

# Inclusive Governance Guidance Workshop Report

11<sup>th</sup> - 13<sup>th</sup>  
November 2015

## Executive Summary:

CARE's first inclusive governance workshop was hosted at CARE International UK's London office, attended by thirty governance champions from CARE, peer organisations and partner organisations including Oxfam, Plan International, World vision, Manusher Jonno Foundation, SEND Ghana, TDEA Pakistan and guest speakers from ODI, Keystone Accountability, CDA, mySociety, One World and Omedya. Key areas discussed were related to: CARE's current and future priorities in inclusive governance and potential obstacles to integration; practical recommendations on how to work in different contexts drawn from CARE's experience; how to approach integrating inclusive governance into CARE's five 2020 Program Strategy outcome areas; how CARE can work through strategic partnerships in civil society and advocacy efforts to achieve CARE's inclusive governance agenda; how the IG integration engagement strategy should operate across CARE; and incentives and minimum standards for integrating inclusive governance throughout CARE programming. Lunch time panels were an additional feature to the 3-day workshop, giving space to delve deeper into areas of interest to CARE and form a springboard for discussions between participants to share CARE's programming experiences and lessons learnt in these areas: women's voice, organizational accountability and use of innovation and ICTs in inclusive governance work.

Key priorities for CARE moving forward are to improve vertical integration - integrating social accountability efforts with local and sub-national advocacy strategies (multiple tactics at different levels) to help deliver increased accountability and responsiveness and going beyond the local accountability trap. Improving engagement at the local level and working more collaboratively with civil society partners was also recognised and more thought is still required into how inclusive governance will become truly embedded into the organization. The inclusive governance guidance note is a good start but not the end of the story. Developing inclusive Governance Markers to measure the level of IG integration into programs and supporting the use of the Inclusive Governance Integration Self-Assessment Tool (IGISA) to enable a team to reflect on their progress in integrating Inclusive Governance are also key priorities. Both the IGISA and the governance markers will help to feed into global reporting systems (such as PIIRS). In particular, the governance markers, similar to the gender markers will provide a more accurate picture on the extent to which inclusive governance is mainstreamed across the project cycle. Formalizing an inclusive governance network and building a stronger Community of Practice for sharing model and programming experiences will also be a crucial priority, in addition to forming alliances with key actors.

Key commitments following the workshop are to establish a stronger Community of Practice, roster of inclusive governance experts and a space for discussions and knowledge sharing around inclusive governance. The CIUK team is currently finalizing an inclusive governance implementation plan which will be shared once completed which will detail more concretely the proposed integration and measurement strategy for inclusive governance mainstreaming. CIUK also makes a commitment to stay in touch and send out any updates and final versions of the inclusive governance guidance note once the final published document is ready.

## Introduction:

The first [Inclusive Governance \(IG\) Workshop](#) held in London between 11<sup>th</sup>-13<sup>th</sup> November 2015, brought together around 30 governance champions from CARE, peer and partner organisations to validate the draft IG guidance note (see [here](#)) and discuss how we can collectively support the mainstreaming of IG across the organisation. See [here](#) for Agenda.

### 1.1. [CARE 2020 programme strategy: Expectations, incentives and obstacles for integrating inclusive governance.](#)

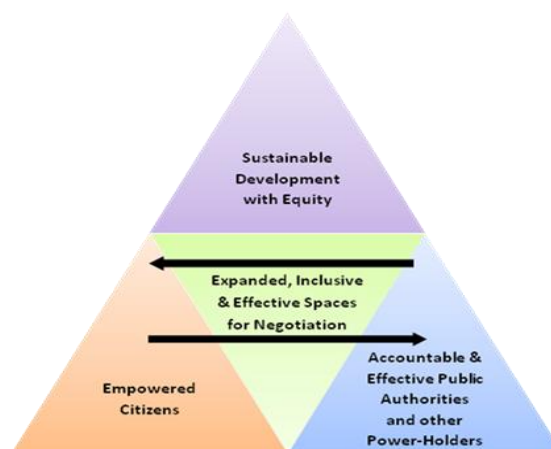
Sofia Sprechmann, CARE's Global Director of Programmes presented [CARE's 2020 program strategy](#), highlighting the high-level commitment to inclusive governance and the need for CARE to work, with new actors (government and civil society) and in new spaces, beyond its current comfort zone in service delivery.

### 1.2. [CARE's current and future priorities in inclusive governance](#)

Gaia Gozzo, CARE's Head of Governance presented [CARE's priorities in inclusive governance](#), highlighting the evolution of the GPF and the emerging lessons from governance programming.

CARE promotes inclusive governance in three key areas of change:

- a) empowering poor people to know and act on their rights and represent their interests;
- b) influencing those in power, such as governments, traditional leaders and the private sector, to be more responsible, responsive and accountable; and
- c) brokering linkages and convening spaces which enable effective and inclusive relations and negotiation between the two.



#### Emerging lessons from CARE's experience: The

need to **work with the grain** by engaging the state and work with existing accountability mechanisms; **sandwich accountability** is needed to help 'voice' (bottom-up) and 'teeth' (top-down) to become mutually empowering, through state-society synergy; **collective action problems** can be overcome by going beyond the dichotomy between demand and supply sides and talking about building multi-stakeholder coalitions; **cross state and civil society coalitions** are crucial for championing changes on both sides and coming together to promote a more progressive agenda. It is not "us against them" anymore. It is about finding likeminded progressive actors and working in coalitions; **vertical integration** means integrating social accountability efforts with local and sub-national advocacy strategies (multiple tactics at different levels) to help deliver increased accountability and responsiveness and going beyond the local accountability trap.

### 1.3. [Innovation: Practical recommendations on what to do differently to address challenges faced by CARE and partners working in different contexts](#)

#### Vertical Integration: linking local work to higher levels & policies

CARE's work to influence policy implementation falls under two streams. **(1) Connecting to existing** policies and platforms and **(2) Proposing improved policies and building new platforms** for unrecognized rights.

### Policy implementation

CARE works by mobilizing CSOs in coalitions, aligning actors (government, Private Sector, CSOs) and facilitating multi stakeholder processes and dialogues.

**Recommendations** to improve CARE's approach to vertical integration: **(1) Improving context and problem analysis** and using our local presence and evidence to influence higher level policy processes. **(2) Going beyond service delivery and working together as one CARE**, leveraging CARE's global presence and access to governments and focusing joint advocacy on a few key CARE global issues **(3) Exploring the use of social media**, using International HR frameworks, leveraging international standards and commitments (e.g. CEDAW) and improving research efforts.

### Plug into the context: Working with existing accountability mechanisms and the government

CARE engages with formal mechanisms through advocacy work, governance programming and political economy analysis. Informal structures also require engagement and include our local level work focused on social change and norm change.

**Recommendations:** **(1) Engaging local structures** e.g. understanding what evidence & capacities local authorities actually need and capacity building for this **(2) Getting better at understanding the context** in which we work and knowing what we can realistically influence (PEA). **(3) Building realistic expectations**, taking into account the capacity and resource constraints and/or limitations of formal institutions. **(4) Getting better at understanding the dynamics of societies** in which we work (e.g. rural vs. urban dynamics) and the advantages and risks they open up. **(5) Work with media outlets as conduits for opening up accountability spaces**, and building broader movements **(6) Use our position** (footprint – presence on the ground, and leadership) in countries where we work to promote citizen-society collaboration on citizen data. **(7) Support government institutions to access and gather citizen feedback data** on national development goals and commitments. **(8) Develop tools** which can be used across themes and teams. **(9) Bring together technical teams to talk and connect**, and aggregate responsibilities and collect expertise.

### Working in fragile and conflict affected contexts

CARE works at the grassroots in fragile and conflict affected contexts to create the momentum for change when the larger political context improves. **But are we able to use the GPF when working in fragile and conflict affected contexts?** When working in fragile states, risk management is central. Engaging with the state (or power holders) assumes their legitimacy; however they may be more predatory in fragile situations. In the **short-term**, social accountability tools can work such as CARE's Community Driven Reconstruction model (see [Tuungane](#) project in DRC). In the **long-term** we need to see alignment with the general government system - not short circuit it or set up parallel decision making bodies.

**Recommendations:** **(1) Partnering and working in coalitions** with the grassroots is safest and supports sharing risks. We need to be flexible enough as an actor to work on multi-levels but with our community-knowledge as a base. Thus a closer working relationship is required between country offices and CARE members in such contexts, as the CO is best placed to understand the context. **(2) Knowing our limits** and understanding where the line is between governance work and CARE's impartiality when dealing in a context where power is disputed. e.g. working with non-traditional actors like trade unions can be powerful but may run contrary to culture of managing risk (i.e. staff are encouraged for safety & security reasons not to be near marches, yet that is where civil society is most active). **(3) There is a need for good actor-mapping/conflict sensitivity**, due diligence analysis, and space to reflect, in order to produce flexible programming. **(4) Independent funding** can help us to be more adaptive.

Working in humanitarian contexts

There are challenges and opportunities in making humanitarian work promote inclusive governance.

**Challenges:** (1) Difficulties in *working with local authorities*; (2) Challenge of implementing and sustaining *governance processes during and after humanitarian crises* (3) **Expense of** establishing governance processes in humanitarian action– would you spend money on participation or helping someone out of the crisis (cost-benefit analysis needed)? (4) **Moving between domains in the GPF and appropriate tools.** The humanitarian context is usually complex, with actors in the second domain<sup>1</sup> in humanitarian contexts remaining unpredictable – e.g. ISIS, it is not possible to engage them with the tools INGOs have.

**Opportunities:** (1) **Accountability in humanitarian decision-making** – strengthening targeting and context analysis. Decision makers need to balance between evidence-based and experienced-based decision-making – and be transparent about this; (2) **Rethinking collective accountability** – all humanitarian actors, including governments, now have buy-in into accountability through mechanisms like the Core Humanitarian Standard on Quality and Accountability (CHS). Establishing independent enforcement bodies have the potential for reworking collective accountability; (3) **Translating the voice of the people into action** – We need to develop every-day, easy-to-use, ready-made tools and use technology to make information collection faster and more sustained; (4) CARE's [After Action Reviews](#) showed that **exit strategies** where humanitarian work can be linked to long-term development work through **feedback mechanisms** are good opportunities for integrating inclusive governance. More investment is required in feedback mechanisms which are fit for purpose. (5) **New approaches to monitoring and accountability** required for remote management. CARE has tested and should **expand its collaborative framework** for remote monitoring and accountability involving implementation partners, 3<sup>rd</sup> parties, peers and informal networks of affected people.

**Key Takeaways from the session's plenary discussion**

1. It is harder in some contexts to work across all three Domains of the GPF, particularly where there are few "safe spaces".
2. In our governance work, we can fall into the trap of "group-think", applying the same approaches with limited real impact. The Program Strategy requires us to work differently, to be more agile and adaptive, and to work with new actors (e.g. trade unions) or different spaces (e.g. elections, or Universal Periodical Reviews of human rights treaties).
3. We need more thought about how to get inclusive governance truly embedded into the organization, based on clearer understanding of how decisions are made, and what the risks & incentives are for decision-makers. A guidance note alone does not make the difference.
4. Different Country Offices are at different levels in their understanding of and commitment to inclusive governance – we need different approaches to work in different contexts.

<sup>1</sup> In CARE's Governance Programming Framework, the second domain actors include accountable and effective public authorities and other power-holders.

#### 1.4. LUNCH PANEL Women's Voice and Inclusive Governance

Shaheen Anam, Executive Director of the Manusher Jonno Foundation, Bangladesh; Tam O'Neil, Research Fellow in the Politics and Governance Department at the ODI; and Emily Brown, Gender and Governance Advisor at Oxfam GB focused on their programming, advocacy approaches, and research findings on the obstacles and supportive factors for women in leadership at various levels, including in community decision-making, civil society leadership, and government. For panellist presentations see here: [ODI](#), [OXFAM](#), [Manusher Jonno Foundation](#)



#### 1.5. Women's voice and inclusive governance in CARE's programs

In the follow-up discussion we heard from colleagues on their experiences and recommendations:

**CARE Pakistan on advocacy at national and regional levels:** (1) Conduct **gender analysis** to determine the impact on men, women, boys and girls, and then develop programs based on that analysis. (2) Work through **coalitions, networks and alliances** on gender issues. For instance, CARE should focus on supporting transparent electoral systems, civic education, electoral rights, gender analysis of political platforms/manifestos, supporting steps to ensure that women have the right to vote in practice (3) Link community work at the provincial and national levels through effective **advocacy and identify connectors** to facilitate policy and legislative changes on women empowerment. (4) CARE needs to scale up community models or **build on existing best practices**. E.g. CARE's VSLA model works to empower women but rarely incorporates information-sharing around political rights, voter registration.

**CARE Bangladesh on natural Leaders' model and women's participation at local levels:** The model identifies women who emerge as natural leaders and works to build their leadership skills and other capacities to continue to champion and negotiate their priority issues. **Limitations:** (1) spaces for participation and information sharing are limited; (2) not enough resources to respond to the responsibilities that come once natural leaders have emerged; (3) the model suffers from projectization since the project period is too short for adequate empowerment to happen; (4) **vertical integration limitations**; the model is not able to move beyond the local level so need to build coalitions and link strong grassroots initiatives/local female leaders to higher levels of government and/or civil society.

**CARE Rwanda on monitoring gender commitments:** CARE's participatory monitoring work connects citizen feedback at the local level to national level policy performance monitoring. This involves the collection of citizen data on the status and performance of target services or government commitments. Such participatory monitoring needs **simple standardized tracking tools and a clear set of monitoring indicators**.

#### 1.6. Integrating Inclusive Governance in the CI Outcome Areas

Integrating inclusive governance into five 2020 Program Strategy outcome areas will look different and present different challenges in each area. Outcome area leads presented their high-level strategy, proposing **minimum levels of inclusive governance integration**. See [here](#) for IG Guidance Note where integrating inclusive governance into the programme strategy outcome areas is discussed in further detail.





### Sexual Reproductive & Maternal Health

- ❖ Integrating government actors into the SRMH CSC process and getting government actors to lead the CSC process - link to higher level government and advocacy.
- ❖ Include department staff, elected representatives, and traditional leaders at interface meetings between communities and service providers
- ❖ Include actual CSC indicators that government (rather than public service providers) need to be responsible for.
- ❖ Use CSC **more systematically as an advocacy tool**, using data to generate key messages to support advocacy efforts and put pressure on government.

### Women's Economic Empowerment (WEE)

- ❖ Using the [Inclusive Governance Self-Assessment tool](#) when designing WEE programs.
- ❖ Enhance collective voice and action, deliberate efforts should be made to network and connect different women focused solidarity or VSLA groups.
- ❖ Strengthen Private Sector accountability by supporting the domestication of international accountability standards for large corporations in local/national standards.
- ❖ CARE acting as a facilitator, promoting dialogue with the government, global enterprises, workers and lobbying for new laws
- ❖ Begin analysis and program design bearing in mind the following: *macro context*; *take a men's engagement lens*; determine who we should *partner* with when programming and advocating.



### Food Nutrition Security and Climate Change Resilience (FNS & CCR)

- ❖ Use social accountability tools to improve agriculture services and hold governments and private sector actors accountable.
- ❖ Build platforms, coalitions and bring civil society together, working with specialized agencies - such as FAO or ministry platforms- and recognizing women's productive role in agriculture.
- ❖ Engagement with Private Sector as key power-holders who are likely to push back on agricultural rights.
- ❖ Link power analysis, value chain analysis, policy and stakeholder analysis with actual implementation and monitoring of food nutrition indicators
- ❖ Work on our own accountability on climate change and resilience in the communities where we work
- ❖ Action in the global north and global south (supporting advocacy by southern voices) on issues such as protection of smallholders farming for crop diversification and nutrition.



### Humanitarian Assistance

- ❖ Responding to crisis affected people with flexible accountable mechanisms and mobile service delivery.



- ❖ Feedback and participation mechanisms in place that are easy to use.
- ❖ Empowerment spaces prepared for humanitarian crisis.
- ❖ **Recognize private sector's** role as service provider in humanitarian contexts.

#### Governance and Gender Based Violence (GBV)



- ❖ Create diverse coalitions (consisting of leaders, clergy, police, men, civil society) around joint issues.
- ❖ Identify local issues and find ways to aggregate local voices
- ❖ Use existing youth groups or other groups and existing platforms (VSLAs etc.)
- ❖ Actor mapping (dividers/connectors)
- ❖ Focus on vertical integration (working from both ends – local and national)
- ❖ Analyze decentralization and look at entry points
- ❖ Seize critical movements
- ❖ Plan data collection in programs for advocacy /evidence base

See here for PowerPoint presentations: [Integrating Inclusive Governance in Climate Change and Food Nutrition and Security](#); [Integrating Inclusive Governance in Humanitarian Assistance](#).

SRMH, WEE and GBV did not have PowerPoint presentations.

#### 2.1. Strategic partnerships, working with civil society and social movements

Strategic partnerships are crucial to CARE's Inclusive Governance agenda and CARE wants to become a champion of civil society strategic partnerships. Maria from CARE Denmark presented on the [CI civil society resource](#). See [here](#) for Maria's presentation.

With southern civil society growing stronger and more vibrant, the role for INGOs is changing. INGOs are increasingly playing indirect roles acting in more supportive roles as action researchers, facilitators, networkers, alliance builders and capacity developers. Donors are signaling a desire to work directly with southern CSOs, thus there is increasing pressure for INGOs to prove value addition.

**Recommendations from our partners:** Partners from Pakistan (Shahid Fiaz, CEO of TDEA Pakistan), Bangladesh (Shaheen Anam, CEO Manusher Jonno Foundation) and Ghana (SEND Ghana) were invited to share their expectations and hopes from working with CARE. A key comment was how civil society partners want to be treated as partners, not subcontractors. They want to be included in key decision making processes, such as program design, advisory boards, and in particular, the budget needs to be transparent. CARE needs to listen to partners' requests in terms of capacity building and support. We need to learn from partners, demonstrate accountability and ask for opinions (e.g. through partnership surveys and social audits.)

#### The way forward for strategic partnerships

**1. Barriers to change:** organizational culture, systems and disincentives. **(1)** The funding model leads to an over reliance on restricted funding which limits our ability to provide strategic support to partner organizations. **(2)** Linked to the funding model, we have structures, systems and governance preoccupations which make us highly focused on managing risk and compliance, which results in a narrative that portrays 'partners' as risky and something to be worried about and managed, rather than enabled. **(3)** Civil society actors are seen as competitors since national CSOs and INGOs are competing for the resources that allow CARE to function. Given this reality our ability to promote their interests and agenda is compromised. **(4)**

CARE's operational heritage has historically tended towards a more direct operational role with 'implementing partners'. **(5)** Current leadership skills and attitudes are not geared towards thinking or encouraged to think and do partnership very well.

**2. Enablers of change:** CARE's Vision 2020 argues that CI will only remain relevant if it engages more profoundly with civil society actors and people's movements. There are multiple driving forces which can act as enablers of change for CARE. **(1)** The Country Presence Reviews consistently signal shifts by Country Offices towards more of a partnership model. **(2)** The southern membership agenda is changing the identity of the organization and potentially enriching its links to southern civil society. **(3)** Embedding inclusive governance into all our programming will create a dynamic that forces us to work in ways that more consistently sees us engage with citizens and citizens' organizations. **(4)** The focusing of our work around Global Outcome Areas provides opportunities to sustain strategic partnership with CSOs in these spaces. **(5)** CI has a number of new leaders, some of whom appear to be more sympathetic to a new partnership model. **(6)** The strengthening of our advocacy work sees us working more closely with peer NGOs and CSOs as essential allies.

**3.** CARE faces some direct challenges if it fails to embrace a more progressive partnership model. **(1)** Southern civil society is increasingly vocal in its criticism of INGOs. **(2)** Donors are signaling that they would like to by-pass INGOs and work directly with southern CSOs. **(3)** Management consultants are competing for resourcing with INGOs in other spaces.

**4. Weaknesses in advancing a partnership approach:** **(1)** we have no senior champions for the partnership approach. **(2)** While present in the Program Strategy it is somewhat homeless. **(3)** Partners are currently fairly absent in terms of decision making and shaping of organizational direction.

**5. Actions:** **(1)** Get the finalized civil society guidelines circulated widely in CARE and develop an agenda for change on civil society partnership. **(2)** Identify a National Director champion(s) of the partnership approach, aligned to new strategic thinking, and invest in working with the potential champions. **(3)** Develop some practical guidance around partnership: e.g. visit partners during visits to Country Offices, or hold meetings in their offices, rather than CARE's; invite them to meetings; profile them in our communications; ensure engagement with peers and partners is part of Job Descriptions. **(4)** Ensure that the CEG Partnership Co-coordinator to be hired thinks strategically about partnership and doesn't just take an instrumentalist approach. **(5)** Encourage other key constituencies to engage and add to the guidance e.g. fundraisers and finance/compliance leaders.

## 2.2. LUNCH PANEL Innovation and ICTs in Inclusive Governance



Panelists Andrew Clarke, Associate of Governance & Citizen Engagement of the Omidyar Network UK; Dave Whiteland, International Team of mySociety; and Mike Yates, Executive Director of OneWorld; presented innovative approaches and key learning on the use of ICT in governance programming. The panel provided insights on the use of ICT in parliamentary monitoring, civic education apps and other internet and mobile phone applications that the world's poorest people can use to improve their life chances. The panel also provided insights into policy, advocacy strategy, and related investments for the global Governance & Citizen Engagement

initiative. For panellist presentations see here: [mySociety](#), [One World](#) and [Omedya](#). To listen to the recorded webinar see [here](#).



## 2.2. Innovations in Inclusive Governance in CARE's programs

[CARE Malawi's use of ICT](#) through the World Bank's GPSA grant and [CARE Ghana's GSAM project](#) are key examples of innovations in CARE's inclusive governance programming. A new innovation for CARE moving forward is to consider the use of ICTs and other innovations and partnerships in the participatory monitoring of the SDGs.

### CARE Malawi on GPSA-ICT project

The project integrates ICTs within the community score card process, creating a customized Mobile Teacher Absenteeism Reporting System. The CSC identifies many issues affecting the education sector and not only teacher absenteeism, e.g. it can also monitor pupil absenteeism and procurement of school resources. Data generated from the ICT platform and explanations for why the teachers were absent can be used to influence policy making in the Education sector and provide evidence to support disciplinary actions or discussions with authorities and service providers to address reasons for absenteeism. The ICT platform is not finalized yet, and Ken Banks, CARE's Entrepreneur in Residence will be reviewing progress and offering recommendations during his trip in April 2016.

### CARE Ghana on GSAM

Lessons learnt: **(1)** Monitoring indicators to be defined in consultation with citizens and local authorities to assure acceptability and integrity of gathered data and feedback. **(2)** Assure the accessibility of the e-platform by citizens, especially for the less literate. **(3)** Clarify how the e-platform can provide a source of feedback to sub-national and national government institutions on the performance and quality of local government work.

### Community Score Card and Participatory monitoring of the Sustainable Development Goals (SDGs).

CARE understands the importance of Information Communication Technologies (ICTs) and citizen generated data for participatory monitoring of the SDGs. CARE views the people whose lives are changed should judge the SDGs a success or a failure, rather than statistics. We need to put their voice, especially women and girls, at the heart of the targets. Participatory Monitoring of the SDGs will be a complex exercise, but we have valuable experience to contribute, including the Community Score Card methodology. New technology and the data revolution that this helps constitute, and the spread of mobile phones, have also made mass participatory monitoring of the SDGs something within reach.

See [here](#) for the full concept note

## 2.2. Multiplying Impact: Connecting advocacy and governance agendas

### How does multiplying impact contribute to inclusive governance work and vice versa: Practical implications and recommendations?

David Ray presented CARE's approach to multiplying impact, see [here](#). The following ways to multiply impact were discussed:

#### **1. Replication and adaptation by others (governments, private sector and other organisations)**

This involves replicating and adapting what already exists such as institutionalizing models such as VSLAs and CSC and engaging with users and stakeholders of these models. To enable adaption, more knowledge

sharing is needed and can be achieved through peer to peer learning platforms, multi stakeholder platforms and a CoP (sharing learning and research on models that work and don't work.)

## **2. Influencing the policies and practices of governments and corporations (scale up and/or policy change with broad reach)**

Advocacy is a key strategy to influence policies and practices. To bring CARE's governance work to the global we need to:

- ❖ Engage with local structures, involve COs and capacity build.
- ❖ Connect different government infrastructures e.g. local (service delivery) => national=> supra national and be involved in advocacy at regional levels.
- ❖ Infuse governance analysis in all programs and scale up learning from programs
- ❖ Share widely tools for scaling and what worked in different contexts
- ❖ Collaborative working between technical teams and leadership commitment. This involves talking, and aggregating responsibilities and expertise and trusting that each other's' work is valuable.

## **3. Changing social and cultural norms, beliefs and behaviors**

- Social norms can be both positive (constructive e.g. supportive of women's rights) or destructive. Inclusive governance utilizes tools and approaches to help change social norms: **Political Economy analysis** is helpful in identifying the formal and informal institutions (e.g. social norms which are a source of power and therefore change may be strongly resisted.)
- **Actor mapping** helps to identify the custodians of the laws and can help us determine who our allies are for any campaign.
- Socio-ecological models can help affect **behavior change through personal, group and community level attitudinal changes**. E.g. GBV team and private sector team working through different collectives and cooperatives. Learning's are that campaigns to affect social norms have to be sustained, generated from within the context, owned locally and likely be brand free to encourage mass participation.

### **3.1. Supporting integration of inclusive governance across CARE.**

For Gaia's IG engagement strategy presentation, see [here](#). This session discussed support needed for the roll out of IG dependent on country office/CARE member partner's capacity and engagement and any issues with the suggested mapping criteria. Key points on how the IG "system" should operate across CARE were as follows:

- ❖ **Address lack of IG visibility**. There are strong models across CARE but COs looking to learn from these models are not aware of where they are, and are poorly facilitated to learn from them. Building a stronger community of practice could address this. Help in particular could come in the form of helping with PEA, and tools for self-assessing integration of IG, knowledge sharing, scaling up and engaging impact groups, maybe have a "governance academy";
- ❖ Prioritisation needs to consider **how political and funding opportunities drive CO engagement**;
- ❖ **COs could offer technical assistance and deploy experts for short periods of time** and a cost recovery system should be designed and shared;
- ❖ **Immersion training** to happen where learning visits are hosted between COs so that communities themselves can be involved in the capacity-building of CARE offices. In this scenario, the host CO would cost recover.
- ❖ **Country offices to contribute regional learning and vertical integration experience** provide IG model evidence relating to domain 2 of the GPF and provide personnel for the IG Roster.

- ❖ The IG engagement strategy is currently too CIUK-centric and the criteria needs to expand beyond CIUK if it is to be right for a global team with global ambitions.
- ❖ COs need to be involved in assessing capacity (e.g. through IGISA tool).
- ❖ Need to understand the COs' contexts, regions, and interests of other CI members before trying to determine how we'll work with them.
- ❖ Mapping should be determined by the quality of programs rather than relationships between CIUK and COs.
- ❖ Criteria needs to be proactive. E.g. engaging in design of programmes rather than the current reactive approach which assesses quality after program end.
- ❖ Using the 20%-50% allocation criteria could exclude some regions from the IG engagement because some regions require patience and more work to jumpstart the engagement, e.g. East and Southern Africa.
- ❖ Further clarification of what staff capacity means and whether referring to overall program quality capacity or technical governance capacity.

### 3.2 LUNCH PANEL Organisational Accountability



Our panelists were Isabella Jean, Co-Director of Collaborative Learning at CDA; Kai Hopkins, Senior Consultant at Keystone Accountability; Yoma Winder, Global Partnerships and Accountability Advisor at Oxfam UK; and Carla Benham, Accountability Advisor at World Vision UK. The panel provided insights into how they embedded robust accountability within their organizations, operationalized their OA frameworks, implemented in humanitarian contexts including setting up community feedback systems and creating snowball effects.

For panellist presentations see here: [CDA](#), [Keystone Accountability](#), [OXFAM](#), [World Vision](#)

To listen to the recorded webinar Q&A session see [here](#).



#### CDA's Listening Project

INGO Forward Accountability (FA) work involves participation, decision making and information sharing. Recommendations for engaging further are: establish reasons for engagement; understand why people 'disengage'; take time to listen, reflect and learn; understand that context matters and understand one size cannot fit all.

#### World Vision – institutionalizing WV's accountability to communities

World Vision has made a deliberate move to push its FA into a universal standard across the organization. This has been achieved by moving it up the priority list by integrating FA within the organization's systems and with dedicated staff as part of policies and frameworks; upgrading of staff competencies and capacity using trainings and communications; and checking the progress on FA by having FA indicators in project monitoring and evaluation reports.



### *Oxfam – Oxfam's accountability reviews*

Oxfam randomly selects 3 to 4 projects per year for accountability reviews. These reviews are done ¼ to ½ way through a project's lifeline to allow time for correction in projects. During the review Oxfam measures: Oxfam's accountability to its partners; Oxfam and partners' accountability to communities; degree of transparency; functioning feedback mechanisms and degree of participation. It usually takes 15 days to finalize the review. The process is however costly, the instrumental value of accountability is not clear and the accountability is hard to measure – even when using a proxy indicator for accountability.

### **Keystone Accountability – Constituency Voice Methodology**



Constituency Voice methodology (CVM) is about moving INGOs from tokenistic listening. It is a methodology on listening to beneficiaries that helps improve feedback systems. CVM contributes to four areas – accountability and relationships, program performance, discovery and innovation and evaluation. For CI, to improve on FA, there is a need to have a management system in which data can be received and used; establish incentives (set up both carrots and sticks); improve capacity, data and frameworks; and have leadership, attitudes and culture in the organization carry these forward.

### 3.3 Promoting CARE's own accountability

**CARE Cambodia presented the Humanitarian Accountability Framework (HAF).** See here for [presentation](#). In CARE's humanitarian context, After Action Reviews (AAR) are central to translating lessons and evidence from a particular response into improved action and enhanced organisational efficiency. There are a number of areas for improvement in CARE's AAR process: a higher emphasis on follow up and accountability to synthesise and reconcile action plans; emphasis on assessment of quality (approaches) and of effectiveness (outputs & outcomes) needs to be balanced, and stronger involvement of peers is needed; the evaluation TOR needs to explicitly include: gender markers, identify good practices for scale and include HR Management aspects (Safety & Security, wellbeing).

**CARE Somalia presented on the Complaint Response Mechanism (CRM).** See here for [presentation](#). The CRM facilitates information sharing, enables the participation of citizens to put forth complaints and offers a platform to handle the complaints. The CARE program team takes corrective action as a response to the feedback from citizens. Some operational challenges do remain however: a phone is required, citizens must be literate, people have been seen to use it irresponsibly and most messages received are vague and lack specificity.

**How to improve Organizational Accountability in CARE? Lessons from CARE Somalia and GALI in West Africa:** (1) A strategy for scaling OA work in CI needs to be developed, pitching at both COs and Regional Offices. (2) Program design needs to ensure inclusion of Accountability Framework guidelines and minimum standards. (3) Enforcement mechanisms need to be set up such as randomized assessments and reviews and building obligatory questions into the evaluation. (4) Removing any negative reactions to feedback is also needed by making joint plans and reviews. (5) Borrowing examples from peers such as Oxfam's Accountability Reviews and World Vision's indicators and borrowing examples from finance and audit departments are important. (6) Finally, sharing knowledge through capacity building from teams dedicated to OA and establishing a Community of Practice composed of program managers practicing OA.

### 3.4 Incentives and minimum standards for Integrating Inclusive Governance: The Way Forward

With inclusive governance being a core element of CARE's approach within the global program strategy, the legitimacy for the inclusive governance agenda has grown considerably. However, although CARE has agreed on what we will work on (in the 2020 Strategy) we have not entirely agreed on how we will do it (advocacy; partnerships). For incentivizing country offices to fully support the integration of inclusive governance, the largest challenges to overcome will be time constraints and the pressures field offices already face among their priorities. A key role of CIUK governance team will be to: build some targets, greater objectivity, self-assessment analysis; formalize a network and Community of Practice and form an alliance with key actors. **Recommendations from the group** on how we should work with key staff to integrate inclusive governance were as follows:

- Improve **internal advocacy** (to National Directors, and Outcome Area leads, to make the case of how integrating inclusive governance makes a difference and hold regional leadership meetings which target CDs and regional managers specifically to work with decision-makers at the country level.
- **Proactively work with the Outcome Area leads** on opportunities to integrate inclusive governance into their work.
- Each **CI Member can offer an Inclusive Governance focal point** who will take up certain responsibilities for taking forward IG work within the member including their association with country offices. Members will, for more complex projects, require more dedicated technical support from the CI system to enable them to develop effective programs that integrate Inclusive Governance.
- CI Members and their focal points would benefit from being associated with a '**Governance Academy**'. In other words they would benefit from being provided with learning resources and events (webinars, trainings) to be provided from the core CI Inclusive Governance team.
- Provide a defined **toolkit for those working on project design and implementation**: this should provide technical guidance and frameworks, M&E frameworks with indicators and should seek to cross reference other key resources e.g. work on partnership.
- Need a process to **monitor levels of integration over time** (such as the IGISA tool)
- Move towards an **inclusive governance marker** - as part of a process bringing together gender markers and resilience markers.

### 3.5 Next Steps



The inclusive governance workshop provided the necessary platform to collectively discuss best possible ways to mainstream IG across the organisation. Key action points following the workshop are to establish a stronger Community of Practice, roster of inclusive governance experts and a space for discussions and knowledge sharing around inclusive governance. The CIUK team is currently finalising an inclusive governance implementation plan which will be shared once completed which will detail more concretely how we propose to integrate and measure inclusive governance integration. CIUK also makes a commitment to stay in touch and send out any updates and final version of the inclusive governance guidance note once the final published document is ready. For any further enquires at all regarding progress of the integration of inclusive governance within CARE, please contact Head of Governance, Gaia Gozzo at [Gozzo@careinternational.org](mailto:Gozzo@careinternational.org).