

CARE International UK



Towards Better Governance?

A Reflection on CARE's Governance Work in Six Countries

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August 2011

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Acknowledgements

Acknowledgements are due to all CARE staff, partners and community members involved in the Governance Action Research Initiative (GARI) in Angola, Madagascar, Malawi, Mali, Nepal and Peru. Thanks also to the participants of the GARI synthesis workshop from across the CARE confederation.

Acknowledgements are also due to John Gaventa, Roopa Hinton and Douglas Orr, who provided comments on the report.

Peter Clarke is a Research Officer at the Institute of Development Studies, Brighton. This paper represents the views of the author and does not necessarily reflect the views of CARE International UK.

1. Introduction

This paper explores and shares some of CARE's experience of governance work, demonstrating the outcomes that were achieved, the strategies used to achieve them, and some of the key challenges faced. It also shows the benefits of an approach that encourages country offices to learn by reflecting on their own experience and to share experience across the organisation, thus developing their understanding and enhancing the quality and impact of governance programming.

The experiences and reflections shared here are products of the Governance Action Research Initiative (GARI) in which six CARE country offices participated: Angola, Madagascar, Malawi, Mali, Nepal and Peru. The initiative worked with staff and partners through action research to encourage participants to reflect on how governance works in their own context and to unpack the ways in which CARE's governance programming impacts upon the lives of people in that context. In December 2010, country office representatives from the six countries shared their GARI and programming experience at a synthesis workshop in the UK, which also involved CARE staff from the US, UK and the Netherlands. This document is based on the country research reports, the workshop report, and other recent studies of CARE's governance practice.

The first section draws on the research to showcase some of the important benefits achieved by CARE's governance programmes in the six participating countries. The second section looks at some strategies that contributed to achieving the changes. The third section summarises some of key challenges of governance programming identified in the research, while the fourth section draws out some discussion points around the appropriate roles for international NGOs in governance work.

2. Outcomes

GARI research has produced impressive evidence of positive changes in the lives of people living in poverty and exclusion – to which CARE's governance programming has contributed.

This review of some of these outcomes divides them into three interlinked programme domains: relating to the empowerment of citizens; to the accountability and effectiveness of public authorities; and to the space for negotiation between citizens and authorities. The three sections that follow include examples of direct developmental changes in services and in people's lives, as well as examples of how programme approaches developed by CARE have achieved wider influence. Many of the outcomes reported by CARE are supported by a recent systematic review of case studies on the results on citizen engagement (Gaventa and Barrett, 2010).

Empowered citizens

A major focus of CARE's governance programming is enabling poor and marginalised people to become more active and empowered citizens, which is seen as an end in its own right, as well as a contributor to further development outcomes. CARE's understanding of the concept of empowerment is expressed (in a document related specifically to women's empowerment) as: the sum total of personal and societal changes needed for a person to realize her full human rights, involving the interplay of changes in her own aspirations and capabilities (agency), the environment that surrounds and conditions her choices (structure) and the power relations through which she must negotiate her path (relations) (CARE International 2009: 5). Many of the studies showed changes in these dimensions of empowerment.

- Using popular education methods, CARE Nepal has worked with women to contribute to their empowerment as a critically aware and organised group that possesses not only a stronger sense of their own power, but also receives greater recognition from others in the public sphere, which signals wider changes in structures and social norms. Women's leadership of a major and highly successful campaign on wages (see below) led to increased respect and changes in men's patriarchal views both in the household and in the community (Picard, 2009: 27).
- Following CARE's work on health and participatory budgeting with women's groups in Peru, more women have developed relevant skills and knowledge and recognise themselves as citizens with rights. Women who worked as social monitors and as researchers in the GARI initiative reported a sense of personal transformation, expressing their pride in their new leadership and skills, as well as in their experience of sharing information with public authorities as equals (Zapata 2010: 46). Women's groups are more recognised and respected by officials and by other organisations, and more confident in their ability to negotiate with government officials. Women report increased respect at home for their community work, although this has not meant a reduction in their domestic work.

Space for negotiation between citizens and authorities

CARE's programming also focuses on building opportunities for interaction between citizens and public authorities which emphasises rights and responsibilities. In many of the study countries, systematic opportunities have been created for interaction and negotiation.

- In Angola, CARE's Luanda Urban Poverty Program has facilitated the establishment of 68 representative Area Development Organisations, networked at municipal level, so that local priorities are linked to higher level policy. The spaces for citizen-state engagement have been especially valued as a unique opportunity in a country which has experienced years of conflict.

- Research by CARE Peru (Zapata, 2010) shows how its work on women's surveillance of health services and participatory budgeting has opened up new opportunities for rural women to negotiate with government officials. This has contributed to increased information, mutual trust and confidence. Women are now engaging actively in participatory budgeting processes, submitting more proposals that are accepted by public authorities.
- In Malawi, CARE developed a community scorecard methodology (Shah, 2003) to support the participatory assessment of health needs and health service provision in order to propose action for more appropriate services. The research shows how this enhanced trust between citizens and service providers improved the availability of information and built citizen ownership of services.

Accountable and effective public authorities

Many of these processes of citizen empowerment and negotiation with public authorities have led to improved accountability and effectiveness of public services. Several of the programmes have also engaged directly with authorities.

- In Puno, women's health surveillance has improved the accountability and transparency of health professionals and officials and of service provision more broadly. Women report that community monitoring of participatory budgets means that public works are no longer left incomplete, and resource decisions made in the participatory process are not diverted to other ends (Zapata, 2010: 28). There has been a reduction in corruption and abuse in the contracting of public works. There is more effective enforcement of laws and regulations relevant to women.

Positive changes in services and in people's lives

Participation and empowerment are ends in their own right, but they are also a means to concrete improvements in services and in people's lives.

- Research on the impact of the community scorecard programmes in Malawi has shown evidence of substantial improvement in the performance of the health service, as 18 out of 22 community-generated indicators had improved within a six month period (Shah, 2003).
- In Puno, the accessibility and quality of health services for indigenous women have improved and become more culturally appropriate (Zapata, 2010: 26). Women are now attended according to their cultural traditions, such as vertical birthing (standing or sitting) in the presence of family members, and they are therefore more likely to choose a hospital birth.
- The wages campaign arising from CARE's work with women in Popular Education Centres in three districts of Nepal led directly to wage increases estimated at over \$2m for over 13,000

women and men (Picard, 2009: 29). The women's success developed their self-confidence and interest in organising, leading to further successful negotiations. The increase in wage levels is shown to have improved a range of variables including nutrition and school enrolment. In addition the precedent of a successful campaign created a ripple effect that has extended to surrounding villages.

Wider influence

A significant outcome in several countries has been the influence of methods developed by CARE beyond the boundaries of its programmes.

- In Angola, CARE's work in supporting a culture of community and private sector engagement and reinforcing the capacity of stakeholders for constructive dialogue about local development has been especially valuable in a context with a scant history of decentralisation and governance reform. Experience in facilitating the establishment of community development organisations is being replicated by a wide range of partners in more than 15 municipalities (Bulten et al. 2007: 24). CARE's demonstration of both the importance of democratic participation and the viability of local devolution of key responsibilities has contributed to the recently approved Decentralisation Act.
- In Mali, CARE developed a model for community participation in the management and monitoring of basic healthcare at the local level. Through constant engagement and sharing achievements with government officials, CARE convinced the government to adopt and scale up the model (known as *Ciwara d'or*).
- The community scorecard methodology developed by CARE in Malawi has been highly influential, being taken up, for example, by the World Bank in the Gambia and by World Vision in Uganda (Thindwa et al. 2005).
- CARE Peru's work in Puno on the public accountability of health services has influenced national policy and practice, leading to legislation on health rights and citizen participation, including ministerial recognition of the surveillance committees (MINSa, 2008). There are also indications of influence beyond Peru, with a publication in the *Lancet* (Frisancho and Goulden, 2008) and inclusion in the 2009 OECD Development Co-operation Report.¹

It is clear that CARE has achieved significant outcomes for its impact groups. Even so, the question remains of who should be deciding what an outcome looks like. Do we only recognise

¹ See http://www.oecd.org/document/14/0,3746,en_2649_34541_46160270_1_1_1_1,00.html

outcomes that fit our expectations? One of the results of GARI was that country offices have recognised the need for a more participatory vision of change.

3. Strategies

What are the governance programming strategies that have contributed to these outcomes? This section reviews some of these strategies, drawing on examples from the research. These strategies need to be seen in the context of an organisational commitment to engage with the underlying causes of poverty, rather than just the symptoms. This leads to cross-cutting concerns with understanding specific contexts and working for ownership. The focus is on lasting change that is sustainable after CARE's intervention ends. The strategies described are not isolated alternatives or a fixed menu of tools; rather, this programming approach necessarily implies multiple entry points and combinations of strategies in response to contextual challenges and opportunities.

Precise identification of who to work with

CARE has understood that programmes must identify with precision the groups of people to work with if it is to engage with the underlying causes of poverty. It gives priority to working systematically with poor women and other marginalised people, who it refers to as *impact groups*. Since the dynamics of marginalisation are highly contextual, this makes it necessary for CARE to build its understanding of the specific nature of marginalisation in each context in which it works.

Country programmes therefore conduct forms of social analysis to identify where to work and with whom, and to improve understanding of local dynamics and conditions. In Nepal, CARE uses a form of power analysis called Underlying Causes of Poverty Analysis (see Bode, 2009) to map social, political and economic processes and facilitate collective analysis and reflection with the poorest communities. Similarly in Madagascar, a Social Analysis methodology (Loucks, 2009) is used to challenge staff assumptions and build learning processes together with communities. The definition of "impact groups" is quite precise, as indicated by this definition from CARE Nepal (Bode, 2009: 22):

Women and girls from lowest strata of dalits, endangered and highly marginalised Janajatis, single women, migrant women workers, wives of migrant men living in poverty pockets of rural and urban areas of the country.

Mobilisation of marginalised groups

Having identified which groups to work with, CARE aims to build their voice and engagement with governance structures and processes. This means supporting mobilisation and solidarity within

and among groups of marginalised people. Two approaches came out strongly in the research: facilitating alternative spaces, and building power in numbers.

Box 1: Citizen mobilisation, CARE Nepal

Mobilising marginalised people to address the causes of their own vulnerability and poverty is a key foundation of CARE Nepal's programming. This has been achieved through analysis of the causes of poverty and vulnerability together with the communities, embarking on a joint learning process with extremely poor women and men. CARE Nepal's Underlying Causes of Poverty Analysis (UCPA) uses participatory methodologies to identify the most marginalised communities and households. Extremely poor women are then organised into Popular Education Centres (PECs), which use the REFLECT methodology developed by ActionAid, to further analyse factors of poverty and exclusion, and to facilitate the groups to undertake collective actions.

These could be collective actions that address intra-community issues, which are within their own control, such as sanitation, and also those actions that require engagement with duty-bearers, such as local government, to advocate for wider changes and more equitable decision-making. The PECs have largely operated as isolated units, however increasingly CARE Nepal's programming aims to build horizontal linkages between PECs, and also vertically to other advocacy organisations and networks, around shared issues. This strategy seeks to increase the voice of marginalised citizens through generating critical mass among the poor and also building strategic alliances and partnerships that will sustain beyond CARE Nepal's interventions.

- **Facilitating safe spaces.** Marginalised groups tend to have little experience of identifying and presenting their ideas, and the research suggested that this lack of confidence was a factor limiting their participation. In Angola, people raised the need for opportunities to develop their own positions and ideas within their communities before engaging in Municipal Development Forums (cross-sectoral spaces created at the municipal level for planning). Separate meetings offer a space in which marginalised people can build group solidarity and increase their confidence and agency before taking demands to wider deliberation. CARE has therefore facilitated alternative spaces for such meetings, which take different forms in each context. In Mali, CARE has used the meetings of village savings and loan associations to encourage women to bargain and network, to build ties of solidarity, to mobilise and generate a collective position on key issues affecting their lives. CARE Malawi has created women's

solidarity groups and considers them to be an important way of enabling women's agency and building group cohesion. In these groups women can organise and speak about their own lives without being challenged. This allows them to define their priorities and come up with their own solutions and demands. In Nepal, the Popular Education Centres organised by CARE have played a similar role by organising all-women discussion groups. CARE Peru has highlighted the value of creating safe spaces for dealing with relationship issues within indigenous groups before engaging in negotiations with mining companies.

- **Building power in numbers.** An important enabling strategy to challenge unequal power relations is to build marginalised people's sense of their own power and their strength in numbers. By building solidarity within and between poor groups, a critical mass can be generated in order to achieve change. This is about solidarity among impact populations and building a sense of citizenship and mobilisation around common interests. CARE Nepal's work with Underlying Causes of Poverty Analysis and in the Popular Education Centres is centred on the empowerment of the poorest and most marginalised so they can take action in their own lives, leading to collective action and advocacy. CARE Malawi's experience also shows that mobilising people around collective action is a way of helping build this sense of group power.

Supporting group capabilities for engagement

It is not sufficient for groups to be identified and mobilised, with a sense of their own power, if they don't have the knowledge and capabilities for engagement. These include literacy, specific organising and campaigning skills, awareness and knowledge of rights and legal frameworks and an understanding of the dynamics of power and marginalisation within which they live.

- **Promoting literacy and skills.** Literacy is one of the most fundamental skills for social change. In Nepal, CARE has established Popular Education Centres at community level which work with the REFLECT methodology developed by ActionAid and based on the work of Paulo Freire (Picard, 2010: 13). This combines literacy learning with support for developing skills to understand the causes of poverty and to engage in mobilisation and advocacy. More specific and concrete skills can also play an important role: CARE Peru has offered training to women to develop the skills they need to engage in health surveillance and participatory budgeting processes.
- **Ensuring awareness of rights and laws.** The research showed some key examples where knowledge of rights and legal frameworks supported the ability of impact groups to work for change. CARE Peru has identified numerous occasions when knowledge of national or international norms and laws supported a struggle for rights. The women health monitors in Puno are proud to have a better knowledge of the norms of the health service than the health professionals themselves: 'We go along with a copy of the law in our hand to demand they fulfil

their obligations. They know we know the law, so some of them respect us more, though others just see us as a nuisance.’ (Zapata, 2010: 10. Translation by Clarke).

- **Building shared consciousness of contextual power and marginalisation.** If marginalised people are to be the agents of change, it is not enough that outside agencies have a contextual understanding of the dynamics of power. This means rather supporting citizens to develop their own shared consciousness. Social analysis methodologies also play this role. In Madagascar, the work with Social Analysis helped to shift CARE staff from an emphasis on their own learning towards the learning of *Fokontany*² leaders and residents (Loucks, 2009: 6). Following a similar logic, CARE Nepal’s work in the Popular Education Centres through community-led Underlying Causes of Poverty Analysis helps to build understanding of multiple forms of marginalisation, through gender, ethnicity, caste and class (Bode, 2009). In weekly meetings the groups analyse their own situation and rights, and develop collective action to address these issues and demand their rights.

Linking citizen groups into sustainable relationships

While CARE’s work has often been initiated within specific communities, citizen groups need to be able to negotiate the complex operation of power at different levels to work effectively for change beyond the end of CARE’s intervention. For this, they need relationships with other actors, locally, nationally and even globally, and with networks and movements. This is about building solidarity among community groups, creating a sense of citizenship and mobilisation around common interests (horizontal links), but also about connecting them to regional, national or global spaces where policies are negotiated (vertical links). Research by the Citizenship Development Research Centre in Sussex suggests that the most effective citizens are those that can cross these boundaries, building alliances and challenging power relations at these different levels (Development Research Centre on Citizenship, Participation and Accountability, 2011).

- **Building horizontal links.** Closely related to building power in numbers through solidarity is the idea of building linkages horizontally between groups of poor, vulnerable and socially excluded people across wider geographical areas. GARI research has helped CARE Nepal to identify the importance of this in their future work. In Malawi, CARE has tried to build horizontal connections between Village Umbrella Committees. Groups also need to engage locally with allies and representatives of public authorities and other duty bearers.
- **Building vertical links.** CARE programmes have shown the importance of supporting vertical links to other levels (such as national civil society and advocacy platforms) and illustrated how

² *Fokontany* are urban neighbourhoods.

to engage in this support. In Peru, the women monitors of health services have built links with the district chapters of the *Forosalud*, and in this way linked to national debates about health issues, especially for women. In Nepal, CARE has struggled to promote linkages to district and national civil society and support the creation of national networks around women's rights and peace-building. In Malawi, the Village Umbrella Committees have developed relationships with national platforms.

Box 2: Social monitoring, CARE Peru

Strengthening poor people's participation in health policies and civil society oversight of health services is at the core of "Participatory Voices". This project ultimately seeks to improve the health of the poor and marginalized people in three of the most deprived regions of Peru (Piura, Puno and Huancavelica), by improving the relationship between Peruvian citizens and the State and by creating greater accountability on the part of health workers. The project also seeks to strengthen Ministry of Health responsiveness, providing technical assistance and training in the areas of rights based approaches, neonatal health and citizen participation.

The project provides support to ForoSalud, a major health civil society platform established in 2002, formed by over 100 national, regional and local members including professional organizations, non government and grassroots organizations, academics and individuals. The project works to strengthen ForoSalud's capacity to influence the design of pro-poor policies, laws and programmes and to monitor the quality of health service delivery.

- **Sensitising dominant groups.** CARE has understood the need for multiple entry points in governance work, and this has led to engagement beyond that directly with impact groups. Marginalised groups also need to build alliances with members of dominant groups and broader stakeholders, such as government or private business representatives. For example, it has been clear that gender justice implies "working from both sides" and sensitising men and elites. In Nepal, women's groups have identified the need to extend their meetings to bring in men's groups and to build solidarity and understanding with them. This has been supported by participatory methods such as dependency analysis and time-use analysis to enable men to reflect on their dependence on women, and elites to analyse their dependence on the poor. Other stakeholders, such as the media, can play an important role in promoting the conditions for change.

Working for more accountable and effective public authorities

Much of CARE's work to increase the accountability and effectiveness of public authorities supports mechanisms of citizen engagement in which citizens monitor public services and make effective demands. Examples of this include community scorecards in Malawi or community health monitoring in Peru. In other examples CARE may take on a role of advocate – representing the demands of marginalised citizens, lobbying for citizen inclusion or raising authorities' awareness – though this raises questions about legitimacy and sustainability (see below, on the role of international NGOs). CARE also works in partnership with public authorities to build their capacity. In Peru this has been focused on capacities for working on health rights and participatory budgeting with a gender focus. In Malawi the action research has worked with the government to build understanding of the needed decentralisation reforms.

Expanding spaces for negotiation between citizens and public authorities

CARE's approach to governance promotes the strengthening of existing formal and informal spaces for citizen representation, participation and negotiation with authorities, as well as the facilitation of new spaces and processes. Most of the country programmes have worked with such spaces. While some have tended to follow the good governance agenda by emphasising more formal interaction, the GARI research has prompted discussion of other more informal or confrontational forms of engagement. These participatory spaces for democratic engagement at the interface of state and society are the subject of much recent research by the Citizenship DRC (see Cornwall and Coelho, 2007).

- **Adapting and strengthening existing spaces.** Interventions that work with existing spaces and organisations and respond to local cultural and contextual particularity are more likely to be locally owned, and therefore more effective and sustainable. CARE Mali worked with traditional village spaces for dialogue, known as *Toguna* (CARE Mali, nd.) in which community issues are discussed and analysed. They facilitated the adaptation of the tradition to increase the inclusion of women and young people, and worked with local politicians to demonstrate the value of these spaces. As a result of their intervention there is now 30–40 percent participation of women, who are able to introduce their specific interests into this space.
- **Developing new spaces.** Working with new spaces is a challenge if they arise from an external initiative yet are to be locally owned. CARE Madagascar argues that a long term commitment is needed to build a sense of ownership. It has created local development platforms for the participation of a wide range of stakeholders with the aim of deepening social analysis, enabling negotiation and bringing together different perspectives to identify common interests. These spaces took a long time to establish as they required approval of local authorities and CARE's support for the government to lead and coordinate the platforms. CARE

Peru has worked with the government to create spaces for negotiation about health services, for example, and facilitated processes of dialogue between women and formal actors. In Angola, Municipal Development Forums were initiated by CARE and were found to be an excellent way to engage citizens in participatory planning, leading to wider adoption nationally.

Box 3: Participatory planning, CARE Angola

In order to support the decentralisation process and good governance in Angola, CARE has identified strategies that address the underlying issues of power relations and exclusion, failing systems or damaging policies, poor human capabilities and basic rights. The governance programme aims at tackling some of these structural problems at different levels and with different actors by:

- (1) Supporting the decentralisation process in Angola. The strategy focuses on engaging with the Ministry of Territorial Administration (MAT) and the Parliament to advocate for the replication of the Participatory Integrated Development Planning (IDP) model throughout the country;
- (2) Facilitating the development of stronger advocacy platforms. Mobilising and establishing community-based organisations (ODAs) that are embedded in and accountable to its constituencies and can influence and monitor government;
- (3) Promoting inclusive participatory spaces. Ensuring both civil society (Forums) and government (CACS) sponsored spaces are inclusive and lead to pro-poor outcomes.

4. Challenges

GARI research has identified and explored some key challenges to CARE's governance programming. This has led staff to question their assumptions about how governance programming can support meaningful change for impact populations in the context of CARE's commitment to engaging with the underlying causes of poverty and prioritising working with and for the most marginalised groups. These programming choices lead to some particularly difficult and deep-rooted challenges, and the research has been particularly valuable in uncovering some of these and promoting reflection about them among staff and programme participants.

Barriers to inclusive participation

Much of CARE's governance programming involves the creation of spaces for participation. GARI research has underlined that these spaces do not in themselves guarantee desired changes in the lives of impact populations. It has also explored some of the challenges to the effectiveness of spaces, in particular in relation to women.

In some countries, CARE's intervention models had tended to assume a rather direct relationship between opportunities for participation and favourable change. The GARI research has encouraged staff to question implicit assumptions. In Angola it was demonstrated that the existence of a space did not naturally lead to the presence of women or other marginalised groups in that space (CARE UK, 2010: 16). Furthermore, when women are present in spaces they are often not active participants. Presence does not necessarily equate to influence or meaningful change.

Research in Peru and Nepal reported a lack of effective and genuine participatory spaces or dialogue with public authorities for women. They showed that even where spaces exist, there are important barriers to women's participation due to how they are viewed by others and to their own perceptions of themselves. CARE Peru reported that women are often not viewed (and do not view themselves) as citizens, but rather as users of services. They may be fearful of claiming and raising their concerns. Illiteracy and early drop-out from school are further barriers. These barriers reflect unfavourable power relations that limit the existence of spaces for women, their presence in these spaces, their participation when present, and the influence of their participation.

CARE Malawi's work to create institutional structures at the community level was based on the assumption that participation would follow, but experience has highlighted the need to explore and address power relations if interventions are to change attitudes and behaviours. In some countries there are clear contextual barriers to participation and real change, particularly where political authorities co-opt spaces and CARE's impact groups get excluded.

Complex interaction of political and personal spheres

GARI research has underlined the importance of recognising the complex interaction between political and personal spheres. Several examples showed how governance programming unavoidably engages with relations that might be understood as private, domestic or personal. CARE Mali highlighted how women experience a lack of recognition for their work and how in this way the private sphere is a key environment affecting participation in the public sphere.

The work of CARE Peru had been largely focused on the structural level, working to address barriers such as discrimination and racism in the public sphere, engaging with norms and practices around participation and bringing women into traditionally masculine public roles. But

the women have also had to negotiate resistance at home from partners who exercise control over the time women spend outside the house, especially in public activities. Domestic violence plays a part in this control. CARE was therefore compelled to engage with the private realm. The women health monitors have tended not to renegotiate their roles at home but instead to carry a double burden domestically and in their public work. 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. This requires a vision of democracy which includes decision-making at the family level. As a consequence, CARE Peru has been promoting processes of reflection with women and men about alternative understandings of masculinity, as well as advocating and supporting public policy and legislation on these issues.

It is not only in Peru, of course, that the roles assigned to women by the sexual division of labour imply a risk of overburdening them when proposing more active roles in the public sphere. A nuanced understanding of citizen empowerment needs to work with a gender perspective that takes account of the interaction between roles played in public and private spheres.

Accountability and legitimacy of leadership

The negotiation of governance between marginalised people and public authorities creates substantial challenges of representation, accountability and legitimacy. The vertical linkages from local to national and global spaces are largely dependent on the quality of leadership. Recent research by the Development Research Centre on Citizenship, Participation and Accountability (Piper and von Lieres 2011) has shown the critical importance of diverse forms of expert mediation between marginalised groups and public authorities in increasingly complex and multi-layered governance systems. This mediating role may be filled by individuals or organisations, from within the marginalised population or externally, or even by international NGOs or government employees. But in all these cases the challenges of representation are present. These challenges were a central focus of GARI research.

Leaders need mechanisms to discover the demands of their constituencies, as well as ensuring return communication to community members. The legitimacy of representation derives both from the way leaders are selected and how they perform, so there must be mechanisms to ensure accountability to their constituency. In Angola, the research uncovered some of these challenges (CARE International Angola, 2009). The Area Development Organisations (ODAs) are broadly recognised by both communities and local authorities as credible and legitimate community representatives. However women and young people do not consider themselves adequately consulted or represented. There are inadequate procedures for renewing leaders' mandates, or consulting and informing constituencies about decisions. Women and young people are also

inadequately represented in leadership positions. Representation seems to fail, both in the composition of organisational leadership and in performance.

The research process has shown its value by uncovering difficulties that had previously been inadequately appreciated. This also emphasises the appropriateness of the action research approach taken. In Angola, for example, the community leaders involved in the research have been led to question their own representativeness and to look for ways to improve it (CARE International Angola 2009: 15; Hinton, 2011).

5. The roles of INGOs

The GARI research generated much discussion about the appropriate roles for an international NGO (INGO) in governance work. This work makes quite different demands on the organisation and its staff than, for example, direct service provision, and the changes implied are very challenging.

The approaches to governance programming studied in the GARI research engaged with a number of key challenges. Firstly, there was evidence of a shared commitment to respond to the changing context and culture of specific settings, which was particularly striking when findings were shared between country contexts, but also has implications at much finer levels of specificity. Secondly, various dimensions emerge of the key role of INGOs as facilitators, promoting the definition of local agendas, supporting capacities and facilitating dialogue. Thirdly, there are occasions when INGOs engage in direct advocacy on behalf of other groups. Finally, INGOs need to reflect on the kinds of relationships that are possible, appropriate and legitimate with different development actors.

Responding to context and culture

The good governance agenda is increasingly criticised for its universalist aspiration to reproduce an OECD model of democracy irrespective of context, concentrating on the creation of formal institutional structures and procedures (for example: Kelsall, 2008 and Centre for the Future State, 2010). This implies the need for INGOs to explore alternative approaches which take more account of the informal dynamics and characteristics of specific contexts. CARE's governance programming is committed to contributing to changes in the lives of specific marginalised impact groups. This implies addressing inclusivity by first understanding the factors of marginalisation in each particular context in order to identify the poorest and most vulnerable using methods such as the social analysis applied in Nepal and Madagascar. This step is critically important because these groups may not be visible, especially if the observer's vision is blurred by preconceived understandings of poverty from other contexts.

An INGO's commitment to being embedded within a specific context underpins its legitimacy in undertaking certain activities. This means adapting intervention strategies according to the challenges and opportunities of the context. In Latin America, governance institutions and frameworks often exist, and CARE's role has largely been about working with these frameworks to strengthen their effectiveness for impact groups. Contexts are not static, and there is a need to be adaptable and flexible, to modify strategies and approaches in response to changed circumstances or new opportunities. Such work also demands consistent long-term commitment and engagement to promote positive change for impact groups.

Understanding and responding to cultural factors is a key dimension of this work with context. That this is far from straightforward is shown by CARE Peru's difficulty in translating a language of rights into indigenous languages.

INGOs as facilitators

Much INGO governance work demands a role as facilitator, supporting citizens and public authorities to define their own agendas, supporting them to engage each other and promoting spaces and mechanisms for dialogue. Once we accept the extent to which existing power dynamics define different perspectives for different actors, it becomes clear that this is not a minor technical shift. INGOs – if they are committed to respecting the primacy of the citizen's perspective – must be prepared to examine their own power and challenge their own sense of agency.

One dimension of this facilitator role is to support the development of capacities of different actors. Public authorities can be supported to engage with citizens, as when CARE promotes participatory budgeting in Peru. At the same time INGOs can support the capacity of impact groups to participate and engage with the state, providing information and building confidence in their power to change their own lives.

Another role is to facilitate dialogue and negotiation between stakeholders with unequal power relations, such as between mining companies and indigenous groups (CARE Peru), bringing such groups into decision-making spaces. This is an example of the way an INGO's position can allow it to build bridges and facilitate interactions in support of impact groups. It is in this role that CARE promotes the strategy, outlined above, to build the horizontal and vertical linkages of these groups.

INGOs in direct advocacy

On the other hand, there are contexts where international organisations pursue an influencing role, providing evidence to the government and other public authorities of the value and impact

of their models and approaches, such as the rationale for participation of excluded people in decision-making. In Mali and Angola, CARE has piloted models of good governance and successfully advocated their being taken up by government. In such situations, the benefits of scaling up may require a degree of flexibility and loss of control over the “model” while on the other hand being alert to the dangers of co-optation. In other circumstances this influencing role may be exercised within communities, for instance when making visible neglected issues such as the sexual division of labour. In this influencing role there are dilemmas about the extent to which an international organisation supports the direct influence of impact groups, promoting their visibility and voice, and when it is appropriate and legitimate to speak for them in spaces where they are not otherwise represented.


INGO relationships

Governance programming experience has shown that international NGOs need to engage with non-traditional stakeholders, such as politicians, and move into less comfortable areas, as when working with women’s movements on the political-feminist agenda. If an organisation is committed to impact groups and to challenging inequalities, it needs to develop approaches that engage with social movements promoting their struggles. Will positive changes in the lives of marginalised groups be achieved only through formal and institutional channels? What are the possible roles for international NGOs in more confrontational situations?

Complex challenges arise from the political nature of governance programming. How can an international NGO maintain legitimacy when relating simultaneously with public authorities and marginalised groups? Many of their roles depend on this legitimacy. But challenging inequalities may lead to more confrontational relationships with public authorities and power-holders. This may lead to incongruence with other programmes in the country and, ultimately, test the limits of an international organisation’s ability to confront a host government. Similar challenges arise when engaging with contentious issues such as abortion or sex work.

6. Conclusion

All of these reflections about challenges and appropriate roles have organisational implications for CARE and other NGOs. The interactions observed between women’s public participation and private roles showed the need for a dual strategy to bring together intervention frameworks for governance and women’s empowerment. Rather than seeing these as isolated programmatic areas, organisations need to adapt to take a holistic approach to the predicament of impact populations. A role as facilitator may be challenging in an organisation more accustomed to direct implementation of development projects. This implies that staff need to learn new ways to manage their own position of power. GARI research has been encouraging CARE staff to reflect, together with the groups with whom they work, about the power in their relationships, to listen



to what is said and also to what is not said (Loucks 2009: 6). New roles demand new competencies, new partnerships, new resource mobilisation strategies, new organisational structures and forms of management. CARE is learning that they will not achieve their goals alone, but will need to develop strategic alliances, partnerships and influence with other actors. Furthermore, responding and adapting to changing specific context makes quite different organisational demands than the implementation of relatively standardised intervention models. Consistent engagement with long term change processes is challenging where much funding is limited to short projects demanding immediate measurable outcomes. All these changes add up to a massive shift for the organisation.

The experience of the GARI initiative underlined the importance of developing a culture and ethos of learning from experience. CARE discovered how working for change implies a process of internal learning, with staff identifying and questioning their own assumptions. This process can be painful when they realise that realities are much more complex than they had assumed. In many cases GARI research has played a crucial role in showing the difficulty of achieving the participation of the most marginalised groups and the need to pay careful attention to what prevents it. The organisation also needs to value and promote learning from and with others. The exchanges of experience between countries within the GARI process demonstrated the value of learning across country offices.

Building a culture of reflective practice and learning within an organisation is a major challenge when day-to-day activity demands so much staff attention. CARE's GARI initiative is an impressive commitment of energy, both in CARE UK and in the participating country offices, which has set in motion learning processes and created an expectation of sustained programme development. The offices where the process began three years ago are demonstrating a continuing commitment to institutionalising learning in order to improve the quality of outcomes for impact groups.

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