

# Inclusive Governance Workshop Report

29 November –  
1 December 2016

## Five Key Takeaways

- Our work to integrate Inclusive Governance **needs to go beyond the local level**: the proposed **framework for integrating governance from the community to international** levels was strongly welcomed by participants, clearly **linking governance and accountability work with advocacy**, at all levels;
- Governance tools cannot be ends in themselves, but should **be part of broad strategies to engage with citizens and power-holders** at multiple levels;
- There is great potential **power of digitalization**, to amplify common findings across social accountability processes, and serve as **citizen-generated data** that can complement national statistics offices' efforts for monitoring national priorities (such as the SDGs);
- CARE needs to build off existing women's empowerment work to **promote women's political empowerment**, in both formal and informal decision-making spaces: we should take advantage of **existing solidarity groups** such as VSLA or EKATA groups, as platforms for this work;
- Our approaches to integrate Inclusive Governance are **highly relevant for the new Impact Growth Strategies** CARE is developing at regional level to multiply our impact across our organizational program priorities.

## 1. Introduction

CARE's 2016 Inclusive Governance workshop was organised by CIUK's Inclusive Governance Team and CSC Consulting, and hosted by CARE Tanzania. The event was attended by thirty-nine governance champions across Asia, Africa, Middle East and Europe from CARE, peer organisations and partner organisations (World Vision, Kwantu, Hivos, Rupantar and Women's Fund Tanzania). The workshop objectives were to: take stock and plan the way forward for mainstreaming Inclusive Governance into CARE's programming; get inspiration from external organizations doing Inclusive Governance work; provide a forum for Inclusive Governance champions to network and share innovation and learning; and identify concrete thematic areas for programmatic collaboration to deliver CARE's 2020 Strategy. This report outlines the main discussions and conclusions:

- The main trends that are affecting CARE's work on Inclusive Governance;
- Innovation and adaptation in our Inclusive Governance work:
  - Working beyond the local, integrating Inclusive Governance activities from grassroots to international;
  - Innovating, through the next generation of Community Score Card and other tools;
  - Digitalization of social accountability processes;
  - Women's political empowerment;
  - Building institutional capacity and responsiveness amongst power-holders;
  - Adapting to fragile and conflict-affected environments;
  - Promoting CARE's own accountability through beneficiary feedback mechanisms.
- How we will we know if and how our Inclusive Governance work is having an impact;
- Areas of collaboration over the next year to take forward key priorities.

## 2. Global trends affecting our Inclusive Governance work and how CARE is responding

The workshop began by reviewing the main external trends influencing the governance environments in which we work. Participants looked at the main opportunities and challenges CARE faces as we move forward with our Inclusive Governance agenda, whether we are travelling in the right direction, and where we need to improve. The key trends and CARE's responses were identified through group discussions, including:

**Weak democratic transitions and shrinking civil society:** This poses a threat for integration of Inclusive Governance, as we see diminished space for citizen's voice, democracy and human rights, in environments where Governments are increasing regulations and control over civil society organizations (CSOs), and incumbents frequently hold on to power. CARE is taking a localisation, partnership and facilitation (rather than implementation) approach to better enable us to support shrinking space for citizen voice and empowerment. Participants felt, however, that CARE risks transferring too many risks to local CSOs and we should be more bold and clear in our support for civil society space, as an end in itself. This could include greater focus on accompanying and building local CSO capacity to do effective advocacy, particularly at national and regional (e.g. African Union) level. We also need more proactive media engagement strategies.

**The youth bulge and growth of importance of social media and ICT:** While power is being challenged more through the growth of social media, these dissenting voices are more fractured as globalisation is changing social norms, challenging identity boundaries and fuelling identity politics. Youth are a key and growing agent of this trend. Currently, CARE is only minimally engaging with youth as a specific group, mainly in rural areas, and/or through working with men around SGBV. Exploring the use of ICT and social media to engage more with youth in the urban and peri-urban space is a recognised gap for CARE. More should be learned from the pockets of work taking place across the Confederation. We returned to this theme in the discussion on digitalization (3.3).

**Shifting Donor Trends:** While there has been an increase in donor funds for Inclusive Governance, with this has come a reduction in influence of the 'traditional donors'. This reflects the increasing diversity of the funding environment, with emerging private and state donors in the Middle East, China and Russia. The increasing frequency of larger contracts, and the standardisation of efficiency over effectiveness, is another dominant trend affecting our sector. Participants argued that this new environment requires CARE to better understand the different contexts where we are working, be more bold and agile, and clearly define our unique value added.

## 3. Innovating and adapting, to multiply impact

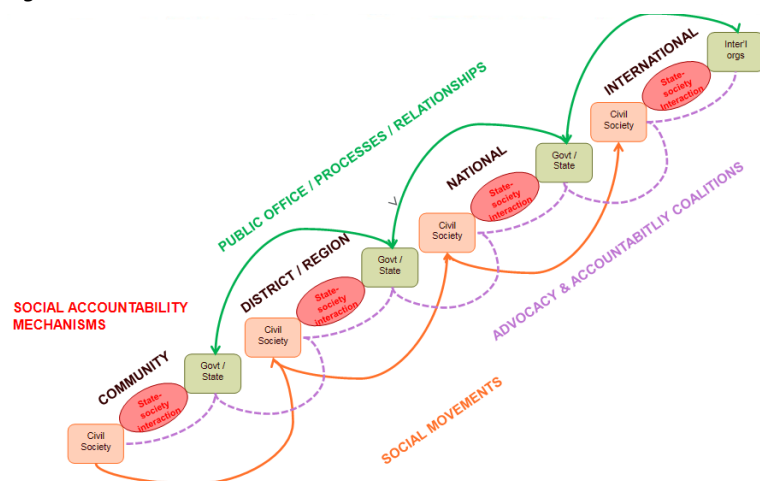
Promoting Inclusive Governance is at the centre of CARE's approach, along with strengthening Gender Equality and Women's Voice, and increasing Resilience. Integrating Inclusive Governance throughout CARE's strategies and activities is necessary to achieve CARE's 2020 Programme Strategy, address underlying causes of poverty, multiply impact and achieve the four global outcome areas<sup>1</sup>. CARE's core Inclusive Governance approaches fall within the following five program areas: Social Accountability; Local Participatory Development; Voice and Advocacy (including women's leadership); Institutional Responsiveness; and CARE's own Institutional Accountability. Participants discussed seven concrete areas for how we can be integrating Inclusive Governance more effectively to innovate, multiply impact, and adapt to different contexts.

<sup>1</sup> Humanitarian Assistance (HA); Sexual, Reproductive & Maternal Health Rights (SRMHR) & a Life Free From Violence (LFFV); Food & Nutrition Security (FNS) and Climate Change Resilience; and Women's Economic Empowerment (WEE).

### 3.1. Beyond the local: integrating governance work from grassroots to international

In line with CARE's ambition to multiply impact and contribute to lasting change, the Inclusive Governance Team [presented](#) a framework to help integrate CARE's Inclusive Governance activities from grassroots to international levels (see *figure 1*, below). The framework builds off CARE's Governance Programming Framework (GPF), drawing on lessons from [ODI research](#) on CARE's scorecard work, as well as from research from Jonathan Fox on "[vertical integration](#)". Overall, participants were very positive about the model's potential to help link CARE's activities and to build theories of change about how an Inclusive Governance approach contributes to CARE's outcomes. It was particularly useful to bring together different strands of work that are often seen as separate in CARE: social accountability mechanisms (Inclusive Governance); Social Movements (Civil Society); Public office processes (Technical support, from different Program Teams); and Advocacy and accountability coalitions (Advocacy). Useful feedback on the proposed framework included the need to: incorporate the private sector; anchor the model within the broader political economy; ensure a stronger and more deliberate focus on gender equality; reflect the non-linearity of change; and consider how to adjust CARE systems to better enable such joined-up approaches "beyond projects". Country Offices used the model to map their current projects and planned future work, showing that many teams already work across two or more levels (such as the [CARE Egypt Social Fund](#) and [CARE Rwanda Gender Monitoring Office](#) projects). Areas identified for strengthening our work under this framework for the future included using community social accountability to influence policy advocacy, and better linking civil society organisations across levels.

**Figure 1:** Framework for multi-level Inclusive Governance



**Figure 2:** Framework, with examples of CARE's work



The framework was referred to later in the workshop, in the sessions on integration of Inclusive Governance into key programmatic priority areas, such as Food & Nutrition Security (FNS), Dignified Work, and Financial Inclusion. In all three areas, CARE is developing strategies that seek to multiply the impact of our work beyond the reach of current projects, at a regional level: Impact Growth Strategies. These are being developed for Food & Nutrition Security & Climate Change Resilience in Southern Africa, Dignified Work in Asia & Pacific (building off examples presented, such as our work in [Bangladesh](#) and [Cambodia](#)), and for Women's Economic Empowerment (building from the platform of existing [VSLA work](#) in West Africa). The combination of movement building, advocacy coalitions, social accountability, and more responsive public institutions, fits very well with these regional strategies for multiplying impact. It was also considered to fit well with our global advocacy work, for example on climate change, linking evidence and learning from our projects into national, regional and global advocacy.

### 3.2. Innovation in social accountability: next generation CSC and beyond

The workshop provided space for a deep dive into CARE's experience in using the community scorecard approach (CSC) in different sectors of service delivery. The CSC session on Day 2 aimed at identifying similarities and differences in the adaption and implementation of CSC across CARE programming priorities. Three parallel group sessions reviewed CARE CSC experience in the sectors of Education ([Egypt](#) and [Malawi](#)); Health ([Kenya](#) and [Malawi](#)); Nutrition ([Ethiopia](#) and [Zambia](#)); and GBV ([Burundi](#) and [Rwanda](#)). World Vision also shared their social accountability approach, [Citizen's Voice and Action](#), and [CSC consulting](#) outlined their new social enterprise set up from CARE Malawi to support CARE, and other development actors, roll-out use of the CSC.

Presentations and group discussions pointed to similarities in the process of implementing the CSC, including: the critical importance of mobilisation of buy-in and support for social accountability agenda by government authorities/decision makers; the need to design and trial CSC processes adapted to the specific context of the target service delivery system (particularly for multi-sectoral areas of work, such as nutrition, GBV or HIV, where there can be many different service providers around which social accountability processes would need to be organized); CARE and partners should advocate for added value of CSC and adoption by government entities/ service delivery systems for replication/institutionalisation, to support citizen feedback and monitoring; CARE should ensure greater use of local civil society to support the implementation of the CSC; and that CSCs are just one tool for social accountability, and need to be part of broader governance and advocacy strategies working at multiple levels. Participants also identified the need to integrate a political economy dimension into the context analysis that the CSC process should be built on.

The workshop concluded with a recommendation that the current CSC model should be revised, into a **CSC 2.0** version. This revised CSC tool should define and outline the minimum characteristics and principles a CSC process should reflect, to qualify as a CARE community scorecard process. An initial plan for developing CSC 2.0 was developed by interested participants, along with a plan to adapt the CSC for nutrition, and working with the private sector and social enterprises.

### 3.3. Digitalisation & use of ICTs in social accountability

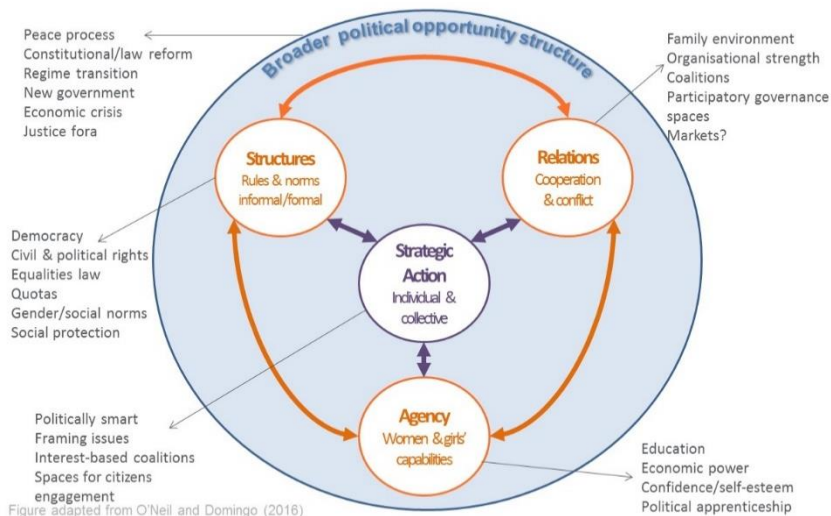
Rob Worthington ([Kwantu](#)) led the digitalisation session, which explored ways of digitalising the community scorecard data generated by citizens, including in the proposed [Everyone Counts](#) initiative of Kwantu, CARE and World Vision. Lessons were also drawn from the HIVOS-led [Making All Voices Count](#) program, on how technology can be used to improve the conversation between governments and citizens. Three themes emerged during the discussion. First, the advantages that digitalisation offers in terms of making more strategic use of CSC data. Participants discussed different audience groups for CSC data (including citizens themselves, service delivery units of government, sub-national governments, national governments, and CSC implementing organizations, such as CARE, World Vision and their partners), and explored how data should be analysed and packaged to assist these audiences in using the data for their different, specific needs. Examples included maps showing where CSCs are happening - with colour coding to compare satisfaction levels, or levels of meeting key standards, across different geographical areas – and the need for clear summaries of trends and commonalities in policy briefs. Presentation of data should also be combined with opportunities for discussion around the results, such as through community face-to-face meetings, work through the media (such as radio phone-ins), and dialogue platforms with Government and other stakeholders.

Second, participants debated the balance between standardising how data is collected, versus accommodating variations related to context. This opened into a broader discussion on linkages with CSC data from other implementers and what constitutes a high-quality CSC process. Suggestions included a focus on the principals behind how the CSC is implemented, rather than a specific checklist. Finally, the session explored data-driven management. With higher and faster availability of data throughout the implementation process, a change in mindset is needed to make better use of data on an ongoing basis. This requires specific data-related capacity building to ask the right questions and consider how to answer these questions with the data available. Examples explored include equity analysis of the level of participation of different group types (including their access to new technologies), and how this could be tracked during the intervention while there is still time to address problems. This work will be carried forward by CARE, Kwantu and World Vision, as funding is obtained to support Everyone Counts.

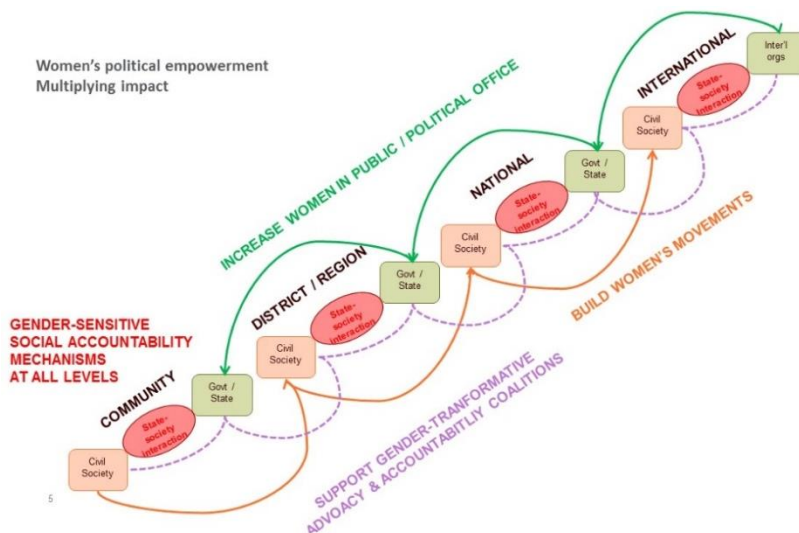
### 3.4. Women's political empowerment

Tam O'Neil from CIUK [presented](#) on emerging thinking on women's political empowerment (WPE) – enabling women to influence public decisions that affect their lives. WPE lies at the intersection of CARE's frameworks on Inclusive Governance, and Gender Equality & Women's Voice. Drawing on findings from a [research program at ODI](#) on women and power, *figure 3* to right highlights the main enablers for WPE, across the three domains of agency, structure and relations, the broader political opportunity structure that shapes these, and the specific actions used at individual and collective levels to promote WPE.

**Figure 3:** Enablers for Women's Political Empowerment



**Diagram 4:** Multi-level strategies for Women's Political Empowerment



This was complemented by presentations from [Rupantar in Bangladesh](#) and [Women Fund Tanzania](#) on their work to promote WPE, at subnational and national levels. Adapting the vertical integration framework (from 0, above), there are four main areas where CARE should be working with others, at multiple levels, to promote WPE: gender-sensitive social accountability mechanisms; increasing women in public/political office; supporting gender-transformative advocacy and accountability coalitions; and supporting women's movements.



In groups loosely organised by different types of country context, participants discussed the main challenges to support WPE, and CARE's value-added in this area of work. Different political environments present different challenges and opportunities to support women's political voice and leadership. Common challenges include entrenched patriarchal norms and mind-sets, patronage-based politics and the difficulty of working with political parties, risk of backlash, and women's economic marginalisation. CARE's strengths include building solidarity groups, engaging men and boys, supporting women to engage with local authorities, and rich cross-country experience (such as [MMD](#) in Niger, EKATA groups in Bangladesh, WAFAA in Afghanistan, and Sankalpa in Nepal). Participants envisioned future areas of work to promote WPE might include linking economic and political empowerment strategies, creating spaces for women to participate in politics and tailored support for women leaders, tracking women leaders, and building women's coalitions. CIUK will work with the CARE USA Gender Team, and the list of contacts identified from Country Offices who are interested in this work, to take this thinking forward, across CARE's work.

### 3.5. Building institutional capacity and responsiveness

Through a World Café-style panel discussion, three Country Offices shared their models of local governance performance-focused tools: CARE Bangladesh [presented](#) their Local Government Self-Assessment tool, CARE Ghana [presented](#) their Local Government Performance Score Card, and CARE Afghanistan [presented](#) their Institutional Maturity Index. Each tool is used to reflect on key aspects of the functionality, inclusiveness, and quality of service delivery of local councils in their respective contexts. Key strategic differences amongst the tools identified included:

- In Bangladesh and Ghana, scores are made public, whilst in Afghanistan, scores are kept internal to the Community Development Council and used for dialogue with CARE (but not with the community);
- In Bangladesh and Ghana, community feedback and citizen perception significantly influence the scoring, whilst in Afghanistan, the tool is a self-reflection by council members, without such community input;
- In Afghanistan and Ghana, scoring is collective (totalled scores for the full council), whilst in Bangladesh, scores are allocated per councillor (individually);
- The group also discussed the ways in which the Afghanistan model has been designed for a fragile and conflict-affected environment, whereas the greater stability of contexts in Ghana and Bangladesh afford different opportunities for engagement between citizens and power-holders.

### 3.6. Adapting to fragile and conflict-affected environments

At different points throughout the workshop, groups came together to look at the challenges of integrating Inclusive Governance in Fragile and Conflict-Affected States (FCAS), including a [presentation](#) from CARE Nederland. Participants discussed how real power tends to lie outside of formal structures, meaning the legitimacy of new community spaces is often disputed. In the case of displacement, the inclusion of some marginalized groups is a notable challenge, and the facilitation of dialogue in more heterogeneous communities is especially difficult, with associated risks (though we have been able in some cases to successfully combine competing agendas). Participants noted how donors are pushing for greater community ownership, but the group expressed concerns over capacity to achieve this. CARE has often filled this gap, but this raises questions about our role ("moral hazard"). The group discussions revealed that CARE's value-added appears to lie in context analysis (e.g. power analysis), facilitating spaces for community dialogue (such as Community Development Committees), and linkages between economic groups (VSLA) and community participation structures (Village Development Committees). CIUK, CARE Afghanistan and CARE Nederland (and others) will be working on a short paper on what works in Inclusive Governance in FCAS settings.

### 3.7. Promoting CARE's own accountability

Beneficiary Feedback Mechanisms (BFM) are an important component of CARE's adaptive approach to Inclusive Governance programming. They aim to give voice to our impact populations, about CARE's work, as part of CARE International's broader efforts to promote its own accountability. Participants expressed how often CARE's accountability has been reduced to compliance to donor requirements. Innovative work in the area is however transforming this practice, allowing for new, effective ways of involving the impact populations in CARE's decision-making processes. One such innovative work is the [piloting](#) of the Constituency Voice methodology, in a partnership involving Keystone Accountability and five CARE Country Offices (Bangladesh, Ghana, Nepal, Tanzania and Zambia). The Constituency Voice methodology simplifies and systematizes collection and utilization of feedback from impact populations in CARE's programming. Participants highlighted: the importance of a more systematic approach to institutional accountability, beyond the current "islands of excellence"; the need to negotiate flexibility into agreements with donors, so we can be adaptive and responsive to feedback received; and the need to use appropriate tools for reaching impact populations.

### 4. How we will we know if and how our governance work is having an impact

This session took a deeper look into how integrating Inclusive Governance into programming can contribute to CARE's impact, and how we can measure that. CARE is developing further guidance to improve our capacity to measure the effects of Inclusive Governance and contribution to impact. CARE's global indicators on participation ("*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*") and responsiveness ("*20. # of new or amended policies, legislation, public programs, and/or budgets responsive to the rights, needs and demands of people of all genders*") were [presented](#) by Tom Aston, along with the results of indicator-mapping from two regions (Southern Africa and LAC), which show that a significant share of CARE projects are already likely to be able to report change against these two indicators. The [Inclusive Governance marker](#) was also presented, explaining the rationale behind it, as a means to track how we are mainstreaming inclusive governance across all our programming. Finally, participants mapped their programming to a set of ten proposed supplementary Inclusive Governance indicators, and offered feedback on these, to be taken into account before they are finalized and promoted globally.

### 5. Working together to take IG forward

Key areas of collaboration and action over the next 12 months that were identified include:

- [Vertical integration](#): CIUK, with Bangladesh, Egypt, Malawi, Nepal, Rwanda, RMUs (ECSA & WA), Tanzania and Uganda);
- [CSC digitalization](#): Kwantu, CIUK and World Vision, with interest from CARE Afghanistan, Burundi, Cambodia, Egypt, Ghana, Kenya, Malawi/CSC consulting, Nepal and Rwanda;
- [BFM](#): CIUK, with Bangladesh, Burundi, Ghana, Kenya, Mali, Nepal, Rwanda, Somalia, Tanzania and Zambia;
- [Women's Political Empowerment](#): CIUK with Bangladesh and Cote d'Ivoire (as well as the CARE USA Gender Team, and other key Country Offices contacts identified in the workshop);
- [FCAS](#): Afghanistan, CARE Nederland and CIUK;
- [Shrinking civil society space](#): CIUK, with CARE Bangladesh, Malawi, Nederland and Nepal;
- [Social accountability for private sector/social enterprises](#): CIUK, Bangladesh, Cambodia and Cote d'Ivoire;
- [CSC 2.0](#): CSC Consulting group, CIUK, Egypt, Kenya, Malawi, Mali, Rwanda and Tanzania;
- [CSC for nutrition](#): CSC Consulting Group, CIUK, Bangladesh, Cambodia, Cote d'Ivoire and Zambia.

Participants also mapped different areas where their teams needed support over the next year (column A, below), along with areas of support that different teams could provide to others (column C). Initial potential relevant sources of support (B) and teams needing help (D) are outlined below. NOTE: *This table does not reflect solid commitments of support. Coordinating who can offer such support is yet to be decided:*

Support needed (A)	Who can help (B)	Support offered (C)	Who needs help (D)
Support to analyse digitalizing CSC work in the context of Nepal (CARE Nepal)	<i>Everyone Counts partnership (WV, CI and Kwantu)</i>	Support in CARE's IG approaches: LPD; Social Accountability; Institutional Responsiveness, Women's Voice and Leadership, BFM, PEA, Measuring impact (CIUK)	<i>CARE Cambodia, CARE CIV, CARE NL, CARE Mali, CARE Zambia, CARE Kenya</i>
How do we solve the system issues that are beyond CAR and health facilities? Strategic data management? (CARE Kenya)	<i>Rob Worthington (Kwantu)</i>	Complaints and feedback mechanisms (CARE Nepal)	<i>CARE Mali (feedback system for Harande)</i>
How to digitalise CSC info? (CARE Rwanda)	<i>Everyone Counts partnership (WV, CARE and Kwantu)</i>	Help defining shared 'data blocks' Design of data systems (Kwantu)	<i>CARE Kenya</i>
Accountability in Public Financial Management (citizens' feedback on budgeting/ financial mgmt. (CARE Cambodia)	<i>CIUK IG Team, CARE BD, CARE Egypt</i>	Participatory planning of local Government; Self-Evaluation (CARE BD)	<i>CARE Netherlands CARE Cambodia</i>
CARE CIV: Any example of CSC implementation in Agriculture/Extension Services?(CARE CIV)	<i>CIUK IG Team, CSC C.G.</i>	Social Audit (CARE BD)	<i>CARE Netherlands CARE Cambodia</i>
Support needed in CARE CIV to implement CSC in: health, Education, Agriculture (CARE Côte d'Ivoire)	<i>CIUK IG Team, CARE Egypt, CSC C.G.</i>	Third Party Monitoring tool (training and adaptation) (CARE Egypt)	<i>CARE NL, CARE Mali, CARE Cambodia</i>
Digitalising CSC information. e.g.'s of CSC/SA framework for WASH, Education, Health and livelihoods sector (CARE Afghanistan)	<i>Everyone Counts partnership (WV, CI and Kwantu)</i>	Study Tours and exchange visits (CARE Egypt)	
Training on Social Accountability Tools (CARE Netherlands)	<i>CIUK IG Team, CARE Egypt, CARE BD</i>	CSC trainings (CARE Egypt)	<i>CARE Netherlands, CARE Mali</i>
CSC training for CARE and partners staff (CARE Mali)	<i>CIUK IG Team, CARE Egypt, CSC C.G.</i>	Advocacy Training (strategic advocacy planning esp. in fragile, high risk settings) (CARE Netherlands)	
Any examples of T.V. Dramas on citizen rights and responsibilities (CARE Cambodia)		Services from CSC C.G. (CSC Consulting Group)	<i>CARE Netherlands, CARE Mali</i>
CARE staff volunteering to be on CSC C.G. Roster. Your ideas on who CSC C.G should be contacting (CSC Consulting Group)		Technical support on women's political empowerment and leadership (CIUK)	<i>CARE BD and CARE CIV</i>
Develop community feedback mechanism for Harande project in C-Mali (CARE Mali)	<i>CIUK IG Team, CARE Nepal, CARE Egypt</i>	Support in design of: ToCs; PoC; Advocacy; Power analysis; Messaging (CARE NL)	
Technical support for re-designing GSAM e-platform for monitoring and data collection (CARE Ghana)	<i>Rob Worthington (Kwantu)</i>		
Design a multi-sectoral SA system across 6 ministries covering 30% of Zambia districts and receiving \$20mil/year in grants (CARE Zambia)	<i>CIUK IG Team</i>		
e-governance (CARE Bangladesh)			