

Annex 1: Further details of the integration of inclusive governance across the outcome areas of the Program Strategy

CARE believes that change needs to take place and be sustained in all three domains of change of the Governance Programming Framework (GPF) to achieve impact. Increasing marginalised and diverse people’s collective voice needs to be accompanied by the capability of power holders to listen and engage with them in an inclusive and accountable space where a common agenda can be negotiated and agreed.

In particular, across the four outcome areas:

SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH (SRMH) RIGHTS AND THE RIGHT TO A LIFE FREE FROM VIOLENCE

Our governance work¹ in SRMH and gender-based violence (GBV)² focuses on increasing the quality, responsiveness, and acceptability of rights-based services and products, and access to and availability of services and support for marginalised communities. This can be achieved through different strategies:

- Establishing new and/or strengthening existing participatory accountability mechanisms through which women, girls, and communities monitor and provide feedback on SRMH or GBV services. Models used include Community Score Cards, community monitoring or oversight systems, maternal death audits, etc.
- Facilitating participatory community structures for mobilising communities to access services from community clinics, for monitoring service qualities and to promote inclusive health services for the poorest and the most marginalised (such as the Community-managed Support Structure model from CARE Bangladesh, which has been institutionalised by the Government of Bangladesh as a core component of health service provision).
- Advocating for improved SRMH services through closure of policy-implementation gaps or adoption of new policies and guidelines, including government’s adoption of SRMH participatory mechanisms. CARE carries out this advocacy directly and in partnership with civil society groups (from community-based organisations to national level networks).
- Supporting service providers and government officials to effectively deliver responsive and quality services to marginalised communities and women.
- Integrating political education on topics of gender, rights and sexuality with service providers to equip them to serve diverse groups and be effective in their work related to SRMH and GBV.
- Promoting gender-sensitive budgeting, including adequate resources for SRMH and GBV services and activities.
- Strengthening “chains of accountability” that link community-level participatory governance to national and global accountability systems (such as the White Ribbon Alliance, Family Planning 2020, World Bank’s Global Partnership on Social Accountability, UN Security Council Resolutions 1325 and 1820 commitment and action plans, the Call to Action on Violence Against Women and Girls in Emergencies).

FOOD AND NUTRITION SECURITY (FNS) AND CLIMATE CHANGE RESILIENCE (CCR)

- Incorporating inclusive governance in CARE’s food and nutrition security programmes will be key to build Sustainable, Productive, Equitable and Resilient ([SuPER](#)) food systems. Recognising that inclusive governance is critical to access the right to food and all of the rights that help achieve food and nutrition security, CARE works to strengthen institutions and stakeholders to work in ways that protect and promote food and nutrition security and resilience to climate change, particularly for women and girls.
- CARE promotes inclusive governance by building the capacity of communities and civil society representatives to engage with and hold decision-makers, including the private sector, governments, donors, and CARE, accountable. In global food systems, we especially recognise that the private sector has an important role to play and significant responsibilities to bear in the realisation of just and sustainable food systems. [Southern Voices](#), for example, is

¹ See further details, including examples from Bangladesh, DRC, Ethiopia, India, Malawi, Nepal, Peru, Rwanda, Sierra Leone and Tanzania, in CARE’s [SRMH Governance Capability Statement](#).

² See also the [global strategies for SRMH and GBV](#).

strengthening partner networks in the global South to advocate for climate change policies benefiting poor and vulnerable people.

- Inclusive governance work will also focus on making sure women, youth, and the most vulnerable people have an equal seat at the table. This includes working with partners on strengthening multi-stakeholder platforms on food security or nutrition or climate change adaptation, such as CARE's engagement in the Scaling Up Nutrition ([SUN](#)) movement, globally, and in Bangladesh, Peru and Zambia. Another example of strengthening local CSO networks and institutionalising platforms for multi-stakeholder dialogue is CARE's work on forest and natural resource management in [Ghana](#).
- Strengthening the responsiveness and accountability of local to national government is a crucial component of the GPF. Through the [Child Nutrition Initiative in Peru](#), CARE and other strategic partners advocated for the establishment of a national coordinating mechanism overseeing the development and implementation of a national nutrition strategy. In Bangladesh, CARE worked with the Village Development Committee to incorporate food and nutrition priorities into the Community Action Plan and Union Parishad budget – [SHOUHARDO II](#) – with stunning results on child malnutrition. In [Benin](#), CARE is working with village development committees and local district authorities to strengthen local government leadership and financial support to nutrition services for pregnant and lactating women, and children under the age of five.
- In [Ethiopia and Kenya](#) work has been done to strengthen the resilience of agricultural and livestock institutions, with a focus on pastoralist populations.
- In Tanzania, Mozambique, Ghana, Niger, Nepal, and Vietnam, CARE supports civil society partners with core funding and technical support to fight for the right to land for small-scale farmers and pastoralists in the context of agribusiness investments and mining (oil, gas, gold). Access to land is central to ensuring food security for the individual woman and her family, yet often compromised where private sector companies (mining and agribusiness) are buying large areas of land, as is occurring especially in Africa. This calls for CARE's governance work to focus on raising awareness and supporting communities and their organisations to hold governments to account for regulating private companies, and to hold the private sector to account in line with the UN guiding principles on business and human rights. This type of governance work at local, national and international level is key to ensuring the right to food and nutrition security for small-scale farmers and pastoralists.
- The Adaptation Learning Programme ([ALP](#)) builds adaptive capacity of communities and their capacity to influence adaptation planning at local government level, across multiple African countries. In Bangladesh, the [PRODUCE](#) project demonstrated a model of mobilising local government for climate resilient planning and budgeting which has enabled a total of 29 UPs (local government units) in the northwest of Bangladesh to increase their budgetary allocation for disaster risk reduction, climate change adaptation and environmental interventions by three times during a three-year time period (2010-2013). The project also successfully demonstrated that the local government can finance the local level adaptation using available resources if the required capacity-building mechanism is in place and if it is integrated with the local government's planning cycle.

WOMEN'S ACCESS TO AND CONTROL OF ECONOMIC RESOURCES, OR WOMEN'S ECONOMIC EMPOWERMENT (WEE)

- Ensuring women's rights to influence economic decision-making and systems (including market structures), to ensure their seat at the table in negotiation spaces and multi-stakeholder platforms, to have their role recognised and eventually receive equal benefits for their economic contribution, is crucial to achieve economic empowerment for women. Across all four pillars of CARE's WEE programmes – financial inclusion, women's entrepreneurship, dignified work, and inclusive value chains – CARE and partners strengthen marginalised women's collective organisational and influencing capacities, and their engagement and negotiation with power-holders.
- In terms of dignified work, in [Bolivia](#), since 2010 CARE has been supporting domestic worker organisations to advocate for decent labour rights. In collaboration with external agencies and the Bolivian Domestic Workers' Federation (FENATRAHOB), CARE led the establishment of a Promotion Committee for the ratification of the ILO Convention 189, which was eventually signed in Bolivia in 2012.

- CARE's Village Savings and Loans model (VSLA), throughout Africa, can – but by no means always does³ – serve as an important platform for building communication skills and reflective practices, understanding rights, and strengthening women's voice and their ability to participate in local governance decision-making structures and engage with service-delivery monitoring.
- Ensuring women's access to and rights over land is critical to enhance women's social and economic position. [Evidence](#) from CARE programmes in Niger has shown that working with local land commissions and religious leaders on women's inheritance and land rights has led to remarkable results in terms of economic and social empowerment, and a doubling of the percentage of women who inherit land in the project area.
- In Bangladesh, the Pathways project has used women's solidarity groups (EKATA) as a platform to mobilise women agricultural day labourers for negotiating fair wages. Women leaders emerged from the groups then engaged different relevant stakeholders (men day labourers, landlords, local government representatives, natural leaders and Department of Women Affairs of the Government of Bangladesh) to successfully negotiate fair wages, an example of structural change affecting around 6,000 women day labourers. In [Nepal](#), CARE also has successful experiences supporting workers organising for equal and fair wages (meeting minimum wage standards and promoting equal wages between women and men day labourers).
- Beyond voice, direct engagement with the government and the private sector is of critical importance to establish effective accountability mechanisms. For example, Mondelez included the requirement for Community Action Plans, based on the Community Development Committee (CDCOM) model developed by CARE and partners in Cote d'Ivoire,⁴ in their contracts to source from major cocoa suppliers. Furthermore, the community development committees use Community Score Cards to monitor commitments made by community duty bearers on local development.
- Given the critical importance of the private sector for WEE, there is particular attention to promoting greater responsiveness and accountability of companies, such as banks, garment companies (and global brands that source from them), and companies at all levels in value chains. This includes working with companies (such as Mondelez, SAB Miller, Anglo American and others) as external advisors or peer reviewers to improve their policies and practices with the objective of allowing them to become more responsive to the needs of their most vulnerable stakeholders, particularly women, in ways that also fulfil their environmental responsibilities. In doing this, CARE works to gather a better understanding around the business case for greater responsiveness to the needs of vulnerable stakeholders from the private sector, as a way of increasing internal buy-in inside companies for the changes that we propose, rather than – or in parallel with – adopting a confrontational attitude.
- Companies can also provide services at local level, and so responsiveness and accountability focuses not just on the company's economic actions, but also on their broader influence on social development and environmental integrity.
- Private companies are also often providers of business development services like training and rural extension. These services normally target mainly men and, as a consequence, women in many cases lack life skills and technical skills. CARE can support women's demand for increased access to quality training and rural extension services, as in the Cocoa Life programme in West Africa or the CISP Programme (coffee) in PNG.
- Strengthening spaces that bring together key stakeholders, such as tea plantation workers, trade unions and tea estate managers in Community Development Forums in Sri Lanka or cocoa farmers and cocoa traders and buyers in Cote d'Ivoire and Ghana, can promote greater transparency in the social and environmental responsibilities and responsiveness of private sector actors working in most impoverished countries, as well as a positive economic and social return on investment.⁵ These can be at local, national or global levels (such as multi-stakeholder platforms on the garment industry, or the [Linking for Change Savings Charter](#)). Another example is CARE Cambodia's [Safe Workplaces Safe Communities project](#), engaging with multiple stakeholders including the private sector (garment factories, hospitality and tourism sector). This includes discussions and training on sexual harassment policies with factory managers, and in-depth discussions about the application of improved policies.

³ See for example the 2006 [Strategic Impact Inquiry](#) report on Mali, Niger and Tanzania, although there are some examples from Niger of women who have been active in VSLAs creating a space for themselves in local government, being recognised as leaders and being elected to represent them. An upcoming study by ODI (Overseas Development Institute) is analysing the [linkage of VSL groups in Rwanda to Community Score Card processes](#), and the difference this makes.

⁴ See [What happens when cocoa-producing communities decide their own criteria for sustainability and success?](#) The CDCOMs fill in the gap created by the absence of formal administrative structures at the village level, and provide a channel for citizens' advocacy with local authorities who are often based far away from villages (in rural market centres or towns) and other development stakeholders.

⁵ See CARE UK Learning & Policy Series No. 4, [A Different Cup of Tea: The Business Case for Empowering Workers in the Sri Lankan Tea Sector](#).

- Powerful and influential private sector actors can also be brought into efforts to influence governments to be more responsive on basic services that can strengthen the livelihood capabilities of poor communities, such as advocacy by CARE and partners together with banks in Kenya and Rwanda on regulations around financial services or the inclusion of financial literacy into the education system, based on evidence and learning from our financial inclusion programmes.

HUMANITARIAN ACTION

- Inclusive governance is core to humanitarian action, both during emergency response and preparedness. It increases sustainability even in disaster-prone, fragile and conflict-affected contexts by promoting effective engagement with both affected communities and governments, particularly around the specific needs and rights of women and girls (see CARE's work on [Gender in Emergencies](#)).
- Humanitarian accountability is at the core of effective humanitarian action. CARE helps ensure diverse groups in disaster-affected communities are able to participate effectively in inclusive decision-making spaces, such as community committees that collaborate with local government or other power-holders to agree priority humanitarian needs and beneficiary lists, and can hold humanitarian actors (including CARE) accountable for the quality of their response, through complaints mechanisms, Real Time Evaluations, listening exercises, and social accountability tools, such as Community Score Cards. This needs careful facilitation and support to ensure true and meaningful participation of the most marginalised.
- The Core Humanitarian Standard on Quality and Accountability ([CHS](#)) pushes humanitarian agencies to be accountable to disaster-affected communities (Forward Accountability), and also to engage appropriately with and accountably towards domestic actors, especially the state, during humanitarian response and in fragile and conflict-affected contexts.
- CARE's organisational Humanitarian Accountability Framework aims not only to improve our relations with different stakeholders, and lead to increased impact of our humanitarian programming, but also helps showcase the accountable and effective use of humanitarian assistance and resulting power, and so contributes to demonstrating inclusive governance practices and attitudes.
- Preparedness work can include supporting marginalised citizens to influence policies or programmes related to Disaster Risk Reduction (DRR), as in CARE Pakistan's influencing work developing a Community-based Disaster Risk Management (CBDRM) model in which local committees join with government agencies to produce disaster mitigation plans, and supporting partners to analyse and document key gender issues in preparedness in Gender in Briefs. It also includes strengthening capacities of power-holders to be more responsive to the different vulnerabilities of marginalised groups in their DRR systems and strategies, as well as promoting greater inclusion of actors representing marginalised groups in humanitarian coordination fora.
- In conflict or post-conflict contexts, where the state is still fragile, the focus of our work is on re-building the legitimacy of the state and transparent and accountable service delivery systems, including capacity building and advocacy for the establishing of inclusive processes and mechanisms for state-citizen engagement. Humanitarian actors can easily replace the state and undermine domestic accountability lines toward international actors. Inclusive governance helps to expand the scope of humanitarian accountability by bringing local stakeholders to the centre of the delivery of humanitarian assistance, thus working towards creating the conditions for state leadership on emergency responses.

Annex 2: Inclusive Governance Integration Self-Assessment (IGISA) tool for supporting the integration of inclusive governance across CARE

PRINCIPLES FOR MEASURING INTEGRATION OF INCLUSIVE GOVERNANCE

1. Measure both inputs (are we integrating different aspects of the GPF, doing M&E, learning, staff with capacities to analyse the context, our own accountability, etc.) and outcomes (impacts or outcomes arising from our inclusive governance work).
 - Ensure the tool fits both global and local agendas
 - Level and quality of integration of inclusive governance, at global (or CMP or regional level)
2. Learning and improving, within specific programmes/projects (what are we doing well, what could we do more of, what concrete actions will we take) – arguably, this is the most important, as it would influence the future quality of our work.
3. Ensure the tool is compatible with, and fits with, tools relating to other aspects of the CARE 2020 Program Strategy (e.g. gender marker or resilience marker, or tools measuring integration of roles [multiplying impact] or related to the priority outcomes). This means also keeping tools measuring any one component (e.g. inclusive governance) at a manageable level.
4. Rather than describing levels 1-5 (negligible to exemplary integration), describe 5 (for each component or aspect being measured), have probing questions, then ask for what the team is doing well, what more they could do, and finally ask them to score 1-5:

A: Inclusive Governance Dimension	B: Description of highest level of integration	C: Possible probing questions	D: What are we doing well already	E: Where do we want to improve	F:1 Rating 1 to 5
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5. Ensure descriptions (of highest levels of integration) can be relevant in the multiple contexts in which we would apply the tool (fragile and stable states, humanitarian and development programming).
6. Ensure tool can connect into regular (six-monthly, or annual) review, reflection and planning processes, at project, programme, country, CMP or global levels.

WHAT THE INCLUSIVE GOVERNANCE INTEGRATION SELF-ASSESSMENT TOOL IS FOR

The IGISA tool aims to help you and your team understand how you are integrating inclusive governance into your project or programme or office. It is built on an appreciative approach, starting with what you are currently good at and how you have built these strengths, where you could become stronger, and what you want to take action on.

The tool has five stages:

1. Preparation: introducing the tool and how it will be used
2. The IGISA Matrix, which helps you think about your project/programme/team's current levels of integration of inclusive governance into your work
3. Reviewing the scoring to see which dimensions, if any, are most in need of support
4. The Capacity Improvement and Strengthening Action Plan
5. Implementation of actions and follow-up

WHEN SHOULD YOU DO THE IGISA?

The IGISA should feed into existing design, review or planning processes, including annual reviews, annual operating plans, or evaluations, as well as strategic planning, programme design and Theory of Change development. It also enables a reflective process, focused on improvements, before scoring projects or programmes against the inclusive governance component of the CARE approach under the Project and Program Information and Impact Reporting System (PIIRS).

WHO SHOULD WORK WITH YOU TO DO IGISA?

The self-assessment should be done by your team through a participatory process that includes people from the project or programme team, partners, and other key stakeholders. The mutual understanding that you create within your team and stakeholders by working together on the IGISA process will increase everyone's understanding of

how you are integrating inclusive governance and increase their commitment to working together to bring about improvements.

STAGES IN UNDERTAKING THE IGISA

1. Preparation and planning

Invite participants to attend the workshop or meeting. (This helps to increase the different opinions and ideas, and promotes ownership of agreements reached.) So that people feel comfortable giving their thoughts, it can be a good idea to name a facilitator whose role is to create an environment in which people feel comfortable talking openly about issues. Decide before the workshop how to deal with issues that are not usually discussed openly, especially sensitive issues; and how to make sure that everyone stays for the full workshop – it will take 1-2 hours.

Before the actual meeting, prepare a venue and all relevant materials including copies of the IGISA Matrix, and Capacity Development Action Plan form.

2. Completing the IGISA Matrix

DISCUSS DIMENSION 1.1 OF THE TOOL

- Lead the discussion of capacity dimension 1.1 by reading the description of the “Highest level of capacity”. Check that participants understand what it means. Use the “Probing Questions” (and any other questions you wish to add) to help you explore how your team’s current way of working fits with that inclusive governance component. Encourage as many people as possible to contribute their thoughts and also ideas – this helps to build understanding and ownership across the team for the current context and future direction.
- Identify areas in which you are doing well, in Column D of the Matrix.
- Then identify and record in column E areas where you want to make improvements – what you want to do differently. Probe and encourage the team to challenge themselves.

SCORE DIMENSION COMPONENT 1.1

- Use the conversations and conclusions of your discussions to agree an overall score for how you currently ‘perform’ for component 1.1 of the Matrix. Remind people that scoring low is not something to worry about – it simply means they are at an early point in the journey. The important thing is to identify areas they would like to improve, and then over time from one assessment to the next they will see their scores go up – and it will also highlight where CARE could provide additional support.
- The rating system is on a scale of level one (1) to level five (5). Level one (1) describes an early stage of development. Level five (5) describes an excellent level of maturity. There is no right or wrong score: select the scoring as a team that best fits your reflections, on the understanding that this tool is for your team’s benefit, rather than for external “judgement”.

Table 1: Rating Scale 1 to 5

1	2	3	4	5
<p>NEWOREMERGING This is a new area to the team. The team has just started to think about this issue.</p>	<p>EARLY STAGES OF DEVELOPMENT The team has taken its first steps on this area and has put in place some systems.</p>	<p>GOOD ENOUGH / ADVANCING The team has good enough performance in many aspects of this area; however there are still important gaps to resolve.</p>	<p>WELL-DEVELOPED There is very good performance in this area; however there are still a few less important gaps.</p>	<p>FULLY MATURE / EXCELLENT Fully meets all standards on this area. The team is looked to by others as a ‘model’ on this area.</p>

COMPLETE THE ENTIRE MATRIX

- Complete the rest of the Matrix’s components in the same way (1.2, 1.3 and so on).

3. Reviewing your scoring

Share the 'results' of the scoring with the participants. Notice how the team has been rated against each individual sub-component and each dimension. Point out to participants that a rating of 3 and below shows where your team is less strong and perhaps areas that would benefit from capacity development or specific actions to improve integration of inclusive governance in the future.

4. Decide on priorities for capacity strengthening

- At the end of the IGISA, your team needs to set its own capacity improvement and strengthening priorities, based on:
 - The relevance of this issue to the team's goals
 - Extent to which this affects the successful implementation of the programme or project
 - Extent to which this could improve the quality of our programme work
 - Impact on organisational reputation/credibility/legitimacy
 - How potential donors view this issue
 - Potential for improving chances of influencing policy
 - And so on.
- Identify your top priorities for capacity development and improvement. Do this by working through the IGISA, identifying those sub-components where you feel the greatest need to improve, and where there is the energy and commitment in the team to try new approaches.
- Input the "Where do we want to improve" details of those prioritised sub-components into the Capacity Strengthening Action Plan form.

5. Implementation and follow-up

- Incorporate the actions on the Capacity Strengthening Action Plan into existing project or team plans, so they are part of regular implementation and review processes.
- Review progress in your next planning and review meeting, and apply the tool again.

INCLUSIVE GOVERNANCE INTEGRATION SELF-ASSESSMENT TOOL

This tool enables CARE teams and partners to reflect on their integration of inclusive governance into their work.

It focuses on three levels:

- I. The three domains of the Governance Programming Framework (empowered citizens, responsive power-holders, and inclusive and effective spaces for negotiation) – and both how we are taking actions across all three domains, as well as the outcomes and impacts of our inclusive governance work – how citizens are taking action to influence decisions, how power-holders are more responsive, and how service delivery and other development outcomes are being improved.
- II. How this is leading to improved outcomes for marginalised citizens.
- III. Our capacities and systems to support our inclusive governance work.

Based on our learning, the "highest" level of integration of these components assumes: a specific focus on the most marginalised groups (particularly women and girls); a focus on multiple levels (so changes are not just stuck at the community or district levels, but are more systemic); a focus on changes in systems and institutions of power-holders, and not just more localised procedures or behaviours or operational changes; a focus on changes that are likely to be sustained beyond the life of a project or a limited period of intense support from CARE and partners. Clearly, what these dimensions look like and how they are to be interpreted depends on the context, and that understanding needs to be generated by the team as part of this process.

A: Inclusive Governance Dimension	B: Description of highest level of integration	C: Possible probing questions	D: What are we doing well already	E: Where do we want to improve	F:* Rating 1 to 5
I. INTEGRATION OF 3 DOMAINS OF GOVERNANCE PROGRAMMING FRAMEWORK					
1. Empowered citizens					
1.1 Strengthening capacity of citizens to participate and aggregate and channel their demands	CARE and partners are implementing a documented strategy to strengthen the capacities of marginalised citizens to be aware of their rights, and channel their collective demands to decision-makers, on multiple issues and levels (community/local to national, or beyond), and in a way that will be sustained beyond our support	<ol style="list-style-type: none"> 1. Do CARE and partners have a plan for strengthening the capacity of citizens to be aware of their rights, and channel their collective demands to decision-makers? 2. How are we strengthening the capacities of CSOs/CBOs and others to channel the demands of marginalised groups to decision-makers? 3. How do we know that such capacities are being strengthened? What evidence do we have that citizens are taking action together to influence decisions, resulting from CARE and partners' support? 4. What levels of decisions are they taking action around (community/local to national)? 5. How are the interests of marginalised groups (particularly women and girls) being represented in these efforts? Is this adequate? 6. Is this likely to be sustained after the period of more intensive support under current projects and programmes? 			
1.2 Promoting greater collective empowerment of women and girls	CARE and partners are implementing an established plan to outreach to and include marginalised women and girls so that they are aware of their rights, and channel their collective demands to decision-makers, on multiple issues and levels (community/local to national, or beyond), and in a way that will likely be sustained beyond our support	<ol style="list-style-type: none"> 1. Do CARE and partners have a plan for building the capacity of marginalised women and girls to participate in decision-making? Does this plan include a system for identifying and reaching the most vulnerable and marginalised? 2. How are CARE and partners enabling women and girls to organise themselves collectively, and channel and negotiate their demands? 3. At what levels is this empowerment happening (community/local to national to global)? 4. How are barriers to the effective participation of women and girls being addressed? 5. How are local elites and civil society leaders engaged to enable participation of traditionally marginalised groups? 			

* For our current level of integration: [1] New/emerging; [2] Early stages of development; [3] Good enough/advancing; [4] Well-developed; [5] Fully mature/exemplary

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1.3 Marginalised citizens are influencing decisions	Marginalised citizens, particularly women and girls, are collectively influencing significant decisions, at multiple levels (community/local to national, or beyond)	<ol style="list-style-type: none"> 1. What evidence do we have that the collective actions of marginalised citizens are influencing decisions? 2. At what levels are the decisions being successfully influenced (community/local to national to global)? 3. How significant or transformational are the decisions that have been influenced (are they operational or procedural, or relating to local behaviours of service providers, or are they more systemic or institutional)? 			
2. Accountable and effective power-holders					
2.1 Strengthening capacities of public authorities and other power-holders	CARE and partners are using all appropriate approaches for strengthening the technical capacities of power-holders from government, private sector and/or traditional leaders, so as to be more responsive to the rights and demands of marginalised groups, particularly women and girls	<ol style="list-style-type: none"> 1. What actions are CARE and partners taking to strengthen technical capacities of power-holders (government, private sector and/or traditional leaders)? 2. What range of capacity-strengthening approaches are we implementing? Are these the most appropriate or effective? 3. How are capacities to be responsive to marginalised groups, particularly women and girls, being strengthened? 4. How do we know that such capacities have become stronger, and that these improvements will be sustained? 			
2.2 Promoting greater accountability, transparency and responsiveness of power-holders	CARE and partners are using all appropriate approaches for strengthening the capacities of power-holders from government, private sector and/or traditional leaders, to be more accountable and transparent to marginalised groups, particularly women and girls, at multiple levels (community/local to national, or beyond)	<ol style="list-style-type: none"> 1. What actions are CARE and partners taking to promote: <ol style="list-style-type: none"> a. greater accountability b. greater transparency and c. greater responsiveness of power-holders? 2. How do we know that these actions are effective, and sustainable? 3. At what levels is this happening (community/local to national to global)? 			

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2.3 Enabling greater responsiveness from power-holders	Government, private sector and/or traditional leaders are being more responsive and accountable to Impact Groups, at multiple levels (community/local to national, or beyond) and in ways that go beyond changing procedures or behaviours, to more systemic or institutional changes	<ol style="list-style-type: none"> 1. What evidence do we have that power-holders (government, private sector and/or traditional leaders) are becoming more responsive to Impact Groups, as a result (at least in part) of the work of CARE and partners? 2. What levels are changes being made (local, to national)? 3. Are changes operational/procedural or behavioural or institutional? 			
3. Spaces for negotiation					
3.1 Creation/ strengthening of inclusive spaces for negotiation	CARE and partners are convening, facilitating or strengthening spaces (new or existing) that enable marginalised citizens to negotiate collective demands with power-holders, particularly women and girls, at multiple levels (community/ local to national, or beyond)	<ol style="list-style-type: none"> 1. What spaces for negotiation between organised citizens and power-holders have been convened or strengthened? 2. How effective are these spaces? 3. How inclusive are these spaces for the most marginalised groups, particularly women and girls? 4. Are these spaces likely to remain beyond the life of specific CARE projects? 5. Are these spaces just at local levels, or at different levels (community/local to national or beyond)? 			
II. IMPROVED SERVICES AND DEVELOPMENT OUTCOMES					
Our inclusive governance work is contributing to concrete improvements in service delivery and other development outcomes	CARE and partners' work to promote inclusive governance is contributing in a significant and sustainable way to concrete improvements in service delivery and other development outcomes for marginalised groups, particularly women and girls	<ol style="list-style-type: none"> 1. What evidence do we have that our inclusive governance work is contributing to concrete improvements in service delivery or other development outcomes? 2. Are changes operational/procedural, or more systemic and institutional? How significant, then, are these changes for the Impact Groups, particularly for marginalised groups? 3. Are these improvements likely to be sustained? 			

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III. INTERNAL CAPACITIES TO APPLY THE GOVERNANCE PROGRAMMING FRAMEWORK					
1. Contextual analysis					
1.1 Programming based on solid power, political economy and stakeholder analysis	CARE's work is based on and informed by solid and regularly updated power and political economy analysis, and stakeholder analysis	1. Are programmes and projects designed based on power, political economy and stakeholder analysis? 2. Is this analysis regularly reviewed and plans adjusted accordingly? 3. Is this analysis informed by and shared with key actors?			
2. Staff skills					
2.1 Staff have range of skills and capacities needed for effective inclusive governance work	CARE and partner staff have the capacities required to integrate inclusive governance into all their work, across the programme cycle work	1. Do key staff adequately understand CARE's inclusive governance approach and the Governance Programming Framework? Do you have staff or partners with: <ol style="list-style-type: none"> Understanding of the CARE Governance Programming Framework, and ability to explain this to colleagues? Trusted relations with CBOs/CSOs representing marginalised groups, to accompany and support their collective organisational capacity-strengthening? Skills in building partnerships, including with non-traditional partners? Trusted relations with power-holders, which enables open discussions around responsiveness and accountability? Knowledge of appropriate capacity-strengthening approaches? Ability to facilitate or broker cross-sectoral alliances and spaces for negotiation? Knowledge of the key CARE inclusive governance models and approaches that are relevant for your context (social accountability, local participatory development, voice and advocacy, capability and responsiveness of power-holders, multi-stakeholder platforms, and organisational accountability)? 2. Are staff aware of where they can obtain support or access learning related to inclusive governance? 3. Do you have staff or partners with capacities to carry out power analysis and political economy analysis?			

* For our current level of integration: [1] New/emerging; [2] Early stages of development; [3] Good enough/advancing; [4] Well-developed; [5] Fully mature/exemplary

A: Inclusive Governance Dimension	B: Description of highest level of integration	C: Possible probing questions	D: What are we doing well already	E: Where do we want to improve	F:* Rating 1 to 5
3. Monitoring, Evaluation and Learning (MEL)					
3.1 Systems in place to monitor and evaluate the effects of inclusive governance	CARE and partners are able to monitor and evaluate the effects of their inclusive governance work (at project/programme levels), contributing to global learning and evidence in this area, and in partnership with relevant academic and other partners	<ol style="list-style-type: none"> 1. How are we monitoring and evaluating the effectiveness of our inclusive governance work, within existing project or programme MEL systems? 2. Are some of CARE's global organisational inclusive governance indicators and/or learning questions part of the MEL system? 3. Do we have the right academic or other partners needed for generating evidence and learning from our inclusive governance work? 			
3.2 Systems in place to draw in and share learning	CARE and partners are generating and sharing learning from their inclusive governance work, and using this to inform the design and review of new and ongoing work, as well as the broader global organisational practice	<ol style="list-style-type: none"> 1. What systems and tools do we have in place to enable us to generate learning from our inclusive governance work? 2. Are we sharing that learning with key stakeholders, within CARE and outside? 3. Are we basing our new programme and project designs on our own and the broader organisation's learning around inclusive governance? 			

* For our current level of integration: [1] New/emerging; [2] Early stages of development; [3] Good enough/advancing; [4] Well-developed; [5] Fully mature/exemplary

Capacity Improvement and Strengthening Action Plan

Review of scoring in the Matrix, identifying those sub-components where you feel the greatest need to improve, and where there is the energy and commitment in the team to try new approaches.

	A: Area identified as a priority area	B: Actions to be undertaken	C: Measurable results to be achieved	D: Funding source	E: Resources still required	F: Lead person	F: By when	G: Comment
1.								
2.								
3.								
4.								
5.								



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