to support adolescents' education, improve teachers' skills to support learning, and improve access to critical health, safety, and life skills information that promote greater community, economic, and social and educational engagement. In **Cambodia**, this process included providing educational opportunities for girls to participate in Science, Technology, Engineering, and Mathematics (STEM) courses and sporting activities, which have historically been seen as areas where boys are more likely to succeed. In collaboration with a local STEM partner (STEMEOC), the project team promoted STEM and girls' leadership club activities. During the project's last year, these leadership clubs submitted a bid for a STEM project in a national STEM content, resulting in six out of 10 submissions being shortlisted and one project winning a medal for a quality STEM design.¹³ This contextual tailoring of PCTFI's programming aimed to address educational priorities holistically and comprehensively while strengthening multi-sectoral activities to ensure adolescents are supported by equitable social norms, relevant quality education, critical information, and adaptable multi-skills development opportunities.

Sociocultural and Gender Norms

Outside the home, educational institutions are amongst the places adolescents, especially girls, experience negative gender, social, and cultural norms. Schools can be considered one of the most influential spaces for socialization. As such, places of learning can serve as essential spaces to discuss and address traditional gender norms that negatively impact or harm girls and women. These norms often relegate girls to the domestic sphere and encourage early marriage and pregnancy, which hinder their ability to pursue learning opportunities as they get older, impact their earning potential in later years, and hamper community development. Many of the key factors that shape identity throughout a child's life are influenced by parental, community, and intergenerational relationships. Engaging parents, siblings, key community leaders - such as religious leaders—as change agents, while providing girls with mentorship and educational and leadership opportunities, are vital in positively shifting ingrained gender norms.

Findings from evaluations conducted during the Cohort 3 start-up phase showed that girls are often described as weak, vulnerable, and dependent upon parents or male figures. These sentiments were reported by the adolescents themselves and teachers and school administrators, who stated that girls and boys are not “equally intelligent.”¹⁴ Data collected in each PCTFI country during baselines highlighted beliefs held by parents, caregivers, teachers, and learners that girls and women must obey their male

¹³ CARE Cambodia. (2021). *Know and Grow PCTFI Cohort 3 Final Report*, p. 6.

¹⁴ CARE Cambodia. *Know & Grow Baseline Assessment, CARE Cambodia, 2017*, p. 24.

counterparts.¹⁵ Many also cited the expectation that girls should focus on domestic work before considering an education.¹⁶ This speaks to the disproportionate—yet socially accepted—subordination and burden of care placed on girls at a young age.

CARE identified several pillars that support adolescent girls' empowerment and socio-cultural and gender norms change and utilized programming under PCTFI to transform social expectations and advocate for more gender-equitable attitudes, policies, and practices. Activities were contextualized based on community perceptions, readiness, and needs, with interventions promoting gender equality and sexual reproductive health and rights and the sustainable benefits that communities reap when girls are given the time and space to attend, succeed in, and advance through school safely.

TECHNICAL SUPPORT: LESSONS LEARNED

The intersectoral approach used under PCTFI buttressed CARE's overall program strategy by increasing knowledge and improving the learning systems used by CARE to support adolescents' and girls' education and to foster cross-sectoral programming to break the cycle of low education access, attainment, and empowerment. Rooted in learnings from earlier CARE and external research, the three technical teams under CARE's Program, Strategy, and Impact (PSI) umbrella were able to utilize PCTFI as a vehicle to influence global, regional, and local coalitions; advocate for more effective policies; and support joint actions to promote equitable, gender-sensitive, and quality educational opportunities for adolescents and youth.

Economic Empowerment and Responses to Climate Change

To ensure PCTFI's Cohort 3 economic empowerment activities were impactful and practical, the Food and Water Systems (FWS) Team provided technical expertise, utilizing lessons learned from previous cohorts and country office feedback to support programming in Kenya, Rwanda, Zimbabwe, Nepal, Cambodia, and Mali.

In **Kenya**, technical expertise was solicited to strengthen the development of an integrated financial literacy curriculum for in-school and out-of-school adolescents. Similar support was provided in **Rwanda** to revise the existing Youth Village Savings & Loan Association (VSLA) model involving savings groups and establishing income-generating activities (IGAs), with a focus on determining the types of IGAs preferred by adolescent girls to support girls and their parents, promote sustainability using the IGAs, and streamline program monitoring tools.

In **Zimbabwe**, technical support was provided to support the development of age-appropriate financial literacy teaching and learning modules to foster the critical competencies required for successful wage employment and other post-school economic opportunities. The FWS team also worked with the Zimbabwe country office to develop modalities for school-based IGA projects that help adolescents hone skills in money management, enterprise development, and post-school economic activities.

Similar support was provided to the country office in **Nepal** to develop a Terms of Reference governing the creation of a Rapid Market Assessment (RMA) aimed at identifying businesses in high-priority market systems capable of providing vocational training for girls. This training was supported by developing a Livelihood Improvement Plan to assist in establishing and managing adolescent-run businesses within

¹⁵ CARE Cambodia. *Know & Grow Baseline Assessment, CARE Cambodia, 2017*, p. 79

¹⁶ CARE Mali. *Mali: Education for Change. Baseline, December 2016-January 2017*, p. 37

these RMA-identified high-market systems.

In **Cambodia**, technical assistance was also provided in rolling out a career counseling training manual and the government's [counseling app](#) for secondary students seeking advanced study or career development opportunities. Technical support for this project also included creating monitoring tools to assess whether an app-based counseling platform could be effectively utilized in place of in-person services.

In **Mali**, the project team identified the need to ensure adolescents have improved knowledge of Disaster Risk Reduction (DRR) strategies to respond to emergencies tied to political insecurity and extreme weather events. Technical support was solicited to develop a detailed action plan that included DRR training for youth and conduct a Climate Vulnerability and Capacity Analysis (CVCA) in partnership with adolescents. This process highlighted unique climate-related livelihood risks adolescents and their families face. It allowed them to develop critical skills to adapt to and mitigate the effects of climate change within their communities. Specific technical support for these activities included efforts to ensure the stage was set for an expansion of activities and that messaging related to climate change would have a long-term impact.

Adolescent Sexual and Reproductive Health Rights

CARE's Health, Equity, and Rights (HER) Team provided technical assistance to support the development and integration of life skills activities into PCTFI's education programming. This assistance was based on lessons learned and adjusted to account for contextual needs in Cambodia, Kenya, Mali, Nepal, Rwanda, and Zimbabwe.

In **Cambodia**, technical assistance was provided to support advocacy efforts with the Ministry of Education, Youth, and Sport (MoEYS) which resulted in the integration of ASRHR concepts into the national curriculum and adaptation of a curriculum better focused on life skills for reproductive health (LSRH). Technical guidance was solicited to support effective ASRHR information sharing and access to services through training, coaching, and mentoring for teachers, house parents, school support committees (SSC), and students. Dialogue and reflection sessions utilizing a Social Analysis and Action (SAA) approach also were facilitated with teachers and students to challenge discriminatory practices within schools and inequitable gendered social norms within communities.

The AEP project endline assessment in **Kenya** reported that activities such as SAA encouraged girls to more actively seek out leadership positions, and that parents – and the community at large – were motivated to increase girls' participation in leadership as a result of community attitudinal change initiatives. Moreover, technical support was provided in developing ASRHR manuals in partnership with the Kenya Institute of Curriculum Development (KICD) under the Ministry of Education (MOE). These manuals, which were created for use by learners, teachers, and opinion leaders, integrated gender and gender-based violence (GBV) issues and incorporated strategies designed to shift community attitudes and perceptions of ASRHR-related harmful practices. This focus on shifting social perceptions and norms was also reflected in **Mali's** technical assistance to develop relevant, clear, and actionable messages on ASRHR and GBV to be shared through mobile phone text messages for school groups and the community and key influencers.

In **Nepal**, technical support was utilized to enable access to youth-friendly and adolescent-responsive ASRH services through provider training and the establishment of youth-friendly spaces within existing service facilities. Additional assistance supported community mobilization efforts against gender-based

violence and early marriage through engagement with girls' collectives, parents, community members, and VSLA platforms.

In **Rwanda**, technical assistance was delivered to support a comprehensive sexuality education (CSE) curriculum and to train teachers on its delivery. Additional support was provided to guide the adoption of CARE's Community Score Card (CSC) approach, which included the rollout of a school scorecard process that provided students with a platform to engage with and voice their needs and concerns to teachers and school leadership. The CSC approach was also used in **Zimbabwe** (referred to as a school scorecard in Zimbabwe) to improve education service delivery, thus creating space for stakeholders—including adolescent girls—to discuss the ASRHR-related issues they faced and jointly design and implement action plans to counter or mitigate their impact.

RECOMMENDATIONS

CARE's PCTFI integrated programming has shown promising results, suggesting that this approach—or similar approaches—should be streamlined into a formalized programmatic component for both CARE USA and country office technical units. Given the challenges and results detailed above, several aspects must be considered in future integrated programming. Based on lessons learned and reflections about what did or did not work, operational recommendations for future integrated programming fall into four broad categories:

Collaboration across CARE USA Technical Teams

1. **To improve coordination and communication and to avoid challenges related to siloed workspaces, future integrated efforts should include a cohesive governance and management structure that reaches across technical teams within CARE USA (and potentially extends to country office participation).** This will help avoid some of the operational and bureaucratic pitfalls that come from implementing programming with teams that maintain their management structures, norms, and ways of working across specialized units and country offices.
2. **A cohesive handover process should be developed across specialized units to mitigate the challenges posed by staff turnover.** Hence, all technical teams and country office staff can access the information they need to effectively support ongoing activities and ensure timely monitoring and reporting when a staff member leaves. This could include preparing handover notes from across the three specialized units for the person who will be stepping in and, if possible, technical discussions between the departing staff and the person/s who will be stepping in. Alternatively, the S/TA for the respective project/specialized unit can allocate time to frontload information, including where to find key project documents and address questions with the new staff member/s on core technical components and any past implementation challenges and how those were addressed.

Collaboration between CARE Country Offices and CARE USA

1. **Clear standards and ways of working should be established in advance through joint discussions between CARE's country offices and CARE USA and among CARE USA technical teams.** Rooted in the importance of considering contextual and cultural nuances, this process should include topics such as how to advance programming; effective and relevant ways to address problems; expectations around quality of deliverables; budget, work plan, and technical design alignment; expectations around engagement between offices; and balancing the level of effort required against other competing work priorities. It is also essential to ensure these

expectations are established in full consultation with CARE's country offices in ways that honor each country office's needs, preferences, and specific contexts.

2. **There may be a need to bolster CO understanding of integrated programming design**, including why it is essential, how it works, and developing sound Monitoring, Evaluation and Learning (MEL) frameworks that can adequately capture the impact of cross-sectoral outcomes.
3. **Programming should be rooted in an approach that recognizes that context-specific knowledge and expertise sit within the country office teams.** As such, country office staff should guide the adaptation process to fit their context and ensure it is relevant. This also supports the global movement to promote locally-led solutions that support increased program quality, effectiveness, and mutual accountability. During Cohort 3, adaptations were made in consultation with the country offices; this method of collaboration should be adopted as a central program principle and mode of operation in all future integrated endeavors.
4. **The CARE USA technical teams should establish a coordination mechanism that promotes consistent, cohesive support to the country office teams and encourages cross-sectoral learning.** During Cohort 3, CARE technical and country office staff were encouraged to engage with one another on an *ad hoc* basis to promote increased efficiency; however, learning during the period demonstrated that relying solely on direct communication by individual technical advisors from the different specialized units supporting PCTFI led to the creation of a siloed work environment. As a result, future coordination mechanisms should include structured monthly meetings between CARE technical staff and country offices to ensure teams are working effectively together; updates are shared regularly; and technical support needs are identified and addressed in a timely, cohesive manner. These meetings should be used to support the *ad hoc* communication strategies already in place.
5. **A continuous, formalized reflection process should be established to consider how well the offices and teams work together and what learning originates from the programming.** This process will promote the development of a feedback loop that will mitigate challenges resulting from different ways of communicating and working within and between the CARE offices. It also will ensure previously established expectations are consistently updated to reflect shifting contexts, priorities, expertise, and needs. This formalized reflection process could be conducted quarterly and facilitated by one or more technical units involved in integrated programming.

Knowledge Management

1. **An evidence dissemination plan should be developed to promote ongoing information sharing within CARE and with external parties to establish a shared understanding of the intersections between education, health, and economic empowerment.** This will open the door to more extensive discussions with outside stakeholders to share progress and increase cohesiveness and understanding about the potential of integrated adolescent education programming.

Capacity Building

1. **Further training and coaching on adaptive management should be given to CARE USA and country office staff, including senior decision-makers.** This process promotes a structured, iterative process of decision making that aims to reduce uncertainty by engaging in consistent monitoring and aligns with the need to ensure the operational systems buttressing integrated programming are established, consistent, and reflective.
2. **A process for identifying and supporting CARE USA and country office staff needing additional capacity building should be established in advance in consultation with each country office.** This support may include technical and operational components, including program and financial management; technical knowledge; effective data collection, analysis, and use; ways to ensure programming and reporting meet established timelines, outcomes, and minimum standards for quality; and approaches to engage with communities effectively and safely, etc. While adaptive management training was provided midway through PCTFI programming, all teams would likely have benefitted from an earlier understanding of implementation fidelity and adaptive management.

Budget and Financial Management

1. **Enhance accountability and decisiveness at all levels—including executive management—throughout the project cycle.** Practical adaptive management should be balanced with the need to make timely, hard decisions to utilize project funding in a resourceful manner.
2. **Improve communication about programmatic shifts or decisions made in response to broader CARE politics.** This may include intentional discussions about changing expectations or the impact on programming and future funding opportunities if decisions are not taken.
3. **Provide orientation and ongoing training to CARE USA and country office staff to support the development of budgets and work plans that align with design and measurement frameworks.** This should be leveraged to support other CARE USA and country office work.
4. **Technical support should be grounded in a deliverables-based mechanism that includes matrixed accountability to support program rollout, implementation fidelity, and quality evaluation.** This should be balanced with an understanding that PCTFI and similar programs may benefit more from a program line management style that is more central, linear, and deliberate. As such, the pros and cons of how support is delivered should be weighed in advance.
5. **Promote consistent program and grant management staff involvement in technical support meetings between CARE USA and the country offices.** This will allow operational staff to stay abreast of unresolved action items and key achievements.

Key Contacts

Mphatso Mlia, Senior Advisor for Business Operations, Education and Adolescent Empowerment Team,
Mphatso.Mlia@care.org

Mae Renette Austria, Business Manager, Education and Adolescent Empowerment Team,
MaeRenette.Austria@care.org

Katherine Begley, Senior Technical Advisor for Education, Education and Adolescent Empowerment Team,
Katherine.Begley@care.org



Education & Adolescent Empowerment

CARE USA
151 Ellis Street NE
Atlanta
Georgia 30303
United States

T) 1-800-422-7385

For more information, visit: <https://www.care.org/our-work/education-and-work/education/patsy-collins-trust-fund-initiative/>