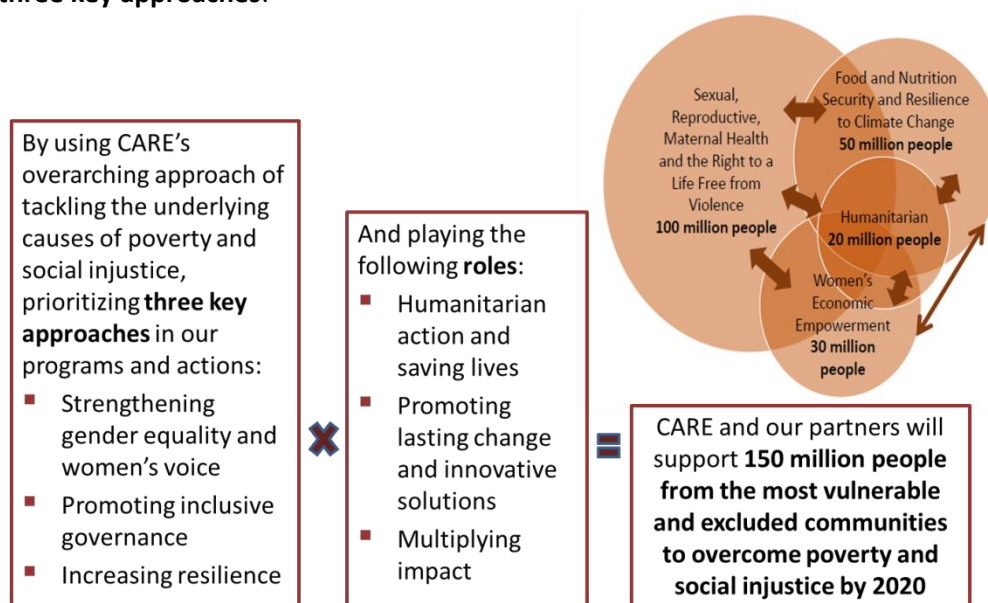


INCLUSIVE GOVERNANCE MONITORING, EVALUATION, ACCOUNTABILITY & LEARNING FRAMEWORK

1. PROGRAMME STRATEGY COMMITMENTS

At CARE International we seek a world of hope, tolerance and social justice, where poverty has been overcome and all people live in dignity and security. We work around the globe to save lives, defeat poverty and achieve social justice.

In order to contribute to this goal, in 2014, [CARE International developed a global 2020 programme strategy](#). As the graphic below illustrates, CARE has made commitments to **four outcome areas**, **three roles**, and **three key approaches**:



Inclusive governance is therefore a **core part of how CARE should work everywhere**, in fragile and conflict-affected states and least developed countries, as well as in middle income countries and the global North. We believe that each of the key approaches and roles contribute to this impact goal, so we therefore need to measure this contribution.

2. Inclusive Governance and Contribution to Change

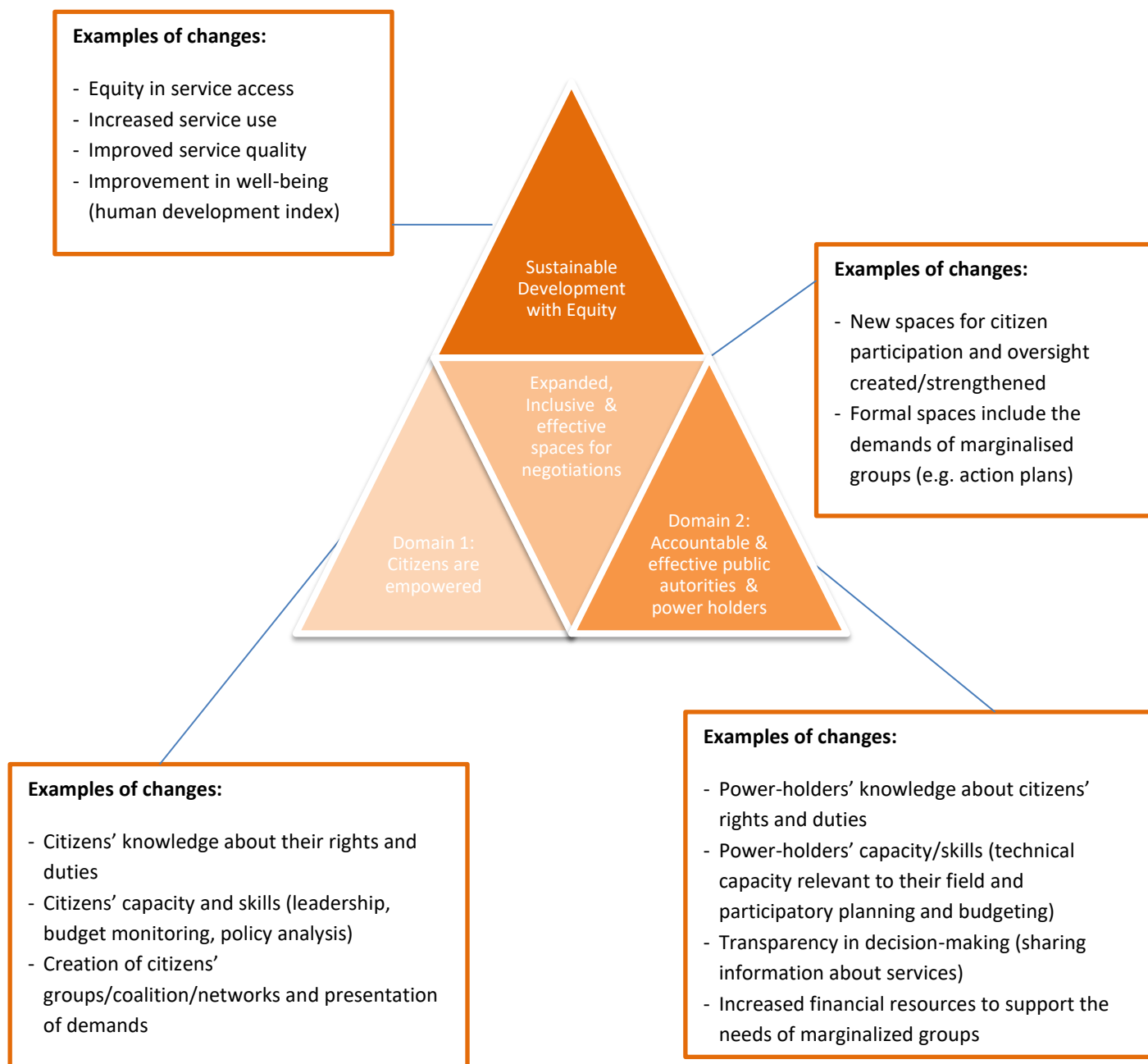
CARE International has developed an underlying **conceptual framework**, the [Governance Programming Framework](#) (GPF), which we have used to explain key **domains of change** for inclusive governance¹ and a hypothesis of change:

If citizens are empowered, if power holders and public authorities are effective, accountable and responsive, and if spaces for negotiations are expanded, effective and inclusive, then sustainable and equitable development can be achieved.

CARE's **assumptions** underlying this change are context-specific, so they will vary from country to country and project to project. There will be differences in which activities are possible in different contexts, and activities will vary by outcome areas. So, specific **pathways** of change will vary. However, the below diagram illustrates some examples of change in each of the domains:

¹ CARE has developed an [inclusive governance guidance note](#) which provides further information.

Figure 1. Governance Programming Framework (GPF) Domains of Change



Please see p.4 for some further recommendations of **indicators** that can be used and adapted to CARE's projects and programmes.

a. Global Impact Indicators

One of the key ways in which CARE collect's information is through our [Programme and Project Impact and Information System \(PIIRS\)](#). PIIRS data covers both reach and impact and it is collected by country offices once a year for all of our projects and initiatives. This data can be helpful for understanding trends and building an understanding of the effect we are having on our outcome areas.

Since the programme strategy was created, CARE has attempted to harmonize its indicators in order to show various projects are contributing to global goals such as the Sustainable Development Goals (SDGs). We have decided to do this through 25 [global impact indicators \(GIIs\)](#) which countries are encouraged to report on through the impact form. While an inclusive governance approach may contribute to the achievement of all these outcomes, there are three indicators of particular relevance for the inclusive governance and gender equality components of the global approach. These indicators are concerned with the relevance, timeliness and accountability of humanitarian interventions, citizens' meaningful participation and voice in public spaces, and influence over legislation and resources:

- **INDICATOR 5:** % of disaster/crisis affected people in areas of CARE responses who report satisfaction with regards to relevance, timeliness and accountability of humanitarian interventions.
- **INDICATOR 19:** # and % of people of all genders who have meaningfully participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces.
- **INDICATOR 20:** # of new or amended policies, legislation, public programs, and/or budgets responsive to the rights, needs and demands of people of all genders.

Further guidance for each of these indicators on defining key terms, the data you need, some suggested methods for data collection, possible sources of data, and likely resources required can be found [here](#). Each year, these indicators will be aggregated and presented in an **Inclusive Governance Progress** annual report. Each year we will select a sample of projects to showcase informed by the following criteria:

- Life of project direct or indirect participants > 10,000;
- Capacity to report in impact indicators 5, 19 and/or 20;
- Projects with final evaluations between 2016 – 2012;
- Representation by outcome area (FNS & CC, SRHR, WEE, Humanitarian);
- Representation by region (Asia, Africa, MENA, LAC).

Not all projects will necessarily have data to report on the impact indicators every year in PIIRS, but the aim is to encourage country teams to think about measuring, for example, whether women or girls more regularly attend public meetings, whether they actually speak at these meetings, whether they are listened to, whether these women represent the interests of their peers and whether they hold leadership positions. Measuring these types of changes through both quantitative and qualitative indicators can help us understand whether CARE's programming is contributing to women's voice, effective influence and gender justice.

Below you can find a set of quantitative **supplementary indicators** across the three domains of the GPF which can help support a project or programme's contribution to impact:

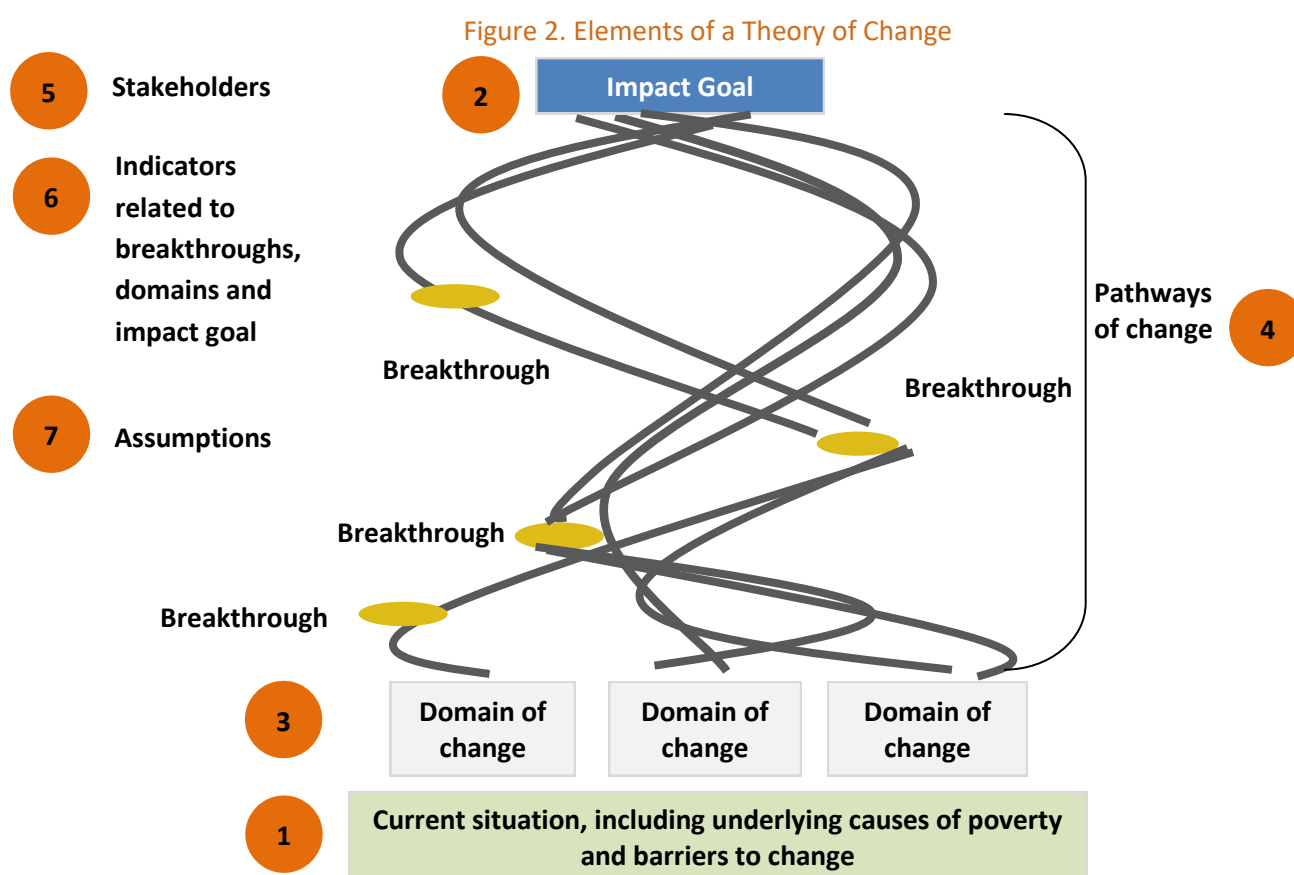
b. Inclusive Governance Supplementary Indicators

1. Empowered citizens	2. Effective Spaces	3. Responsive power-holders
<i>All indicators to be disaggregated by sex, age, type of organization (for gender equality, others), & marginalized group, where possible</i>		
Awareness of rights: # and % of people of all genders with knowledge and awareness of their rights and responsibilities as citizens	Spaces for negotiation: # of new/strengthened inclusive accountability spaces in which marginalized citizens can negotiate with service providers, public authorities or other power-holders	Capacity: # of power-holders (and # of their staff, disaggregated by sex), that have improved their skills to effectively fulfil their roles and mandate, through the support of CARE and partners
Organizational capacity: # of organizations/social movements (and # and % of leaders, disaggregated by sex) with strengthened capacities to channel demands of marginalized citizens and engage in decision-making	Agreed plans of action: # and % of accountability spaces with joint plans of action agreed, over the last 3-6 months	Quality of services: Proportion of the population satisfied with their last experience of public services, disaggregated by sector, & sex (SDG 16.6.2)
Collective action: # of CARE/partner-supported collective actions undertaken by organizations/movements, to present marginalised people's demands to power-holders	Effectiveness of spaces: % of priority actions (in plans agreed in accountability spaces) that that have been implemented	Transparency (of power-holders): # and quality of transparency processes/actions (citizens' windows, public audits, open budgets, etc.) that are established or improved with support of CARE and partners
Constituency base: # of organizations/movements supported by CARE that are considered by their constituents to effectively represent marginalized groups	Representativeness (of spaces): CI indicator 19	Policy: CI indicator 20 Resourcing: CI indicator 20
Participation: CI indicator 19		Reach: CI indicator 3 (and others)
*Integration of inclusive governance and CARE's own accountability is be measured through the global impact indicator 5 (see above) and the inclusive governance and gender markers (see below).		

c. Qualitative Methods to Measure Contribution

While quantitative indicators of change are important for us to understand WHAT and HOW MUCH change happened, we also need to understand HOW and WHY those changes are happening and what role CARE and other actors play in facilitating those changes. That means we also need to answer questions about the quality of participation, the nature of interaction between more and less powerful actors, and the different processes and pathways of influencing positive change.

In order to look more closely at the HOW and WHY of change, CARE has experimented with various **theory-based methods** for monitoring and evaluation. For CARE, a Theory of Change (ToC) is a *set of hypotheses about the changes we think are required to achieve the desired Impact Goal of the Long-Term Program, and how these changes are related to each other*. There are various ways to design a theory of change. The following is just one example from CARE USA's (2009) programme design brief which is commonly used:



For further guidance on how to construct theories of change see [here](#), and see also the [Impact Growth Strategy: Complexity-Aware Monitoring, Evaluation, Learning \(MEL\) Guidance Note](#) for further discussion of how to integrate complexity and systems thinking into programme MEAL.

Theory-based methods can help explain what worked (planned or unplanned), *how* strategies worked, and *why*. Recognizing the need to clarify and understand how complex and emergent change happens, in order to test our theories of change, CARE has begun to explore various theory-based methods such as [Outcome Mapping](#), [Outcome Harvesting](#), [Most Significant Change](#) and [Contribution Tracing](#). Further information about each of these methods can be found [here](#).

3. Inclusive Governance Integration

a. Global Strategy Markers

In order to assess the integration of CARE’s approach, we have developed “markers” for [gender](#), [governance](#) and [resilience](#).

The CARE Inclusive Governance Marker is an internal accountability and learning tool which helps teams to assess on a scale of 0-4 the degree to which a project or initiative is integrating inclusive governance into programming. The scale works in the form of a continuum from unaware to transformational:



The markers encourage projects to assess how politically-informed context analysis is, the integration of strategies and activities across the three components of the GPF, engagement of different stakeholders at different levels to multiply impact, and around CARE’s own accountability (see below).

Each year projects should report on the integration of each component of the approach in the [PIIRS forms](#). However, the main purpose of the markers is *learning*, adaptation and improvement. Projects should use the [forms](#)² for the inclusive governance marker to trigger a reflective discussion about what actions each project can take to potentially improve their scores, or explain why this might not be possible because of changes in context.

Webinar videos, guidance documents and training materials are available on the Inclusive Governance Wiki [here](#). Training on how to use the marker will be provided periodically for different regions and thematic teams, or can be organized on request. Each year, we will take a random sample of 40 projects to assess how the marker has been used and reflect on how to improve guidance and accompaniment plans.

4. Inclusive Governance and Accountability

CARE is committed to accountable, just and sustainable development that benefits the most vulnerable and excluded communities around the world, especially women and girls. We recognize that as a large international organization, we too must be held to account.

CARE has designed a confederation-wide [Accountability Framework](#) which defines accountability as *“explaining, being held responsible for and hearing the perspectives of others about how well we are meeting our commitments - and then actively making changes and improvements based on what we’ve learned and heard.”*

CARE integrates our core **accountability principles** throughout and monitors how well we are enacting them:

- **Transparency:** The opportunity to see and understand;
- **Participation:** The opportunity to be actively involved and help shape strategy and decision-making;
- **Feedback:** The opportunity to share input, concerns, suggestions for improvement and to get a response.

² The forms are available in English, French, Spanish and Portuguese.

CARE is accountable to different stakeholders multiple directions; internally for staff, upward to donors, laterally to partners and peers and towards our impact groups (forward):

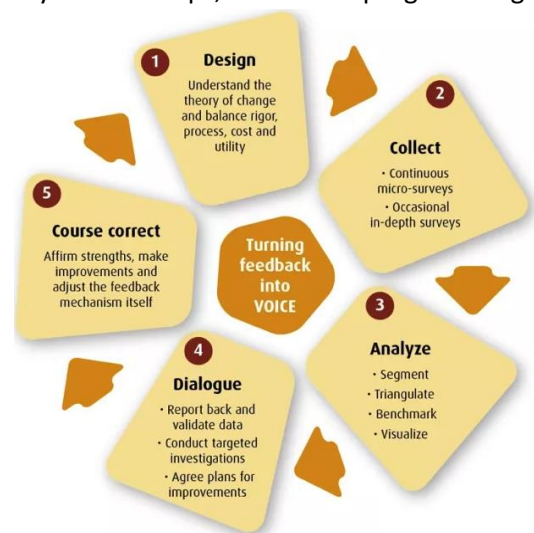
In terms of **lateral accountability**, CARE subscribes to the [International Aid Transparency Initiative \(IATI\)](#) and also to the [Core Humanitarian Standards \(CHS\) alliance](#).

The most important direction of accountability is towards CARE’s impact groups (**forward accountability**). We work to ensure that we share information; provide impact groups the opportunity to participate in project decision-making processes and use feedback mechanisms, and systematically analyzing trends. In this way we will learn to respond to different stakeholders’ needs and interests in a more timely and appropriate manner. Reporting on the inclusion of feedback systems (often referred to as Beneficiary Feedback Mechanism) is a requirement in PIIRS through the inclusive governance and gender markers. However it is important to look beyond whether these mechanism exist and review how well the function; which channels are most used by impact groups; and how fast we are able to respond and adapt.



With this in mind, CARE is also increasingly promoting proactive feedback processes. One notable example is CARE’s use of the [Constituent Voice \(CV\)](#) method, developed by Keystone Accountability to promote continual feedback and structured dialogue between stakeholders. CV generates regular perception data from partner staff and programme impact populations, helping to flag problems early; support adaptive management; improve partner and community relationships; and make programming more accountable. The CV method relies on a Net Promoter Score (NPS) for each survey question. The NPS is used to easily interpret feedback data. A positive NPS indicates that there are more ‘promoters’ than ‘detractors’. A negative NPS indicates more detractors than promoters.

The system operates on a digital platform called the ‘CARE Neighbourhood’ within Keystone’s [Feedback Commons](#). The Survey Builder tool in the system supports the creation of simple micro-surveys. The Data Explorer tool enables programme and partner staff to analyze feedback and create data graphics that can be used during dialogue sessions and management meetings. CARE UK has piloted the use of the methodology in various countries, including Zambia, Tanzania Ghana, Bangladesh, and Nepal. The learning from this pilot can be found [here](#).

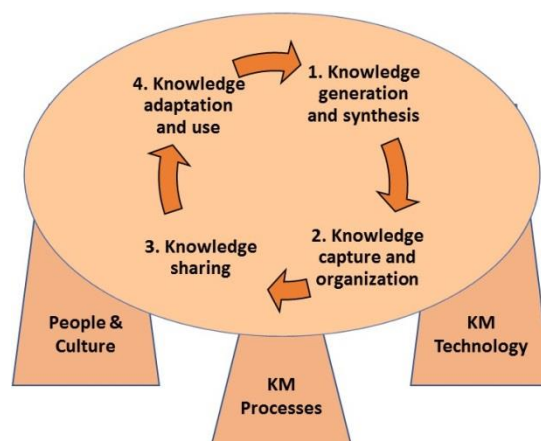


5. Inclusive Governance and Learning

CARE’s 2020 vision rightly puts knowledge management and learning (KML) at the heart of our work. Having the right evidence and learning is essential for advocacy and influencing. Better distilling and sharing our knowledge will increase our successes in mobilizing resources and building partnerships. Bringing the best of our learning and knowledge to every programme we develop – adapted to the local context and to local knowledge – is essential for being relevant, and will significantly increase the impact of our work. It will increase our efficiency, and reduce the thousands of hours wasted re-inventing wheels,

or trying to find critical information across multiple document storage systems. This in turn should increase the time and space people have for reflection, dialogue and collaboration.

Our learning rests on CARE's knowledge management, which is best seen as a three-legged stool³ (right): People and organizational culture; KM processes; and KM technology, that together enable CARE and our partners to generate, organize, share and **use** knowledge and learning across our global organization.



In 2017, CARE produced learning and syntheses for each outcome area and approach. For inclusive governance, we highlighted six key areas of learning:

1. More effective **use of power analysis** in programming;
2. **Thinking and working politically** at multiple levels;
3. Promoting **vertical integration** from local to national impact;
4. Actively **supporting women to influence public and political decision-making**;
5. Effective use of **ICTs to take citizen's voice to scale**.

These are priorities we aim to champion going forward in our research, monitoring, evaluation and learning.

a. People and culture

- *Webinar series*: Webinars to improve staff understanding of the CARE approach, disseminate relevant tools, and facilitate peer learning on priority areas of work;
- *Innovation hubs*: We will support innovation hubs such as Community Score Cards ([CSC Consulting](#)) and CARE Egypt to cultivate learning networks;

b. Knowledge management processes

- *Learning syntheses*: Each year the Inclusive Governance team will synthesise top learning;
- *Learning partnerships*: We will promote learning partnerships such as Pamoja Evaluation Services on [contribution tracing](#), Keystone on [constituent voice](#);
- *Research partnerships*: Leveraging research and learning partnerships such as Action and Empowerment for Accountability ([A4E&A](#)) to influence international development thinking through publications with leading research institutions and conferences;
- *Collaborating, learning, and adapting*: Promote the dissemination of adaptive management examples such as Collaborate Learn Adapt (CLA) case studies, such as on CARE's work with partners in [Niger](#) or [Mali](#).

c. Knowledge management technology

- *Digital engagement*: We will support knowledge management and learning through online spaces such as the global MEL wiki, inclusive governance wiki, Twitter, and Facebook pages;
- *Insights*: We will produce learning and policy papers and blogs through CARE UK's [Insights platform](#);
- *Bulletins*: Bi-monthly bulletins to share news with CARE's expanding inclusive governance network.

³ This framework is adapted from Mike Burk's (1999) Cycle of Knowledge.