**Inclusive Governance M&E Guidance Note[[1]](#footnote-1)**

**Maria Cavatore**

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6. **How to use this note**

This note intends to provide guidance for CARE staff, governance and monitoring & evaluation specialists on M&E for governance. This document forms part of the *Governance Programming Framework Resource Pack* which also includes the Governance Programming Framework and the Context Analysis Guidance note[[2]](#footnote-2).

This paper should be considered as “food for thought”. It is not prescriptive but offers a menu of tools and approaches that can be used as considered most relevant. This M&E Guidance note is applicable to all governance projects/programs and may be used as a key input into CARE’s outcome areas. It is useful to measure ***governance as a means*** to achieve different set of sectoral outcomes as well as to measure ***governance as an end*** (i.e. measuring transparency and accountability).

**Table 1. Using this note at different stages of a program/project**

|  |  |
| --- | --- |
| **Stage** | **What this note provides** |
| **Design** | Guidance on developing program/project logic model  A menu of indicators of change for each of the GPF domain[[3]](#footnote-3) |
| **Project Implementation** | Guidance on measuring changes as identified in the design phase  A menu of indicators of change and how to collect, aggregate/disaggregate, triangulate and interpret information to demonstrate change |
| **Evaluation** | Guidance on appropriate strategies and methodology for evaluation and learning |

1. **Complexity, empowerment and implications of M&E approaches and methods**

* **Measuring agency and relational change**: Governance interventions focus, in part, on improving the quality of actors’ agency, both from the supply-side (service providers, administrative employees, elected members) and to the demand-side (citizens). Agency is subject to multiple influences and relational power dynamics. If we are to show that we are making a difference in women and girls’ “capability space” we need to demonstrate the dynamics of empowerment.
* **Complex environments**: The complex dynamics and often volatile environment in which many interventions occur mean that unanticipated opportunities and challenges arise, and do so more quickly than can be foreseen, meaning that strategies may need to change quickly. Contextual factors need to be analysed in depth to understand the assumptions on which the intervention is based, and the changing dynamics need to be monitored to understand attribution to our interventions.
* **Qualitative and quantitative indicators**: This has been a long-standing debate in M&E circles and is particularly crucial for governance programs where it is often the qualitative nature of change that needs to be emphasised. It is better to think about the different elements of quantitative and qualitative indicators as being along a continuum rather than essentially distinct (Shutt, 2011). We need both sides of the coin to tell the story effectively. Also, it is worth noting that both of these often require descriptive criteria to explain, for example, what we mean by “effective” or “functional.”

**Table 2. Examples of qualitative and quantitative indicators**

|  |  |  |
| --- | --- | --- |
|  | **Quantitative Indicators** | **Qualitative Indicators** |
| **Domain 1:**  **Empowered Citizens** | * # of women’s groups formed * # of women and men who are aware of their rights and duties for relevant services * # of social accountability mechanisms established[[4]](#footnote-4) | * Women and men have the capacities to effectively[[5]](#footnote-5) engage in decision-making * Women and men feel represented by their organizations/social movement |
| **Domain 2:**  **Accountable & Effective Public Authorities and other Power-holders** | * # of public authorities/power-holders that have knowledge to effectively implement their mandates * # of government plans, programs, budgets, expenditure reports and audits that are accessible publicly | * Decisions, priorities and plans of local government reflect the needs of women and men * Court systems more consistently uphold human rights laws and become more responsive to court system users |
| **Domain 3: Expanded, Inclusive & Effective spaces for negotiation** | * # of spaces for multi-stakeholder engagement created * # of women participating in formal decision-making spaces | * Robustness of agreements/decisions taken in dialogue spaces * Freedom of speech and right to association is respected and fulfilled |

**Caution!** Indicators that at first glance appear to be purely quantitative often involve an element (sometimes a very significant element) of qualitative information. For example, an indicator such as *number of collective action groups with linkages or functional relationships with other actors[[6]](#footnote-6)* appears at first to be a quantitative indicator; however, to say 100 groups have functional or quality relationships is not meaningful unless we understand what is meant by functional. The quantitative measure alone will not tell us what characterises functional, which may of course differ depending on the perspectives of different actors. Therefore inherent within this indicator are further layers of qualitative information that give us more meaningful information about the changes that are actually happening. There also appears to be increasing interest in more participatory ways to producing numbers, evidenced by increasing donor interest in participatory approaches to M&E.

* **Debates about objective and subjective indicators:** One of the most heated debates among users and producers of governance indicators is over the relative usefulness of subjective or perceptions-based measures of governance versus objective or “fact”-based measures.

Kaufman and Kraay have been instrumental in developing governance indicators and framing the debate on governance M&E. They argue that “objective” *de jure* policy decisions (i.e. budget allocations) have limited relation to *de facto* experiences and perceptions of governance outcomes on the ground (Shutt, 2011). They therefore caution against putting too much emphasis on easy to measure *de jure* quantitative indicators such as *Number of laws and policies that are pro-poor[[7]](#footnote-7)*. As much as it is important to measure laws/policies being passed or budget being allocated, it is also important to monitor whether such policies/laws are *actually* implemented, whether budget are actually disbursed and whether finally their implementation or disbursement reach the target population of a project. The issue with objective indicators is that they are unreliable proxies for developmental impacts defined in terms of changes in people’s lives (Kaufmann and Kraay, 2007b). Where such indicators are used it is essential that these are triangulated with *de facto* experiences of people, or that the policies reported are derived from discussions with impact populations and key informants. They argue that the complex links between changes (*de jure* and *de fa*cto) mean that the evaluation of governance or social changes is all about subjective perception (Kaufman and Kraay, 2007). Given this, it is also important to ensure that indicators are developed in a participatory manner with the involvement of target groups in their definition and selection.

* **Measuring impact**: It’s likely that some outcomes will take long periods of time to materialise, beyond the 3-5 year time-frames typical of international development programs, and after funding for their M&E has ceased. The impact of governance programming is often related to development outcomes and the link between these is hard to measure.

The impact of governance programs can be measured both in terms of transparency, accountability or corruption, and if the governance interventions are linked to improvement in specific service delivery outcomes, then the impact will most probably be measured in terms of improvement of the relevant human development indicators such as maternal mortality, birth rate, literacy rate, etc. In most cases, given the long time horizon, what we typically need to know is whether we are on the right track and that our intervention is making a contribution to the change we seek.

**3. An approach to the M&E of governance programming**

**3.1 Traditional approach: results chain and attribution**

The review of literature and available indicator sets shows that whether a particular change and indicator is considered evidence of output, outcome or impact level change it is likely to be contingent upon the particular organisations and individuals involved in designing programs and M&E systems (Shutt, 2011). Debates about the validity of some international governance indicators raise questions about how the outputs, outcomes and impacts of governance programs should be conceived as well as measured (*ibid*). The voice and accountability results based chain described by Holland and Thirkell (2009) outlines this issue clearly below:

**Governance Outcomes**

**Input/Activity**

**Process**

**Output**

**Development Outcomes**

**Impact**

Resource

Capacity-building or network building

Citizen/Power holder/local authorities’ capacity to engage

Poverty alleviation/ improved well-being measured through Human Development Indicators

Improved access and quality of services provision

Direct collective/individual civic engagement with the state/improved relationship and accountability

This causal chain implies that governance outcomes (relationship and institutional changes) will lead to poverty alleviation and human development indicators improvement. However, it is important to bear in mind that change unfolds in more complex ways than this, and using this causal chain implies 1) defining clearly what your assumptions are at the start and 2) understanding which other interventions may also contribute to the achievement of the impact defined. In other words, we have to define what is attributable to our actions, and what is our contribution to a larger change?

In CARE, we define our **results hierarchy** in the following way:

**Input:** includes the set of resources that are needed by a project in order to deliver against its commitments. These include the human and financial resources, physical facilities, equipment, materials, logistics, in-kind contributions and operational polices that enable project actions to be delivered

**Output:** includes the direct results of project activities, which can relate to goods, services, tools, techniques, capacities, resources, opportunities facilitated by the project. Examples of project outputs can refer to: a) the results of training (e.g. number of women trained in improved nutrition); b) capacity building (e.g. water systems built and operating); c) the reach of services (e.g. number of locations reached by health providers).

**Immediate and intermediate Outcomes (Governance and Development Outcomes):** include changes on individual behaviors (e.g. individuals putting into practice new knowledge, new attitudes, new commitments), and changes that are more structural or systemic (e.g. policy changes, new practices/improvements in service provision). These changes are often materialized differently for each group participating in a project (impact group, target groups, direct or indirect participants).

**Impact:** includes sustainable, significant and measurable changes in the well-being of a specific group of participants. Changes at this level materialize in long lasting changes on poverty and social injustice conditions (human conditions) and are often influenced by other factors as well as those directly addressed by a project.

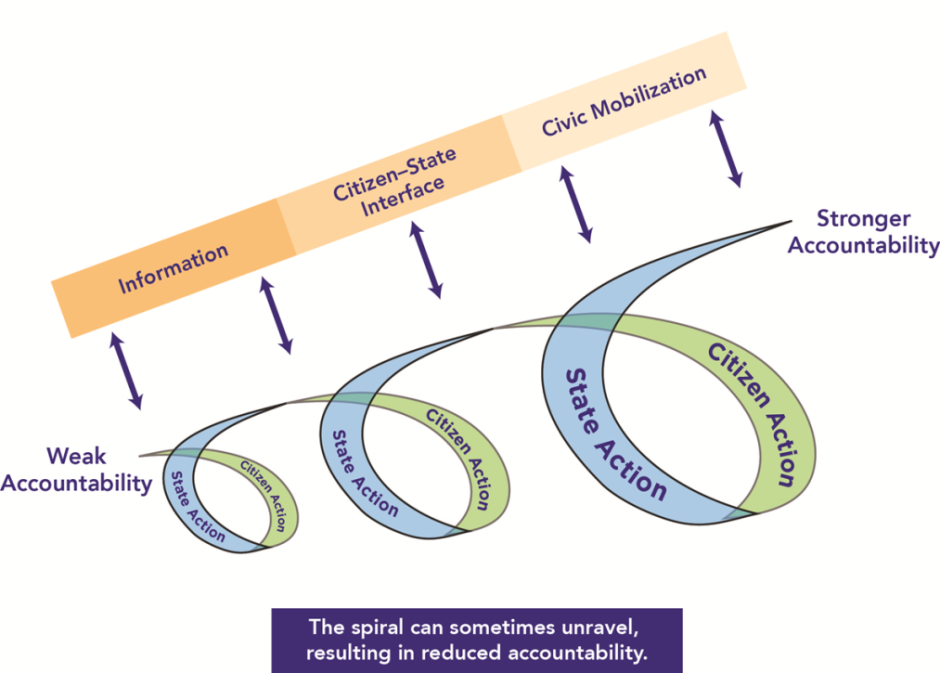
**3.2 Nuanced approach: complex change and contribution**

CARE´s definition of lasting change refers to **positive and lasting change addressing the most important factors inhibiting the fulfillment of rights (underlying causes of poverty and social injustice), especially those of women and girls.** In order to achieve this, poverty-fighting and humanitarian projects in CARE normally outline the different types of changes expected as a result of the **contribution** of our work, which affect specific groups of participants.

Development organizations have long depended upon the assumption of clear, stable, and easily quantifiable information, and rests on a world view of self-interested, rational agents, whose preferences are static. Under such circumstances, it is simple to plan, needless to adapt, and risky to admit failure. This is a simple world view for a complex world, and complicated social relations. In the world outside the log frame, psychologists and behavioural economists have shown that these assumptions are false (Kahneman, 2012). Indeed, as this simple world view misrepresents “reality,” it often produces **misleading and meaningless data**. For example, an indicator such as “% women and men who feel well represented by their organizations” sounds very meaningful, but this depends on what their expectations and knowledge was before the intervention, how and by whom “representation” is defined (e.g. data might be induced), and our who is responsible for this change (e.g. this might be an endogenous change within the organizations themselves).

While Holland and Thirkell’s (2009) results based chain implies unidirectional and linear causation, in practice, complex change is typically *iterative* and *non-linear*. There is often a crescendo where the efforts of various actors accumulate, but there are usually bottlenecks along the way. The below graphic illustrates how interactions and repercussions slowly build towards more robust accountability:

**Graphic 1. Accountability Iterations**



Grandvoinnet, Aslam and Raha, [2015](http://www.amazon.co.uk/Opening-Black-Box-Contextual-Accountability/dp/1464804818/ref=sr_1_1?ie=UTF8&qid=1426176894&sr=8-1&keywords=Opening+the+Black+Box%3A+The+Contextual+Drivers+of+Social+Accountability)

**4. Using the GPF Theory of Change (ToC)**

The ToC can help you to clarify your broad approach to a project/program and to start unpacking your project/program intervention in more detail by defining the changes you are trying to achieve, and how these are interlinked. Using this will help you in tracking progress towards objectives; understanding why changes happen, understanding to what extent CARE’s intervention is contributing to these changes, and identifying which other external factors are also contributing to these changes.

The ToC helps to explain how social change[[8]](#footnote-8) happens. In order to support CARE’s organisational capacity to demonstrate impact, CARE’s projects and programs need to be designed and implemented under a comprehensive explanation of causality, in which we make explicit the way we think about a current situation or problem and its underlying causes, outlining a process of desired social change, defining the interventions we will undertake, and identifying other contributing factors and critical preconditions that need to take place in society in order for this change to come about (see following figure 1).

The main way that our explanation of causality can be strengthened is, in most cases, through a more systematic application of theories of change in projects and programs[[9]](#footnote-9), which will then allow us to “unpack” the WHAT, HOW and WHY of social change:

* Explaining WHAT changes a specific population is experiencing as a result of being involved in a CARE intervention (e.g. improving the health status of women)
* Demonstrating CARE’s contribution to the HOW and WHY that change is happening (e.g. changes influenced by CARE strategies, other factors influencing change)
* Pulling together a body of knowledge that supports the potential for expansion or replication of successful interventions, aiming at multiplying impact at scale.[[10]](#footnote-10)

The GPF ToC offers a broadly applicable and useful ToC to guide your governance programming:

*“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.”*

The ToC is composed of the GPF’s 3 domains of change, which themselves are subdivided into “smaller” changes. Each domain can be unpacked into the following changes:

Examples of changes:

* Citizens’ knowledge about rights and duties
* Citizens’ capacity and skills (leadership, budget monitoring, policy analysis)
* Creation of citizens’ groups/coalition/networks
* Bargaining power of citizens

Examples of changes:

* Service access, utilisation, quality
* Equity of service
* Improvement in well-being (human development index)

Examples of changes:

* Committees/councils/parliamentary groups /women’s groups created/strengthened
* Formal & informal spaces are inclusive of marginalised groups

Examples of changes:

* PA/PH knowledge about rights and duties
* PA/PH capacity/skills (technical capacity relevant to their field, leadership, budget analysis, policy analysis)
* Transparency in decision-making
* Improved flow of accessible information (media, information board, official documents)
* Accountability mechanisms (oversight mechanisms, complaints mechanisms for citizens, annual budget shared with citizens) established/functioning
* Government institutions are effective

**Figure 1: Explaining Causality**



In order to better understand the application of the GPF ToC, the graphic below applies it to a specific field example (inspired by a social accountability project in Bihar, India, in which the ultimate goal is the improvement of maternal and neo-natal health).

↓Maternal mortality

↓Infant Mortality

**SAcc Intervention:**

1. Capacity-building training for service users and providers

2. Sharing information with stakeholders.

3. Feedback from community & health workers

3. Interface meetings- dialogue & action planning

4. Action plan implementation & follow-up

**Domain 2: Empowered, responsive, accountable and effective service providers and government**

- Knowledge & awareness of rights, roles and responsibilities of service user and provider

-Knowledgeable and informed service providers

-Service provider social cohesion and trust built

-Improved relationships between providers

-Actions taken in response to issues raised

- Improved transparency and information sharing

- Accountability mechanisms established

- Effective policies in place & implemented

**Utilization of services**

**Improved Health behaviors**

-Birth planning

-New-born care

**Domain 1: Women empowered**

- Knowledge & awareness of rights, roles and responsibilities of service user and provider

-Knowledge of health services

-Agency increases- more confidence, raising voice

- Social cohesion and social capital

-Community involvement/ participation

**Domain 3: Spaces for dialogue and negotiation expanded and effective**

-Information sharing and platforms increase

-Informal/formal spaces are created/strengthened

- Formal/informal spaces are inclusive of marginalised groups

**Service Coverage**

**-**Women receive 2 home visits during last trimester

-Within 24 hours of delivery women receive a home visit

-Women receive at least 3 home visits the first week after delivery

**Accessibility of services**

**-**Transport available to and from the health facility for delivery

**Satisfaction with services**

**-**Women’s satisfaction with health services

**Service Quality & Equity**

-Health providers counsel pregnant women on birth planning and new-born care

-Clients treated with dignity and respect

-Clean and adequate environment at PHC

-Clients receive free care(specifically medicine and supplies are available during delivery free of cost)

- All patients are treated equally and not discriminated against based on their caste, age, religion

**Institutional Changes**

-planning, staffing, supervision, practice changes, resources.

An explanation of causality should “unpack” the WHAT, HOW and WHY.

* The WHAT relates to the impact level of the project/program
* The HOW and WHY can be linked to CARE intervention and includes project long-term and intermediary outcomes.
* The HOW and WHY should also be explored in relation to the external factors influencing the overarching impact and outcomes.

You can use the following table to organise your thinking:

|  |  |  |
| --- | --- | --- |
| **The WHAT of Change** | **The HOW and WHY of change**  **(influenced by CARE’s approach)** | **The HOW and WHY of change**  **(influenced by other contributing actors and context)** |
| 1. **Changes in impact areas**  These changes are related to the top level of the GPF triangle: Sustainable Development with Equity   * Access and quality of service * Improvement in human development indicator   Examples:   * % increase in access to health facilities * Increased # of water points with clean water * Decrease in maternal/infant mortality ratio * % improvement in literacy rate | 2**. How CARE’s approaches contribute to change**  These changes are related to Domain 1, 2 and 3 of the GPF.   * Citizens’ empowerment * Public authorities/power holder accountability and responsiveness * Inclusiveness and effectiveness of spaces for negotiation   Examples:   * # of citizens groups/networked formed * # of citizens engaged in decision-making * Court systems more consistently uphold human rights laws and become more responsive to court system users * Women and men feel represented by their organizations | 4. **How other actors and context influence change**  Example:   * Are other actors’ intervention complementing, amplifying or hindering the results of CARE’s intervention? * How significant do other actors consider CARE’s contributions to higher-level changes? |
| 5**. During evaluation process, test the hypothesis of the theory of change**  Based on the evidence generated on the WHAT, the HOW and WHY of the change, can we affirm that our hypotheses in the ToC are valid? | | |

Taking this approach implies that CARE will prioritize explaining social change/impact as a combination of our actions plus the influence of other critical factors that make that change process possible (contribution[[11]](#footnote-11)), and only when relevant, useful and appropriate, will we invest in explaining that social change taking place in a particular population is fully attributed to CARE’s actions (attribution). As mentioned earlier, measuring the impact of governance programming is complex, and the complexity is linked to the significant influence of external actors and factors on the results of the intervention. Therefore, in order to understand why changes happen and to verify our hypothesis, it is key to pay particular attention to externalities.

**4.1. Identifying assumptions: internal and external factors**

In most cases whether outcomes are achieved, and whether pathways will materialise as expected, will be influenced by both *internal factors* and *external factors*. Those that have the potential to hinder or promote outcome achievement need to be identified, included in the program model and monitored. They need to become part of the program M&E. During program implementation this monitoring data can be used for management purposes such as deciding if the program needs to adjust course. Subsequent program evaluations can use the same data to determine if the program is under-reporting or over-reporting outcomes.

*Internal factors* are those largely within the control of the program (or those that can largely be influenced by the organisation, donors, partners, etc.). These factors usually have to do with institutional capacity issues – e.g. funding, resources, staff retention, quality of management, organisational systems and processes, effectiveness of project management, etc.

*External factors* are beyond the scope of that program, such as whether a specific government ministry implements its policy commitments, or whether other organisations are delivering on their programme commitments. Those outside the program’s control are likely to be factors in the operating environment such as: economic conditions, government policies, parallel programs, activities of other organisations/partners and characteristics of target groups that may affect their willingness or ability to engage or remain engaged with the program. Some of these factors may be made more amenable to influence by adding new activities to the program; for example, advocacy activities could be added to influence government policies. Others, such as the economic climate, might be completely outside the scope of influence of the program and thus are risks to be monitored because they may require adjustments in program/project strategy or implementation if program outcomes are to be achieved. Monitoring information about these risks also facilitates adaptive targets, and during later evaluation, allows better judgements and explanations for program performance.

You could use the table below to classify the internal and external factors:

|  |  |  |
| --- | --- | --- |
| **Outcomes\***  (from the program/project model, highest level outcomes first) | **Assumptions about internal factors**  (within control of program) | **Assumptions about external factors**  (outside control of program) |
|  |  |  |

\*Outcomes: Put one outcome from the outcomes chain in each row of the table, starting with the highest level outcomes first and working down in order of approximate level.

**4.2. Identifying data collection methods**

Once you have identified indicators, it then becomes easier to consider what methods and tools will be most appropriate for tracking progress. The indicators table offer a list of methods and tools for each indicator. The methodology Annex 2 provides more details on how to facilitate Focus Group Discussions, key informant interviews and Knowledge Attitude Practices surveys. **The indicator table suggests possible methodologies relevant to the collection of data for particular indicators.**

Participatory approaches to M&E have long been criticised for being unscientific or too qualitative (Shutt, 2011). However, participatory approaches can produce numbers that are at least as useful as those created by more expensive quantitative methods (for example, Jupp, 2010). Participatory approaches have been used in Malawi and Uganda to evaluate outcomes and assess impact at scale using rigorous representative samples that enabled inference of population estimates (Holland, cited in Shutt, 2011).

Community scorecards are frequently mentioned to evaluate change in perceptions of the quality of public service delivery. The work of CARE Malawi is often cited in relation to these types of approaches (Bloom, Sunseri and Leonard, 2007; CDA, 2011). The exciting aspect of this approach is that scorecards become simultaneously mechanisms to promote voice and accountability, while also contributing to M&E. Such approaches encourage communities to get together with service providers and discuss the quality of services and demand changes, thus providing a mechanism to achieve program outcomes, while also measuring them (Shutt, 2011). They also provide the opportunity to quantify information collected and produce numbers, often a key demand for any M&E or impact assessment processes.

Another exciting approach is Participatory Impact Assessment (PIA). This methodology starts with the impact population’s perception of change, both good and bad. This ensures that complex and emergent changes, which are often missed in traditional results-based approaches to M&E, can be identified. CARE Bangladesh has experimented with PIA to measure changes in its Social and Economic Transformation of the Ultra-Poor (SETU) project. This methodology also lends itself to quantitative aggregation and statistical analysis, helping combine qualitative and quantitative information; two essential sides of the same coin. CARE International UK has experimented with using action research to test underlying theories of change and measure the impacts of CARE’s governance programs (Hinton, 2011).

**4.4 Identify approach and evaluation methods**

Pluralist approaches are becoming more common in governance M&E and impact assessment. Context variables play an important role in change processes, particularly political cultures and informal embedded power relations (McGee and Gaventa, 2010). But this may not always influence change in expected ways (Gaventa and Barrett, 2010), and this cautions against using M&E approaches that encourage simplistic assumptions about the possibilities for replicating practice in different locations (Goetz, 2005).

McGee and Gaventa (2010) provide a summary of approaches and methods that could be used to assess transparency and accountability initiatives. A summary is presented in table 1 below:

|  |  |  |
| --- | --- | --- |
| **Approach** | **Good for …** | **Less good for …** |
| Experimental approaches e.g. RCTs | -isolate impact of a particular intervention  -Measuring, counting  -immediately applicable to service delivery | -Capturing the unexpected or unforeseen  -explaining nuances or causality of change processes  -Capturing spill-over effects  -Ethics: possible unethical to involve ‘untreated’ control group |
| Quantitative survey | -Drawing generalizable conclusions on basis of representative sample  -perceived as objective  -can generate numbers, so be more persuasive | -Explaining degrees of change or understanding why change happened  -capturing what is not easily quantifiable  -Empowerment and enhancing learning |
| Qualitative case studies | -Purposive sampling  -can be used longitudinally within a real-time evaluation framework or retrospectively  -unpacking underlying theory of change  -can incorporate participatory methods | -Comparability over time or with other cases  -Drawing general or representative conclusions  -Knowing significance of findings beyond specific cases |
| Qualitative stakeholder interviews | -Capturing positioned viewpoints of differently placed stakeholders  -Easily combined with direct verification or observation methods | -Time-intensive and generates copious qualitative data |
| Official indices and rankings | -At a glance comparative | -Explaining reasons or contexts behind scores |
| Participatory approaches | -Encompassing different indicators and perceptions  -Building stakeholders’ ownership and participation in the initiative as a whole  -Empowerment and learning  -Enhancing ‘downward accountability’ | -Replicating across many or diverse contexts  -Deriving quick, yes/no answers  -Representativeness if not used with random sampling techniques  -Need to mitigate power dynamics |
| Outcome mapping | -Detecting and understanding changes in behaviours, relationships and/or activities of people and organisations  -Tracing emergent change, including unforeseen impacts  -Actively engaging stakeholders in learning  -Can incorporate participatory methods  -Facilitates power analysis | -Demonstrating initiatives contribution to development impacts  -Producing generalizable findings |
| Most significant change | -Participatory activity involving stakeholders deciding what change is important  -Recognising complexity and unexpected changes  -Can be empowering  -Can include power analysis | -Producing generalizable findings  -Generating upward accountability to funders  -Time-consuming, resources-intensive  -Representativeness if not used with a random sample |
| Other story or narrative-based methods that can incorporate participatory approaches  e.g. Action Aid’s Critical stories of change  or Action Learning Sets | -Exploring, describing and making sense of processes involving many actors, steps, relationships  -Encouraging critical thinking  -Communicating results in creative and engaging ways  -Exploring effects of interventions on different groups  -Including participatory methods | -Producing generalizable findings  -Time-consuming, resource-intensive, single-initiative focus  -Finding simple solutions |

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1. **Useful materials on Governance and M&E**

BOND UK

[http://www.bond.org.uk/data/files/Effectiveness\_Program/IIF\_thematic\_papers/Empowerment.pdf](http://www.bond.org.uk/data/files/Effectiveness_Programme/IIF_thematic_papers/Empowerment.pdf)

[http://www.bond.org.uk/data/files/Effectiveness\_Program/IIF\_thematic\_papers/Advocacy.pdf](http://www.bond.org.uk/data/files/Effectiveness_Programme/IIF_thematic_papers/Advocacy.pdf) accessed 15 May, 2015

Governance Indicators, a User’s Guide, UNDP : <http://www.undp.org/content/dam/aplaws/publication/en/publications/democratic-governance/oslo-governance-center/governance-assessments/governance-indicators-2nd-edition/governace_indicator_undp_users_guide_online_version.pdf> accessed 15 May, 2015

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[www.betterevaluation.org](http://www.betterevaluation.org)

1. Written by Maria Cavatore ([mcavatore@gmail.com](mailto:mcavatore@gmail.com)), with thanks to Douglas Orr, Tom Aston, Ximena Echeverria and Nicola Giordano for inputs [↑](#footnote-ref-1)
2. See http://governance.care2share.wikispaces.net/Governance+Programming+Guide [↑](#footnote-ref-2)
3. Domain 1: Empowered Citizens, Domain 2: Accountable & Effective Public Authorities and other Power Holders, Domain 3: Expanded, Inclusive and Effective Spaces for Negotiation. [↑](#footnote-ref-3)
4. For example, Community Score Cards, community report cards, or budget monitoring [↑](#footnote-ref-4)
5. Criteria may include a mixture of *knowledge* (e.g.) related to budgeting procedures, *attitudes* (e.g.) regarding their rights and duties to participate in public spaces, and their *practices* (e.g.) related to the nature of their participation – i.e. they speak at meetings. [↑](#footnote-ref-5)
6. This indicator is taken from the indicator table, under domain 1 and dimension 1.2 Citizens participate in and organise collective actions. [↑](#footnote-ref-6)
7. This indicator is taken from the Indicator table. It relates to Domain 2, dimension 2.2 *Public authorities and power-holders are responsive to impact groups, designing and implementing pro-poor and inclusive policies, programs and budgets.* [↑](#footnote-ref-7)
8. Social Change is understood as the overcoming of poverty, enjoying equitable opportunities for women and men, being part of inclusive development processes and being able to continuously transform in response to new hazards and opportunities. [↑](#footnote-ref-8)
9. Theories of change are not new to CARE; they are the basis for CARE’s program design and are used in project design and the development of advocacy strategies. The broader application of ToCs at project level doesn’t replace the use of other tools like Logframes or Logic Models. However, using ToCs means that a comprehensive explanation of causality becomes a pre-requisite to better explain what CARE does and the changes it contributes to. [↑](#footnote-ref-9)
10. Extracted from The Route to Global Monitoring, Evaluation and Learning Capacity, PIIRS, 2015 [↑](#footnote-ref-10)
11. A good introduction to contribution analysis is available at: <http://www.cgiar-ilac.org/files/ILAC_Brief16_Contribution_Analysis_0.pdf> [↑](#footnote-ref-11)