Governance Action Research Initiative

Synthesis Workshop

Report

CARE International UK

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1 Introduction

1.1 The Governance Action Research Initiative

The Governance Action Research Initiative (GARI) is a key pillar of CARE UK's Governance Strategy. CARE UK believes that a culture of critical reflection and learning are essential features of improving programme quality and impact. GARI is one of the vehicles we have established for achieving this, creating the space for practitioners to become researchers. The primary purpose of the investigation is to stimulate and inform change in the way CARE goes about its work, questioning and probing the theories of change that underpin our work, surfacing our assumptions and beliefs, driving forward new ways of conceptualising how change happens, and so deepening our impact on the underlying causes of poverty.

It also aimed to build learning and reflection skills within CARE offices and for this learning to inform action. Therefore it was essential for there to be ownership for GARI in country and hence for the research questions had to be grounded in realities and issues facing each of the country offices. As such GARI did not have a prescriptive research framework or question that all studies were aiming to answer. It provided a flexible approach to conducting research in highly varied contexts. However there are two areas of enquiry that are crucial for the GARI. These are:

a. To understand how governance is working in each context, therefore supporting analysis of governance processes and how power operates in decision-making;
b. To unpack the multiple ways that CARE's activities and behaviours are impacting on governance processes and being impacted on by governance processes (and power relations).

These two dimensions are important because firstly they help us to understand better the contexts in which we work and then to relate these to ourselves and our own work as actors within society. It can be difficult to situate ourselves as part of the society in which we work, but we are impacted by power relations of these societies, and equally we exercise power and our actions can have deep influence. Simultaneously CARE has realised through embarking on the programme approach that we cannot achieve long lasting changes unless we work in strategic partnerships with allies to address the broader power dynamics in how decisions are made.

To aid in these two areas of enquiry the GARI adopted an action research methodology. Action research empowers practitioners to become researchers, critically questioning their actions and the consequences of these actions. Action research embraces a wide range of approaches and methods common to traditional research approaches, but what distinguishes it is the commitment to a set of principles which shape how it is implemented. These principles are: participative, commitment to action, empowering, and validation of different forms of knowledge. Action research is not unique to the GARI within CARE however it is an important dimension that drove the investigations in each country and a key practice that we were trying to develop through this initiative.

The GARI has been implemented in six countries: Angola, Madagascar, Malawi, Mali, Nepal and Peru. It has been started at different times in each of these offices and each is at a different stage. The following table shows the research stage for each participating office:

Table 1: Country study status

Country	Status
Angola	Completed
Madagascar	Completed
Malawi	Conducted first analysis
Mali	Undertaking research
Nepal	Conducted first analysis
Peru	Conducted final analysis

1.2 GARI synthesis workshop objectives

There were four main objectives for the GARI synthesis workshop:

- To share findings from the action research in each country, deepen analysis through peer review and explore some implications for programming in country and more widely in CARE.

- To share experiences from the action research process and explore implications for institutionalising learning in country offices and more widely in CARE.

- To contribute to ongoing development of CARE's draft Governance Programming Framework.

- To produce a Practice Paper capturing the lessons of our governance programming.

1.3 Context versus universality in development

A central predicament of the workshop is the question of how we can share experience of practice in very different contexts, despite our belief that context is fundamental to that practice. Traditionally development organisations have believed that practice can be improved by learning generalised tools and methods, which claim to have universal applicability. Hence the talk of "best practice" and so on. However, increasingly development practitioners have argued that the kind of change processes in which we work are usually complex and highly contextual, and that intervening in them is messy work in which the specific political and cultural context plays a fundamental role.

An extreme of this position is such high levels of relativity such that comparison and sharing across contexts would become meaningless. However the position adopted in this workshop is that it is possible to share across contexts, to use a common language on governance (such as that offered by the Governance Programming Framework for CARE), while not falling into the trap of proffering top-down prescriptive models or tools. Sharing across varied contexts has

potential to build learning processes, not by the mechanical transfer of tools but by uncovering and exploring fundamental questions these experiences bring to light.

This workshop offered a space for participants to reflect both on their contexts and also on shared lessons deriving from their practices. As a large organisation CARE struggles with the tension between top-down common frameworks, methods and tools and the need to build models up from ground realities. Effectively managing this tension requires a constant process of learning, and finding the spaces within CARE to promote learning. To really do this we need to create the incentives for creating knowledge and conducting learning.

2   Country programming models

Each country study has looked at a particular programming model or approach CARE has developed or implemented, analysing its contribution to promoting changes in democratic and/or developmental outcomes. Each of these models is summarised in the preparatory reading for the workshop. This section will outline each country's research question and a brief description of the programming model or approach that was investigated.

CARE Angola

a) Research question:

What are the barriers and opportunities that exist for civil society to engage in governance and development.

b) Programme model

CARE Angola has developed a model of working with communities to raise and address their issues with duty-bearers. They have facilitated the establishment of area based organisations called ODAs in six provinces. ODAs conduct participatory planning processes to build a vision of development, to mobilise resources and to actively participate in decision making spaces. For CARE Angola ODAs are vehicles for citizens' voice and foster inclusive relations between state and citizens.

CARE Madagascar

a) Research question:

If Water Users Associations continue to recover costs for public water supply and if the capacities of WUAs and collaboration between WUAs and neighbourhood development committees are strengthened, then WUAs will be increasingly able to develop and fund projects from Fokontany (urban neighbourhoods) development plans, thereby demonstrating the added value of the cost recovery system for local development.

b) Programme model

CARE Madagascar's research focused on uncovering the potential for WUAs to contribute to community driven development. The WUAs are part of a community driven development platforms called *Sehatra Fampandrosoana ny Fokontany* (or SFF) whereby civil society can express their priority needs to the public sector. This platform is organised in different committees, including health, security and education.

CARE Malawi

a) Research question:

The extent to which CARE Malawi's Village Umbrella's Committees (VUC) approach promotes or limits active participation of impact groups through engagement with and influence of development actors, structures and local leadership for improved access to services.

b) Programme model

The research has focused on unpacking and understanding CARE Malawi's approach working with communities, called Village Umbrella Committees (VUCs). VUCs are groupings of different activity and social groups at village level (e.g. village health committees, village savings and loans groups, seed groups, borehole committee, school committee, orphan care groups, women's cooking groups etc). The local government decentralisation structure for sub-districts stops at group village heads. Therefore the VUCs are intended to facilitate a clear linkage between villages and the structures above them. In this approach CARE Malawi has also sought to strengthen public authorities' effectiveness and accountability through the community scorecard process.

CARE Mali

a) Research question

Power relations that work in an accountable and participative way lead to the availability, accessibility and use of basic social services, and strengthen citizen involvement in the management and maintenance of the quality of services.

b) Programme model

CARE's Mali research is looking at how citizens are currently involved in the delivery of health services, both from the perspective of demanding accountability and also through community contribution to the inclusive and participatory management of community health facilities. It will also look at the reasons for low access of nomadic populations to health services.

CARE Nepal

a) Research question:

How and when underlying causes of poverty analysis (UCPA) can influence VDCs (local government) to align/allocate their services and resources according to the needs of poor, vulnerable and socially excluded (PVSE) groups.

b)   Programme model

Citizen mobilisation, using UCPA as an entry point and popular education as a way of continuing and building momentum, sits at the core of CARE Nepal's approach. UCPA utilises a range of participatory methodologies to identify the most marginalised and excluded communities – called "poverty pockets" by CARE Nepal – and analyse the causes of poverty with communities. These communities are organised into Popular Education Centres (PECs) where they meet weekly to further analyse their situation and rights. From here collective actions are undertaken to address vulnerabilities. The approach is more focused on citizen mobilisation, and building grassroots voice and activism from more marginalised segments of the community. State and other public authorities have been involved in selecting poverty pockets, but support to them has not been significant.

CARE Peru

a)   Research question:

What are the impacts of citizen surveillance by three women's organisations working with governance initiatives. There are three parts to the research question: impacts on women's empowerment; impacts on policies, decisions and regulation; impacts on women's quality of life.

b)   Programme model

CARE Peru's research focused on their work with three women's organisations in Puno, which has created citizen oversight or surveillance committees in two areas: health and participatory budgeting. This programming model seeks to build a sense and consciousness of active citizenship among women, enabling them to undertake collective action and to represent their communities, monitoring health services and engaging in participatory budgeting processes. CARE has also worked with the government to promote their technical capacities and to establish spaces for participation, and facilitated processes of dialogue between women and formal actors.

3. Draft Governance Programme Framework

3.1.   The draft Governance Programme Framework

CARE UK is leading the development of a Governance Programme Framework for CI. At the time of the workshop a draft had been shared with a small group of people for feedback and this was presented to the group. Sharing the framework during the workshop served the dual purpose of generating further input into the draft before wider consultation with CARE, and providing an organising framework for analysing and sharing across the country studies. A wider consultation across CARE will be conducted early in 2011.

There are three domains within the framework: empowered citizens, accountable and effective public authorities and other power holders, and expanded spaces for negotiation. The fundamental belief of our work on governance is that work in all these domains is essential to achieve the fourth domain of substantive and procedural outcomes in the lives of the poorest and most marginalised.

- Empowered citizens: This domain is concerned with enabling the poor and their representatives to be aware of and capable of claiming their rights, and to having a stronger voice to demand change. In short, the aim is to enable the poor to become active and empowered citizens

- Accountable and effective public authorities and other power holders: In this domain, CARE works with public authorities to improve their ability to fulfil their obligations and be more transparent, responsive and accountable, to our impact groups.

- Expanded spaces for negotiation: In this domain, CARE works to support the creation and strengthening of formal/invited and informal/popular spaces for negotiation, participation and representation between public authorities and impact groups. Engagement ranges from collaborative to more confrontational activities.

The central argument or theory that the framework puts forward is that by empowering citizens, by promoting more accountable and effective public authorities and by expanding spaces for negotiation between citizens and authorities, better development and democratic impact will be achieved. Change needs to take place in all three domains in order to achieve better development and democratic impact.

3.2. Feedback on the framework

Each country grouping mapped their programming model onto the framework, helping to understand how useful (or not) it is in capturing their programming work. The intention was to give people the opportunity to practically explore using the framework. Groups were also asked to think about five key questions in responding to analysing the framework. This section captures the feedback of the group.

How did the framework help to structure your work or give new insights into it?

The framework provided a structured review of programming and helped to bring out the gaps in work. The framework also helped to understand what is needed to improve programming through the sub-domains.

What dimensions of your work did not fit into the framework?

A number of areas of the programming models were not easily accommodated within the domains and sub-domains. Accountability was felt to be essential in all the domains. Alliances with civil society are outlined as important but strategic alliances are also built with public authorities and national social programmes. Vertical relationships such as between centralised and decentralised structures also are not easily captured by the framework. Many contexts are also conflict affected however the framework does not speak clearly on who

enforces law, safeguards rights and resolves conflict.   Internal accountability has to be unpacked more as there are very few (if any) mechanisms for CARE's own accountability.

Would you like to suggest modifications to the framework? Explain.

Civil society accountability needs to be more visible as they are often services providers too. Actors can move dynamically across the domains, as a CSO may be a public authority in one perspective where it is responsible for delivering services, while at other times it may also be a vehicle to raise voice and create pressure for accountability. The framework does not clearly represent the differences in power between the actors. We need a more three-dimensional perspective which can show the difference in power between poor and marginalised citizens and public authorities.

Also private sector is not clearly represented as a third group of actors, yet they have a crucial role. In resource rich countries such as Angola the private sector has an obligation to deliver social services and to act responsibly. Also spaces may not always exist. Inclusion should be added as a development outcome.   Finally, within the public authorities' domain the sub-domains should be reworded as some are outcomes while others are strategies.

Reactions to the framework (mapping the model and feelings on the framework)

Overall there was a positive response to the framework, and a sense that it fits well with the work offices are doing already. The main concerns were around how to operationalise the framework, and to turn it into action in new projects and financial and resourcing plans. Another concern was to ensure coherence among CARE's various frameworks such that the Governance Programme Framework does not replace our previous thinking but instead complements and deepens it.

Box A: Impressions on the draft Governance Programme Framework

Reflections from Learning and Reflection Group 1.

- Using country examples made it easier to understand the framework.
- There were concerns about turning the framework into practice.
- The governance programme framework is one of many frameworks in the past and it would be interesting to see how it is related to them.
- There are power imbalances between the three domains which we need to work on but don't come across from a two-dimensional diagram.
- There are tensions between challenging power relations and the cultural dimension, which we need to consider when transforming power dynamics.
- We need to better define what is meant by development outcomes, and what is needed for measurement.
- We need to question our assumptions constantly, such as the idea that good governance leads to development outcomes.

4. Cross-cutting issues in governance

Across CARE's work on governance we are grappling with some important questions or dimensions, which can be related back to the domains and sub-domains of the draft Governance Programme Framework. We wanted to explore a range of issues that were relevant both to the framework and also to the findings emerging from the six country studies. All the studies looked at how improved governance at the local level can lead to improved outcomes for people. There were four issues or themes that were discussed, drawing on the research findings and experiences from working on governance in the six countries. These themes were:

- Procedural and substantive changes: an important theory of our governance work is that by working on different elements or domains of governance will lead to changes in both procedural outcomes, such as participation and transparency, and substantive outcomes, such as access to services and resources. Many, if not all, of the studies were looking at the changes in these two areas, making the case for their governance work and this approach to development.

- Women's participation: this is an important area of work for CARE as marginalised and vulnerable women have been identified as impact groups across many CARE offices, and there is also a move towards women's empowerment and gender equality as fundamental outcomes of our work. However women's, particularly marginalised women's, experience of citizenship is intensely unequal and the barriers they face to participating are often very particular.

- Inclusivity of spaces: much of our work has been about creating spaces. However it is not sufficient simply to create the space as this may not lead to the types of changes that we seek for our impact populations' lives. Thus the inclusivity of spaces and their effectiveness was explored.

- Public authorities' engagement: how citizens engage public authorities, including the state has been a focus of the research studies, exploring the ways that citizens access and negotiate with powerful actors. This is also a fundamental area of concern for CARE as we are increasingly required to develop new types of relationships with the state to work on governance processes, some based on partnership and others that have a more confrontational nature. Both of these ends of the spectrum have consequences and raise questions on our legitimacy.

The group was split into four cross-country groupings rotating through a World Café to discuss each of these questions in turn, building on the ideas of others as they went. The discussions on these four issues are presented in this section. The countries which cited particular findings or issues are provided in brackets.

4.1. Democratic and developmental outcomes

Question one: What changes did the research show as a result of governance programming on democratic and developmental outcomes? Why did these changes occur?

In this question we were concerned with capturing some of the changes achieved through the governance programming studied in the different GARI studies. These outcomes were understood both in terms of democratic outcomes and also developmental outcomes, where governance interventions had contributed to improvements in the quality of people's lives. These different types of changes often relate very closely to one another, for example the increased participation of women (often considered a procedural outcome) can often lead to greater confidence, leadership, agency, all of which are substantive changes in people's lives.

Establishing spaces for negotiation is a very important procedural outcome for CARE's work. For example in a country such as Angola which has experienced years of war the opportunity to participate and negotiate is a unique experience. CARE Angola created spaces for citizens and state to engage, and this experience has now been taken up by the Government and replicated in many other areas. This is a sign of success of the spaces and the important role they are seen to play, however it also requires some loss of control over the quality of the spaces and the processes. This requires CARE to let go of the "perfect model" acknowledging that adaptation and variation is inevitable.

There was a general assumption in CARE Angola's model that participatory governance would automatically increase and provide avenues for women. However their research has shown this assumption to be wrong. The existence of a space did not naturally lead to presence of marginalised people in that space. Furthermore, when women are present in spaces often they are not active participants. Therefore presence does not necessarily equate to influence or meaningful changes. CARE Malawi also noted resistance to change and to the creation of spaces for participation. However, a key strategy they used was mobilising people around **collective actions,** which produced spillover effects, benefitting others in the community including elites. CARE Malawi focuses on bringing women together and supporting women's groups to become more cohesive. Collective action then is a way of helping build women's confidence as part of a group. These solidarity groups represent alternative spaces where women can organise and speak about their own lives without being challenged. This allows them to identify and define their priorities and come up with their own solutions and demands. Solidarity groups are a very important way to enable women's agency.

Similarly in Nepal women's role and leadership in community collective actions had resulted in women's groups being recognised by other organisations, causing a change in the social position of these women. The creation of new opportunities for women's participation by CARE Peru was seen as vital in empowering women and enabling change on a personal level. Although decentralisation legislation created formal norms for participation it was mostly only men that used to participate. However, in these new spaces for negotiation women are now important actors. CARE Peru also suggested the need to better know how public authorities recognise these village committees.

The spaces themselves can play an influential role but they are not sufficient to promote participation as there are many **barriers** facing citizens, in particular for marginalised people. CARE Malawi started its work on more institutional elements, with the underlying assumption this would lead to participation, however their experience has highlighted the need to address power relations getting to the root to change attitudes and behaviours. CARE Angola and CARE Malawi stressed that context can cause barriers to participation and real change happening. Political authorities often do not want to be challenged in these spaces and

hence use their power to co-opt these spaces. Often CARE's impact groups are not included in these spaces.

It was also felt that it is important to raise awareness of citizens' rights including to participation. CARE Peru worked with women to build their skills and knowledge of the formal procedures of participatory budgeting so that they could engage with that space. Women are now actors that are engaging in these spaces, perhaps with more confidence than many men. CARE Peru has found an important change due to their work is that more proposals are being submitted by women and accepted by public authorities. CARE Malawi also noted that many households lack information about existing services and opportunities to participate thus explaining in part their exclusion from these spaces. However both CARE Malawi and Angola highlighted that while decentralisation processes offer opportunities to foster reflection and raise awareness on quality of service provision there is also an inherent risk since service delivery may fail, thus bringing into question the point of participation and the value of decentralised decision-making.

Structural inequalities create barriers to participation. CARE Malawi argued that often there are resource constraints at the local level, but even as resources increase there are other issues which still lead to unequal resource distribution. CARE Angola notes that unequal representation is a barrier to participation. In Angola young people represent 61% of the country's population while getting little benefits in terms of development outcomes, and are less able to participate. In understanding the quality of participation we need to be aware of the flow of 'information' looking at 'who is saying what'; 'who is listening'; 'who needs to know what'; and ' who is not saying what', hence unpacking the nature of participation. CARE Angola also identified gender based violence as a barrier to women's participation. They felt that solidarity groups help mitigate impacts of gender violence or discrimination.

The **returns from participation** in the space can be an enabler or barrier to participation. This gets to the heart of our assumptions about why people participate, in essence we assume it is to have a say in decisions which ultimately affect their lives, such as access to services, resources and rights. CARE Peru observed that the monitoring of health services by the indigenous women had improved the quality of services. In addition there is also a reduction of 'undertable payments' and less people are mistreated. CARE Peru highlighted the importance of service improvement as it increases citizens' confidence in public authorities and may lead to increased demand. Furthermore services that are delivered are now culturally appropriate, reflecting the demands of indigenous women. This has resulted from policy advocacy work by CARE in coalition with national actors such as FOROSALUD, and through the ongoing monitoring of women.   There had also been improved accountability and transparency within organisations and more broadly around service provision. CARE Nepal has also found changes in access to three productive resources, public land, public ponds and forests, seeing increased equity in the allocation and benefit sharing of these resources.

However the issue of the **costs of participation** recurred as a discussion. The relationship between the costs and benefits of participation need to be considered in our programmes. The group felt in general that the costs of participation would be higher at the beginning but over time benefits would increase balancing out the costs. Perhaps also the costs would ideally reduce over time as the need for direct participation should give way to more representative forms of participation as institutional norms become more accountable. CARE

Mali suggested that benefits of participation were not easy to identify in the short-term as the costs are particularly high. However, they felt that in the long-term the importance of costs reduced because benefits increase. In particular, it was argued that women placed a value on participation and seeing themselves as citizens. The relationship that was suggested is shown in the following diagram (note, this is not a scientific diagram but just a reflection of what was drawn during the discussion):

Cost-benefit relationship
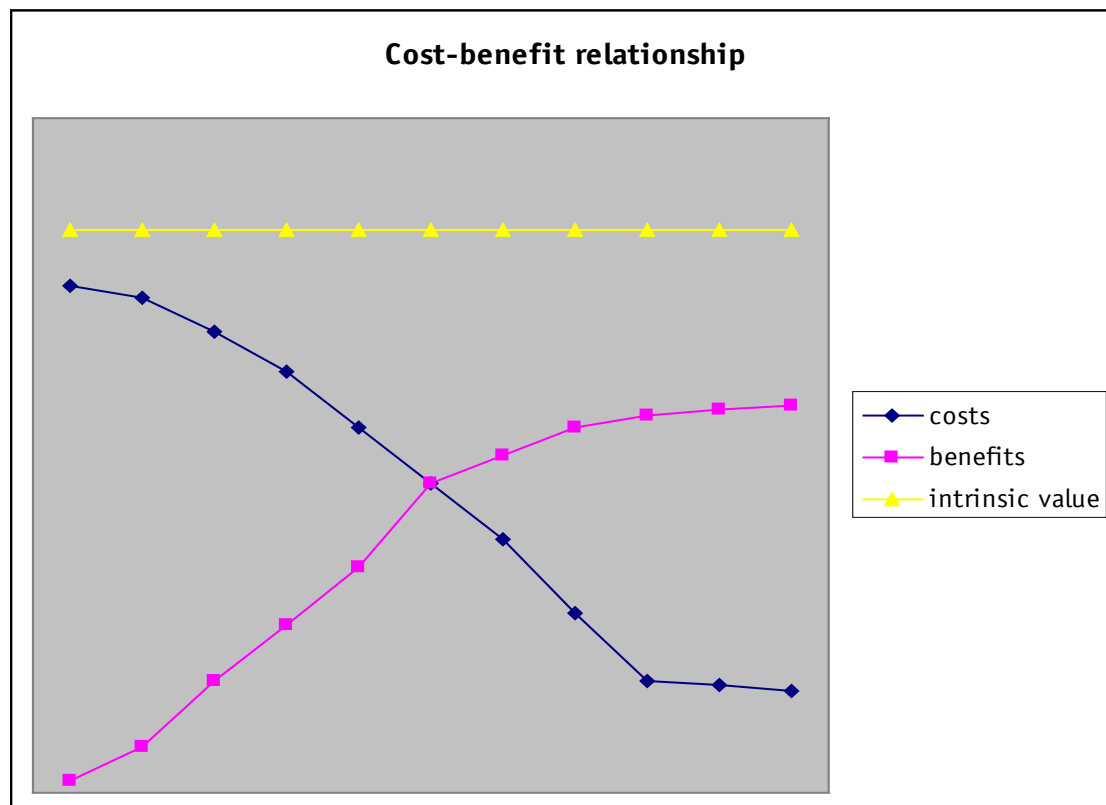
Also shown in this diagram is an intangible benefit derived from recognition and changes in social position, often the things impact groups state they value the most. Therefore CARE Peru argued for the importance of asking women and other impact groups to assess the costs and benefits of participation, seeking their own aspirations and values as drivers of our programming.

However the interaction between issues costs of participation and gender is highly complex. There is a need to look at both the public and private sphere to understand the role women play in both. CARE Mali highlighted that women experience a lack of recognition for their work and contribution in their daily life, and as such the private sphere is a key environment affecting their participation in the public sphere. CARE Peru also argued that the costs of participation are not actually going down over time, and in reality women are still working long hours voluntarily to monitor health services provision. However the women are recognised publicly for their work as social monitors which gives them confidence and a personal sense of value that they do not always receive from other relationships and aspects. Hence it is not possible to place our own values or beliefs about costs and benefits and it is essential to speak with our impact populations about their perceived costs and benefits of participation. The above diagram represents our own interpretation of these factors as the workshop group rather than analysis of the experience of our impact populations.

The sexual division of labour ascribes roles to women, largely in the private sphere, that are not valued and perhaps even stigmatised. However outcomes in women's agency and empowerment are crucial to CARE Peru's work and goals, therefore this research has helped them to realise that they are not achieving their objectives in this area. It has also raised questions around the type of citizenship CARE is promoting, particularly the type of roles and expectations that are uniquely being placed on women citizens; and the type of democratic models that CARE is creating. With respect to the latter issue it speaks directly to placing the state's burden of responsibility on over-burdened women citizens. Their participation and citizenship becomes functional to delivering the state's responsibilities. These unintended impacts need to be surfaced in CARE's programming, ensuring that we are aware of the gender implications and that we take a more nuanced understanding to women's citizenship and participation.

A final point of discussion was around the concept of **sustainable citizenship**. Sustainable citizenship goes beyond CARE, looking to a state when our engagement is no longer necessary. CARE Nepal stressed the importance of generating a critical mass in order to achieve sustainable citizenship and resulting development outcomes. This is about solidarity among impact populations, building a sense of citizenship and mobilisation around common interests. However it is also concerned with building interactions and relationships between our impact populations and other actors at different levels. CARE Peru and CARE Nepal highlighted the importance of building sustainable alliances that go beyond CARE. In CARE Peru's work on health, they have developed strategic alliances with FOROSALUD at the national and district level. CARE Nepal is trying to build linkages horizontally between groups of poor, vulnerable and socially excluded people across wider geographic areas, but also vertically to issues-based groups such as land rights. These linkages are relationships that exist outside of CARE's control and oversight, creating this notion of sustainable citizenship.

Box B: Gender relations and the costs and benefits of participation, CARE Peru learning nugget

CARE Peru wanted to know how their work has promoted the participation of women in citizen surveillance challenging barriers in the public and private sector and also considering the benefits and costs to these women.

The research found some key achievements. Firstly, CARE Peru has developed a model of participation in health service provision, articulating a role for citizens to monitor health service quality and engage in systematic dialogue with authorities on what they expect from the health care system and the achievements and pitfalls of health care delivery. Secondly, CARE Peru has worked with communities to develop a culturally appropriate concept of rights. In addition, women's groups have been recognised by other organisations and their work has been valued. Health officers have also come to respect them and now women feel more able and confident to negotiate with health officers. The alliance with the Ombudsman has given greater legitimacy to the monitors. Moreover, for the first time, health authorities and women leaders have negotiated agreements and commitments to improve quality and cultural appropriateness of maternal health services. The lessons from this experience have been of the importance of establishing strategic partnerships and alliances between public and private actors to increase women's agency and ability to address unequal power relations; the value of using international human rights frameworks/principles at a local level in an effort to

strengthen the quality of attention given in health service delivery; and the significance of implementing an accountability approach based on dialogue and governance strengthening, not *"name and shame": building mutual understanding, confidence and credibility*.

However, CARE Peru also has observed that their work had been focused on the structural level, creating norms and practices around citizen participation and bringing women into public decision-making. However this could have been, in some cases, to the detriment of social relations. CARE Peru has worked to address barriers such as discrimination and racism in the public sphere, however the private realm had hitherto been unexplored in relation to governance work. Women experience barriers in the private sphere, paramount of these is the sexual division of labour. This has led in some of the cases studied to unequal distribution of domestic tasks. Therefore, the costs that women face are both financial, in terms of opportunity costs (incurred in the process of participating and monitoring health services) but also privately where they are still expected to complete their domestic roles. Some of the women social monitors who participated in the initiatives were unable to re-negotiate their domestic roles, and hence carried a double burden domestically and in their public work. However participation in these initiatives is voluntary, hence it is important for us to investigate with these women their motivations for participating as social monitors and in public spaces.

CARE Peru has therefore realised that they have to engage with private spaces in order for this to really change. If work is not done to redress power imbalances in the private sphere it is not possible to argue that women are free and have power to make decisions. These are not short-term processes, as is evidenced by the previous experience of some of the women leaders at Azangaro and Ayaviri when working on the private, family spaces on gender equity. They may not lead to the immediate or tangible impacts donors usually expect from us. This has led to a different vision of democracy, which includes decision-making at the family level. CARE Peru's vision and objectives have therefore changed bringing in the perspectives and values of the women with which CARE works and their priorities and aspirations.

4.2. Women's participation

Question two: What are the barriers and enablers for the mobilisation and participation of women, what changes have occurred as a result of women's mobilisation, and why did these changes occur?

The discussion on this question was split into first an analysis of the barriers to women's participation, then the enablers, followed by the changes that have occurred as a result of women's participation.

Barriers:

Gender refers to the rules, norms, customs and practices by which biological differences between males and females are translated into socially constructed differences between men and women and boys and girls. These rules and norms ascribe different characteristics and

roles to each sex. How women are viewed by others and their own **perceptions** of themselves are important dimensions of the barriers facing women's participation. Women are often not viewed (and nor do they view themselves) as citizens but instead as users of services (cited by CARE Peru). There is also a lack of effective, genuine participatory spaces and dialogue between women and public authorities (Peru, Nepal). In Peru this is due to a number of factors including **unequal power relations** between health service providers and women, which compounds women's fear of claiming and raising issues. Illiteracy and early drop out from school is also a barrier to participation (Peru). Part of this gendered identity is the unequal division of household responsibilities. This leads to a time burden in women's lives. Participation in public domains becomes an additional cost for these women.

Women's identity as said before is often not associated with being citizens with rights. The **"good woman" concept** was identified as an important barrier to women's participation and the recognition of them as political actors with rights. Societal norms about what makes a "good woman" are often antithetical to behaviours as rights claimants. Women are not supposed to be educated, to talk loudly, they are not valued for themselves but always in relation to others, often male relatives. These norms can be formal legal codes but they are also informal, cultural beliefs and structures.

Often when **laws** exist to promote women's participation and rights, such as in Nepal, they are often poorly implemented. Structures are often not responsive to the most marginalised. This is a function of discriminatory practices in the formal and informal arena. Women are not able to participate due to the **intersection** of different factors: religion, caste, class, age, and ethnicity. Gender inequalities are often further exacerbated by these other dimensions of exclusion (Mali). This links to the issue of how we approach gender, rights and governance from a Western perspective, as opposed to understanding how women view themselves in different cultures, how they view their rights, and what their priorities are. There is huge cultural, ethnic and religious diversity in many contexts in which we work, hence we need a more culturally sensitive approach to dealing with these issues.

Enablers:

An appropriate **understanding of culture and language** was an enabler to participation. In Peru CARE translated information and documents to Quechua to improve women's awareness of the rules of participatory budgeting. Furthermore, an important **entry point** for CARE Peru was to ascertain cultural understandings of life and health, and of rights. Rights was also a concept that did not translate into Quechua so CARE had to explore the cultural meanings of rights of the indigenous women, often couched in terms of obligations and responsibilities.

An entry point for CARE Nepal has been UCPA process combined with the Popular Education Centres (PECs). This process of mobilisation builds extremely poor people's knowledge of their rights and enables them to take action to claim these rights, focusing on the areas and issues of importance to them. Underpinning many of the strategies discussed for enabling participation and achieving important changes is the concept of solidarity. **Solidarity** among the poor and marginalised through UCPA and through VSLA groups is an important enabling factor. Strength of numbers gained through solidarity enables them to overcome or somewhat mitigate unequal power relations.

Strategic alliances were also identified as an important enabler of women's participation. In the case of Peru strategic alliances with the Ombudsman has given the women vigilantes a sense of legitimacy to monitor health centres. Furthermore multilevel interventions spanning national, regional and local was also identified as an enabling factor.

Economic empowerment was also an important enabling factor of women's participation. The reduction of livelihood vulnerability can increase women's independence and their economic capital enabling them to enter into political negotiations (Malawi). Savings and credits groups can in the same vein provide a means of economic empowerment and independence for marginalised women (Nepal).

Enablers can be **powerful actors** that open up spaces for women's participation by making strong public gestures (Angola), or women's movements, which can challenge social norms inhibiting participation (Mali), or local resources persons, such as in Nepal where community facilitators come from marginalised communities themselves. Other stakeholders such as the media can play an important role in promoting a secular state and gender equality (Angola, Peru). All the discussions highlighted the importance of **working with men** and engaging them to promote and create conditions where women are able to participate (see Box B on experience from CARE Nepal).

The **creation of spaces** is also important enabler for participation of all citizens. In Angola the participatory integrated development planning process creates the space for women to engage with the state and generate effective programmes to address women's interests and demands.

Changes:

A number of changes had resulted from women's participation. Firstly there had been some initial **changes in the private sphere** on how relations are negotiated, though perhaps not as much as would be hoped. Secondly there had been changes in women's empowerment through the conditions and processes that facilitate empowerment. Women had been **recognised** as having a legitimate role in the public sphere (Peru). Women are empowered, critically aware and **organised** group (Nepal), which is an important change in itself. **Spaces** now exist that did not before, which are important for dialogue and negotiation between women and public authorities (Peru). More substantive outcomes have also resulted such as **improvement in health services** accessibility and quality (Peru), and development priorities are now shifting towards women's interests and needs (Angola).

Box C: Engaging men, CARE Nepal learning nugget

Gender discrimination is a big problem in Nepal. Women experience more challenges than men in both the private and public sphere. Moreover, the problem of caste creates additional barriers for women. Engaging women is actually very challenging in Nepal. CARE has realised that engagement is not enough and that we need a more nuanced understanding of the costs of participation both in public and private realms. Therefore, CARE is not only facilitating discussions among women, but also calculating the costs women incur in participation in popular education centres. Usually interest is very high so CARE Nepal is

trying to provide incentives to cover these costs. For instance, they have provided livelihood support to women. But it is hard to link them with public authorities and with resource based organisations.

In order to engage other actors CARE Nepal has organised face to face meetings inviting public authorities to development committees. However, this has proved to be challenging since secretaries are usually men. Thus, CARE Nepal is trying to engage men and other members in the issue of gender. Women's solidarity groups, which meet regularly, have also extended their meetings to ring in men's group, helping to build solidarity between them. Also participatory methods such as dependency analysis and time use analysis have shown men they are also dependent on women. Changes have been seen in gender roles resulting from these interactions where women are now ploughing the land, which is traditionally a man's job. This represents a big change in gender norms.

4.3. Inclusivity of spaces

Question 3: What issues have we encountered about the inclusivity of spaces (could be within civil society or in formal arenas) particularly in relation to our impact populations; and what does this mean for CARE's programming and relationships?

Inclusivity of spaces is an important issue. Traditional structures that we work with need to be more inclusive of marginalised people including women. Traditional structures play an important role in local governance in Africa yet they are often not inclusive of women. However these traditional structures are often built on the sense of equality and inclusion. In Mali Toguna is a village space for dialogue to discuss and analyse community issues. The purpose of this space is to bring the community together to discuss issues and come up with solutions in that space. CARE Mali used this space to analyse and understand community problems and generate conclusions. Within this space now there is 30-40 percent women's participation and they are able to inject the specific interests of women.

It is not enough though for women to be **present** in spaces for there to be effective and meaningful participation. Participation is more complex. Simply creating the space will not lead to participation of impact groups. It is important that people have the capacities to participate, including integrated analysis, self-critical thinking and social entrepreneurship (Nepal). CARE Mali found that women are not fully engaged and do not voice real concerns. In these spaces only women from a certain class can speak and be represented. The women that are participating are those already part of the VSLA groups, so there are women falling through the gaps. CARE Mali is utilising a discrimination and marginalisation framework to identify the sub-group of women that are not participating in VSLA.

An important question that emerged was whether we need to **create exclusive spaces** for impact populations. These exclusive spaces give marginalised and excluded people the

opportunity to debate and form their own positions on issues. This was brought up as an important strategy in the discussion on gender and governance in section 4.1.

Sustainability of spaces and platforms was also an area of discussion. It was felt that INGOs are not interested in working with the spaces or structures created by others, so there is a tendency to create new organisations or new dialogue spaces. Furthermore we may have unrealistic expectations for these spaces. Cultural norms are very deep seated, so trying to address the barriers these norms create is a long term process (Mali). In CARE Madagascar's experience they have created spaces such as MADP and SFF, which are local development platforms. Their aim is to deepen social analysis, enabling negotiation and bringing together different actors to identify the common interests of all stakeholders. These spaces took a long time to establish as it required approval of local authorities as CARE supported the government to lead and coordinate the platforms. It was important to invest this time to generate a sense of ownership for the spaces, and also to create a sense of ownership for local development.

Integral to discussions of inclusivity of spaces are the issues of representation and accountability. CARE Madagascar felt that spaces such as SFF could be more representative of the poor, vulnerable and marginalised. Not everyone can be present in all spaces at all levels. This means at some point people will be represented by others in spaces at different levels (see diagram 1 below).

Diagram 1. Vertical linkages
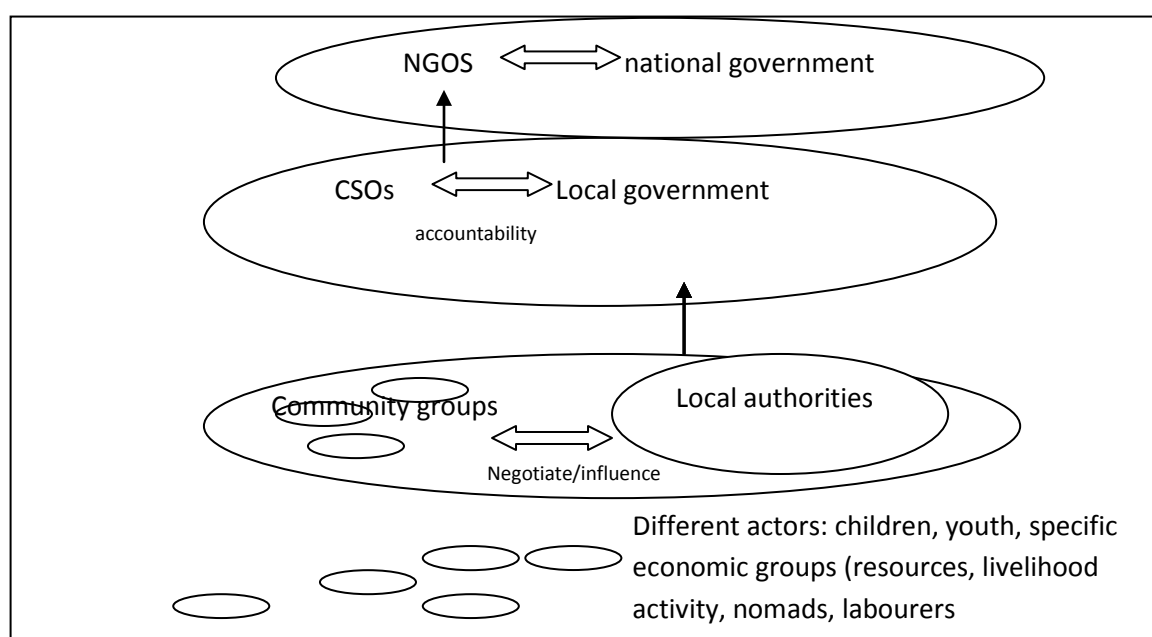
The diagram shows assumptions about vertical linkages and about who is **representing** at each level to bring information up to the national level. A number of participants highlighted the importance of vertical and horizontal linkages In Peru and Nepal there are examples of CARE building vertical linkages between local actors and national civil society and advocacy platforms. For example in Peru linking the women monitors of health services with Forosalud's district chapters and hence linking also to the national debates directly. In Nepal they have tried to link groups of poor and vulnerable groups with each other building

solidarity across geographical areas, and also building linkages upwards to district and national civil society on specific issues. In Malawi horizontal linkages across VUCs and vertically between local and national platforms have also been established.

Box D: Community scorecard process, CARE Malawi learning nugget

CARE Malawi investigated the scorecard process in its research. This was first used in the health and education sectors but has been applied more broadly to services delivery and decision-making. The community scorecard process gives communities and service providers the opportunities to evaluate the service delivery of a particular sector generating priority issues. The two stakeholders are then brought together in an interface meeting where different perspectives are discussed and solutions generated. CARE Malawi has found that the interface meeting is a crucial stage as it brings out a lot of the underlying issues. This process has brought out issues of inclusivity, transparency and accountability.

CARE Malawi found in the GARI research a number of key successes and also some remaining challenges. Firstly the scorecard process provides a platform for mutual understanding between the service providers and users. Secondly the scorecard process has increased information availability of citizens. This process has enhanced citizen ownership of services as they take on more responsibilities. Finally the process builds an open process generating partnerships and trust on both sides.

But this process requires strong facilitation skills and the ability to manage conflicts, otherwise there is the risk that CARE could do more damage than good. Corruption of officials has also made the process difficult. The research shows that there is still a long way to meaningful change as service providers were still shouting at members of the community or mistreating them, which affects people's use of services. There are also still issues around inclusion within community spaces in the scorecard process, highlighting that CARE Malawi needs to focus much more on excluded groups such as girls, and the attitude of service providers to them.

CARE Angola has emphasised the need for responsible, **legitimate, accountable leadership** in civil society to achieve more inclusive spaces. However agenda setting is still a challenge. Accountable leadership is the capacity of civil society leadership to represent the agenda set by communities at higher levels of decision-making, politically, economically, socially and culturally. Accountable leadership is about being answerable to a constituency. Related to this are issues of legitimacy to represent others, and where and how that legitimacy is derived. The legitimacy to speak for others comes from how they are selected (Nepal) and how the leaders behaved afterwards (Peru). Leadership competencies were identified, these were:

- Social responsibility

- Generational contract

- Social protection

- Social transformation

At times CARE interacts with the heads of organisations assuming the messages and lessons are being shared within the organisation, but in reality this has not always happened (CARE Peru) and we need to ensure there are internal democratic practices.

4.4. Forms of engagement with public authorities

Question 4: What has the research shown about the forms of engagement with public authorities, of both citizens and of CARE?

This question has two components. Firstly the forms of engagement between citizens and public authorities; and secondly the forms of engagement that CARE has with public authorities. The following section will be split into these two components.

Citizens and public authorities:

Citizens and public authorities engage in many different ways. **Strategic alliances** have been formed between the social monitors and the Ombudsman in Peru in order to monitor the quality of health service provision. In some ways the work of these women can be seen to be functional to the role of the Ombudsman. Citizens also **monitor** the performance of service providers such as monitoring health services in Peru, and the community scorecard in Malawi. Citizens and public authorities engage and **negotiate** in dialogue spaces. For example, in Peru there are dialogue spaces to discuss the results of the monitors' findings and in Angola the ODA Forum is space where they discuss problems and identify solutions with local authorities and private sector. In Madagascar there is a convention between CBOs and local municipalities to formalise power distribution. There is an issue that people who live further from public authorities are less well represented than those that are located closer. This can often be a further form of marginalisation.

Box E: Decentralisation and community participation, CARE Mali learning nugget

CARE Mali has worked with community associations and state institutions to build their capacities such as problem identification and response planning. They have supported community organisations such as ASACO (Community Health Associations) to implement collective action, review analysis and identification and definition of technical quality standards. With decentralisation processes in Mali the first level is the ASACO while the state and municipalities support their structure, and they are accredited to deliver health services. There are 1000 community health centres and they cover around 80% of the country. The objective for CARE Mali is to increase political responsibility for better technical quality, enhanced access to services and improved hygiene systems.

In relation to the costs of participation CARE Mali suggested that, with decentralisation, costs for community members are high in that people need to organise themselves to form the ASACO, and because every person in the village who is around the health centre is

supposed to pay a fee.

CARE and public authorities:

A number of different forms of engagement between CARE and public authorities were discussed. **Raising awareness** among local authorities of the functions of women's networks sharing their mandate and building relationships based on trust. CARE also **lobbies** public authorities for citizen inclusion.   In Peru CARE has been involved in advocacy for the enforcement of equal opportunities law by the Gender Round Table to ensure women's participation in participatory budgeting. An important role that CARE can play and equally support citizens to do is to **bridge the local and national** (and perhaps even international) linking experiences at the local level upwards to influence pro-poor policies. Often there is a missing link between local level work and policies for change (Mali and Madagascar).

CARE also works in **partnership** with public authorities to build their capacity. Often service provision is an entry point for discussions of accountability and participation (Malawi and Angola). These kinds of entry points can pave the way for discussions of governance but they could give CARE an excessive "friendly face" as a partner of the government (Peru). Addressing unjust power relations can cause tensions as authorities could see CARE as acting "politically" challenging us on our legitimacy to work on these issues (Peru). Legitimacy is an important issue for CARE when engaging in governance work of any kind. Taking a more conflictual stance with public authorities will inevitably raise thorny questions for us about our legitimacy to delve into politics in a country. Also in some contexts this kind of position vis-à-vis the state (and other public authorities) will not be possible for us.   Using development outcomes could increase CARE's own legitimacy. This can help us to have an active voice and also to maintain our neutrality and sustainability of processes.

5. CARE's role

A thread running through each of the discussions on the cross-cutting issues in section 4 was the role of CARE. The political nature of governance work raises questions of what our role should be and how our organisation needs to change. There were a number of recurring themes regarding CARE's role, which have been drawn out of this discussion in this section.

Bridging role: CARE's role is to facilitate interactions between citizens and public authorities and to other organisations (Mali)

Capacity building: Capacity building of the state and other public authorities such as on participatory budget (CARE Peru). Capacity building of marginalised women and citizens to participate and engage the state , such as providing them with information to promote participation and building their confidence and "hope" that they can also change their own lives (CARE Nepal).

Address inclusivity: This could be concerned with the inclusivity of spaces. It is important to make spaces as inclusive as possible from the start. We need to understand factors of marginalisation and identify the poorest and most vulnerable using tools such as UCPA

(Nepal) and social analysis (Madagascar). CARE Malawi explored the possibility of connecting exclusive spaces such as youth clubs with new spaces. An important conclusion was the need to create new spaces for deliberation within communities or for marginalised groups alone. These groups such as the PECs in Nepal where all-women groups collect to discuss their own issues, define their own priorities and take action on these issues; and the Marginalised people's Group Forums in Mali give space for marginalised people to meet and deliberate within their own group. CARE Peru also suggested that CARE can support dialogue and negotiation between stakeholders with unequal power relations, such as between mining companies and indigenous groups, bringing marginalised groups into decision-making spaces. An important function for CARE is to create safe spaces for dealing with relationship issues that affect specific groups.

Facilitating role: This is an important role that was identified when discussing the four different themes. This means supporting citizens and public authorities to define their own agenda, supporting them to engage each other, and to create mechanisms for dialogue. CARE does not need to be the expert or leader, we need instead to understand other people's perceptions, values and aspirations. Being a facilitator means downplaying our power vis-à-vis other stakeholders and relearning our role in strategic alliances.

Strategic alliances and partnerships: CARE needs to build strategic alliances in order to achieve long-lasting change. We cannot address everything ourselves, but need to work with others and influence others through strategic alliances.

Influencing role: CARE needs to provide evidence to the government and other public authorities of the value and impact of our models and approaches, such as the rationale for participation of excluded people in decision-making. CARE has played a role in Angola and Mali for example in generating or piloting models of good governance and advocating successfully for the uptake of these models. This can mean we need to let our model go with the knowledge that as scale-up happens we will lose control and perhaps recognition. The power and potential of the 'process' and approach in governance work is crucial and not just the 'model' itself.

Limitations of spaces and participation: There are opportunity costs of participating. CARE needs to be aware of the human, political and economic costs and implications of participation. We also risk overburdening women when we do not take into account the cost of participation. In Peru the role the women monitors play is functional to delivering state services, arguably filling an accountability gap in formal systems.

Working with non-traditional stakeholders: Our work needs to engage with actors we do not conventionally work with, such as politicians. This means expanding our work into areas were are not totally comfortable with, for example, working with women's movements on the political-feminist agenda.

Legitimacy: We need to consider our legitimacy to work on governance processes, and to challenge unequal power relations. As we challenge inequalities we may enter into more confrontational relationships with public authorities and power-holders. This could lead to challenges around our legitimacy. This could also be incongruent with other colleagues and projects.

Also it is important to be embedded within the context as this drives our legitimacy to undertake certain activities. In the context of Latin America CARE's role is about institutional strengthening as institutions already exist. This means working within the institutions and frameworks that exist. This conforms to thinking in the development arena that we should "work with the grain" of society building on what is already there (e.g. ODI – Power and Politics theme). We can build and join strategic alliances within these contexts as a key strategy for promoting good governance.

Effectiveness of space: Civil servants and public authorities turnover makes spaces very fragile. We need to renegotiate constantly the legitimacy of the space and rebuild trust. The importance of individuals who are change agents is a crucial challenge to long-term sustainability.

Adaptable and flexible: Over time we need to be able to modify our strategies and approaches. How can CARE disengage or modify forms of engagement when necessary and appropriate? We need to have a long-term commitment and engagement to promote change in these communities.

Learning culture: CARE needs to develop a culture and ethos of learning from others (CARE Peru). For CARE Malawi change implied also a process of learning within CARE, which can be painful for staff to realise that realities are much more complex. CARE Malawi highlighted the importance of identifying and questioning CARE's own assumptions, which is a learning process for CARE staff. For them, it was vital to be part of the process of change themselves.

Visibility: An organisation such as CARE which has deep roots in communities can also play the role of making visible neglected issues such as the sexual division of labour.

Neutrality of CARE: The discussion led to a reflection on tensions between CARE's own position and its neutrality in issues in more contentious areas such as abortion or sex work. It was then suggested that there should be a space to discuss how CARE can communicate its position to donors and to higher policy levels.

Box F: What role should CARE be playing when addressing governance issues?

Reflections from Learning and Reflection Group

There are a couple of main issues that arose during discussions on CARE's role. Firstly there have been specific efforts in Mali, Nepal and Peru to bring the private and public realm together. It is essential for CARE to consider both these spheres as we need to recognise the duality of the people with which we work. For citizens, particularly women, there are barriers in the private sphere to their participation in the public sphere. There are also costs experienced by impact populations of participation in both the public and the private sphere. If we do not have a holistic understanding of our impact groups and how our work on various issues can impact on them, we may cause more harm. We therefore need a deliberate dual strategy bringing both governance and women's empowerment frameworks together.
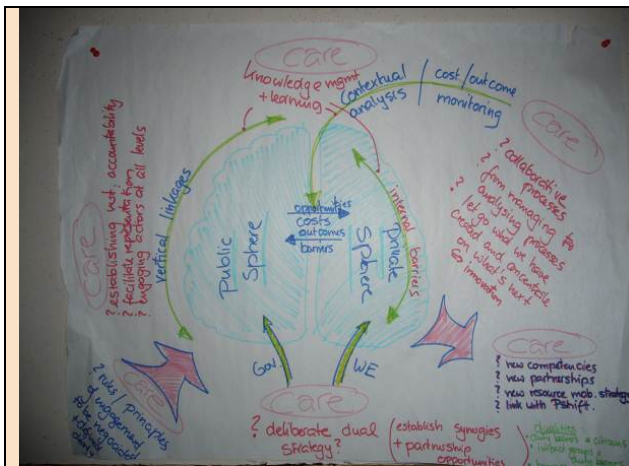
A second important issue is that of building vertical linkages between different actors. It is important to build vertical accountability between state and citizen, and strengthen the representativeness of organisations with whom we work. There are therefore organisational implications for CARE of this. We need to develop new competencies, new partnerships, new resource mobilization strategies, and link with p-shift. This is because working on governance requires collaborative processes, a shift from us managing to analyzing processes, innovating but also letting go of what we have created.

A key conclusion from the discussion is that we need guiding principles for the organisation around how to engage public authorities, helping us to decide on the appropriate forms of engagement from constructive and partnership based, to influencing and advocacy, to confrontational.

6.   Deepening governance research

Research gaps and programming implications were then discussed at the country level and globally for CI. These discussions were intended to integrate reflections from the workshop into the GARI country studies research and action; and also to start generating ideas, which could inform the discussions on governance in CI.

6.1. Research gaps – global issues:

Some research themes of wider relevance to CI were identified. These are outlined below:

- Public-Private sphere: there are linkages between both the public and private spheres, which needs further exploration, particularly in relation to gender relations.

- Procedural-substantive outcomes: how should we define outcomes?

- Vertical linkages: linking the local up to the national level.

- Context: it is vital to make more explicit the link between formal institutions and traditional institutions, bringing cultural dimensions into our analysis and programming.

- Learning about working with and in progressive alliances that go beyond binary distinction between state and citizens realising that champions exist within both state and society.

- CARE's role: what capacities and skills do we need and how should we engage legitimately in governance processes.

6.2 Deepening research by country

Country offices reflected on two questions:

- Do you have reflections on how your country research might be deepened, based on previous workshop discussions? How do you plan to act on this?

- What are the implications of the discussion for your programming? How do you plan to act on this?

CARE Peru

Research:

CARE Peru wants to further explore the linkages between the public and private sphere, particularly learning more about the sexual division of labour; the costs of conducting the research to the women monitors; engaging men as monitors; and expanding their understanding of the relationship between gender and culture.

Programming:

CARE Peru plans to share the experience and make it available to all the programmes.

CARE Malawi

Research:

CARE Malawi intends to conduct deeper analysis on issues related to social exclusion and discrimination of certain groups and the dynamics of corruption.

Programme:

CARE Malawi wants to explore the opportunities for engagement with higher levels of government. They are also rethinking the roles and responsibilities of VUCs, and how aligned they are with decentralisation. They intend to engage in the private sphere exploring the barriers to participation. Finally, the GARI has highlighted the need to think in new ways about the scorecard process.

CARE Angola

Research:

CARE Angola wants to understand how, why, when and where marginalisation of women still happens.

Programming:

CARE Angola's research findings suggested that meetings were positive spaces, so they want to promote these spaces where citizens can interact with authorities. Further community organisations' internal systems are very important so a specific action will be taken to improve the communication with communities and better participation with communities. Finally another key action is to be more careful about the implications for women's time when participating in these processes.

CARE Mali:

Research:

CARE Mali wants to further analyse the barriers to women's engagement with authorities; to deepen understanding on the key changes in service delivery; the implications of power relations at different levels on service access and availability; and finally to analyse the mechanisms to engage the community and different types of accountability mechanism.

Programming:

CARE Mali wants to generate evidence on what has worked and why, and then link the findings with the Governance Programme Framework.

CARE Madagascar

Research:

CARE Madagascar wants to look further at women and girl's situation, specifically their access to water and the barriers to their participation and the causes of their poverty. Representation of different groups in associations will be further analysed.

Programming:

Research will be integrated into programme initiatives, including mobilising resources for research. CARE Madagascar wants to develop a longer term strategic plan more focused on women and girls, strengthening the role that this impact group plays in the planning processes of the CO. They will also increase feedback and accountability across levels for monitoring and ownership of water and sanitation services. They want to build or reinforce partnerships and alliances with public authorities, and strengthen their work with authorities.

CARE Nepal

Research:

CARE Nepal will conduct greater consultation with political parties, and conduct deeper analysis into the spaces for dialogue and negotiation to understand why provisions are not working. They want to enhance their understanding of enablers and barriers for participation and collective action, exploring why collective action is not happening in all groups, and what implications this has for the programming they do.

Programming:

CARE Nepal will work with VDCs and Federation of Community Forest Users (FECOFUN) to make them functional. They also intend to federate Popular Education Centres so they can gain greater voice and prominence at higher levels. They intend to increase face-to-face interactions between authorities and citizens and to establish mechanisms for increased transparency and accountability. Finally they also intend to share research findings with impact groups.

7. Learning

7.1.   Action research as systemic learning

Context is crucial for our work on governance and beyond. We need to be embedded within the contexts in which we work, and to contextualise our approaches in governance programming. But this does not mean we are little islands separated from each other with nothing to learn or to share with others. The previous discussions have shown the commonality of experiences and that across our different contexts we are facing similar challenges and questions in our governance work, the roles we believe are important for CARE to play, and the changes we need to make in our organisation and ways of working.

The discussion of CARE's role (section 5) highlighted the need for us to adopt a learning culture in the organisation, identifying and questioning the assumptions that underpin our work, and going through a continuous cycle of reflection and adaptation of action – "there should be no action without learning"[1]. The action research methodology used in GARI aimed to promote this culture of learning and reflection among staff and partners, critically linking learning and research to action.

An objective for this workshop was to share experiences of conducting action research and explore the implications for institutionalising learning. Action research has important value in promoting learning because it dispels the idea that research has to be something separate from action. Instead it brings these two domains together challenging us to learn from action. Measurement, learning and production of knowledge need to be within our work, in other words to be an integral part of our work. CARE Angola shared their lessons from conducting action research, emphasising the need to embed it within existing processes (see box H).

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[1] Quote from one of the participants

7.2.   Experiences with AR in each country

Drawing on the experiences of conducting action research, each country grouping was asked to use the metaphor of a river to reflect together and record the key stages in the life of their research, including influences, difficulties and key moments. These rivers of life for each study are shown in Annex B, with descriptions accompanying each picture. This section will present some of the trends emerging from these reflections.

GARI experiences often started by bringing together different strands of work, research or planning. Some COs described a level of confusion of the process and of how it fit within the CO's other work. The different "rivers of life" for the GARI studies showed a number of obstacles and barriers they faced, causing tension and stresses. These obstacles included skills and capacities of researchers, which was an issue that was repeated across the COs. This often related to confidence to be able to call oneself a researcher, feeling that that was the domain of academics. CARE Angola interestingly depicted skills and capacities as a hydroelectric dam, so simultaneously showing it to be a block that holds back the river, however capacities became something that could generate energy once built. Thus the GARI was therefore a way of building capacities and momentum around research and learning.

There were other barriers such as data collection being slowed down by external factors such as floods and harvesting season. The latter highlights the opportunity costs of participating in the research. This was a very real challenge for CARE Peru where the indigenous women who are social monitors also became the GARI researchers. They were however unremunerated for this activity creating significant social and economic costs to the women. There were also financial constraints in some of the studies. The reality of action research is that it has "hidden" costs in requiring greater time and effort of staff, so while it may be less expensive than external consultant-led research, it still has significant costs and takes time.

Important in the depictions of the GARI process was the positive elements experienced through the research. Our staff and partners (including impact populations and communities) developed new capacities, skills and confidence through this process. It has led to action and refinement of our work. It brought different information, ideas, perspectives and stakeholders together leading to new ways of thinking or as CARE Angola described it "Aha! Moments" in our work.

Box G: What happens when action and research meet?

Reflections for Learning and Reflection Group day 3

- CARE can experience <u>resistance</u> from the staff.

- <u>Surprise</u>. We feel we know what works and what does not.

- <u>Trigger of learning</u>. When research and action come together this can bring happiness or satisfaction.

Challenges:

- The time to go to the actual research process.
- Need to make action research part and parcel of our programming.
- There can be uncertainty and confusion among staff.
- Moving forward, some underexplored issues:
  - Do beneficiaries want research or services?
  - What is the added value of action research?
  - Financing action research: Who is going to fund it?

Box H: Institutionalising action research, CARE Angola learning nugget

The process of analysing, reflecting and taking action is something that needs to happen at all levels. Decisions have to come from a process of learning and reflection. It is important for wide participation in learning processes and taking decisions, however often in reality the majority of people are still excluded. Action research generates opportunities for institutionalising learning. However GARI was run as a parallel process. It started with the planning and designing of research, followed by data collection and analysis and reflection. This process of reflection has helped CARE Angola to challenge itself and take it outside of its comfort zone, where we have been working for a long time. However there are other important processes of reflection in the country office that need to be considered if GARI is to really help institutionalise learning. These often happen at the macro-level such as through long-range strategic planning, and the programme cycle. Equally each project also has its own cycle of monitoring and evaluation, which are opportunities to collect and analyse information and conduct learning.

Bringing people into the research and analysis process can also cause confusion and slow down implementation of the research, but it can also generate ownership within a wide range of stakeholders for the action. Sometimes there could be resistance to the findings of the research if it is challenging established practices. CARE Angola now is trying to link the normal CO process to the action research methodology, constantly questioning assumptions, and pushing themselves out of their comfort zone. This process of challenging themselves can create confusion and resistance, which has to be managed strategically. It is important to bring people into the learning process and build ownership early on. Also CARE Angola tried to sell the added value of GARI to its staff and partner CBOs, arguing that the unique

element of GARI is the learning-action-learning loop.

Box I Institutionalising learning, CARE Madagascar learning nugget

CARE Madagascar shared its experience in creating a learning space. This learning process started with a focus on CARE itself looking at our staff and our programmes. There were certain principles guiding the action research at every stage: diversity of opinions, commitment, participatory decision making and community participation. This meant listening to the opinions of our beneficiaries, not being limited by our vision and making sure that CARE is not imposing its vision. In this process CARE experienced several challenges: problems in capitalising previous experiences, sustainability, and impact improvement.

Different levels in CARE's Madagascar learning process:

1.- Diagnosis of situation:

- Mahavita programme staff

- Partners- Community

2.- Problem identification

- Mahavita programme staff

- Partners-community

3.- Identification of opportunities, constraints, strengths, weaknesses solutions (internal), next steps.

4.- Action Research: Knowledge sharing; social analysis; strengthening water use associations

5.- Participatory monitoring and evaluation

CARE Madagascar started weekly meetings and monthly events for knowledge sharing. They used M&E tools to explore different issues such as exclusion, formal and informal education. So learning has been done with a participatory approach where everything is shared and prioritised together.

Participants discussed social analysis and other topics of interest in weekly meetings. For instance, CARE organised a weekly meeting with partners from the Water Users Associations, workshops and other formal and informal meetings. Each participant takes the lead on the discussion once. In addition, field visits to the Water Users Associations were organised. CARE is also conducting interviews with the most vulnerable and marginalised women. The challenge for CARE Madagascar is how actors can learn from this participatory process of reflection and that there needs to be a commitment.

7.3.   Institutionalising learning in CARE

Becoming a "learning organisation" is essential to improving the quality of our work. It means us questioning what we are doing and why, identifying the intended and unintended impacts of our work, and challenging our assumptions about why things work or not. It is easy not to challenge ourselves and to keep doing what we have always done. Learning processes can cause confusion and tensions as we challenge ourselves, but from this greater creativity can emerge.

A major challenge CARE faces is our high level of dependency on restricted institutional funding. Project implementation and accountability to donors often take precedent over the time requirements for learning. Furthermore projects assume linear relationships between actions and expected results, and hence our project evaluation techniques are geared to investigating or indeed proving these relationships. However development is complex and messy and our sphere of control is very limited. M&E processes are designed to show the effects of our work and are often tailored to external audiences (donors) which can suppress learning.

The opportunities for learning do exist though even within the constraints of projects and logframes. CARE has a large budget for evaluations meaning that there are funds to take innovative approaches to M&E. These require firstly being more strategic about the type of knowledge that we need to create, asking ourselves "what do we really need to know to test our hypotheses or theories of change?". CARE Angola suggested that GARI is about using existing processes to think of what we do and new ways of doing what we already do. It also requires CARE's leadership to ensure commitment such as time and resources to learning and methodologies such as action research. So our systems and processes must create incentives for learning, ensuring it becomes part of impact measurement. It was argued that CARE needs to realise that there should not be action without learning. We conduct research in order to improve our actions. But we do not always need to be the one generating this research or learning. We need to be able to learn from other parts of CI and from other organisations and institutions.

There is also a pressure within the organisation and the sector as a whole to focus on this concept of "best practice" which assumes firstly that there is one "right" way of doing things ignoring the importance of context. Secondly the search for "best practice" can be antithetical to learning, reducing the space to learn from errors and challenges.

Finally if action research is to be institutionalised it needs to be built into programming and projects, and not implemented as a parallel initiative. Learning from different stakeholders including our beneficiaries can also help strengthen our internal accountability. A wider view of learning and its importance therefore speaks to the kind of organisation we want to be and we need to be.

8. Concluding remarks

Discussions on governance, accountability and learning inevitably force us as an organisation to look internally and raise questions on our identity and legitimacy. What role should an

organisation such as CARE being playing in the twenty-first century? What is our legitimacy to engage in governance processes in these contexts? The programme approach tells us that we are not going to achieve our goals alone, but we will do this through strategic alliances, partnerships and influencing other actors. This is a massive shift for CARE.

When we talk about learning and how to institutionalise learning we are not doing this because we feel our identity is as a research institution but instead we do it to improve our work and to make a difference to what we do. This may create confusion and force us to let go of long-held assumptions about how we contribute to change and what our role and identity should be. This can be an uncomfortable experience personally and organisationally, but for us to really maximise our impact we need to create the opportunities and incentives to learn. Action research, among others, is an approach that can help us to do this. It is also an approach that can help us to understand the contexts in which we work and how best to engage in governance work.

CARE faces many similar challenges in our work on governance across highly varied contexts, and as such we have much to share and learn from each other. All of the different GARI studies were interested in documenting the changes or outcomes resulting from our work on governance, both in terms of democratic changes such as participation and also developmental changes such as access and availability of services. But for CARE as we move to more of a focus on impact populations, particularly those that are marginalised and excluded our concern then turns to how inclusive participation is, and particularly of the challenges facing women. Finally our role and how we interact with public authorities, whether through partnership or confrontation, is a critical area which needs further discussion and agreement across CI. The GARI studies have provided evidence of positive changes and outcomes due to our governance work, but also they have identified some continuing challenges and unexplored or less explored areas for CARE, such as the costs of participation particularly for women where the interface between the public and private sphere is so crucial. These are shared challenges and issues which we can benefit from sharing lessons and experiences across the federation.

Annex A: Participant list

Name	Office
Georgina Januario	CARE Angola
Daniel Miji	CARE Angola
Jemima Andriamantanena	CARE Madagascar
Norman Tembo	CARE Malawi
Francis Lwanda	CARE Malawi
Amadou Bocoum	CARE Mali
Aminata Camara	CARE Mali
Santosh Sharma	CARE Nepal
Mariaelena Reyes Melendez	CARE Peru
Luz Estrada	CARE Peru
Uwe Korus	West Africa RMU
Ariel Frisancho	Representing LACRMU (CARE Peru)
Madhu Deshmukh	CARE USA
Maliha Khan	CARE USA
Semiha Abdulmelik	CARE Netherlands (based in South Sudan)
Lukas van Trier	CARE Netherlands
Gaia Gozzo	CARE UK
Muhamed Bizimana	CARE UK
Simon O'Meally	CARE UK
Doug Orr	CARE UK
Roopa Hinton	CARE UK

Annex B Experiences of Action Research – River of life for each country

Angola

GARI evolved from a small initiative that reflected the interests of a small number of people (spring) to research on CARE Angola's work with civil society in particular the ODAs. Action-oriented research led to wider involvement of key stakeholders to the research (rain). With many stakeholders at the table one gets ownerships and diverse experience in exchange for efficiency and autonomy (whirlwind and small). Fortunately there is power in a whirlwind and so even a small lake can run a hydro power station (capacity building for data collection and manage the process). While collecting data became easy and apparently quick (waterfalls), it generated huge amount of information, some was useful, some not useful and there were surprises (jumping dolphin). This forced CARE Angola to reflect, test the hypothesis of the research questions and decide the next course (actions from ODA, CARE programming), including recommendations to all stakeholders involved (CARE SMT).
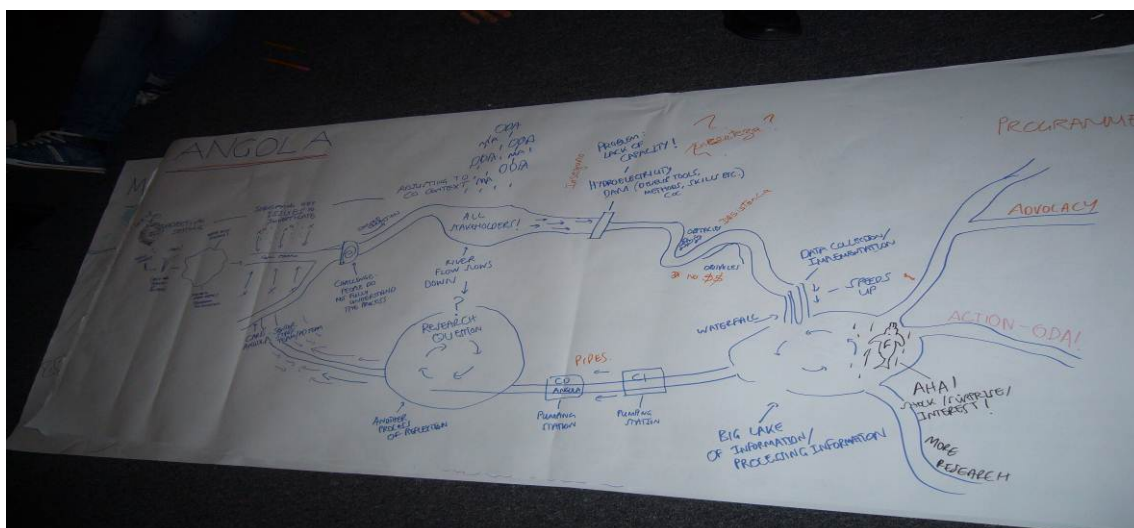

Madagascar

(I) It is said that "Good governance begins at home". The MAHAVITA Programme (an urban governance programme) received funds to enable it to improve the quality of its interventions. There was the challenge of ensuring that all staff takes responsibility for the achievement of the objectives of the Programme between programme and support staff. The core of the problem is communication as each programme-programme support unit works on their own, there are different levels of information and understanding among employees and information exchange is not fluid enough. The Knowledge Sharing initiative has helped to fill this gap.

Further we conducted a re-evaluation, among staff, of the reasons for the persistence of poverty in Antananarivo (Madagascar), despite 15 years of interventions by CARE International. We conducted training in and the practical application of social analysis, which has helped deepen staff understanding of the underlying causes of poverty.

Action research on the strengthening of Water User Associations enabled us to identify the key issues for advocacy and also to begin advocacy activities targeting the Water User Associations. We undertook advocacy activities regarding the management of communal

water points to enable the poorest to have lasting access to, and control over, drinking water supplies.   Therefore the clouds and the rain represent these financial opportunities which enabled us to respond to 3 types of need within the Programme MAHAVITA, which is also a pilot project of Action Research. **(II)** represents the 3 levels at which Action Research was carried out.
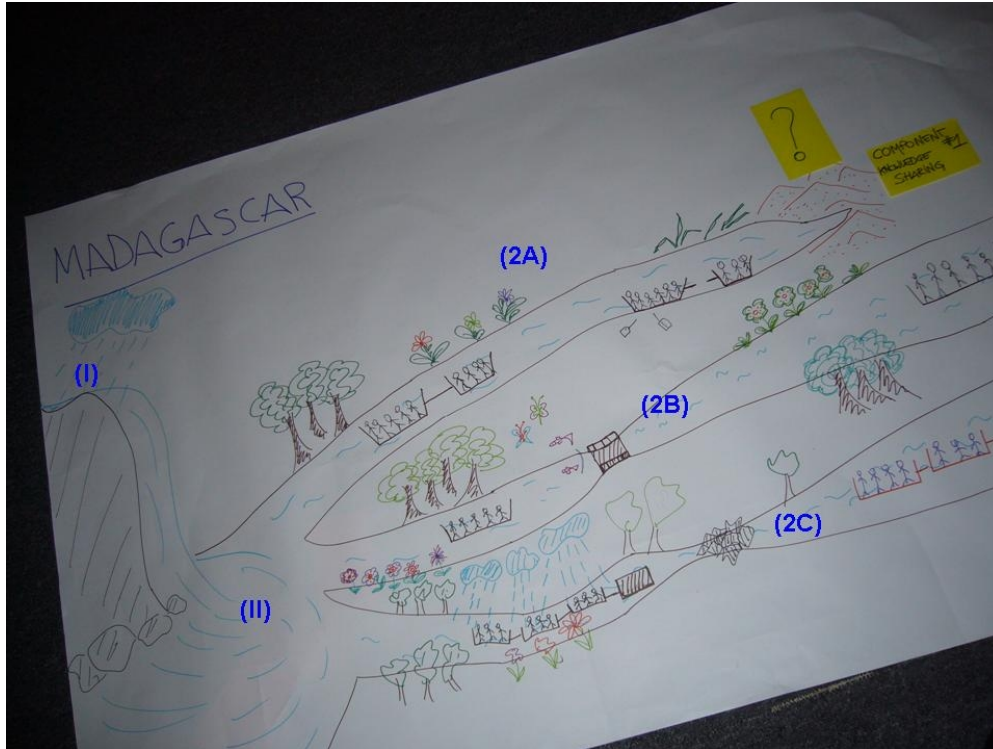
The story behind (2a):

At the beginning, all staff members are enthusiastic. Planning is undertaken in a participatory manner, everyone gets involved in the setting up of the activities. Facilitation responsibilities are defined and shared among the team; several key topics and themes are identified and shared, tailor-made methodologies and techniques are developed. Weekly meetings to discuss project activities are set up.   But as soon as the MAHAVITA project is completed, the same team working in the new project are reticent about continuing with the Action Research. This is because the resource person for PPA/SA is no longer there to support us...so the team are less engaged; the activities of the new project are very intense and there is not enough time to enable us to undertake the knowledge sharing activities; and each individual staff member finds their own way to deal with this lack of communication, and knowledge sharing is no longer seen as a priority. Therefore the mountains of sand at the end of the river represent the opinions I shared above.

The story behind (2b):

This illustrates the development of the social analysis initiative. All staff were trained and together all the staff undertake extensive research on the underlying causes of poverty. The WSUP project serves as an entry point for undertaking research evaluating the ownership of poor and marginalised people of development platforms; in order to know whether the poor

take part in such structures. But apart from that, CARE Madagascar needs this social analysis to identify the underlying causes of poverty and to develop its Long Range Strategic Plan. The adventure of social analysis continues and does not stop, it is like oxygen which enables staff to shift away from their routine way of seeing things, and to see things in a new light. The building of team capacity related to social analysis is very relevant, coinciding with the realities and priorities of Care International Madagascar.

The story behind (2c):

If we compare the three types of initiatives, this last initiative is the most intense because the action research on the Water User Associations is focused on the two projects financed by WSUP. Here action research became a methodology at the core of the project. Action research was undertaken in three areas: the method of cost recovery used by the Water User Associations; the number of infrastructure users; and lessons learned from the building of new water infrastructure. The action research is seen by staff as a logical activity within the project. That is one of the key reasons for perpetuating the Action Research in the project. This is represented by the image of the flow of the river which is widening, the river is flourishing…

Malawi

CARE Malawi went through a program reflection process in between 2003-2005 which involved identification of underlying causes of poverty and vulnerability. This analytical process identified five priority underlying causes of poverty around which CARE Malawi committed to focus its programming impact. These included: unequal access to services and resources, poor macro and micro economic environment, gender inequity, social exclusion and weak governance. From then onwards CARE Malawi sought to define and include indicators of governance in tracking our program quality. It became clear as this reflection started that our opportunity to learn and achieve quality in governance programming was in the work that we were already involved in around community institutional capacity building and the RBA work, which involved building accountability platforms for promoting voice and responsibility. These two programming areas became the link through which further pursuance on quality governance programming would be promoted. Our previous work with Village level committees (VUCS) then became part of what formed this program reflection process on governance programming. Key questions challenging our practice and power dynamics started to emerge and these formed the core upon which the GARI research was designed.
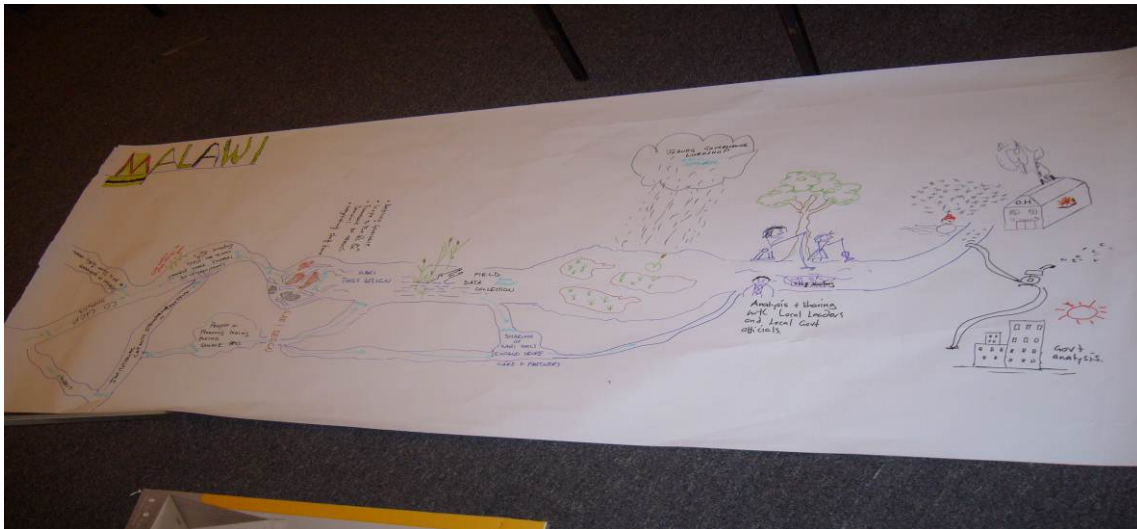
On the programming side projects continued to refine the community institutional capacity strengthening approach by incorporating the RBA principles which included seeking to ensure that structures are accountable, relationships with different institutions are built and engagement is facilitated, platforms for voice of the communities are facilitated and that power structures are taken to account. This has been done taking advantage of the decentralization process which the country was moving into and therefore creating a conducive environment for discussions on governance issues. This team had gone ahead to start advocating for government to start making reconsiderations in its structure for working with people on the ground.

The tools and process for learning and community consultation developed with the GARI process subsequently provided an opportunity to help define the learning course within which the programming advocacy team was going by providing them with a framework within which discussions with the government and other stakeholders at the national, district and community level can happen. This helped broaden the scope of learning and reflection for the programming team which, by this time was being supported under the People in planning initiative funded by AusAID, which involved other organizations like ADRA and CU. The data collected under GARI and the experiences from the PiP formed a good pool for in country reflection in terms of governance issues and their impact on different impact populations. This was reinforced by a broader reflection and learning process for CARE through the AusAID funding facilitated in South Africa. The consolidation of this reflection and understanding of how power structures and its stewardship are part of the development equation for Malawi started to create specific areas for engaging government and district partners which the PiP process continued to do.

Unfortunately for the process there was not adequate time given for CARE programming team reflection on the implications of these experiences so as to refine the GARI process. However fruits were realized because engagements with government started opening up dialogue opportunities and having government coming out to express their view on some of the community structural changes that CARE and other CSOs are pushing for and practical alternatives started to be explored. The GARI synthesis workshop also deepened the

understanding of the path we are taking and the opportunities available in the process by learning from the paths that others had taken and where we should go to next.

Mali

CARE Mali is known across CI for its work on governance. The work of CARE Mali on governance evolved over years, since the early 1990s, shifting the conceptual and programming thinking and thread from direct hardware support, institutions and infrastructure building, to facilitation and software oriented support, building processes, local ownership and civic engagement. In a bid to capitalize the years of experience on governance work, the wealth of information and surprises that arose from the Women's Empowerment Strategic Impact Inquiry and the in-house reflections on the impact of CARE's work onto people's conditions, CARE Mali embarked on a journey towards the programme approach (motorway). On the journey, CARE Mali benefited from reflections and inputs from different theme experts (access road) from across CI, helping the CO negotiate the bend (UCP analysis) leading to the preparation and planning of the strategic planning process.
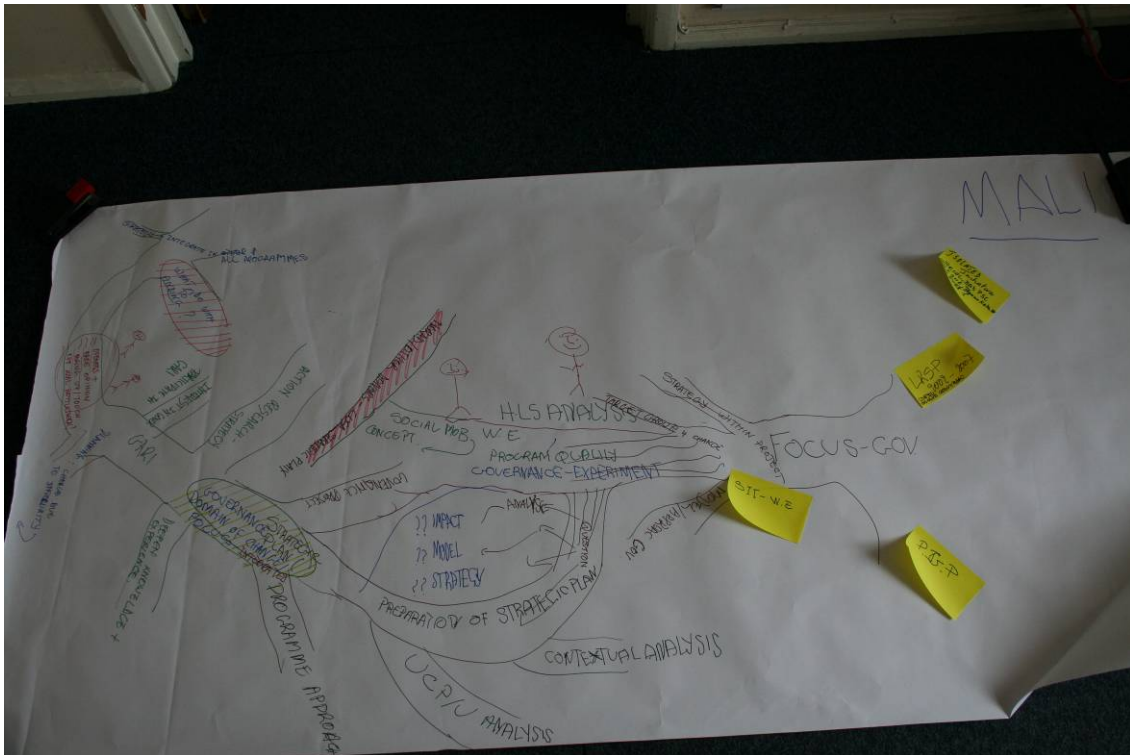
The second negotiated bend led the CO to the designing a 15-year programme, with governance standing out as a domain of change alongside 3 others, thus shaping the current CARE Mali strategic plan. CARE Mali came across and got interested to use the GARI methodology to test and validate some of the assumptions that underpin its model of shared and inclusive governance. It is at this meeting up point that CARE Mali started exploring the ways in which GARI can help the CO strengthen and consolidate the use of action research as a strategy for sustaining practices of learning, and questioning the appropriateness of developed models and approaches across its programmes/initiatives. After firming up commitments to trying GARI, a research design workshop was held, involving CARE staff, civil

society partners, and local authorities. GARI in Mali investigates a three-dimensional relationship: accountable and responsible power relations; access, availability and use of basic social services; and finally citizen participation in the management quality of services.

Nepal

The research design workshop was conducted with staff from CARE Nepal and partner NGOs where jointly the research questions and themes were defined. However there was a long delay between that point and the start of implementing the research. In between the research design workshop and development of the questionnaire there was some confusion over the management and budget of the initiative. There was also a feeling or concern that conducting research was going to be difficult and was something very different to what we normally do. However, they were settled once we organized the questionnaire development workshop. Up to now, start up orientation, questionnaire development, first round of research, its analysis, sharing of findings at various levels (groups to SMT and VDC to local service providers), review and reflection, and action plan preparation have been completed and projects are acting upon the actions. There has been a lot of momentum since that stage (waterfalls).

The sharing of first round findings with local service providers, political parties went very well. It helped them to be more accountable. Political parties expressed that they did not have idea about the budget of VDC, but this process helped them to be aware about it. CFUG, VDC and parties realized the fact that they were not been able to make CFUG's income more pro-poor. More importantly, they committed not to use the scholarship fund for construction of school rooms and to pay the salary to teacher, rather, use it for scholarship. Moreover, they also committed to increase the women representation in their respective committees. Again the research was slowed down by other priorities and competing demands such as emergency response to the floods and the harvesting season meaning our impact populations were busy.

However following the analysis of the information a number of tributaries are emerging, including integrating the findings into new projects, exploration of the implications by CARE Nepal SMT and cluster offices, and also sharing the findings and their implications with VDCs and PECs.
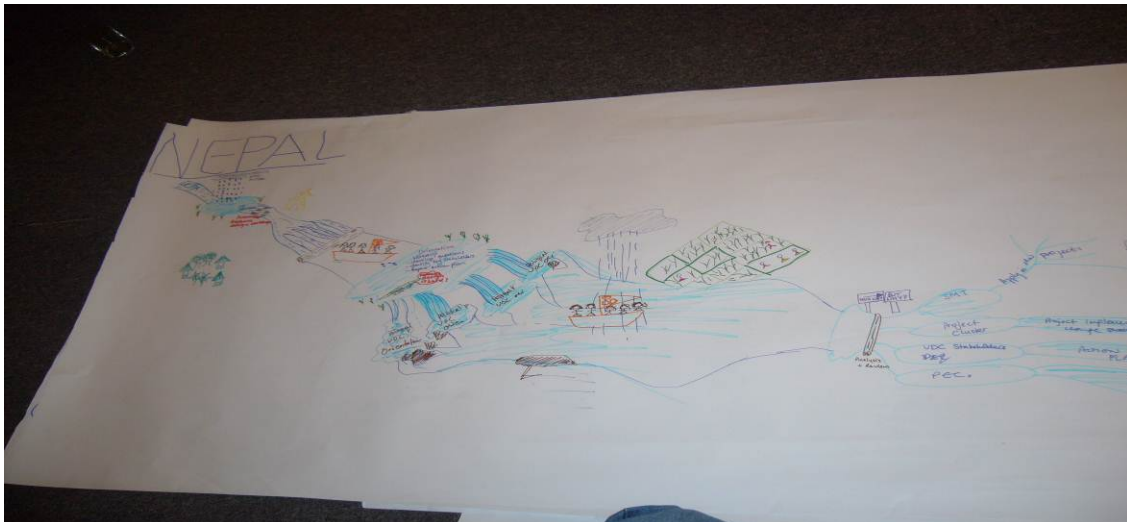
Peru

CARE Peru develops the research with three women organisations from Puno with experience in social monitoring in health services and participatory budgeting. The organisations selected 14 women in three teams. The first design workshop of the research formulated the research question about the impact of CARE's work on governance and the work of women. The questions explored the aspects of public and private sphere. It was also decided that two women consultants would accompany the research process. This work is very important and is reflected in the results. At this point there was a lot of enthusiasm and expectations.

The research started at the time of local and sub-national elections, and also we were faced with social and environmental conflicts in the area. Conducting the research also placed a lot of pressure on the women's time, who were working voluntarily for GARI, conducting social monitoring, and non remunerated domestic work at home and caring work. The women also felt pressure on their remunerated work since the research activities conflicted with their income generating activities. However, they valued the opportunity to develop new capacities. One of the organisations had a change in management and then questioned the research. This generated tension in one of the research teams, and led CARE to question its work in the area and with this organisation. Further one of CARE's staff resigned. This phase generated frustration and anxiety, but we decided to transform conflict into dialogue. As a result, in the analytical workshop decisions were taken with the team involved in the investigation.

At the final GARI workshop the findings of the investigation were presented. The emphasis was on the transformation of the women doing social monitoring and now carrying out the research. The women expressed that they have experienced both enthusiasm and stress during this process, but that most importantly they feel proud of being social monitors and proud to have learned how to do research. They feel proud to share information with the authorities as equal and empowered citizens, and to develop their leadership skills and personal life. The findings of the investigation were presented to the local authorities in order to get some commitment from the authorities for the initiative.
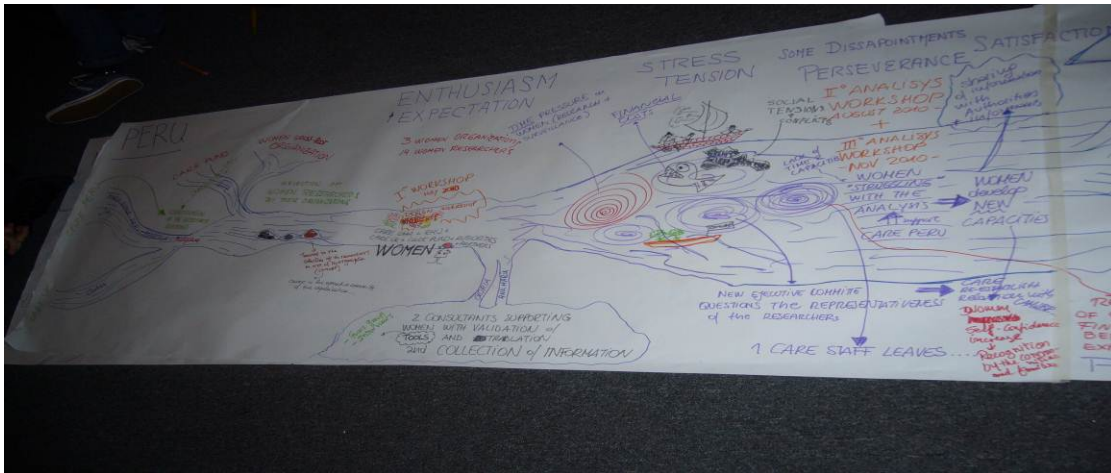
This experience led CARE to reflect on the impact of its work and on its role with women organisations, questioning whether we are generating even more work (non-paid) for the women and how to readjust this considering the need to build capacity and raise awareness about rights. The joint participation of the coordinators of the Gender Equity programme, Governance and Health is a valuable input into the all process, which was also accompanied by the Regional Gender Programme (LACRMU). CARE has also succeeded in re-establishing relationships with the women organisations/movements with which CARE had disagreements. We finished with the systematization of experience.