

Women's Empowerment Impact Measurement Initiative (WEIMI)

Part I: Developing the Theory of Change

Content adapted from: *Picard, M. and Gillingham, S. (2012) Women's Empowerment Impact Measurement Initiative Guidance*



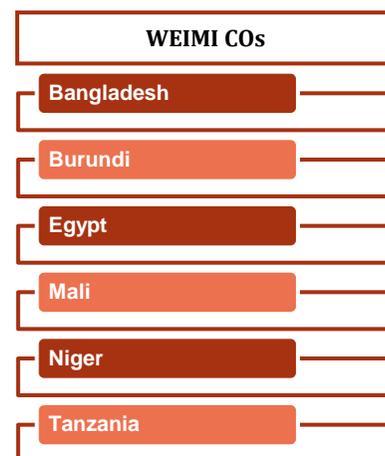
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Introduction: Women's Empowerment Impact Measurement Initiative (WEIMI)

What is WEIMI?

WEIMI was launched by CARE USA and from 2010 to 2012 provided **technical support** to select country offices (COs) to **operationalize key women's empowerment and gender-sensitive high-level indicators**, in the **context** of their **long term programs (LTPs)**. The initiative was designed to build on CARE's [Strategic Impact Inquiry \(SII\)](#) and the P-shift efforts. The initiative worked with technical teams in 6 COs to support efforts to **build coherent systems** which **link rigorous initiative-level monitoring and evaluation to impact measurement systems**.



What is the WEIMI Guide?

The WEIMI Guide is a harvesting of the lessons learned and good practices of the WEIMI CO teams. A few important things to note about the content in the WEIMI Guide are:

- In view of the impact groups of the six WEIMI COs, the **experience** presented **relates more to women than to girls**.
- The guide only goes as far as the WEIMI COs progressed by the end of the initiative. Hence, the **experience** is **richest in Parts I & II**, while **Parts III & IV** draw more on **external sources**.
- The guide **on its own is not sufficient** to enable a CO to create their impact measurement system – it is **simply a tool for COs to reference** when creating an impact measurement system with the **support of individuals with the expertise** to fully support that process.
- The guide provides information on the approach that was taken by the COs as part of the WEIMI initiative and **illustrates one of many ways to approach the development of an impact measurement system** (i.e. it is not "the" guide to creating an impact measurement system for women's and/or girls' empowerment programs).

Who is the WEIMI Guide for?

The target audiences for this guide are:

- **CO teams already engaged in similar work** in women's and/or girls' empowerment or the promotion of gender transformation
- **CO teams that are planning** to develop similar programs
- **Regional teams** working with CO teams to build similar programs

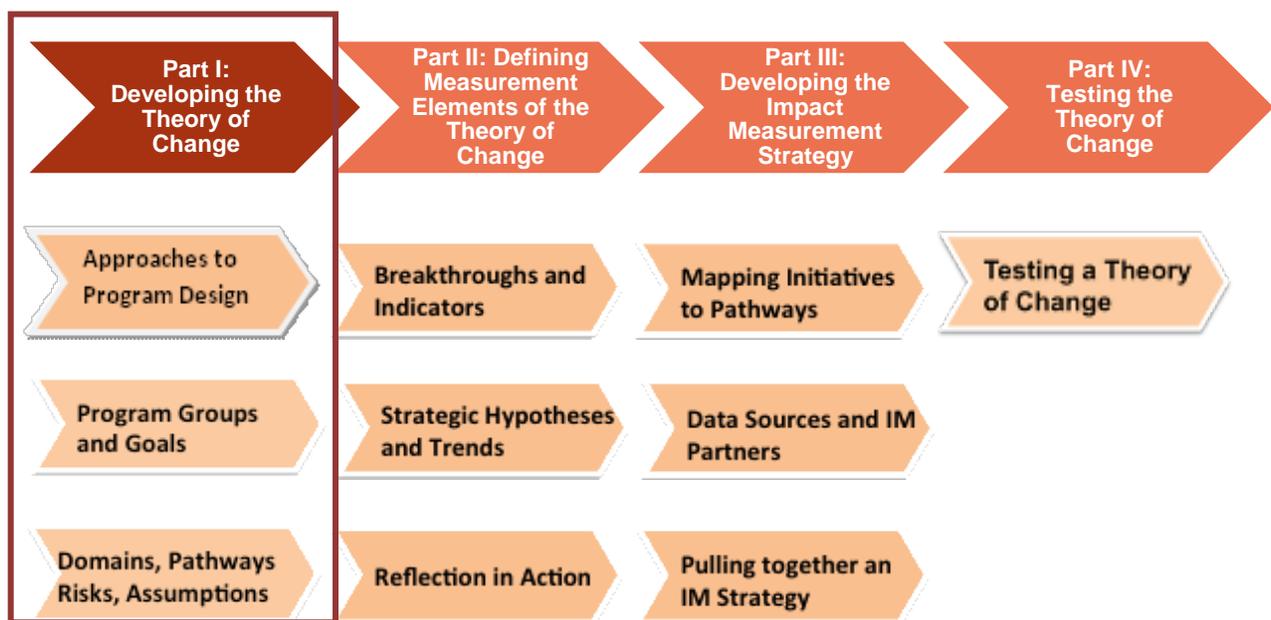
What you will find in the WEIMI Guide?

In the WEIMI Guide you will find the following information organized across four parts:

- **Part I Developing the Theory of Change:** Here you will find the basics of a theory of change (TOC), key considerations for developing a TOC for a women's and/or girls' empowerment program and some tips on how to ensure the quality and robustness of your TOC. This section also includes 3 briefs that illustrate how different CO's approached the development of their LTP; guidance on how to conceptualize impact, sub-impact, target, and stakeholder groups; and how to define domains of change, pathways, assumptions and risks.
- **Part II Defining Measurement Elements of the Theory of Change:** Here you will find ideas on how to conceptualize "impact", the challenges of measurement, areas to focus on for measurement, and key considerations of developing an impact measurement system in the context of women's and/or girls' empowerment programs. This section also includes 3 briefs that provide guidance on defining breakthroughs and indicators; developing hypotheses and monitoring trends, assumptions and risks; and reflection in action.
- **Part III Developing the Impact Measurement Strategy:** Here you will find good practices for measuring your TOC. This section also includes 3 briefs that describe how to map initiatives to pathways; identify and select data sources and partners; and the planning and implementing of a impact measurement strategy.
- **Part IV Testing the Theory Change:** Here you will find lessons from WEIMI COs on testing the TOC. This section also includes 1 brief that speaks to what it means to test your TOC; how to sequence the testing of your TOC; and guiding questions for validating your TOC.

How is the WEIMI Guide Organized?

The WEIMI Guide is organized like a roadmap consisting of 4 Parts with discrete Briefs within each as shown here:

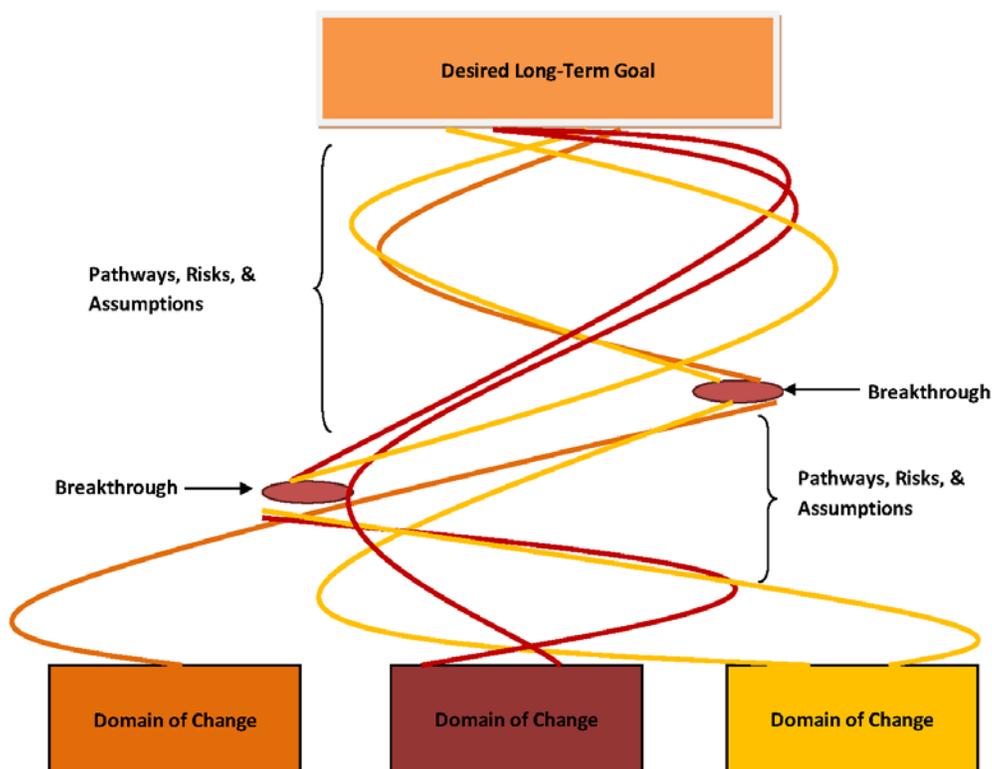


This section of the WEIMI Guide will focus upon **Part I: Developing the Theory of Change**.

Part 1: Developing the Theory of Change

What is a Theory of Change?

A Theory of Change (TOC) is a set of hypotheses (if-then statements) represented through a set of pathways, critical assumptions and risks underpinning the design for how a desired long term goal will be achieved. In the context of a program, this generic definition is represented by the pathways of change which (a) flow from domains of change and (b) are marked by breakthroughs.



What are key considerations for developing a TOC for women's and girls' empowerment?

Women's and girls' empowerment is a social change process and this should underlie all phases of the theory of change – its design, measurement, and operationalization. Hence, the development of a theory of change for women's and/or girls' empowerment should:

- Be led by the ultimate aim of gender equity, making sure women's empowerment is not narrowly conceived as working with and benefiting women exclusively.
- Invite partners from a broad spectrum into the discussion of the theory of change and its validation.

- Keep in mind both short-term and long-term perspectives of change, knowing that some gains will be achieved more quickly, while others will require seeds of change and invest in relationships with those who can help bring about the broader scope of change.
- Contextualize empowerment of women and girls through sound analysis that incorporates and elevates the perspectives of impact group members.
- Go beyond aspirations to achieve individual gender-equitable behavior to programming that builds equitable social norms and structures. This is the level at which social change is pitched (**See Annex A1.1: Gender Program Continuum**).

Ensuring the Quality and Robustness of the Theory of Change

A number of lessons learned emerge from the WEIMI CO experiences on how to ensure the quality and robustness of the theory of change, as in the following:

1. Invite diverse stakeholders to review the analysis and solicit their expert advice.

This can be done periodically, from the first draft of the problem tree or the vulnerability analysis underlying the selection of impacts groups, and at points in time during the development of domains of change, pathways, and measurement tools.

2. Prepare your vulnerability analysis, before selecting impact groups.

Make sure for “women and girls” the scope of the analysis starts broadly, at population level, rather than being specific to one group or region. Sources of data can include:

- Any prior assessments or studies within CARE that are still relevant to understanding underlying causes of poverty, social injustice and vulnerability.
- The Strategic Impact Inquiry results.
- A literature review that captures the broader picture of the situation for women and girls in the country.
- Any documentation from CARE’s or partners’ experience that contributes to a deeper understanding of the vulnerabilities and manifestations of poverty among women and girls. Prior gender analyses are particularly helpful.

Once this information is assembled, it is then possible to begin a dialogue on impact groups and determine, for women and girls in this case, where the information gaps lie.

3. Document each and every reflection session, with full explanations on how the group arrived at decisions made in those discussions.

Each session may be attended by a slightly different set of people and good documentation will avoid opening up a new agreements made and justified.

4. Bring in gender expertise to review the theory of change or make sure the review includes a set of key gender questions.

This applies to a WE theory of change or a TOC with gendered elements.

Brief 1.1: Approaches to Program Design

What Approaches Did COs Take to Developing a Program Design?

Deciding on programs and impact groups is a strategic issue. Each of the COs took a slightly different approach to embedding programs in their overall CO strategy. Using overarching strategic planning processes that are ongoing within the CO, such as a multi-year plan or an organizational review process is of paramount importance, not merely for program development purposes but for accountability reasons; it commits human resources to the task, supports organizational identity, and will help establish one common timeline for all programs. At a minimum, it means *selecting* all impact groups at this stage; it does not mean completing the development of the theory of change for all of them.

Most of the WEIMI COs found a way to integrate the program shift into the framework of the Long-Range Strategic Plan (LRSP). Some had to retrofit it. Thus, there are a few critically important initial steps:

1. **Embed the program shift in an organizational strategic planning process**
2. Once you have completed a country **situational analysis to inform your strategic plan/intent, then you can begin to make a first cut on the composition of your impact groups** (which tend to range between 1 and 3 for one CO) ([See Annex A1.2 Situational Analysis Research from ECARMU](#)).
3. **Select all impact groups at the same time**, so as to make decisions on how you will address overlap between 2 or more impact groups, as they are rarely mutually exclusive.
4. **Designate a program director or person responsible** for the development of each program for each impact group.
5. Begin program design for your impact group on “women” or “women and girls” with a **vulnerability analysis** that incorporates gender analysis (see Outputs section for more detail). Grounding your impact group definition in *analysis* is merely good practice. Those COs that began this way found the process to flow more smoothly. It secures decision making in a transparent process, so that over time, questions about the impact group (its characteristics and delineation) will always revert back to the analysis and not be susceptible to individual perspectives of who the impact group is or should be – e.g., sector-based, location-based (where CARE is operational), funding-based.
6. Research the **spatial distribution of vulnerable women and/or girls** to understand where populations are concentrated.

Vulnerability Analysis

Conducting an examination of the causes of vulnerability specific to women and girls (and as distinct from men and boys) in the country context. It explores how unequal gender power relations and patriarchal systems and structures interact with each other and affect access and control issues for women and girls over their life cycle.

A vulnerability analysis concludes in an articulation of the physical, social, economic, psychological manifestations of vulnerability for your impact and sub-impact groups.

Brief 1.1: Approaches to Program Design

7. Periodically **convene all programs** being developed to decide impact group boundaries and how you want to address overlap / synergy. The selection of impact groups will also need to be made in conjunction with CO selection of cross-cutting themes and regions of focus. This has been illustrated by the 'Rubik cube' in work done by Michael Drinkwater to support the CO program shift (here, this pertains to CARE Bangladesh, Tanzania and Egypt. The Rubik Cube for CARE Egypt is pictured right).

8. But be aware that the process for **developing the theory of change will be highly iterative and non-linear**. The 'pioneer' COs had to work with little guidance and mostly by trial-and-error. Even for the next generation of COs designing and implementing long-term programs, the process *is time intensive*; time for discussion, agreement, and refinement. This will require consulting different layers of staff and bringing in external players to facilitate or validate (**See Annex 1.3 CO Timeline for Program Development.**)

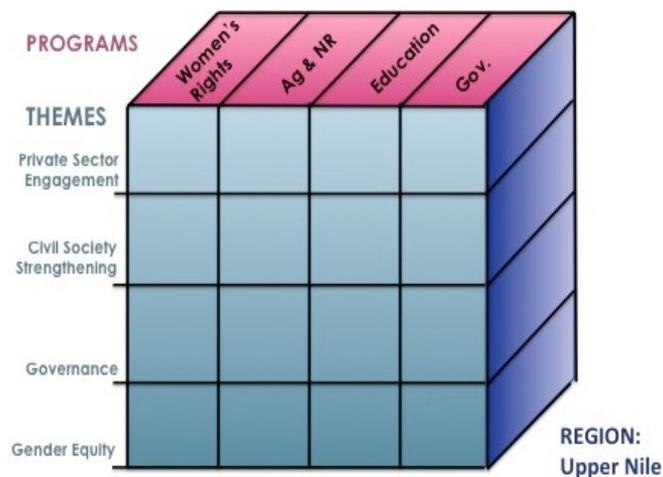


Figure 1.1A: CARE Egypt "Program Rubik Cube"

Therefore, plan ahead the dialogue sessions for the process but leave enough slack time, as you may find yourselves rethinking a piece of the work, based on a new insight or perspective.

Good Practices in Program Design

To make the most efficient use of your time and resources for the process, the set of good practices outlined below will help you to maintain a forward momentum of the program development process.

Good Practices - Advancing the Program Shift	
Embed the process in CO strategy planning (See Annex A1.4)	<ul style="list-style-type: none"> • This will ensure tighter controls around the timeline for completion, enable a pre-determined forum for input from external actors, and commit staff to participating in the process
Make use of pre-set forums	<ul style="list-style-type: none"> • Take advantage of events, e.g., the regional program quality meetings, project evaluations, annual reviews, to conduct wider reflection sessions as an input to the decision making on the theory of change.
Make judicious use of external and local experts (See Annex A1.5)	<ul style="list-style-type: none"> • Use of experts for literature reviews or policy analyses • Experienced facilitators brought in at key reflection moments, who can hear the input from the team and push back, when needed • Local experts with specific technical or contextual knowledge who can inform and challenge internal perspectives.
Assign roles and responsibilities (See Annex A1.6)	<ul style="list-style-type: none"> • Staff from different layers and units of the organization to ensure the work is taken forward • Employ a core group of staff or technical working group to lead the process • Elect a point person or unit who can keep the momentum going • Distribute roles & responsibilities amongst staff to build a collective sense of responsibility • Create the time and space for the group to carry out the task
Develop a communication strategy (See Annex A1.7)	<ul style="list-style-type: none"> • Keep staff at all levels of the organization informed of progress on developing the TOC, to facilitate the shift to new accountabilities, and ensure a shared understanding of programs and their theories.
Involve senior leadership	<ul style="list-style-type: none"> • Senior leadership is needed in prioritizing the program design process, holding others accountable and resolving issues at a strategic level.
Develop a plan for leveraging resources (See Annex A1.8)	<ul style="list-style-type: none"> • Use the annual operating planning process to capitalize on events for discussion and/or access to expertise. • Use project design processes, for example, as spaces for reflection and dialogue.
From conception, engage partners and CARE's roles/relationships with them (See Annex A1.9)	<ul style="list-style-type: none"> • Consider how CARE can help build confidence of impact group members and allies to lead and advocate for the changes they desire. • Engaging external experts and partners from the beginning can build joint ownership and visioning from the conception phase. • CARE's role as a powerbroker and in stimulating, facilitating or supporting a social movement will depend considerably on how it manages its relations with others.

Brief 1.2: Program Groups and Goals

Conceptualizing the Impact Groups and Sub-Impact Groups

Some questions that are specific to developing a theory of change for a women's empowerment program that deserve consideration when conceptualizing the impact group include:

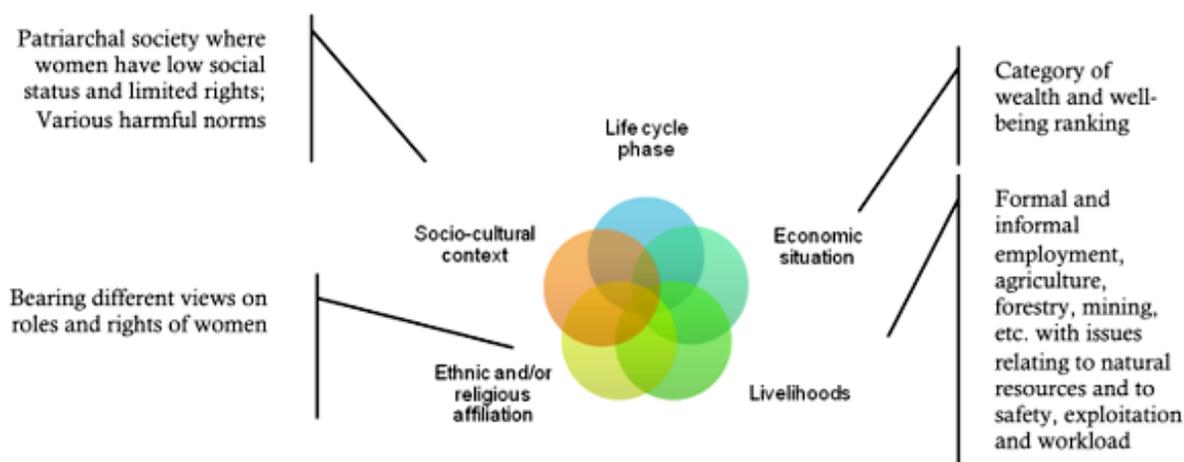
- How to draw boundaries around women's empowerment group based on vulnerability analysis?
- Age brackets for selecting and impact group?
- Separate women and girls as one or two impact groups?
- One impact group for women vs. disaggregating impact groups by gender and age?

Impact Group

The specific population group upon which the program (CARE and its partners) aims to have a positive impact with a long-term commitment to overcome their underlying causes of poverty and social injustice. *The scale of the impact on this group is at least at national level.*

To answer these questions, **key activities** and **reflections** to take include:

- Conduct an **underlying cause of poverty / vulnerability analysis** to help draw boundaries around your impact group is critical. This is because all women have vulnerabilities that are specific to phases of the life cycle (pre-natal-infancy-childhood-adolescence-adulthood), for example, those associated with sexual and reproductive health problems and with gender-based violence. Additionally, other dimensions, such as the socio-cultural context, overlap with the life cycle dimension, and also explain vulnerabilities that affect women differently over their whole life cycle.



Note: The political dimension is also important but women's access to political rights is mainly a derivative of socio-cultural influences (e.g. patriarchy)

Figure 1.2A: Dimensions of Vulnerability for Women

- Try to **pinpoint the group most marginalized**, on the basis of multiple forms of vulnerability and their manifestations. This group or groups can be represented as impact group or sub-impact groups (**See Annex A 1.10: Mapping out Drivers of Poverty**).

Sub-impact Group

One of the disaggregated groups that share the characteristics of the impact group but also has other unique characteristics that differ from those of the impact group as a whole. Specific program initiatives that form part of an overarching program may need to focus on a subset population

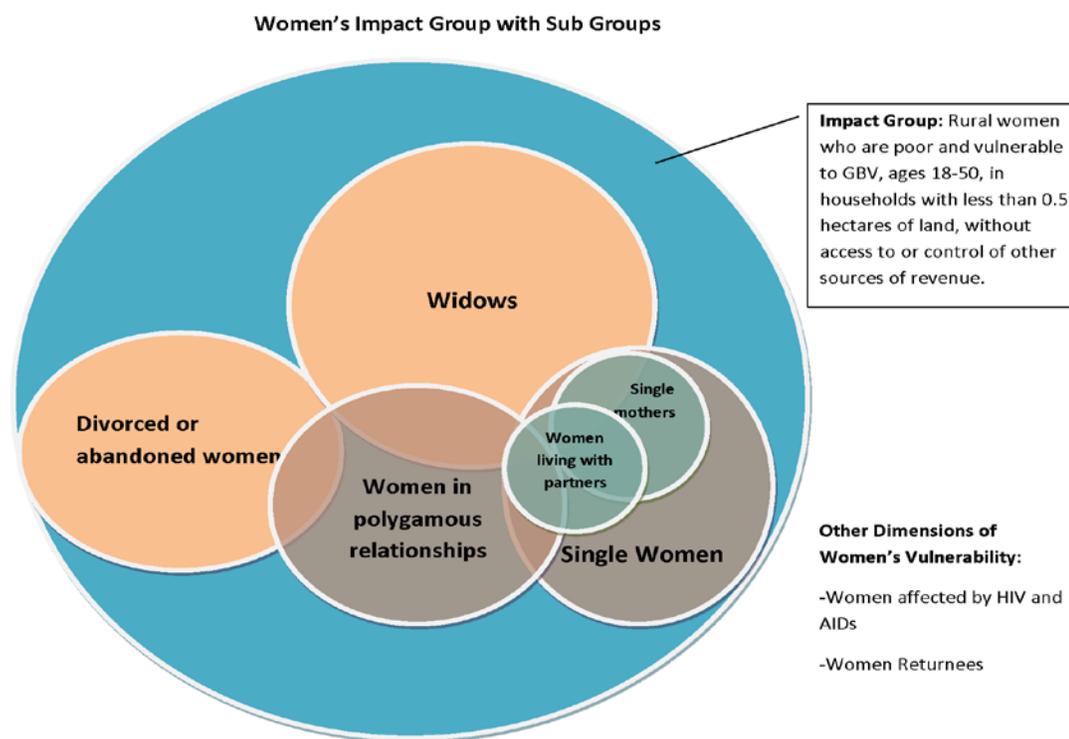
- **Consider prioritizing women with specific characteristics** (by age or other variables) based on the actual size of the group and where your program and/or organization can have the greatest impact.
- If there is more than one CO impact group, make sure:
 - The impact groups are interactive or overlapping with the gender specific impact groups
 - All impact groups are informed by and synergistic with the achievements of the gender specific impact groups

Pay attention to geographic characteristics as an important part of the boundary setting for the impact group. For example, several WEIMI COs included livelihood characteristics in the definition of their impact group, which provided geographic and spatial boundaries for the group.

- Identify impact groups - The usual Impact Group choices for women's and/or girl's empowerment programs are (**Also see Annex A1.11 Country Office Decisions on Impact Group Populations**):
 - One impact group with age specifications
 - Women and girls as 2 separate impact groups
 - Women over the life cycle (**See Annex A1.12 CARE Bangladesh SRHR across the Life Cycle**).
- Identify sub-impact groups based on your vulnerability analysis so that:
 - Your programming can prioritize the most vulnerable
 - Your measurement can be targeted
 - You can build an advocacy agenda around a particular group that is most marginalized and least powerful.

Brief 1.2: Program Groups and Goals

For example, CARE Burundi identified the following sub-impact groups:



Defining an Impact Goal Linked to the Impact Group

Defining an impact goal linked to an impact group is an iterative process and it is most practical to define the impact group with its full set of characteristics first and then build the impact goal based on that. Here is an example from Burundi:

Impact Group	Impact Goal
<p>Poor women aged 18 to 50 years from rural areas, who are vulnerable to gender based violence, living in households with less than 0.5 hectares of land and who are without access or control over other productive assets.</p>	<p>By 2025, poor women, aged from 18 to 50, vulnerable to gender-based violence, from rural households with less than 0.5 hectares of land property, without access or control over other sources of income, have regained their dignity and fully enjoy their basic rights</p>

If you chose to start with an impact goal and then define your impact group, like CARE Egypt, you will need to refine your goal as your impact group is articulated more clearly.

Why is it so Important to Identify Target and Stakeholder Groups

Behavior change and communication / advocacy strategies are the basis for the design of social change interventions and these should cut across all initiatives contributing to your program. As such, taking the time to clearly define target and stakeholder groups is a critical piece of this conceptual work [most WEIMI countries were not able to do this the extent that is recommended]. Consider the behaviors and positioning of both target groups and stakeholder groups relative to your desired changes (domains of change) to decide whose behaviors are important to target or

Brief 1.2: Program Groups and Goals

influence and with which groups you should be developing strategic relations. While the constellation of players will change with time, the design of each initiative for your program will draw from your current stock of knowledge about these groups. Thus, make the effort to go beyond general categories to empirical specificity – which civil society organizations, which men, which community leaders, etc.

Glean this knowledge from within CARE and with partners and conduct systematic analysis to select target and stakeholder groups each time you begin operating in a new geographic area.

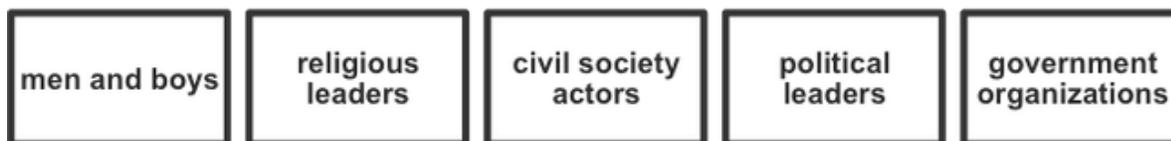
Defining Target Groups and Stakeholder Groups

Avoiding confusion between target groups and stakeholder groups

Stakeholder groups are more broadly defined than target groups and the target group can be a subset of your stakeholder group. Stakeholder groups are those you have to engage with in order for the program to succeed while target groups are targeted specifically for behavior change.

Defining Target Groups

Defining target groups is not as conceptually complex as defining impact groups is. The target groups become evident once you have identified your **domains of change (DOC)**. Most WEIMI COs identified broad groupings, such as:



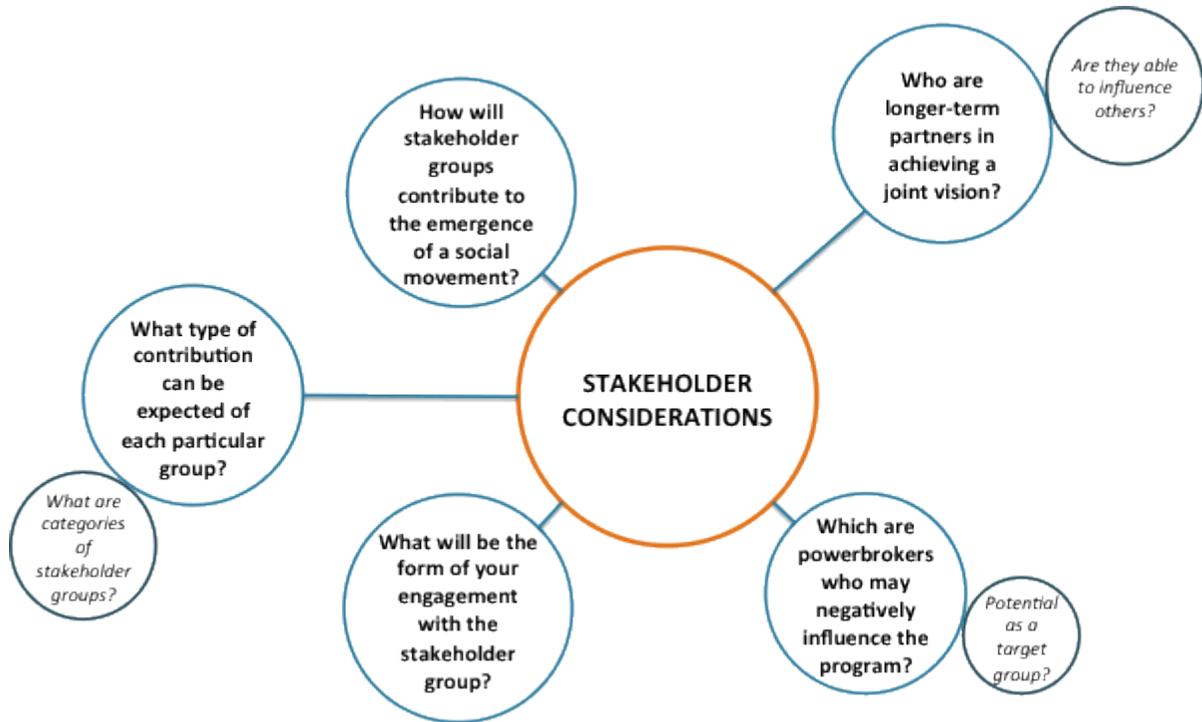
While broad groupings are appropriate as a first step, at some point in the conceptual process, the categories need to be broken down and made more specific, e.g. for “men and boys” articulating which men and which boys in the local context. The identification of target groups should be grounded in good empirical analysis.

Defining Stakeholder Groups

The figure below illustrates some key questions that need to be considered when defining stakeholder groups. Any advocacy strategy will also need to clearly identify who are likely champions, collaborators, mobilizers, blockers, or interlocutors (**See [Annex A1.13: Stakeholder Mapping Exercise](#) & [Annex A1.14: Care Partnership Strategy Development](#)**). Joining forces with others is pivotal to bridging grassroots development work and broader-scale change at national level (**See [Annex A 1.15: Facilitating Social Movements](#)**).

Stakeholder Group

Those individuals or groups who may affect or be affected by a program. They are recognized for their importance in collaborating or cooperating with the program but are not “targeted” by activities or initiatives.



For women's and/or girl's empowerment programs you are likely to have high on your list of stakeholders the following groups:

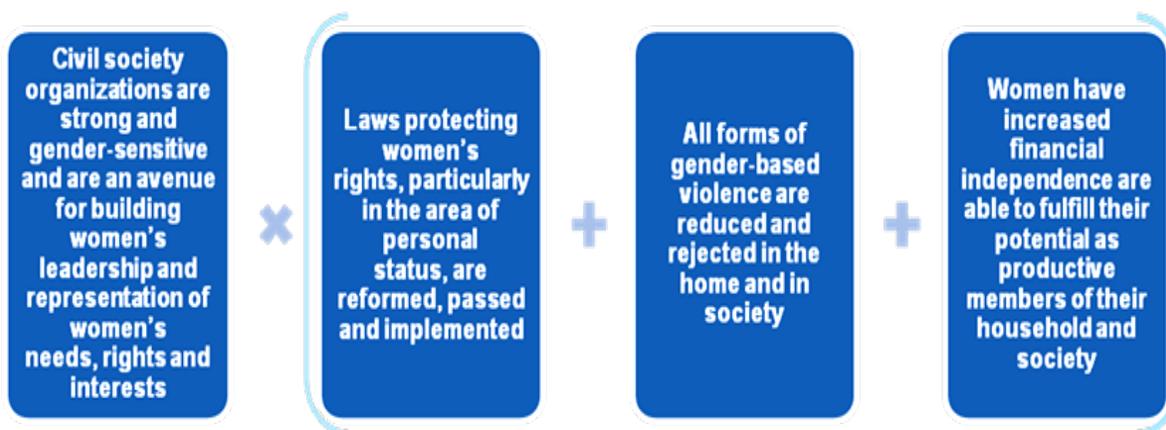


Brief 1.3: Defining Domains of Change

Domain of Change

Areas in which change is essential to achieving an impact goal. A goal may have a corresponding set of 2-4 domains of change. Domains of change can be seen as the critical preconditions, or major outcomes, required to be in place for the impact goal to be achieved.

The underlying causes of poverty and vulnerability (UCP/V) analysis, if done well, establishes a firm basis for a discussion on domains of change (DOCs). DOCs have typically been constructed as a formula, using “+” and “X” signs. The “X” indicates a multiplier effect on the combination of the other DOCs.

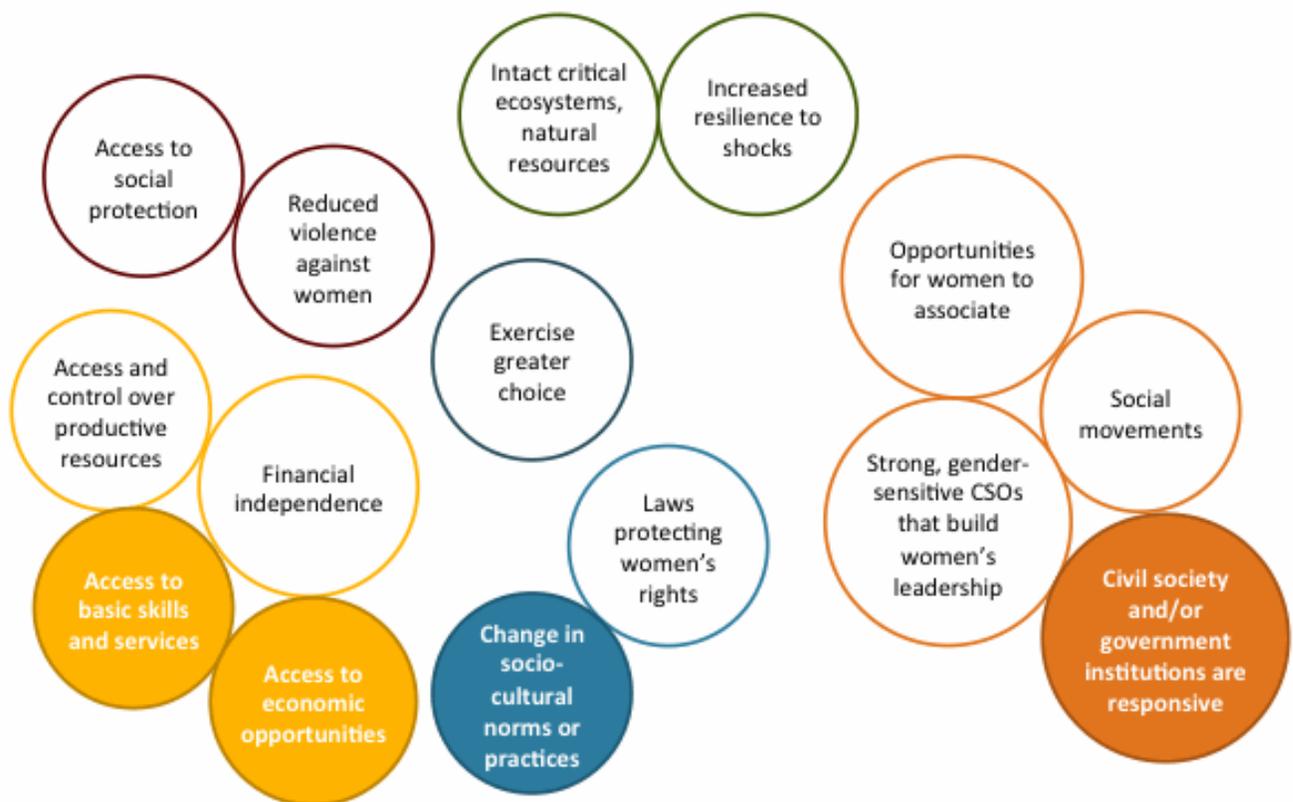


CARE Egypt Example of Domains of Change as a Formula

What are common themes in the DOCs identified by WEIMI COs?

There are several themes that emerged among domains of change, represented in the image below. Shaded circles represent themes that emerged in 4-5 of the countries, except Bangladesh (which has similar themes represented at pathway level):

Brief 1.3: Defining Domains of Change



Defining Pathways

There was the least consistency by WEIMI COs, when comparing one country team with another in the manner in which they conceptualized pathways. Further, pathways were not always formulated consistently within a single theory of change.

One of the reasons for this is the lack of a clear definition for a pathway. Thus, drawing in part on UNDP/Hivo’s guide to theories of change and WEIMI’s experience, the following working definition is proposed:

Pathway (A proposed definition)

The conditions necessary for achieving a domain of change(s) and the assumptions that support these conditions. Together, they “tell the story” of how you expect the change to happen. These assumptions are the causal links between conditions.

Conditions may occur sequentially or simultaneously. Conditions may also be ‘emergent’ because their interaction with other conditions is unpredictable or not well known.

Pathways are not linear but, like social realities, they depict a complex system of inter-relationships.

Brief 1.3: Defining Domains of Change

Based on the cumulative experience of WEIMI countries, what is important in this process, both for programmatic and measurement purposes, is the following:

- Pathways should answer the question of “how” the DOC will be achieved. Each pathway may have a label (e.g., changed social norms relating to the practice of child marriage) for the chosen route (or one thereof) to getting to your DOC. But the label is not sufficient; any pathway needs to be elaborated with an explanation and justification as to how you expect to arrive to the DOC.

In this process, you will be articulating hypotheses, based on the team’s knowledge, experience, and understanding of realities; but be aware and clearly state the unknowns and areas of change that are less predictable. These will equally be subject to monitoring, as you operationalize pathways (**See Annex A1.16: Process for Constructing Pathways**).

- Pathways are a key element to testing the theory of change. Be prepared to identify and prioritize the critical hypotheses in the pathway that will be tested in initiatives.
- The level of specificity needed in articulating pathways includes the “who” - whose behaviors or roles need to change in order to attain the highest level result of this pathway.
- Based on CO experience, the number of pathways in a TOC should not exceed 12 across 3 to 4 DOCs. This should also correspond to what a CO is capable of in order to achieve the synergy between pathways for attaining the domain of change.
- Pathways have a primary association with one DOC but may contribute to more than one DOC (termed a “primary” and a “secondary” DOC). The purpose is not to seek linearity but to represent reality (**See Annex A1.17: The Visioning Aziza Exercise**)

See **Annex A1.18: CO Domains and Pathway Examples** which outlines TOCs for each of the WEIMI COs, including their impact goal, impact group definition, domains of change, and pathways of change.

Defining Major Assumptions and Risks

Major assumptions and risks in the development of the theory of change refer to the external context. This component has proved to be the weakest component in the development of the TOC. There are no completed examples to date of a country undertaking continuous contextual analysis for a WE program. This would take the form of identifying and monitoring trends (e.g., political, social) likely to influence the direction of change within the program. Bangladesh recently conducted a workshop to analyze the context in one region and its implications for the WE program (**See Annex A1.19 CO Experience with Context Analysis**).

Depending on the country, different factors of varying magnitude (climatic, political, economic, etc.) may contribute to instability or conflict. Monitoring a set of critical trends will help the team to be better prepared

Assumption

A positive external event, decision or condition which is highly likely to occur and have influence over your program initiatives in the foreseeable future

Risk

A negative external event, decision or condition that may occur. It will exist independently of your program and will require a risk reduction / mitigation strategy

Both risks and assumptions become trends to monitor in the future, during the implementation of your program.

Brief 1.3: Defining Domains of Change

to adjust strategies within their program, as needed, or to modify their assumptions and risks. It is not sufficient to conduct a one-off contextual analysis as part of the baseline situation for developing the WE theory of change. Thus, it is best to have a set of tools or methodology for repeating the analysis in an iterative fashion.

The Gender Analysis Tool Kit will help focus your analysis on gender factors, rendering the analysis more relevant than a broad contextual analysis you might do for your CO strategic plan.

Some countries have attempted to integrate the disaster risk reduction (DRR) analysis into program frameworks; however, this needs a gender lens (**See Annex A1.20: Framework for Continuous Context Analysis**).

Country Examples		
Section A: Tools	<ol style="list-style-type: none"> 1. Bangladesh Cause-Consequence Tree 2. Bangladesh Pathway Selection Process 3. Egypt Pathway Description 4. "Aziza" Visioning Exercise from Tanzania 	
Section B: Comparative Outputs from WEIMI COs	<ol style="list-style-type: none"> 1. Theories of Change and Impact Groups 2. Theories of Change and Impact Groups 	
Additional Resources		
No.	Topic	Reference
1	Gender Program Continuum	<p>This is a tool (PRNA tool #2) found in the Inner Spaces Outer Faces Initiative (ISOFI) Toolkit produced by CARE USA and ICRW (2007). Adapted from Geeta Rao Gupta's continuum, it identifies 5 stages of gender equity programming as a way for program staff to assess where they are and where they need to move towards. The 5 stages progress as follows:</p> <ol style="list-style-type: none"> 1 - harmful 2 - neutral 3 - sensitive 4 - responsive 5 - transformative <p>See: http://gendertoolkit.care.org/Pages/gender%20continuum.aspx for guidance on conducting this exercise.</p>
2	Situational analysis	<p>See http://gendertoolkit.care.org/Pages/context%20default.aspx for guidance on conducting a situational analysis. Here you will also find the ECARMU Guidance Compendium on Situational Analysis for the Program Approach.</p>
3	Resolving program overlap	<p>Several reviews have been done by Michael Drinkwater / Wayfair Associates on the program approach that includes use of the 'Rubik cube.' This illustrates the dimensions involved in the construction of programs – impact populations, geographies, and themes.</p> <p>See the report that summarizes the experience for Nepal, Mali, Peru (and to a limited degree Ecuador and LAC), Bangladesh, Burundi, Tanzania, and Egypt, entitled "Seeing and Acting in the World Differently: Searching for Emergent Process in the Praxis of CARE's Program Approach" by Michael Drinkwater, at: http://p-shift.care2share.wikispaces.net/Operationalization</p>
4	Country Office timelines	<p>http://gendertoolkit.care.org/Resources/CO%20Timelines_WEIMI.pdf</p>
5	Guide to developing a TOC; Identifying agents of change	<p>This source is useful, first of all, as a comparative guide by another NGO, Hivos (and UNDP), on how to develop a theory of change in situations of complexity which most social change processes present. It asserts the difference as a thinking-action process as compared with more rigid approaches and logic planning processes to address social change. For this reason, their guide has more relevance to CARE's program work than do standard tools to develop theories of change in currency (e.g., compare http://www.theoryofchange.org/).</p> <p>Retolaza Eguren, Iñigo, 2011, Theory of Change: a Thinking and Action Approach to Navigate in the Complexity of Social Change Processes. UNDP/Hivos.</p>

Brief 1.3: Defining Domains of Change

6	Contextual analysis pertaining to gender	<p>http://www.hivos.nl/eng/News/News/New-Publication-on-Theory-of-Change</p> <p>CARE's Good Practices Framework for Gender Analysis includes a first phase for conducting a contextual analysis to examine gender dynamics (see: http://pqdl.care.org/gendertoolkit/default.aspx). It proposes:</p> <ol style="list-style-type: none"> 1. Secondary data pertinent to development outcomes that are sex-disaggregated 2. Policies and laws related to human rights 3. Cultural norms, values and practices related to gender 4. Stakeholders and relations <p>This is not a blueprint; use this guidance in a complementary fashion to other tools you may be using.</p>
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ANNEXES for Brief 1.1 (**Annexes A1.1-A1.9**)

Annex A1.1: Gender Program Continuum

- **Objective:** To foster critical thinking on gender empowerment approaches and help staff analyze their own approaches.
- **Materials/Preparation:** flipchart paper, pens or markers, the Five Stages of Gender Equity Continuum, flipchart papers that outline the continuum:
1 Harmful -- 2 Neutral -- 3 Sensitive -- 4 Responsive -- 5 Transformative
- **Participants:** CARE staff and partners. The ISOFI Toolkit recommends about 4-25 participants for this exercise.

Following introductions and a review of the exercise’s objectives, the facilitator explains the five stages of the Gender Equity Continuum and gives examples of each, allowing space for questions and clarifications:

	<i>Definition</i>	<i>Examples</i>
Stage 1: Harmful	Program approaches reinforce inequitable gender stereotypes, or disempower certain people in the process of achieving program goals.	A poster that shows a person who is HIV-positive as a skeleton, bringing the risk of death to others, will reinforce negative stereotypes and will not empower those who are living with HIV. Showing only virile, strong men in condom advertisements reinforces a common stereotype of masculinity. Another example is a program that reinforces women’s role as children’s caretakers by making children’s health services unfriendly toward fathers, rather than encouraging equality in parenting responsibilities.
Stage 2: Neutral	Program approaches or activities do not actively address gender stereotypes and discrimination. Gender-neutral programming is a step ahead on the continuum because such approaches at least do no harm. However, they often are less than effective because they fail to respond to gender-specific needs.	Prevention messages that are not targeted to any one sex, such as “be faithful,” make no distinction between the needs of women and men. Also, gender-neutral care and treatment services may fail to recognize that women might prefer female counselors and health care providers to male providers.
Stage 3: Sensitive	Program approaches or activities recognize and respond to the different needs and constraints of individuals based on their gender and sexuality. These	Providing women with female condoms recognizes that the male condom is male- controlled, and takes into account the imbalance in power that makes it difficult for

Annexes for Brief 1.1

	<p>activities significantly improve women’s (or men’s) access to protection, treatment, or care. But by themselves they do little to change the larger contextual issues that lie at the root of gender inequities; they are not sufficient to fundamentally alter the balance of power in gender relations.</p>	<p>women to negotiate condom use. Efforts to integrate STI treatment services with family planning services helps women access such services without fear of stigmatization.</p>
<p>Stage 4: Responsive</p>	<p>Program approaches or activities help men and women examine societal gender expectations, stereotypes, and discrimination, and their impact on male and female sexual health and relationships.</p>	<p>Stepping Stones, a well-known life skills training program, addresses HIV/AIDS as well as broader community issues through social change activities that encourage participants to question the reasons why people behave the way that they do. Participants are encouraged to take responsibility for themselves and others to promote safer, more productive, behavior in the future. Such projects work with both men and women to redefine gender norms and encourage healthy sexuality for both.</p>
<p>Stage 5: Transformative</p>	<p>Program approaches or activities actively seek to build equitable social norms and structures in addition to individual gender-equitable behavior.</p>	<p>Instituto Promundo’s Program H and EngenderHealth’s Men as Partners Program both encourage groups of people to work together at the grass roots level to foster change. The curricula for these programs use a wide range of activities – games, role plays, and group discussions – to examine gender and sexuality and their impact on male and female sexual health and relationships, as well as to reduce violence against women.</p> <p>Another example is a project carried out by CARE in Sonagachi, a red-light district in Calcutta, India. Initially designed to reduce the level of STIs and increase condom use among sex workers, the program expanded to empower sex workers by enabling them to control their own lives and solve their own problems, as both a goal in itself and as a way to prevent the spread of HIV. This program became transformative when it began organizing a network of people and agencies in India to proactively engage in political debate about the rights of sex workers.</p>

The facilitator then asks participants where their own project(s) would fall on the continuum, allowing space for debate and discussion. Once they have reached a consensus, participants then mark where their project(s) fall on the continuum, writing examples on why they have come to that conclusion.

Some questions that the ISOFI Toolkit suggests in facilitating discussion include:

- Whether the projects are reinforcing gender or sexuality stereotypes
- Whether they are addressing gender-based violence (or actively screening for, preventing, or measuring violence)
- Whether projects can go backwards along the continuum
- What can be done to take projects to the next level on the continuum?

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Annex A1.2 Situational Analysis from ECARMU

In CARE's commitment to rights-based approaches, solid analysis forms an important foundation for ensuring that programs can have lasting impact that address underlying causes rather than just symptoms of poverty, injustice and vulnerability.

To build this foundation, situational analysis helps to broaden and deepen knowledge over time related to the key populations that CARE hopes to serve within its programs. To:

- Create organizational understanding of the key barriers, issues and underlying causes affecting impact group members
- Inform opportunities for change and the development of program theories of change and strategies.
- Ensure that CARE's programs are strategically guided by a vision and theory of social change that is firmly grounded in situational analysis findings.

The Process of Analysis for Program Design

The process will vary from one Country Office to another, according to the stock of knowledge and experience of an individual CO. Other factors, such as human resource capacity, skill level, financial resources and time will also shape the choices made in conducting the analysis.

In all instances however, the process will prove to be highly iterative, moving back and forth between multiple levels (macro, meso and micro). In this process, the myriad sources of data brought to bear on the situation of vulnerable groups fill information gaps until a fuller picture emerges. There should be frequent analytical moments in this process of gathering data that ask how the issues and findings interrelate or influence one another.

To effectively engage in this cycle of analysis, CARE Country Offices require systems and space to ensure critical reflection and analysis. Continuous analysis should proceed beyond the design phase into all phases of the program cycle, guided by an impact measurement and learning system.

Ongoing Analysis throughout the Program Cycle

Beyond the initial design, ongoing analysis for a single program is essential to detect changes in the environment or related to interventions' outcomes – both intended and unintended – that affect impact group members. Through integration of ongoing analysis into the program impact measurement and knowledge management systems, a deeper and up-to-date understanding of the context and changes taking place are critical to:

- Ensure program initiatives “Do No Harm’ and are Conflict Sensitive;
- Ensure the program is addressing possible shifting in underlying causes of poverty and social injustice;&
- Understand how impact group priorities, barriers, opportunities and aspirations shift across time; and
- Adapt interventions in light of changes in the context to capitalize on strategic opportunities that emerge over time for more effective programming.

Most environments in which CARE operates are complex and in a constant state of flux. Assumptions must be monitored and the impact of unexpected events in the context on the program assessed. The level of uncertainty or unpredictability will depend not only on the context but its interaction with the program and with the methodological approach. Thus, to minimize surprise and know how to respond to it, continual analysis should be incorporated in the program.

At the macro level, this involves remaining informed on broader trends and developments related to the country context. At the micro level, one way to do this is through the use of participatory learning and action (PLA) methods that enable CARE to work with impact group members to analyze the situation together prioritize areas for action and collectively plan and develop strategies to overcome them. In CAREs Bangladesh and Nepal, this approach has become the basis of program design and ways of working with communities. In addition to their use in situational analysis and program design, PLA methods also represent a meaningful and empowering means toward understanding impact over time.

As the situation changes, the theory of change to predict future outcomes should be adapted. Programs have 10-15 year time horizons and the distance over which change occurs, in all likelihood, will adjust and re-adjust many times.

Lastly, it is also important to look at the interaction of characteristics from micro, meso and macro levels across space, from the local to the national and at broader levels. This analysis reveals the power dynamics in the interplay between the three levels.

This resource outlines how CARE's East/Central Africa Region has approached the process of situational analysis for Program Design. This discussion is meant to generate innovation in practice from country offices as they engage situational analysis as part of their program design process.

We hope this guide can act as a reference for teams to develop new ideas in analysis to inform learning on situational analysis.

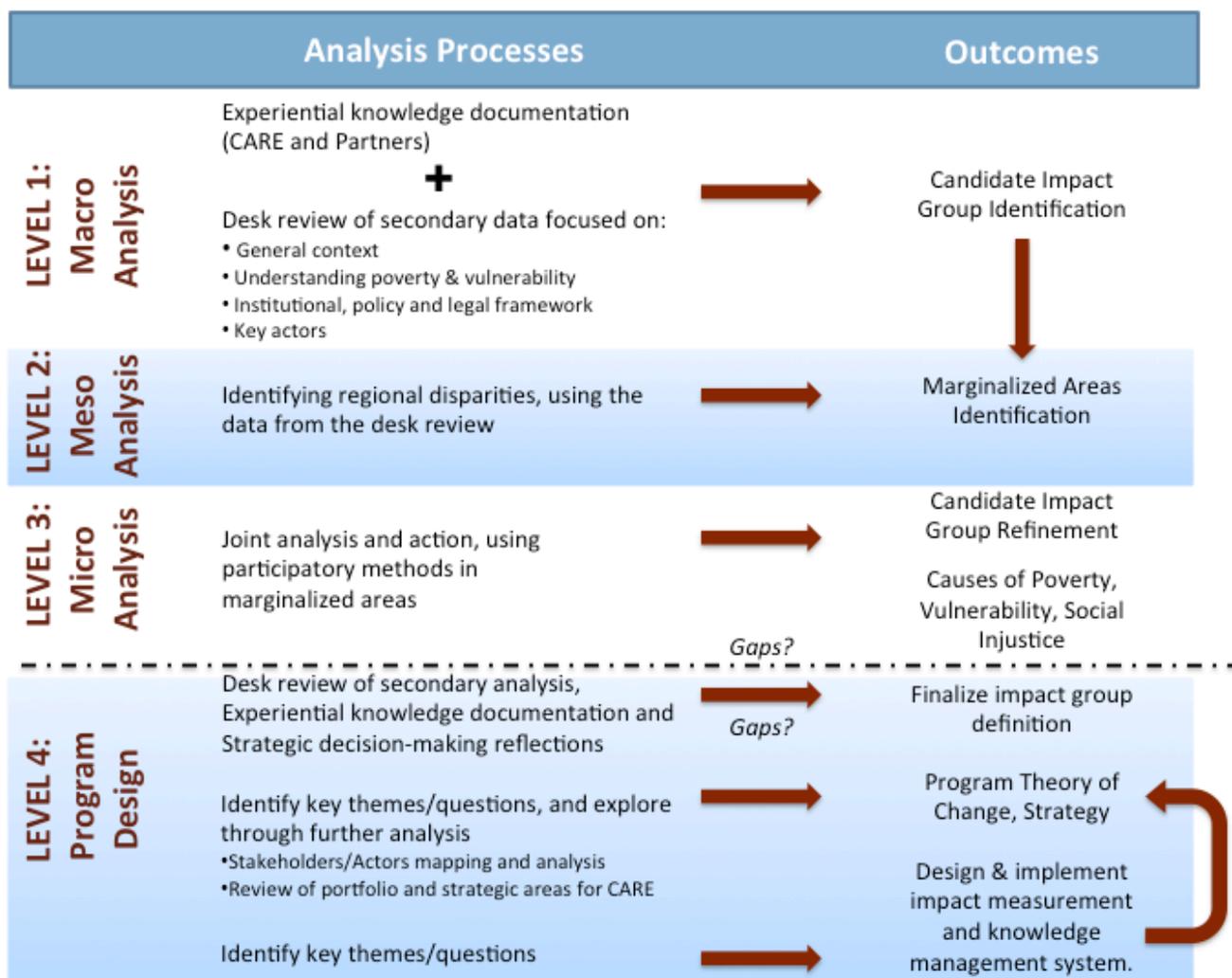
Situational Analysis: a phased approach

Drawing from knowledge from experience, desk review and organizational inquiry (document review and key informant discussions) are critical to ensure that analysis builds from CARE's and others' diverse sources of learning within the country context.

As the diagram below illustrates:

- **1st phase - Macro Analysis:** a literature review combines with CARE staffs' and partners' knowledge from experience to produce a candidate set of impact groups. If quality, availability, and disaggregation of existing data are insufficient, teams may also seek further information from key informants.
- **2nd phase - Meso Analysis:** using the same data, a spatial analysis of the data is done to identify regional disparities, which help reveal where the poorest and most marginalized populations are located and the drivers for marginalization. This will generate a set of candidate impact groups combined with an identification of the most marginalized areas. This is intended to help you choose a locality for your micro-level analysis.
- **3rd phase - Micro Analysis:** almost exclusively primary data collection, the Country Office will be able to finalize the selection of impact groups and refine their definition.

Phases 4 and 5 are discussed below.



How Much Analysis is enough to Move Forward in Program Design?

A common question raised across country offices is how much analysis is adequate to start developing the program theory of change and strategy.

No single situational analysis will be able to answer all questions, but it should offer the team a level of confidence in the choice of impact groups, even when data gaps still exist. For this reason, there is a **4th phase** on the diagram that corresponds to a critical reflection moment, after the findings of the micro-level analysis are available. Here it is important to pause and reflect on two important questions:

- *How adequate is the information?*
- *Which findings require deeper exploration before selecting final impact groups?*

The diagram shows a **5th phase**. Here, one switches from design to development of the programs that involves constructing the theories of change. An iterative process of going back and forth

between the analysis and the program theories of change occurs here, as the team seeks to refine the theories of change.

It is important the team not be stymied by information gaps but agrees that some answers can be gotten through the measurement and learning system for the program. Indeed, as previously mentioned, analysis is an integral part of all phases of the program cycle, as explained further below.

Preparing and Planning Analysis

Situation analysis requires careful preparations and realistic planning on whom to involve, resources available, team capacities, time, ethics and research design (selection of methods and respondents).

Who to Involve

In situational analysis, partners play an important collaborative role. That means, at a minimum, teams should carry out a survey of key actors very early on to identify existing or new partners with whom to engage in analysis.

To support this process, consultants may offer important support in facilitating situational analysis and building staff capacity in critical inquiry. However, staff should remain involved and invested in each dimension of analysis to ensure ownership over the process, findings and program as well as to build internal capacity for analysis.

Considerations in Design

- **Resources for analysis:** time available, project/program budget, as well as human resource availability (CARE TA, experience in research, partnerships)
- **Ethics:** risks posed in people's participation in analysis and alignment with Do No Harm:
 - *What may be potential risks to participants or community members linked to this study and how do we ensure we are conflict sensitive?*
 - *How can we ensure that the analysis process is not just "extractive" but is accountable to communities, and promotes empowerment and learning?*
 - *How can we ensure that we work sensitively and respectfully within communities?*
- **Training and Supporting Teams:** gender equity and diversity sensitivity, conflict sensitivity, facilitation skills. Research and analysis skills among staff and partners.
- **Confronting Researcher Bias:** A feedback mechanism to guard against researcher bias, whether internal or external.
- **Engaging Mixed Methods:** mixed methods and diverse respondents for a robust foundation of information for analysis.
- **Organizing the Research:** Someone must oversee the schedule for completing the situational analysis, fitting it with Country Office needs for initiating programs and applying for donor funds; agreement on the sequencing and the spacing of the research; some non-negotiable deadlines that derive from or are aligned with the Country Office's strategic and annual operating planning.
- **Timing of Field Research:** take into account the valuable time and schedules of community members whom we would like to involve in analysis - seasonal climate, administrative and

political calendars (elections, planning/budgeting/reporting cycles) alignment with planned events within ongoing projects (mid-term reports, baselines, evaluations, etc.).

Components of Situational Analysis

Situational analysis involves looking across a number of important dimensions on multiple levels (from international, national, regional, local, household and interpersonal). Given the vast amount of information in each of these categories, Country Office teams must prioritize what they are looking for:

- What are the key research questions you need to answer?
- How could answers to those questions help get to where you want to go?
- How can it help you identify impact groups, understand the issues they face, what drives their poverty and what opportunities exist to positively influence change in their lives?

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Annex A1.3: CO Timeline for Program Development

Country Office Timelines: Shift toward a Program Approach

CO	Early 2000s	2005	2006	2007	2008	2009	2010	2011	2012
Burundi ¹	<ul style="list-style-type: none"> New country director Increasing focus on action research, power relations and shift away from service delivery 	<ul style="list-style-type: none"> Focus on RBA and community expertise, GED, appreciative inquiry 	<ul style="list-style-type: none"> Study on women's empowerment 	<ul style="list-style-type: none"> New strategic plan focused on participatory learning PQ position established 	<ul style="list-style-type: none"> Office restructured around populations Identification of 4 key UCPV to address in programs. Define TOCs 	<ul style="list-style-type: none"> Development of indicators (78) for impact goal, DOC & pathways Program M&E plans, tools 	<ul style="list-style-type: none"> Review of CO structure for organisational change process Review SMIC, capacities needed Adopt program indicators Reflect & finalise 5 sub-systems of IM / KM system Review TOC & key models 		<ul style="list-style-type: none"> Continue work on IM and KM strategy.
Tanzania				<ul style="list-style-type: none"> Signature program introduced 	<ul style="list-style-type: none"> P-Shift introduced 	<ul style="list-style-type: none"> CO Mothers Matter, Power Within, NR strategy development New LRSP (Feb-Oct) Structural review (Mar) Pilot integration of 3 signature programs (SAGE) 	<ul style="list-style-type: none"> IMRA (Feb-May) WAGE /SAGE baseline WAA design based on program approach, IG1 strategy (Apr) UCPV Analysis (May - Aug) Redefinition of IGs to lifecycle 		
Mali				<ul style="list-style-type: none"> Begin design of program "Empowering Women and Girls" Workshop to develop LRSP (Nov) (2008-2015) Program shift workshop (Nov) 	<ul style="list-style-type: none"> Workshop on program strategic orientation for C-Norway program Partner validation workshop of TOC for C-Norway program C-Nor program design wksp 		<ul style="list-style-type: none"> Workshop on the measurement framework for PEF program (Jun) 	<ul style="list-style-type: none"> First documented reflections on changes in PEF (Aug) Impact measure't and testing of TOC strategy for PEF (2011-13) (Sep) Two action research projects relating to PEF 	<ul style="list-style-type: none"> Workshop on the measurement framework for PEF program (Jun) 2nd part of action research project (VSLA + climate change)
Niger					<ul style="list-style-type: none"> Process for developing the CO multi-year strategic plan (2010-2015) with a Country Office TOC and goal to 2025 Development of 3 programs = 3 DOCs of the CO TOC Identification & validation of priority impact group and impact zone Impact Measurement Readiness Assessment (Sep) Identification of hypotheses 		<ul style="list-style-type: none"> Baseline for CO TOC (Aug) WEIMI support wksp to validate 3 TOCs (Mar) IM strategy SEAMI Wksp to review progress (Dec) 	<ul style="list-style-type: none"> issemminate and train in IM standards, tools Communication strategy Document the MMD (VSL) change journey Develop KM strategy 	

¹ See also "Making the 'P-Bouge' Bouge: advancing, revisiting, revising, and advancing once again: CARE Burundi's Program Shift Story."

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CO	Early 2000s	2005	2006	2007	2008	2009	2010	2011	2012
Egypt	<ul style="list-style-type: none"> Large projects (NSP, Shams) Conventional delivery oriented 		<ul style="list-style-type: none"> The bottom falls out; end of delivery Projects and related funding Survival threatened 	<ul style="list-style-type: none"> LRSP, the "overnight approach" 4 program 'buckets' established Rapid downsizing Finance re-aligned 	<ul style="list-style-type: none"> 4 programs gradually designed Competing agendas: compliance, seeking funds, program approach Hire of WE Program Director Assessment in 30 communities? 		<ul style="list-style-type: none"> Development of the WE theory of change (several iterations) Workshop facilitated by consultant 	<ul style="list-style-type: none"> Validation workshop on the TOC with external inputs; (WEIMI, May) Review on operationalizing the p-shift (May) WEIMI follow-up & action planning (Oct.) 	<ul style="list-style-type: none"> Work on impact measurement system
Bangladesh		<ul style="list-style-type: none"> Close of large projects (RLP, RMP) (2005) CO shrinks to half its size (2006) and LRSP 2007-2011 developed CARE BD Strategic Impact Inquiry (SII) on WE explores contribution of four projects to seven key dimensions of women's empowerment in the Bangladesh context in relation to agency, relations and structure Program Quality Unit created (2006) 		<ul style="list-style-type: none"> Development of the WE Impact Statement begins with a series of workshops in Rangpur All 4 impact statements initiated UCP analysis by programme staff is captured in a briefing note on the CARE BD <i>Understanding of Extreme Poverty</i> (Oct) New Country Director arrives (Dec) Preliminary proposal for Country Office Measurement and Learning system (Dec) 	<ul style="list-style-type: none"> LRSP schematic adapted to incorporate impact statements (Jan) PMCT meeting to launch learning lab for P-Shift (Jun) TOCs developed, Impact Statements drafted for WE and EP programs Program steering committee formed to start up and steer new projects towards program approach (Dec) 	<ul style="list-style-type: none"> UBORA/PQAT process begun (Feb) Review of TOC including breakthroughs and finalization of indicators for 2 impact statements (WE and EP) (Mar) Development of technical strategies (Apr) Program Development Unit and Program Quality Unit cluster formed CO measurement & learning system workshop with CARE USA PI team (Sept) IS working groups established to move thinking around p-shift forward 	<ul style="list-style-type: none"> Re-teaming work begun (May) COML system workshop with C-USA PI team generates design framework and action plan for development of the system, including process for testing TOC (Jan) Process outline developed for use by IS working groups in defining program indicators (May) Review of the operationalization of the p-shift (Dec) 	<ul style="list-style-type: none"> Review of WEIS → detailed articulation of pathways and identification of breakthroughs for 2 of 3 DOCs (Mar) WEIMI TA visit (Apr) leads to reframing of pathways as outcomes; ID of pathways for third DOC; review of breakthroughs; development of draft operational definitions for WE indicators and of key assumptions and hypotheses Operational definitions consultancy (May) leads to review WE indicators with programme staff and preliminary mapping of tools/ methods 	<ul style="list-style-type: none"> Establishment of Northwest regional IM working group Piloting of Macro-level Context Analysis

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Annex A1.4: Linking Programs to CO Strategic Planning / Long-Range Strategic Plans

Mali: Embedding the process into CO strategy planning

Timing was especially propitious for Mali that had barely begun the LRSP process when the Istanbul workshop took place (Apr. 2008) and CARE Norway was initiating the design for another long-term program (both in 2008). They re-styled the LRSP process to adopt the program approach. Mali had an interesting process in that they developed the CO-wide TOC first, with both related indicators and hypotheses. Then they did the same for each of the 4 programs. Mali's programs, LRSP, and the CARE Norway initiative "Empowering Mothers and Girls" are all synchronized to the same **7-year** timeline.

Linking Programs to the LRSP

EGYPT	BANGLADESH
Developed its 4 impact groups first and in FY2012, after the Revolution, laid the groundwork for a review of the LRSP, using the programs as building blocks.	Developed the LRSP (2007-2011). The work on the program approach began in early 2007. Four impact groups and impact visions were defined and introduced into the LRSP schematic as an addendum to the LRSP document.
TANZANIA	BURUNDI
Developed a CO-level theory of change as part of its LRSP and identified 3 impact groups, all of which pertain to women and/or girls, differentiated by age group. The 3 impact groups were reflected in 3 of the domains of change for the CO theory of change. Issued the LRSP document in July 2009 and later revised the impact groups (in Dec. 2010) by combining them into one impact group. Now, The LRSP and the program (Mwangaza) are both to be implemented within the same timeframe and program initiatives are a means to operationalize Mwangaza program to achieve LRSP goal.	Had made a strategic commitment to RBA organised around 3 populations groups (women, children and voiceless) based on a reflective learning process that began in 2003 using Appreciative Enquiry and Life Histories. Work on program approach began in October 2008. Developed impact visions and theories of change for those 3 groups at first p-shift workshop (December 2008) but then decided at second workshop in early 2009 to focus on 2 programs referring to women and children, each with own theory of change and both on a 15-year timeline.
MALI	NIGER
Mali streamlined the development of the LRSP (2008-2015), the programs, and the CARE Norway long-term program. They have a CO-level theory of change that wholly targets women and girls. There is not a one-to-one correspondence between the CO TOC domains of change and the 4 programs or impact groups. One of these is the PEF (WE program), and each program has its own theory of change. All are on a 7-year timeline.	Began with the LRSP of 2010-2015. The "LEFF" (WE) program for women and girls is nested in a CO-level theory of change that targets a quarter of the <i>chronically vulnerably and structurally food-deficit households</i> in Niger. The 3 programs with 3 different impact groups constitute the 3 domains of change for its LRSP goal and also a 2025 vision. Each program also has its own theory of change.
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Annex A1.5: Making Use of External and Local Experts

Testimony from Tanzania:

“The technical leadership of ECARMU and CUSA’s program quality and impact was also necessary to move the process forward, even though it was not always timely and clear. But this gap was ultimately filled up by the WEIMI global team. If we were to do this process again, we would consider strong leadership from these different people within and without CARE Tanzania as being necessary to move the process forward...However, we were blessed with highly active and committed team. Whenever we had resources, we extended the WEIMI team with staff from CARE Tanzania’s Program Offices so that we were also able to hear the “voice from the field.” We used different facilitation methods and had different people in the lead. We often divided tasks between ACD-P, PQL Coordinator and Gender Advisor. We also divided the group into smaller groups to enable those who could not voice their concerns in the bigger group to speak out. WEIMI helped us in developing our work plan and in following up on the progress we were making in carrying out the work plan. The work plan helped us to identify the actions that we needed to take to move the process forward. “

Testimony from Egypt:

“[T]he WR program also greatly benefited from external consultants/technical assistance. Not only did their support help to expand the pool of participants in the process, but their insights and perspective helped the team learn more about TOC, impact measurement, etc. While the external consultants learned about the WR program, they were supporting the TOC validation process. Also, their presence helped the program team in focusing for several consecutive days towards the achievement of specific milestones and to push the process forward...[There were] points in time where the leadership came from outside the CO, for example with the support of the program shift team (Elisa Martinez and Michael Drinkwater) for the other programs which eventually also reached the WR program staff. Another example is the PQI team who made both individual CO visits and led two regional program quality workshops in 2010. During the regional impact monitoring workshop (May 2010) PQI staff supported the program in revising the problem tree and the first draft of the pathways and breakthroughs. Mary Picard also supported the program through her technical support visit in which she led the program team in starting the thinking process over again for the purpose of validation. This involved all the program staff, the ACD and staff from other programs. Recommendations from this visit included an action plan and the WR team developed a detailed program design plan following the guidance. The CO also benefited from the technical leadership of CARE USA signature programs, such as Power Within. The learning from this eventually trickled down to support all programs. The regional management unit supported COs in the region by holding the semi annual regional program meetings and inviting impact measurement staff from CARE USA. Regional meetings served to clarify for participants from across the region what the program shift was needed for, the characteristics of programs, etc. however given that CARE Egypt was a learning lab, the meetings were mainly focused on presenting to other COs what progress has been done and there was little technical support offered during these events. The WR program presented its progress and received feedback from colleagues across the region on the TOC several times. However, the regional management unit could have provided more of a supporting role/technical leadership, particularly as women’s rights is a cross cutting issue in the region and a CARE priority. In terms of having the TOC peer reviewed by gender experts, it would have provided more rigour to the process and would have complemented the inputs from various level practitioners (CBOs, UN agencies, women’s activist, etc). However, at times the program may risk being taken by the gender experts far from the discussion to a direction which the expert thinks is more correct. It would therefore be useful to have the TOC peer reviewed for validation once there is a good draft to share and not necessarily involve them from the earliest stages.”

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Annex A1.6: Organizational Responsibilities for the Program Shift

CARE Egypt:

The Sr. Management Team made sure the strategy papers were being developed, staffing was aligned with the shift, and key issues that applied to all programs were being resolved jointly. In an initial phase, they were seeking agreement on how to structure programs, whether they should be defined by sector, by approach, by geographical location or by impact group. Egypt restructured early on in the process and initially had hired 2 (out of 4) program directors to oversee the development of the theory of change for each program. Finally, the ACD-P bore more of the responsibility, until all program directors were hired. This position had a special role of ensuring the complementarity or coherence between programs and led quarterly program meetings for that purpose.

CARE Burundi:

A consultant facilitated the process by supporting the newly created Program Quality Unit in the program shift. Thus, since 2007, CARE BD has had a dedicated Program Quality Unit, comprised of seven full-time members of staff, including a Director, an Impact and Evaluation Coordinator, and a Knowledge Management Officer, together with the four Action Researchers of the Social Analysis and Learning Team. Leadership was provided by the ACD-P. Later, a core working group of senior program staff from different projects and initiatives engaged in WE programming took responsibility for moving forward the operationalization of the WE impact statement and provided an institutional mechanism for broadening the sense of ownership and responsibility for the work. Burundi also had a PQL consultant/Advisor from the early stage.

CARE Niger: Primary responsibility for measurement of the theory of change rested with the M&E / IM Unit. However, technical input from staff working on women's empowerment is solicited during annual review meetings.

CARE Tanzania:

Senior staff (the CD, ACD-P and ACD-PS) had an important role in uniting other layers of staff into a common voice and common commitment through to middle management. The Gender Advisor position, filled by an expatriate on a one-year contract, was instrumental in keeping the ball rolling. This person worked closely with the Impact Measurement Coordinator for the CO.

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Annex A1.7: Communicating the Theory of Change in Bangladesh

CARE Bangladesh:

The experience of CARE Bangladesh has highlighted the considerable challenges of communicating the progress of developing thinking on the WEIS and TOC, and so promoting the necessary ownership of, and buy-in to, that thinking across a large and busy CO, with multiple field offices in several geographically distant regions of the country. The CARE Bangladesh Program Quality Unit (PQU) has accordingly invested a great deal of time and energy into ongoing process of awareness-raising and capacity-building regarding the processes of development and operationalisation of the TOC. This work has involved the development of innovative communications materials at several strategic points in the process, starting with the re-design of the LRSP schematic to represent the four long-term programs at the centre of the CO programming strategy, as well as a one-page schematic summary of the TOC for each program. The PQU also developed a Frequently Asked Questions (FAQ) document in both English and Bengali at an early stage to communicate the key thinking for the p-shift process. More recently, the PQU has developed a four-page summary of the WE IS which has been translated into Bengali as a resource document for field staff. Another innovation in communicating the CO's work on the long term programming framework has involved the use of the Annual Diary, a copy of which is provided to all CARE Bangladesh staff, to present some of the key concepts of the TOC and its associated measurement system.

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Annex A1.8: Leveraging Resources

CARE Bangladesh used the design process for the SETU project to design its program on the extremely poor impact group. This process was replicated by other project design processes which provided spaces for reflection and dialogue by program staff in relation to the long-term programming framework of impact statements based around impact groups. The development of the WE program for the impact group of the Most Marginalized and Vulnerable Women, was similarly informed and shaped by the design and implementation processes for

- (a) the Costs of Violence Against Women (COVAW) project, a USAID-funded project which aimed to understand and analyse the link between VAW and power dynamics, gender norms, behaviour and practices in marriage that contribute to violence and which was implemented from October 2008 to September 2011; and
- (b) the second phase of the USAID-funded Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) program, a USD 127.9 million program designed to “transform the lives of women and men in 370,000 poor and extreme poor households in 11 of the poorest and most marginalised districts by reducing their vulnerability to food insecurity”. This program includes a component to promote the empowerment of poor and extreme poor women to actively engage in initiatives related to reducing food insecurity in their communities, and has been implemented since June 2010 with an end-date in May 2015.

[Click here to return to Brief 1.1: Approaches to Program Design](#)

Annex A1.9: Involving Partners in Program Development

CARE Egypt

As the CARE Egypt experience demonstrated, women's organisations and activists provided a legal and rights approach; UN agencies offered an institutional and policy perspective); peer international NGOs contributed to the quality and thoroughness of the approach and presented possibilities for strategic partnerships in areas of common interest; while donors and community based organisations ensured relevance of the TOC to the lives of women in local communities. Inviting the perspective of a relevant ministry (e.g., Ministry of Women and Children) is also important to ensure harmonization with a government plan or strategy for gender and development. External partners were invited to validate and discuss the TOC at various drafting stages such as peer organizations, donors, UN agencies, local partners, women rights network and activists. With partners, there is an ownership issue and it is important for them to see how their work is contributing to a long-term goal. But sharing same vision might also mean funding for them. . . The intermediary organizations we are working with understood the value in working across initiatives and moving in one direction. They understood from the results of the baseline which was a great learning opportunity to appreciate the links and build on them. "You begin to see and feel the impact. We are thinking and acting as a program already. There is a logic inside us. It's a framework and a puzzle. That's the creative piece."

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CARE Burundi

CARE Burundi involved partners steadily throughout the process and documents staff reflections on this process. But they have not necessarily undergone the same process of transformation as CARE Burundi, nor are they always ready or willing to undertake cross-project work in a program approach. The challenge also lay in clarifying with partners their roles in the program approach. With government counterparts, CARE Burundi staff felt that it was useful having their (i.e. government representatives') perspectives, interest and expertise to inform the P-Bouge process, and that "...working with government helped CARE Burundi to validate its work, gain feedback as well as raise CARE's visibility in Burundi."¹

[Click here to return to Brief 1.1: Approaches to Program Design](#)

¹ Michael Drinkwater and Diana Wu.

Annexes for Brief 1.2 (**Annexes A1.10-A1.15**)

Annex A1.10: Mapping out Drivers of Poverty

- **Objective:** To ensure that CARE’s new generation of programs are grounded firmly in a strong understanding of local contexts and realities.
- **Materials/Preparation:** idea cards, markers, one-page summary of underlying causes of poverty. At this point, teams should have reflected upon and researched on underlying causes of poverty affecting their impact population.
- **Participants:** Staff and partners.

1. Participants work in groups, each focused on an impact group. In groups, they discuss each of the causes of poverty that arose within their research. Each cause is written on a separate idea card.

2. Once completed, the facilitator outlines the concept of CARE’s unifying framework or women’s empowerment framework:

- **Human Conditions/Agency:** quality of life and development
- **Enabling Environment/Structures:** the (public, private, civic, social) institutional environment, and its responsiveness and inclusiveness for growth and equity
- **Social Positions/Relations:** power relations, social equity and inclusiveness

3. The facilitator also presents degrees of causes of poverty:

- **Immediate causes or manifestations:** factors related directly to life and death, which include malnutrition, disease, etc.
- **Intermediate Causes:** causes related to people’s well-being, which include access to basic services, lack of skills, lack of productivity, etc.
- **Underlying Causes:** causes driving and perpetuating intermediate causes, usually related to the systems or rules that govern society – economic, political and social structures and beliefs that favor or exclude certain groups.

4. Based on these frameworks, the facilitator creates a matrix on the wall.

	Human Conditions, Agency	Enabling Environment, Structures	Social Positions, Relations
Immediate Cause, Manifestation			
Intermediate Cause			
Underlying Cause			

5. In plenary, participants take turns placing cards in the appropriate category, based on the questions:

- To which domain does each cause of poverty pertain? (Participants were explained that in many cases a certain cause of poverty cuts across several domains)
- At which degree (underlying, intermediate or immediate) does each cause of poverty belong?

6. Once this step is completed, participants cluster cards into categories, and the facilitator leads a discussion on what causes of poverty are particularly critical in perpetuating vulnerability among the impact group.
7. Based on consensus of key causes of poverty and the clusters of causes, participants then work in teams to develop domains of change.
8. These domains are then presented in plenary, where the team discussed, questioned and offered comments on the identified domains. Each domain was then revised and used as a basis for building program design (breakthroughs, pathways, strategies and indicators).

CARE Bangladesh was able to do this analysis through the cause-consequence tree analysis (below), the initial design for a project being conceptualized when the program theory of change was being done (i.e., the Partnership for Life – VAW Project), and prior literature reviews and discussions in the CO since 2002. Its engagement in the Strategic Impact Inquiry for Women’s Empowerment had already paved the way for this analysis. However, if the depth of analysis does not already exist in the CO, data gathering may be needed, as was done in Tanzania (see its UCP/V report as a basis for the impact group on women and girls).

There are three important steps and outcomes of this process:

1. Identification of underlying causes of vulnerability for women and girls as distinct from men and boys
2. An articulation of the physical, psychological, social, economic and political manifestations of vulnerability, marginalization, or exploitation
3. Identification of groups (women and girls) and their characteristics for whom these vulnerabilities apply

In the case of CARE Bangladesh, the causes of vulnerability are:

- **Unequal gender power relations**
- **Masculine systems and structures**
- As a result of these two, a third cause: **Access and control of resources and decisions**

From birth, girls and boys are socialized into a patriarchal system of beliefs, values, and structures. This socialization shapes the respective capacities and attitudes of men and women, differentiating them by their gender, with a knock-on effect on their claims, rights and obligations.

Patriarchy pervades all aspects of life and that extends to the formal and informal institutions that individuals in the society draw upon. Power relations are the product of institutional practice.

The manifestations of marginalization and exploitation are shown in the table below:

PHYSICAL MANIFESTATIONS

- At risk of physical, psychological and sexual violence and abuse (often dowry related)
- Poor reproductive, sexual and maternal health (evidenced by high maternal mortality and morbidity rates)
- High mortality rate among girls children

- Unequal care and practices for girls
- Deprived of basic needs and opportunities throughout the life cycles/stages
- Higher rate of malnutrition among girls and women relative to boys and men
- Higher workload relative to men
- Restricted mobility
- Physical safety often at risk in private and public domains
- Stigmatization of women who have sexually transmitted infections, or living with HIV and other diseases

PSYCHOLOGICAL MANIFESTATIONS

- Poor self-esteem and lack of self confidence
- Poor perceptions of own agency and human potential
- Perpetual dependence on men
- Inability to protest about the injustice they experience
- Trauma from violence or abuse

SOCIAL MANIFESTATIONS

- Discriminated for being single, divorced, or widowed
- Tolerance of violence
- Silence around domestic violence
- Lack of access to resources, services, assets for female headed households
- Exclusion and marginalization of married and unmarried adolescent girls
- Stigma faced by survivors of violence
- Less investment in the girl child by families and society
- Early marriage (with implications in physical, psychological and economic realms)
- False assumptions made about a woman who breaks social norms to access economic opportunity

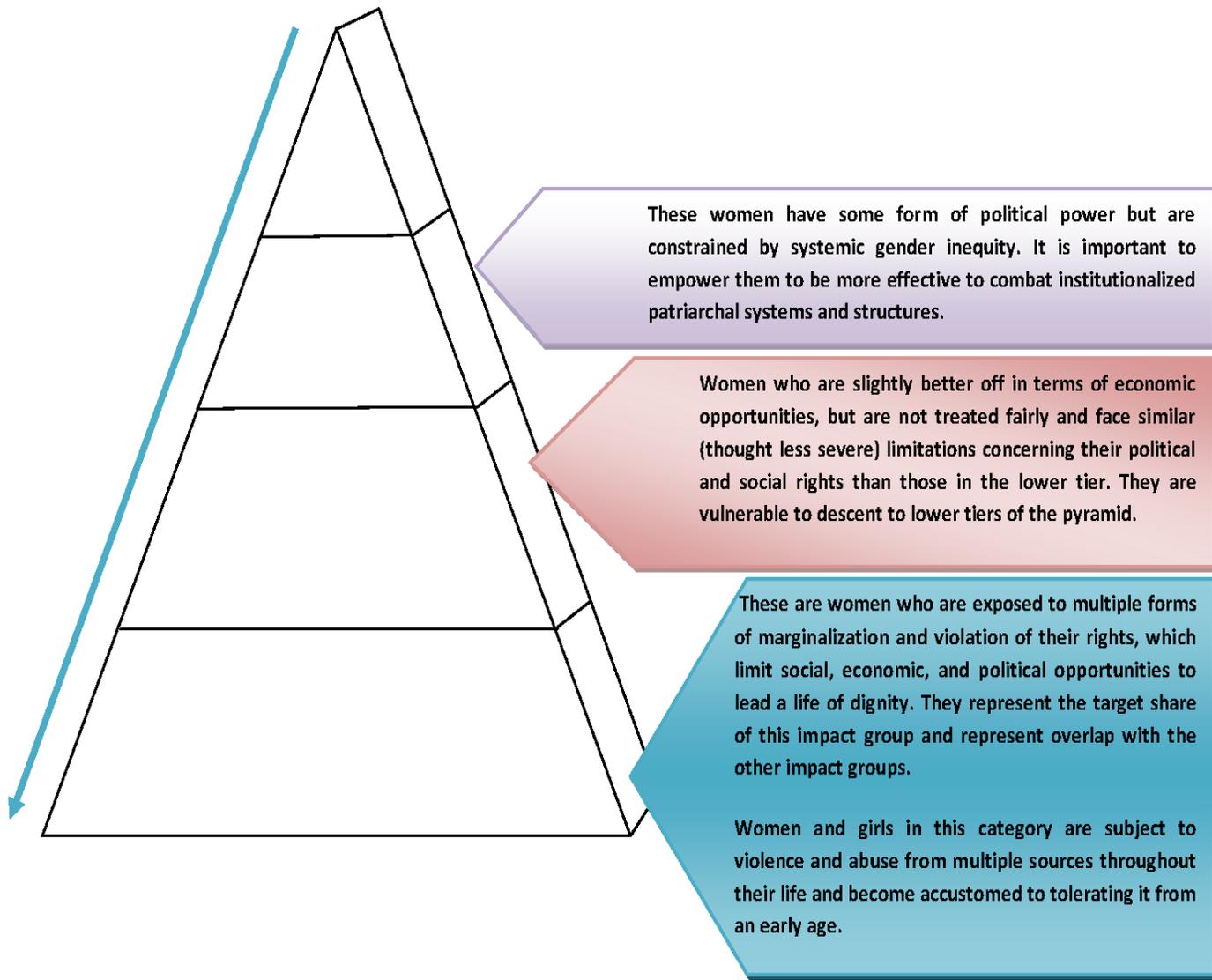
ECONOMIC MANIFESTATIONS

- Forced into sex work or other exploitative occupations
- Unfair compensation for young females garment workers and factory workers
- Migrant workers (unprotected by labor law)
- Maid servants (unfairly compensated and socially and psychologically abused)
- Independent women entrepreneurs disadvantaged
- Unemployed (lack of opportunities/ safety/ mobility)

POLITICAL MANIFESTATIONS

- Few women are effective as political decision makers (e.g., women UP members)
- Women's role as citizens is limited or not recognized
- Gaps in laws (or discriminatory laws, e.g. guardianship of children) that enable their misuse
- Improper implementation of laws in ways that discriminate women
- Lack of enforcement of laws related to dowry, early marriage, inheritance, etc.
- Lack of mechanisms to claim constitutional rights

And the groups and characteristics are illustrated by the pyramid below:



The tool below in the shape of a tree describes the root causes (roots of the tree) and the consequences of violence against women (VAW) (branches). This exercise was done with participants from three contributing projects (ARSHI, Protirodh and CEPZ) and became the basis for identifying pathways under the domain of change on VAW later.



[Click here to return to Brief 1.2: Program Groups and Goals](#)

Annex A1.11: Country Office Decisions on Impact Group Population

CARE Egypt lesson learned on the process for selecting impact groups:

"Were we to do these elements of the TOC again, a shorter and more straight forward path would be to begin with the identification of the poor, marginalized and vulnerable region through the macro situational analysis; the poor, marginalized and vulnerable district through the meso situational analysis; and the poor, marginalized and vulnerable community through the micro situational analysis. This approach would produce the program's impact group, impact goal, broad essential changes, and pathways. In this way, the definition of the impact group would be sharper and targeted enough to minimize overlapping." CARE Egypt began the process by identifying the impact goal first, when it should have formulated clear boundaries around an impact group. The team also started the analysis through using the 'problem tree' tool, which, on the one hand, helped them brainstorm and revise, since they did not have the resources to do more research at the time. On the other hand, it led to multiple revisions of the problem tree, after rounds of feedback from other stakeholders, and several re-writes of pathways and the elements within them (breakthroughs)."

CARE Tanzania revises impact groups and decides on one impact group for the Country Office

Tanzania was the only country that had all three signature programs. This initially became the organizing principle for developing programs and impact groups. Thus, signature programs had corresponding impact groups – for Mothers Matter, it was mothers and girls of reproductive age; Power Within was girls; and Access Africa, women. This would later change again with the LRSP process (in 2009), until it decided to consolidate three impacts groups into one impact group for the entire Country Office. This is how Tanzania describes the process:

"Our strategic intent was to develop each of the three impact groups into a separately managed, but inter-connected program. As a starting point, our program portfolio would be re-aligned with the programs designed around the three impact groups. . . However, our biggest challenge was that our chosen impact groups were very much sectoral and, practically speaking, did overlap very much. Whereas Impact Group 1 was centered on our natural resources and environment sector, Impact Group 2 centered on our health and social protection sector and Impact Group 3 on our education sector. Also, whereas the life-cycle of a woman seemed to be the defining factor that differentiated Impact Group 2 from Impact Group 3, geography seemed to bring together Impact Group 2 and 3 into Impact Group 1. We accordingly decided to re-think and re-define our impact groups. In our re-thinking, we found the assumptions that informed our initial choice of impact groups were still very much valid. We had to maintain sectoral expertise because donor funding was very much sector-driven. We had to put women and girls at the center of our program approach because they hold keys to the success of our development work. We had to remain in many of the rural areas in which we were operating because they are poor, marginalized and vulnerable."

"Based on the thinking described above, we decided our new impact group would be marginalized and vulnerable women and girls, at critical life stages, (living) in rural underserved and environmentally restricted areas by depending on (1) agriculture and forestry (2) their interactions with adjacent mines and industries, (3) fisheries and (4) pastoralism. This means that we will measure the impact of

our work in the lives of the rural marginalized and vulnerable women and girls. But we will design and implement interventions that pay attention specific to the poverty, marginalization and vulnerability of the four sub-populations mentioned above. And, within these sub-populations, we will specifically pay attention to the vulnerabilities of girls aged 7-14 years, adolescent girls aged 11-17 years and adult women aged 18-45 years.”

CARE Mali has one WE impact group for the Country Office

Within the impact group, CARE Mali prioritizes particular sub-populations. Its impact group is “women of childbearing age” and it prioritizes (equivalent of sub-impact groups):

- Female-headed households(widowed or divorced) OR
- Women laborers who live by selling their labor for work or in exchange for money; OR
- Women who live on less than490CFA francs; OR
- Teen mothers.

CARE Niger - Geographic Boundaries for the Impact Group

The team chose a CO program goal first, which specifies the target population in a particular geographic region. Then it chose 3 complementary domains of change that relate to 3 different programs, one addressing the needs of women and girls, another on food and nutritional security, and another on management of natural resources and climate change. These are not mutually exclusive and address different aspects of life for the same population group of 75,000 households. CARE Niger chose as an impact group for the LRSP those who reside in structurally vulnerable rural, urban and peri-urban households living below the poverty line owing to a chronic deficit of income. This group is composed of:

- Women,
- Girls under 16 years,
- Children 0 to 5 years,
- Girls in urban domestic,
- The Elderly, and
- Disabled.

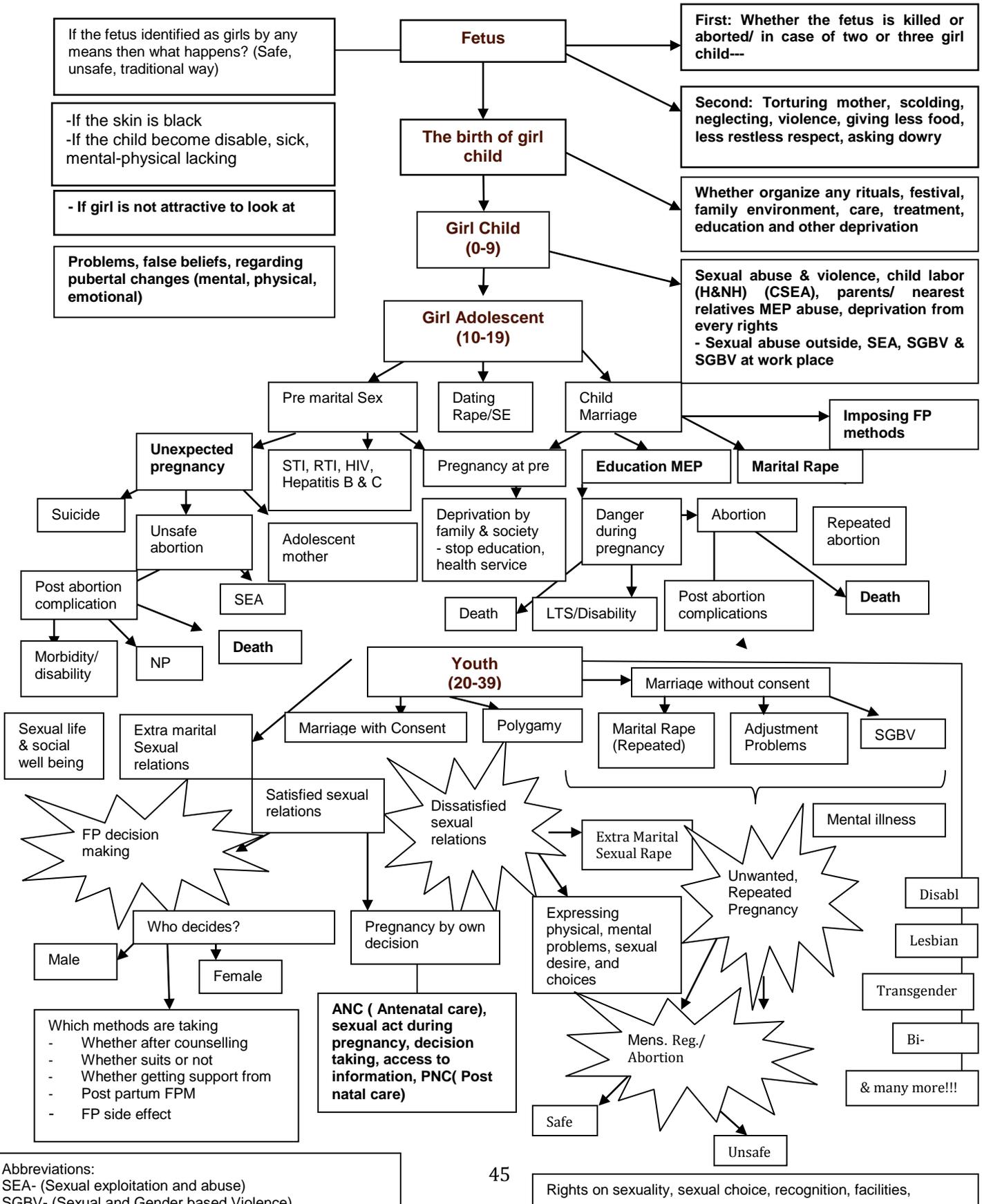
These are the people most affected by poverty, injustices and inequalities within households targeted by CARE programs. Changes to occur through the implementation of programs mainly concern these people. From among these, they then chose “priority impact groups” as their sub-impact groups. These were identified as women aged from 16 to up, girls aged from 6 to 15 years, and children in the age bracket of 0 to 5, cut across the 3 programs.

- For the LEFF program, the IG is women and girls 0 to 15.
- For SAN, women, and girls and boys 0 to 5.
- For GRN, women and girls.

Changes to occur through the implementation of priority programs will be measured with these people in all CARE Niger initiatives, in the impact areas identified.

[Click here to return to Brief 1.2: Program Groups and Goals](#)

Annex A1.12: CARE Bangladesh SRHR across the Life cycle Flow Diagram to explore critical SRHR (Sexual and reproductive health rights) issues



Abbreviations:
SEA- (Sexual exploitation and abuse)
SGBV- (Sexual and Gender based Violence)
H&NH-Health, Hygiene and Nutrition

Annex A1.13: Stakeholder Mapping Exercise

- **Objective:** To map stakeholders and partners pertinent for the programs' impact groups.
- **Participants:** Program design team.

The P-Bouge team began by collectively listing stakeholders and partners pertinent to each impact group. This list was then used to inform and map out key stakeholders. For this mapping, the P-Bouge team split into two groups (one per impact group). In groups, the team:

- Reviewed the list of partners and stakeholders and developed a list of potential partners for the impact group
- Aligned partners and stakeholders to each domain of change and specified the type of contribution they could provide.

To help teams to systematically discuss diverse stakeholders at multiple levels, the team discussed various types of stakeholders:

- Intergovernmental organizations (UN, WHO, World Bank, etc.)
- Government institutions (at the colline, commune, provincial and national levels)
- Donors/Foundations
- Non-governmental organizations (community-based → national → international)
- Other private institutions (business, etc.)

The guidelines for this exercises provided the following table:

Partner, Stakeholder	Contribution to the Theory of Change	Type of Contribution
Ministry of Health	Domains of Change 1 and 3	Development of Policy on Sexual and Reproductive Health ; Trainings on
UNIFEM		
ITEKA		

The Children's Empowerment program adapted the matrix for the exercise, as:

	Political	Advocacy	Technical Expertise	Financial
Domain of Change 1	<ul style="list-style-type: none"> • Min Sante • Min Agr/SABU • ... 	<ul style="list-style-type: none"> • Confessions religieuses • FAWE • ... 	<ul style="list-style-type: none"> • ABUBEF • TPO • IRAZ • ... 	<ul style="list-style-type: none"> • CNLS • FAO • UNICEF • ...
Domain of Change 2	<ul style="list-style-type: none"> • Min Justice • Min Genre • ... 	<ul style="list-style-type: none"> • Lignes • ADDF • ... 	<ul style="list-style-type: none"> • ASF • Lignes • ... 	<ul style="list-style-type: none"> • Ambassadors • UE .

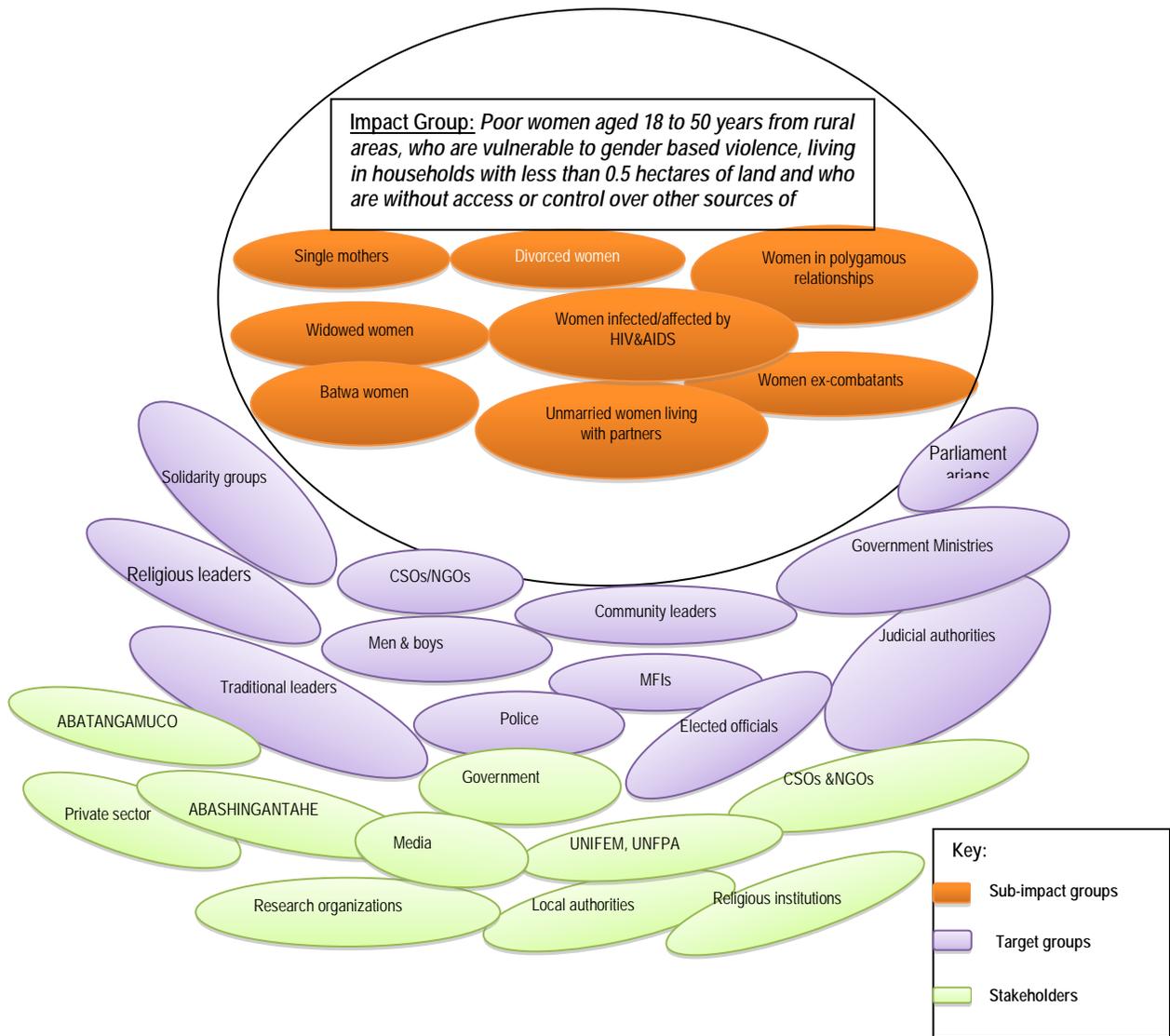


Figure 2. CARE Burundi Illustration of Impact Group, Sub-impact Groups, Target Groups and Stakeholder Groups for the Women's Empowerment Program

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Annex A1.14: CARE Tanzania Partnership Strategy Development

The partnership strategy applies a process for stakeholder analysis and mapping. The partnership guide itself was intended to guide partnership operations and modalities in all program initiatives. The strategy was based on the Country Office (CO) experiences in partnership arrangements to date, the theory of change guiding the LRSP 2010 – 2020, and MWANGAZA strategy. Thus, the report consists of a partnership strategy that includes a stakeholder analysis. In Annex 4 of the document, it lists organizations key to the achievement of breakthrough points, major risks/threats of each organization to the ToC, and proposed mitigation measures. It categorizes stakeholders as follows:

I. Government organizations

II. Other institutions / structures

- CBOs/Traditional Structures (Formal and Informal), Interest Groups, Religious Institutions/Organizations, etc
- Social movements
- Local NGOs
- International NGOs
- Research institutions
- UN agencies and multilaterals
- Other funders/ donors
- Others [Bilateral Organizations, Individuals (Role Models, Positive Deviants), Negative Contributors (Brokers, Circumcisers, Traditional Leaders), etc]

It then maps stakeholders according to level of engagement with impact groups with these column headings:

- Organization
- Degree of overlap with impact groups
- Specific focus on sub-impact group
- The kind of relationship expected with the program (stakeholder group, target group, or impact group)
- Degree of similarity of vision and mission
- Current and potential influence and contribution to scale
- Degree of interest in partnership and the TOC
- Type of relationship expected in the context of the TOC (with choice of policy partner, Implementation, Research, Co-funding, Other)
- Kind of financing relationship expected

Its recommendations propose partnerships using this categorization:

- Strategic
- Intermediary
- Implementing
- Informal (non-monetary)

[Click here to return to Brief 1.2: Program Groups and Goals](#)

Annex A1.15: Facilitating Movements

Facilitating Social Movements – The information presented below is indicative only and based purely on what was made available at the time of this writing. Information for Mali and Tanzania was not available.

EGYPT

CARE Egypt is cognizant of its positioning amongst civil society actors to promote women’s rights. It invited activists, practitioners, U.N. agencies and other players to validate the theory of change and collaborates routinely with other actors on all initiatives. One of its strategic tactics is its membership in the Network of Women’s Rights Organizations (NWRO) with GTZ (the German development organization). This made it possible for CARE to participate in presenting the Shadow Report to the UN Committee and, with the National Council for Women, to be part of a broader coalition that is monitoring the Egyptian government’s performance against CEDAW (the International Convention on the Elimination of Discrimination Against Women) that addresses women’s economic and social rights. Prior to submitting the Shadow Report, CARE conducted awareness training with 30 civil society organizations, including media and religious leaders, in relation to CEDAW. This concluded in their commitment to work on promoting women’s rights with a focus on the anti-GBV law and Personal Status Law. The plan was jointly developed at Governorate level with implementation beginning in 2012. CSOs in turn have been developing their networks that will support them in reaching larger numbers of community members.

Another strategic tactic at the grassroots level is working with others to create a platform for women’s voices using VSLA (village savings and loans associations). Other organizations such as PLAN are also adopting this approach and together, are building on joint work to amend the Personal Status Law and other policy changes. The program is still in the process of identifying a more comprehensive set of actors with whom to collaborate and link up in the future to achieve broader changes for women and girls.

NIGER

In Niger, the “Women and Girls’ Leadership” program funded by CARE Norway has an expected outcome that “by 2015 women’s and girls’ rights are being defended by a social movement of men, women and local leaders and institutions.” This program has sought to create the conditions for structuring a social movement for women, mainly from rural areas. The primary entry point is the network of MMD associations, an acronym for the Hausa expression *Mata Masu Dubara*, or “ingenious women.” These are village savings and credit associations, many of which have been in existence through CARE’s programming for 20 years. MMD associations develop first at community level to develop women and girls’ leadership capacity, enabling them to practice decision making at local level, sometimes on controversial topics such as domestic violence, women and land, or the effects of smoking.

The MMD structures are a platform for advocacy initiatives that are supported by local organizations who then establish local and communal advocacy strategies. The aim is to support the emergence of alliances so that groups can work side by side in aiding groups who are victims of social injustice. Strategic alliances are made with specialized organizations (e.g., women access to land, girls schooling, forced and early marriage, etc.) for this purpose. One example is CARE’s work with REFEP (Network of Women for Peace) that is raising awareness on early marriage and inheritance of land in two towns in one particular region.

Another strategic tactic is to link up grassroots women’s associations with organizations that are principally male organizations. Its overall aim is to produce a “new Niger society” composed of men

and women positive leaders who are able to influence a broad array of institutions—women, youth, elder’s council, village rulers, traditional rulers networks, religious leaders networks—to reinforce the strategic position of women and girls, while engaging men to promote gender equality and equity. Another key tactic is involving women political leaders, together with leaders of associations and networks, to expand the pool of emergent women and men leaders who can effectively represent women, defend their interests, and carry out advocacy initiatives. Bringing women’s political leadership to bear on economic and socio-cultural environments that perpetuate gender inequality is fundamental, as it will aid in the transformation of unjust gender relations. In parallel, building the constituency base, by raising awareness at grassroots level on laws and conventions in favour of women’s rights will also grant to women leaders the opportunity to demonstrate their capacity to defend their groups’ interests.

To date, the social movement which CARE Niger is seeking to bring about is constituted in a federation of 60 organizations including NGOs and national associations, supported by UN organizations and the Ministry of Women’s Promotion. The social movement has specifically advocated for women’s political participation and other issues.

BANGLADESH

One of Bangladesh’s WE program domains of change is “strong social movements built on women’s and participation of men and boys.” Bangladesh’s explanatory note on this is:

It is evidently clear that increasing solidarity between women’s groups will be crucial to a social movement aimed at establishing equal rights for women with other actors. This of course will have to be reinforced by meaningful participation of men in this struggle. Since men are shareholders in patriarchy and receive dividends, they must be able to understand the benefits of gender justice for the broader society and the costs to society of women’s marginalization. In this regard, we need to view power relations as more than just a redistribution of power but as an expansion of women’s power.

The program envisions these potential achievements from a strengthened social movement: (a) a socially-sanctioned identity or role for women outside the institution of marriage; (b) reduction of dowry and VAW, (c) women challenging norms without fear of their own security; (d) women gaining inheritance rights and ability to accumulate wealth, (e) women’s right to maintain guardianship of children, (f) girls with a much greater say in decisions relating to marriage, (g) a legal code that supports women-headed households, and (h) men and women advocating together for women’s rights issues. The program identified as some of the key characteristics of “strong social movements”:

- Strong grassroots base: meaning that attention should be given to building the organizational capacity of solidarity groups and their leaders so that they can engage in networks in their communities and beyond;
- NGOs that are either directly constituency-based or have strong links to grassroots organizations – emphasis here is on accountability and speaking with not for poor and vulnerable groups;
- Defined by a common goal – and so alliances and movements may not be permanent and may emerge as needs demand;
- Transcend traditional divisions – so able to bring men and women together, for example, in the interest of women’s empowerment, or to forge links between wealthy or well-educated women and their vulnerable counterparts – in pursuit of common interests;
- Social movements form and are comprised of a variety of organizations that are networked horizontally (different types of organizations in the same community, working together on issues of common concern) and vertically (linkages between community organization and those at district and/or national level working on issues of common concern).

CARE Bangladesh has been exploring ways of facilitating social movements. The ARSHI project (a Bengali term for “mirror”) that ended in 2010 is known for its innovations in engaging men and boys in promoting health and social justice for women and girls. ARSHI’s work has contributed to building a community’s capacity to address the rights issues of health injustice, violence against women, and child marriage. It helped mobilize communities to protest against rights violations and injustices. It mobilized youth in particular to raise their voices and leadership skills, producing evidence of individual adolescents who took it upon themselves to hold others in their community accountable. It captured the power of men’s voices and support to the cause of both health and gender justice. It accomplished this through “grassroots development” that consisted of empowering the poorest and excluded groups, building their leadership, voice, and solidarity, as well as enabling the exercise of rights-holders to claim their rights and responsible actors to fulfill their obligations. These actions were furthered by “joining forces with others” to build greater support for their cause, bring others on board with an agenda for change, and increase their power through the growth of a critical mass. It influenced others at national level, in particular policymakers, through raising the voices of the poor and excluded (the impact group), allowing them to make their demands known, and with the backing of a social movement, using evidence, real stories, the media, and creative communication tools to influence. These experiences produced many lessons learned for CARE Bangladesh that continue to be part of a learning journey, as it tests strategies in other initiatives.

BURUNDI

The Burundi program refers to the abatangamuco -- engaged men (and women) who have renounced physical and psychological abuse of women and girls and seek to influence other men to do the same – as a social movement. The abatangamuco, which literally translates to “those who bring light where there is darkness,” grew out of the experience and testimony of one courageous man who decided to challenge gender-based violence starting in his own household. The experience of “public witnessing” by both men and women who told personal stories of change was successful in promoting positive behavior change. Through these stories, they challenged men and women’s traditional practices and influenced others to change their harmful behavior towards women, thus breaking the silence on violence. Those who transformed their attitudes say their livelihoods improved and family decision-making became more equitably shared.

The abatangamuco has great potential as a social movement, as demonstrated thus far. However, CARE Burundi stresses that any budding social movement needs time to mature and grow organically so that it remains true to the priorities and needs of its members. Too much external influence or pressure for the movement to expand and take on a formal structure may have deleterious effects, e.g., too much structure risks creating hierarchies that will easily alter the vitality of the group. The program has thus sought other methods for behavior change at community level to avoid “taking control” of the direction of the movement.

[Click here to return to Brief 1.2: Program Groups and Goals](#)

Annexes for Brief 1.3 (**Annexes A1.16-A1.20**)

Annex A1.16: Process for Constructing Pathways

- **Objective:** Process and discussion for selecting critical pathways for domain of change and for developing and clearly articulating pathways with a set of guiding questions

CARE Bangladesh: Pathway Characteristics

PURPOSE:

Explains what a pathway is and its characteristics to aid in the selection of critical pathways for your domains of change

In Bangladesh, prior to an exercise to select pathways from a range of possibilities, the facilitator provided this explanation for pathways of change:

There are many paths to attain the same outcome but the paths chosen are understood to be the most effective to achieving lasting social change in a 15-year time horizon.

A pathway does more than instruct someone how to go from point A to point B in a specific time period; it clearly explains why this route is necessary and what are expected outcomes. The “how” is a set of hypotheses and critical assumptions that account for the causality and logic in the pathway.

They are valid so long as they have been or are being tested (they can be updated as one learns).

The composite set of pathways that inter-relate to achieve the domains of change is also essential; if one pathway is absent, success will not be attained. A set of pathways in combination have synergistic effects and will achieve change in the domains as effectively as possible in 10-15 years.

Each pathway:

- Has a high-magnitude effect
- Can be described and envisioned
- Has a set of practices of how it works well
- Is both about actions to take and their outcomes (causal)
- Is interdependent on other pathways
- Captures agency, structure and relations

CARE Egypt: Thinking through Pathway Development

PURPOSE:

Illustrates the process for developing and clearly articulating pathways with a set of guiding questions

This example was developed, with assistance from a consultant, during the process of beginning work on an impact measurement system. One of the tasks of the team is to develop a clear articulation of each pathway, before operationalizing the theory of change.

Phase 1: Describing Pathways

Use these guiding questions for pathway description:

- **Question 1:** What is the rationale for selecting this pathway to fulfill the domain of change? Say something about why you selected it.
- **Question 2:** Whose behaviors or roles need to change in order to attain the highest level result of this pathway and the indicators? Be specific about which stakeholders and how you expect them to change. Even if the end result is a policy change or other systemic change, there are still often behavioral changes as pre-conditions. Think it through.
- **Question 3:** Then ask what actions you and CARE’s partners need to take to influence these behavior changes.
- **Question 4:** Sometimes there is no specific action, but it is just about influencing others. Be specific about this too.
- **Question 5:** What do you see as your most important causal links in this pathway? Which ones really deserve your attention in testing this pathway?
- **Question 6:** How do your initiatives overlay on the causal pathway? Which relationships do they capture?
- **Question 7:** Does the initiative M&E system allow you to collect data on those most important causal links (such as an intervention creating a specific expected outcome)?
- **Question 8:** Are initiatives working in different operational areas or do they overlap? If they do not overlap, are they achieving similar outcomes but with a different approach or set of actions? Then it is worth comparing.
- **Question 9:** If initiatives are complementary to one another, should they be operating in the same geographic area to create synergy?

Example Description

Domain of Change 1: CSOs are strong and gender sensitive and are an avenue for building women's leadership and representation of women's needs, rights and interests

Pathway 2: CSOs inform, influence and monitor govt policies and programs that support gender equity and equality

Contributing Projects and non-Project Efforts: WESAL, EYE ON CEDAW, Safe Cities

INDICATOR	OPERATIONAL DEFINITIONS	GEOGRAPHIC DISAGGREGATION	SOURCE AND METHOD OF DATA COLLECTION
# of initiatives led by CSOs for policy change related to gender equity or equality	e.g., personal status law, domestic violence, sexual harassment Includes policies, procedures and laws CSOs at community and national level	Minya, Assuit, Sohag; National (Cairo) for Safe Cities	Baseline for Safe Cities and post-test; KAP pre and post; Shadow Report for EYE ON CEDAW All pre and post

<p>Types and # of actions, policies and programs implemented as a result of these initiatives</p>	<p>Actions = procedure decisions, govt refers problem to a policymaking body or takes some action towards it Programs = at local level with government cooperation</p>	<p>Minya, Assuit, Sohag; National (Cairo) for Safe Cities</p>	<p>Baseline for Safe Cities and post-test; KAP pre and post; Shadow Report for EYE ON CEDAW All pre and post</p>
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Rationale: CSOs have not been a force for change in women’s empowerment or gender equity. Unless civil society becomes active, even impassioned, about this issue, there will be little pressure on the government to change. This has to begin at the grassroots level, where the inequities in communities play out, particularly violence against women. CSOs can directly mobilize and influence different segments of society, be a vehicle for women’s participation, and engage both men and boys in advocating for change. Linking the grassroots to the national level is the most effective means for policy change, as it generates the evidence (of how inequities are manifest at community level) and demonstrates the scale of support for the issue. Moreover, as a principle, giving people, women especially the chance to participate by joining more women in the CSOs composition , also having a women voice in the process of legislative and policy change is something we wish to promote.

Description:

How do we expect CSOs to inform, influence and monitor government policies and programs that support gender equity and equality?

NGOs include community-based organizations (CBOs) and intermediary organizations, the latter who are often CARE implementing partners. Our general approach is to assess their capacity for becoming involved in the activities (depending on what it is) and then select those that will become engaged in the work. Mainly through training activities, we first ensure that the **NGOs have sufficient understanding and awareness of the issues**, i.e., how women’s rights are being violated, and the gaps in the legislation, leading to a proposed set of changes to the laws and policies to ensure fulfillment of women’s rights (and prevent injustices). In WESAL, CSOs actually participated in community assessment and will be part of legislative analysis and power mapping before developing an advocacy strategy.

The role of the CSOs in the communities is to mobilize communities and make them aware of the issues affecting women, such as violence in the WESAL project, or threats to women in public spaces in the Safe Cities initiative. Part of becoming aware is also holding up a mirror to the community and drawing out evidence of how this is happening. WESAL does this through interactive community theatre. In the EYE ON CEDAW initiative, where the awareness raising focused on the CEDAW, CSOs became part of a network and joined committees that played the role of gathering case data that were relevant to the personal status law and the gender-based violence law. This is a way to provide evidence of what needs to change. Another committee was charged with raising awareness on CEDAW and engaging the media to reach a wide number of people, while another was charged with increasing knowledge about the conventions, protocols, etc. of CEDAW so that participating CSOs could understand the difference between the government report to CEDAW and the shadow report they would submit. In Safe Cities, evidence gathering is done through community-level watchdogs who gather stories.

It is also part of the **change strategy to involve and influence religious leaders**, to demonstrate, for example, there is no contradiction in the Sharia law with the policy asks (changes) we wish to see happen. We involve them in the planning phases and seek their commitment to the policy change.

We **use evidence from the grassroots to develop advocacy messages**. In Safe Cities, volunteer groups and NGOs develop advocacy messages on prevention and protection against violence against women. Dissemination of messages to the public as well as to influence policymakers is through the media and various other means – in WESAL, through the use of interactive theatre at community, governorate and national levels.

Policy dialogue regarding violence in public space takes place in Safe Cities through public forums between local / slum communities and policy makers on VAW in public spaces. In WESAL, the policy dialogue for domestic violence we expect will be triggered by the theatre presentations, and local voices will be heard by policy makers by raising it to the national level.

Many assumptions are being made about the political environment and how that will affect the possibilities for civil society organizations to be heard. This will need to be closely monitored.

STRATEGIES...	WILL LEAD TO:...
<ul style="list-style-type: none"> • Select NGOs and provide awareness raising training on the issues and legislative gaps. • Train NGOs in the techniques to mobilize and raise awareness in communities about women’s rights • Train NGOs on how to generate evidence from the grassroots of the abuses and the reasons policy change is needed • Involve religious leaders, men and boys to commit to an agenda for change 	<ul style="list-style-type: none"> • NGOs create the evidence • Religious leaders, men, and boys commit to the agenda • NGOs develop advocacy messages to present to policymakers and key stakeholders. • NGOs disseminate messages through the media, public forums or other means • NGOs engage in the policy dialogue at the national level, with clear messages of what needs to change in the policies, procedures, etc... • Policy change, procedural change, etc... • NGOs monitor and hold duty bearers accountable

Phase 2: Deciding Critical Hypotheses within the Pathway

A set of guiding questions that may help you decide which are critical hypotheses in this pathway:

- Are CSOs able to formulate strong, effective, evidence-based advocacy messages?
- What tactics really influence and bring onboard religious leaders?
- Does the media play a very big role? Are they allies?
- What does it take for any one community to support an agenda for women? Is the role of CSOs sufficient?
- Are CSOs are able to participate in policy dialogue?
- Will the political environment post-elections tolerate a greater role of CSOs in policy dialogue?
 - [**Click here to return to Brief 1.3: Defining Domains of Change**](#)

Annex A1.17: The ‘Visioning Aziza’ Exercise used in Tanzania

- **Objective:** To better understand the logic of the theory of change, and the difference it will make to the women and girls who CARE identifies as the impact population. To think through the myriad manifestations of change in the life of an impact group member as a pre-cursor to writing pathways, formulating indicators or characterizing the impact group. This can also be done for age-specific groups.
- **Participants:** Program design team

PURPOSE:

Think through the myriad manifestations of change in the life of an impact group member as a pre-cursor to writing pathways, formulating indicators or characterizing the impact group

This can also be done for age-specific groups

In order to better understand the logic of the theory of change, and the difference it will make to the women and girls who CARE Tanzania identifies as the impact population, participants in a workshop, supported by WEIMI and the Program Impact Unit staff, were asked to think about how a girl/woman – Aziza – will experience the changes captured in each domain at different ages.

A similar exercise was conducted with CARE Egypt and CARE Bangladesh. One reflection is that the focus on Aziza’s life

should reflect all types of gender relations she has (not only husband-wife) and, perhaps separately, be done for female headed households.

The CARE Tanzania Output:

Domain of Change 1: The Impact Group has access to basic services, resources, skills, knowledge and confidence to diversify their livelihoods, and become resilient to environmental shocks.

Aziza at 10	<p>She goes to school and gets a good quality education;</p> <p>Her curriculum includes environmental studies;</p> <p>The health facility is nearby and affordable – they provide a good quality service and have skilled staff;</p> <p>There is clean water nearby which is regularly available;</p> <p>She shares work with her brothers and helps her parents;</p> <p>She has time to rest and do homework.</p>
Aziza at 17	<p>She is completing secondary school;</p> <p>She has access to adolescent-friendly health services;</p> <p>She has enough water for her sanitation and hygiene needs;</p> <p>She is learning sustainable farming methods at school;</p> <p>She has joined groups.</p>
Aziza at 35	<p>She is married with an understanding husband, and only has 2 children;</p> <p>Her family has enough food;</p> <p>She is a member of a VSL group, and attends adult literacy classes;</p>

	She learns modern methods for sustainable agriculture.
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Domain of Change 2: Cultural and social norms recognize and uphold rights of the Impact Group, enabling them to participate equally in family, local and national decision-making.

Aziza at 10	<p>She and her community know and safeguard children’s rights;</p> <p>She is able to participate in family decision-making and so is able to go to school and to share her work with others in the family;</p> <p>She socializes with her peers and belongs to clubs or groups in the community and school;</p> <p>She participates in the school governance/management structure and advocates for her needs and rights.</p>
Aziza at 17	<p>She participates in family meetings and in agricultural activities;</p> <p>She is able to make informed decisions about marriage, the number of children she has/wants, her sexuality and sexual activity, future careers (she has access to information and is able to negotiate choices with her family and others);</p> <p>She participates in community meetings, for example planning meetings;</p> <p>She participates in savings groups and economic activities, which further boost her confidence.</p>
Aziza at 35	<p>She has control over assets and resources – e.g. a house, land, cattle, a boat;</p> <p>She is a recognized leader in her community – perhaps chairperson of a village development committee, councillor or even parliamentarian;</p> <p>She sends all of her children to secondary school and pays their school fees;</p> <p>She contributes in the household;</p> <p>She plays a role in household decision-making, such as what to plant or sell, how many children to have, condom use;</p> <p>Her husband shares information with her;</p> <p>She experiences a decrease in gender-based violence and has greater knowledge of laws and policies;</p> <p>There are new male role models in the community;</p> <p>She is able to make decisions about her own money – she has a small business and is able to take her own products to market;</p> <p>Men/her husband shares household chores, tasks, farming, and information.</p>

Domain of Change 3: Civil society, private sector, local and national governance systems and institutions are responsive to the needs and rights of the Impact Group.

Aziza at 10	<p>She is enrolled in public school;</p> <p>She is heard in the school and in the community;</p> <p>She is assured of health services;</p>
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	<p>She is allowed to play, pray and rest;</p> <p>She has a decent place to live;</p> <p>She is free from hunger;</p> <p>She is free from the threat of violence;</p> <p>She has access to clean water and lives in a clean environment.</p>
Aziza at 17	<p>She has completed primary school;</p> <p>She is free from the fear of early pregnancy or early marriage;</p> <p>She participates in community decision-making;</p> <p>She has an opportunity to earn a living and continue her education;</p> <p>She has a safe and peaceful home;</p> <p>She is free from hunger;</p> <p>She has access to clean water and lives in a clean environment.</p>
Aziza at 35	<p>She has the opportunity to advance academically;</p> <p>She has a forum for expressing her views, needs and to influence policy, including budgeting and planning at local and national level;</p> <p>She has the right to own property;</p> <p>She can choose how many children to have;</p> <p>She has the opportunity to work;</p> <p>She is free from gender-based violence;</p> <p>She is free from hunger;</p> <p>She has access to quality SRH services;</p> <p>She has access to clean water and lives in a clean environment;</p> <p>She has access to land.</p>

Domain of Change 4: Critical ecosystems and natural resources (forest, marine, watersheds, agricultural and range lands) on which marginalized and vulnerable women & girls depend are healthy and intact.

Aziza at 10	<p>Reduced workload for collecting firewood and water, thus more time for education.</p> <p>Better fed due to more resilient agricultural practices. More pulses in diet due to intercropping. More food in general due to greater harvests.</p> <p>Better educated with knowledge of conservation agriculture, climate change from improved school curriculum, environment clubs, etc.</p> <p>Better health from improved nutrition.</p>
Aziza at 17	<p>More access to higher levels of education due to shifted work load.</p> <p>Less vulnerable to sexual exploitation as collection of water and firewood from distant locations reduced.</p>

	<p>Reduced cooking burden due to fuel efficient stove.</p> <p>Better health from improved nutrition.</p> <p>Better educated with knowledge of conservation agriculture, climate change from improved school curriculum, environment clubs, etc.</p>
Aziza at 35	<p>Improved access to sustainably used natural resources – water, farmland, forests.</p> <p>More income generating opportunities from sustainable use of natural resources.</p> <p>Less vulnerable to sexual exploitation as collection of water and firewood from distant locations reduced.</p> <p>Reduced cooking burden due to fuel efficient stove.</p> <p>Better educated with knowledge of conservation agriculture, climate change.</p> <p>Opportunities for leadership in village conservation committees, etc.</p> <p>Clear land rights will assure equitable access to grazing lands, contributing to improved income levels from animal husbandry.</p> <p>Better, more economically and environmentally sustainable future.</p> <p>Lower long-term agriculture work load from conservation agriculture practices. Same land can be used for higher productivity and higher productivity and closer to home. No need for moving further and further from home to pursue slash-and-burn agriculture.</p> <p>By becoming more economically self-sufficient they are less vulnerable to sexual exploitation.</p> <p>Marine resources sustainably harvested for fisherwomen involved in fish farming, crab ranching, coastal fishing, fish marketing, seaweed farming,</p> <p>Increased income from tourism related to proximity to national parks. Markets for handicrafts, food, lodging. Revenue sharing from park fees.</p> <p>Carbon finance income from REDD and Energy projects.</p> <p>Clean and renewable energy for night lighting, cooking. Solar lights, fuel efficient</p>

The characterization of the impact group that ensued from this exercise is as follows:

CARE Tanzania calls the typical marginalized and vulnerable woman in rural underserved and environmentally restricted areas, *Aziza*, and here is how it characterizes her. *Aziza* is often divorced, widowed or separated. If she is married, then she is married with a difficult husband, and has more than 4 children. Her family has insufficient food. She is illiterate and not a member of any group in the community. She is not aware of modern methods for sustainable agriculture. She does not have control over assets and resources – e.g. a house, land, cattle, and a boat. She is not a recognized leader in her community. She cannot send all of her children to secondary school and pay their school fees.

She contributes in the household, but her contribution is not appreciated. She plays no role in household decision-making, such as what to plant or sell, how many children to have, or condom

use. Her husband does not share information with her. She experiences an increase in gender-based violence and has no knowledge of laws and policies. The male role models in the community are stereotypes. She has no money of her own and is, therefore, unable to make decisions about money. Men/her husband do not share in household chores, tasks, or farming. She has no chance or opportunity to advance academically.

She is not aware of the forums for expressing her views and needs. She does not know how to influence policy, including budgeting and planning at local and national level. She does not have the right to own property. She cannot choose how many children to have. She does not have the chance or opportunity to get a decent work. She is not totally free from hunger. She has a number of obstacles in accessing to quality basic services. She does not have access to clean water and lives in an unclean environment. She does not have access to land and uses natural resources – water, farmland, and forests – in unsustainable manner. She has limited income generating opportunities from sustainable use of natural resources. She is more vulnerable to sexual exploitation because she collects water and firewood from distant locations. She experiences increased cooking burden due to her fuel inefficient stove. She has no knowledge of conservation agriculture, climate change. She is not aware of the opportunities for leadership in village conservation committees, etc. Unclear land rights weaken her equitable access to grazing lands, contributing to improved income levels from animal husbandry. Her future is economically and environmentally unsustainable. Her long-term agriculture work load is more from ignorance of conservation agriculture practices. Same land cannot be used for higher productivity and higher productivity and closer to home. Need for moving further and further from home to pursue slash-and-burn agriculture. By being less economically self-sufficient she is more vulnerable to sexual exploitation. Marine resources are unsustainably harvested. She has limited income from tourism related to proximity to national parks. No markets for handicrafts, food, lodging. No revenue sharing from park fees. No carbon finance income from REDD and Energy projects. She uses unclean energy for night lighting, cooking. No solar lights and no fuel efficiency.

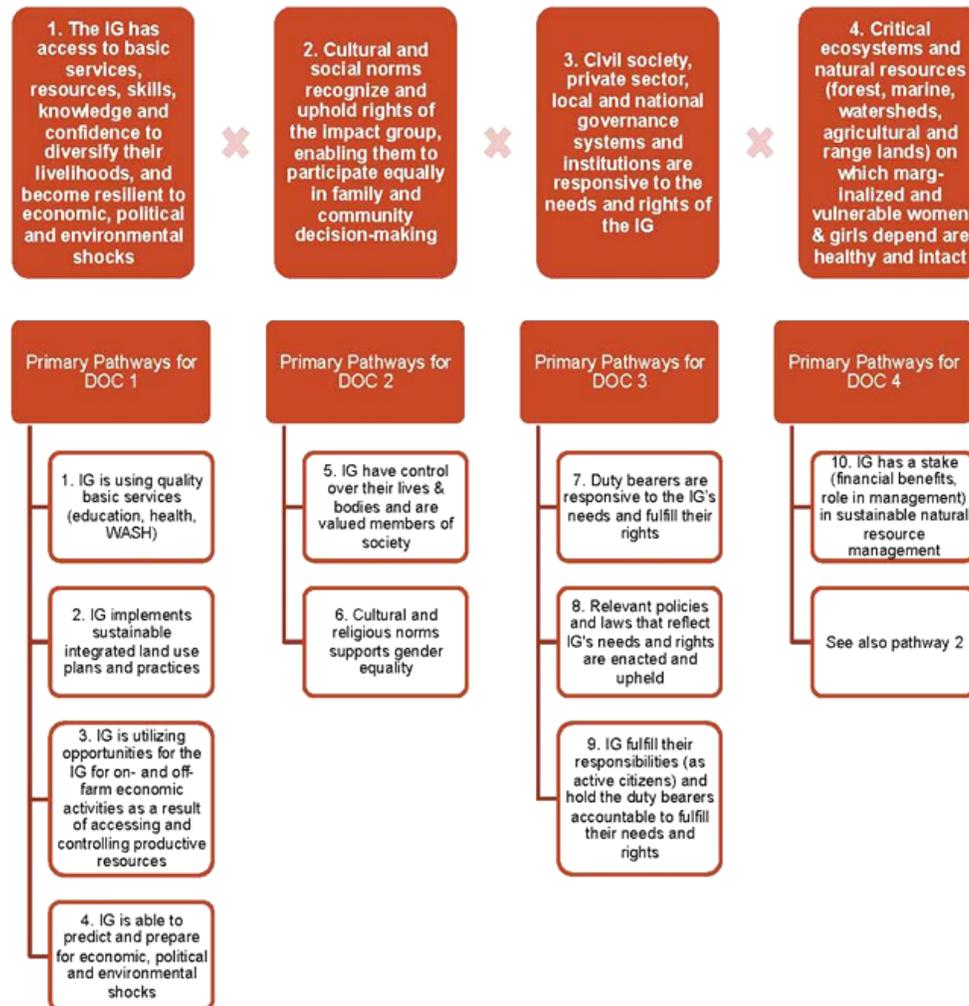
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Annex A1.18: CO Domains and Pathway Examples

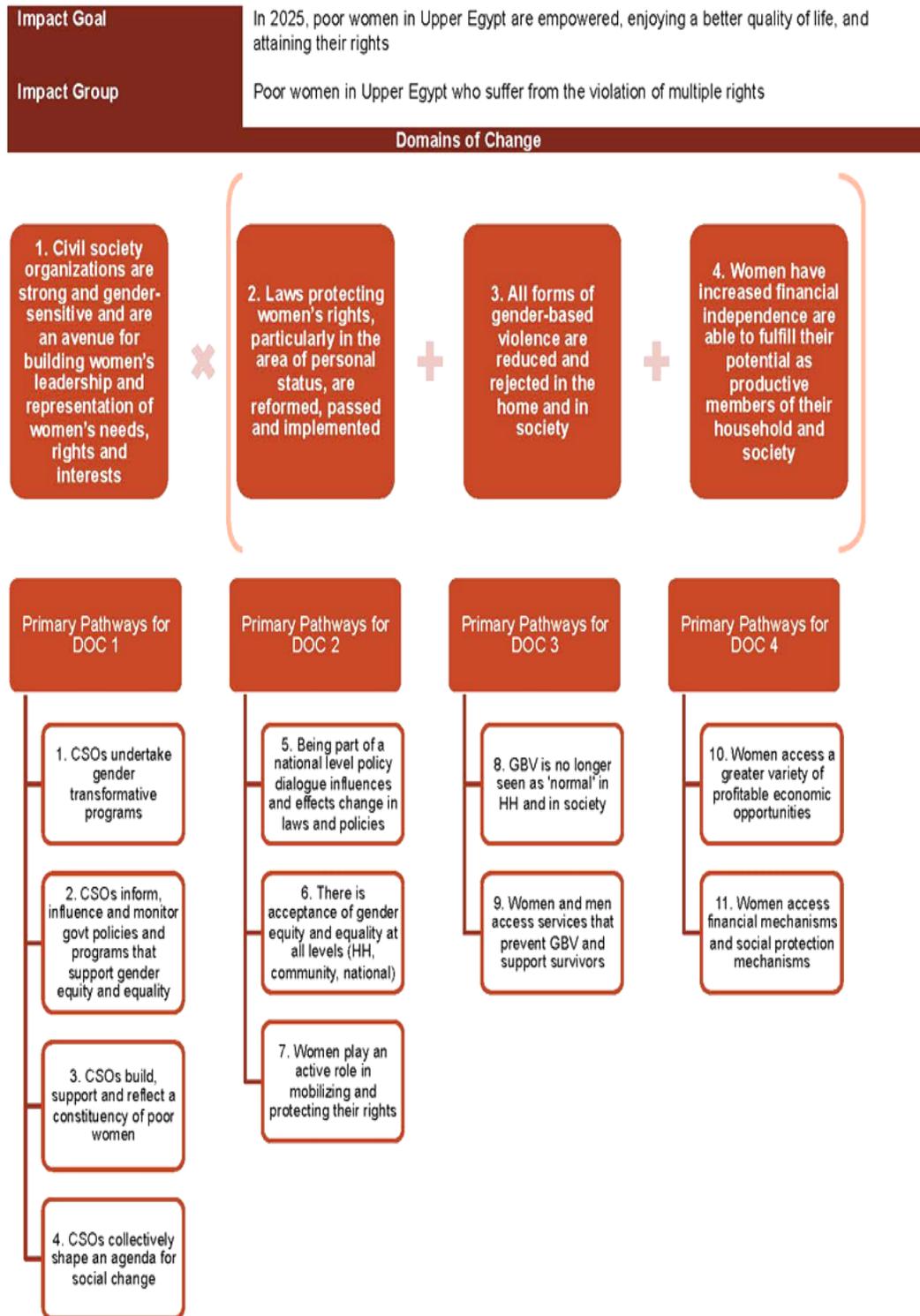
WEIMI CO Theories of Change and Impact Groups

Tanzania Theory of Change

Impact Goal	Marginalized and vulnerable women and girls, at critical life stages, in rural under-served and environmentally restricted areas are empowered to live sustainable, healthy and secure lives
Impact Group	Rural women and girls whose livelihoods depend on or are significantly affected by (1) agriculture and forestry (2) mining (3) fisheries and (4) pastoralism and whose age brackets are 7-14 years, 15-17 years, and 18-49 years
Domains of Change	

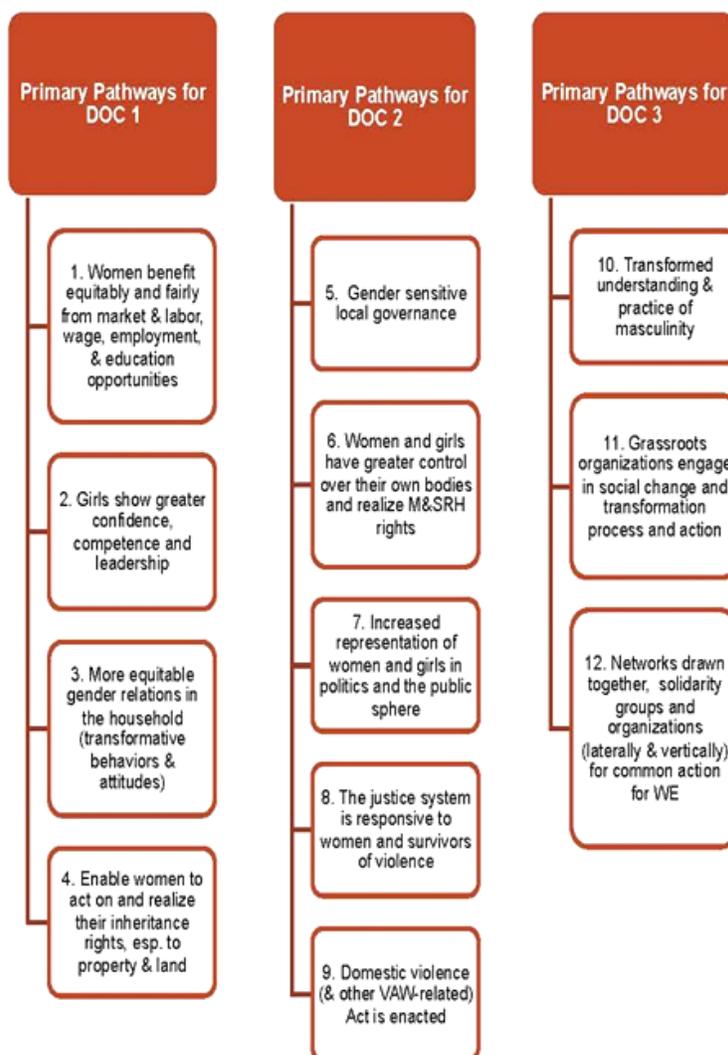


Egypt Theory of Change



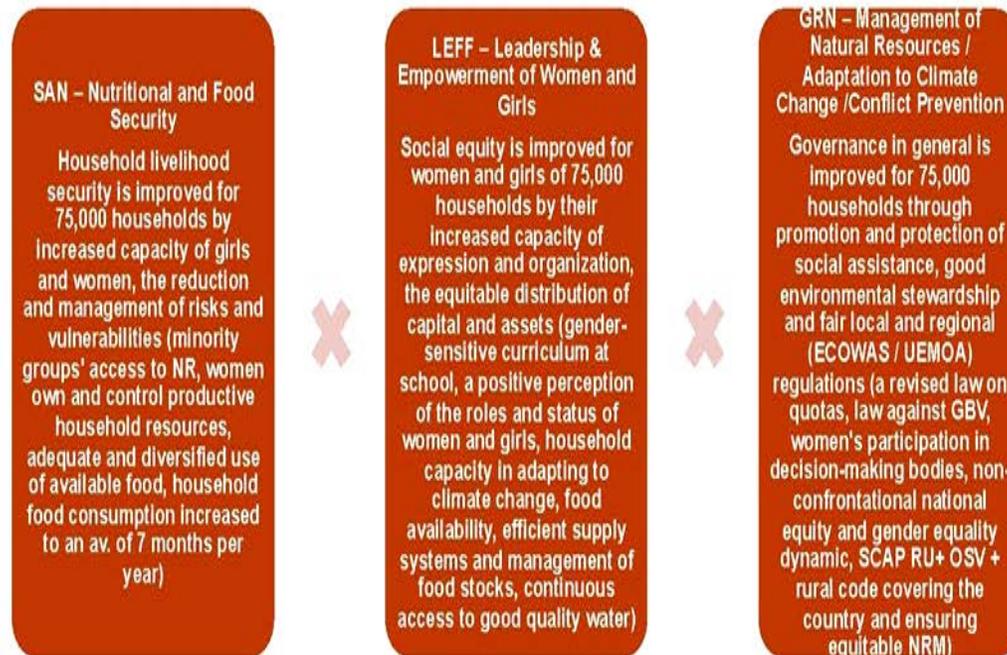
Bangladesh Theory of Change

Impact Goal	The "most" socially, economically, politically marginalized women are empowered
Impact Group	Women and girls whose rights are denied throughout their lifecycle by institutionalization of inequity between men and women. This affects their physical, social, economic, political condition and position as well as psychological well being
Domains of Change	

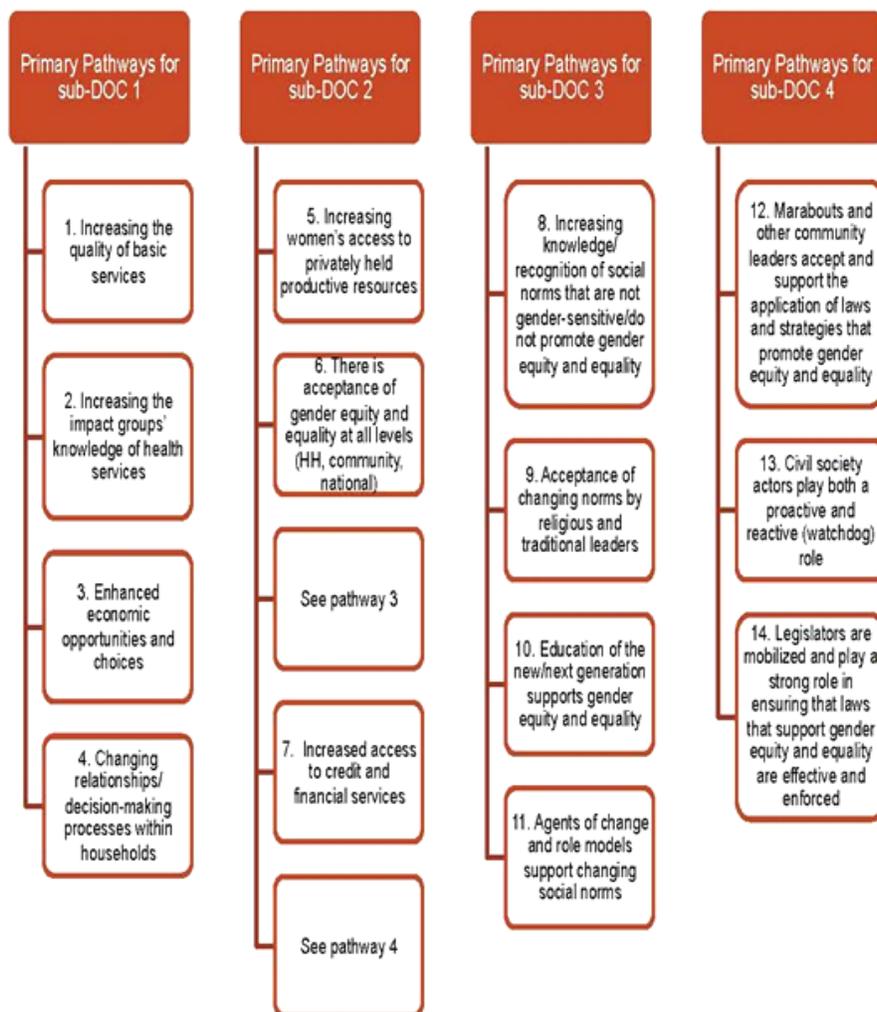


Niger CO-Level Theory of Change

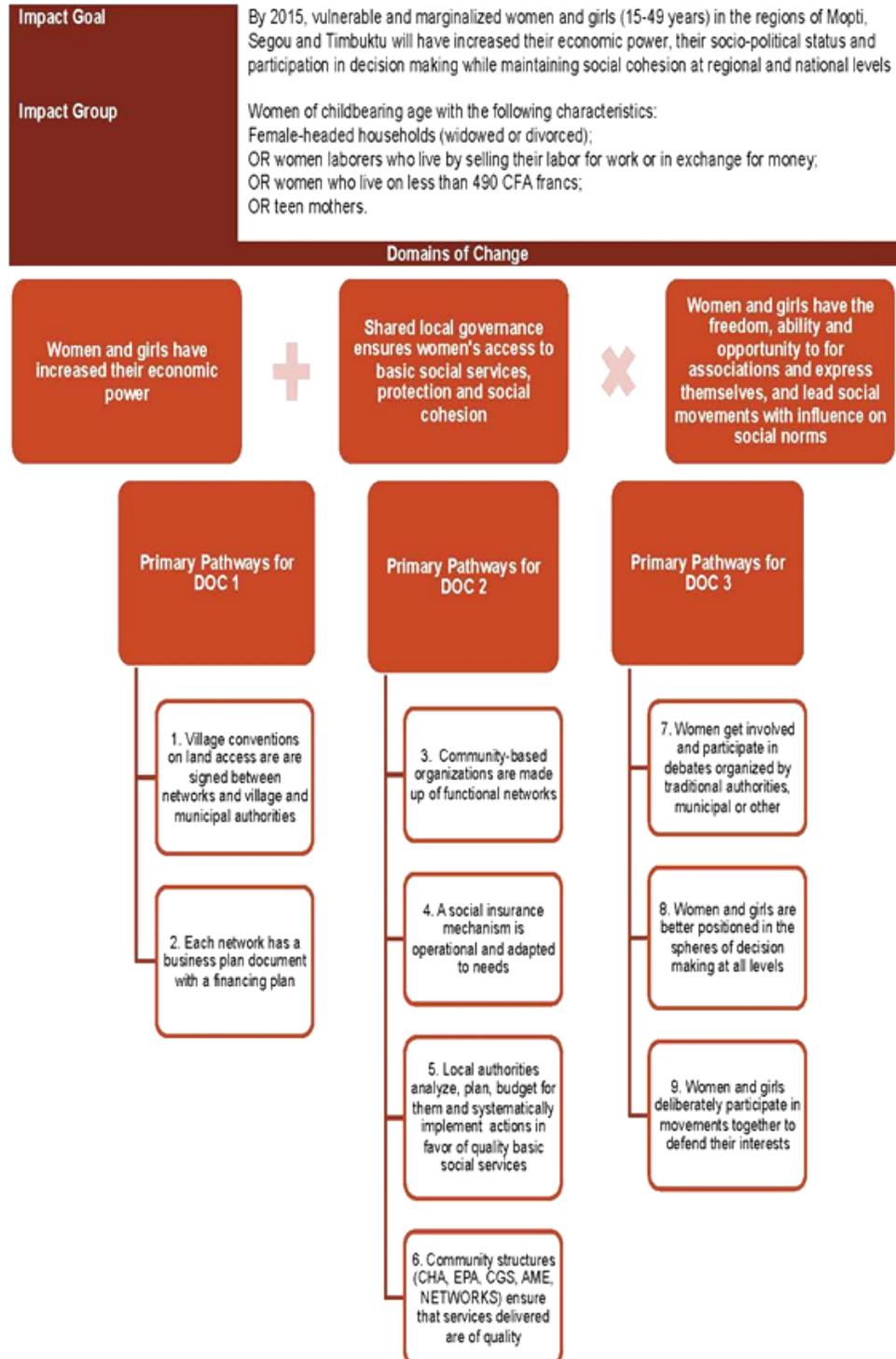
Impact Goal	2025: CARE Niger has helped reduce the number of vulnerable and disadvantaged people in Niger through the creation of sustainable livelihoods for 450,000 men and women in 75,000 households living in extremely poor and vulnerable areas of the program
Impact Groups	Women aged 16 up, Girls aged from 6 to 15 years, Children in the age bracket of 0 to 5
Domains of Change	



The 4 sub-domains of the LEFF program:



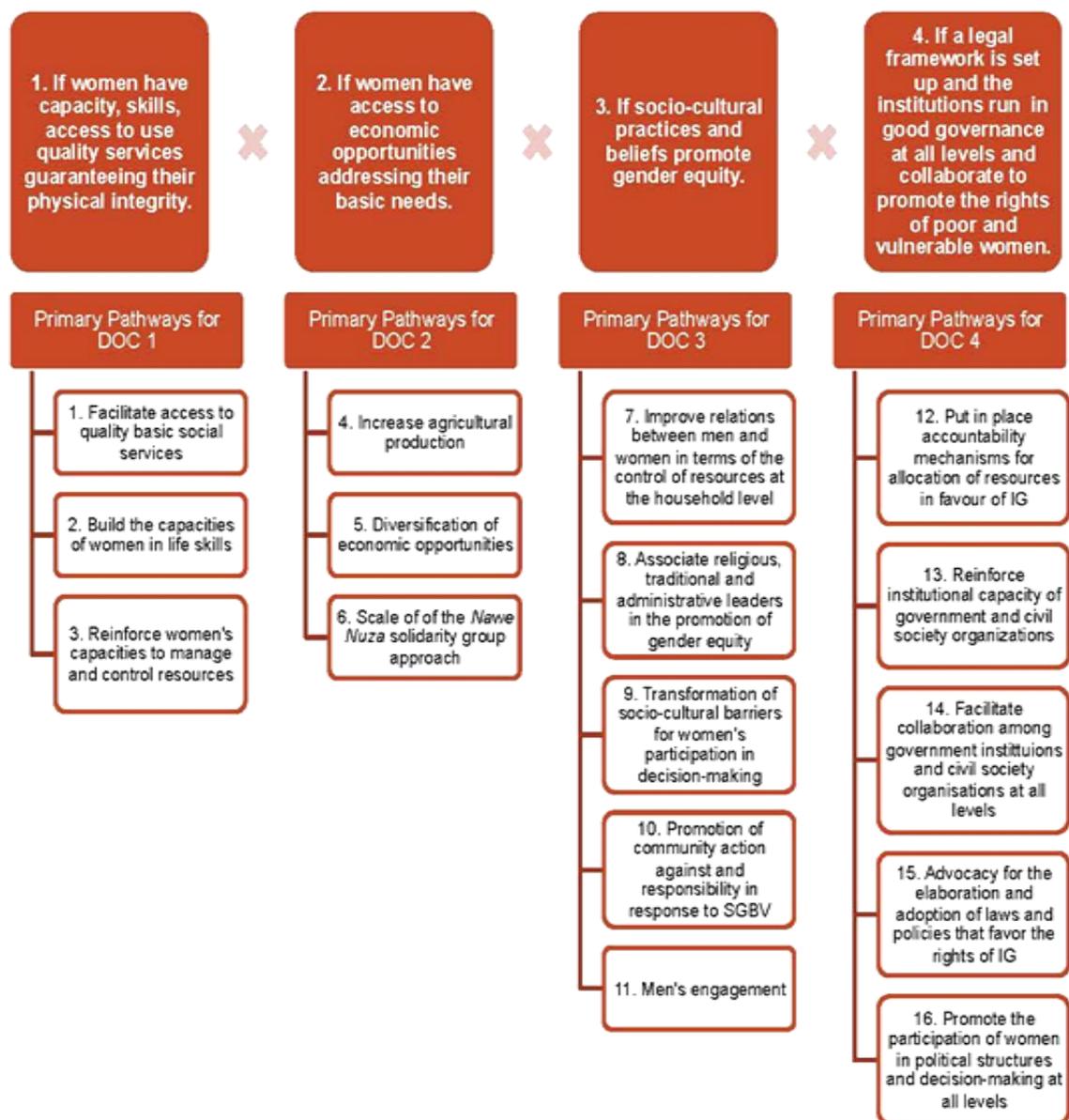
Mali Theory of Change



Burundi Theory of Change

Impact Goal	By 2025, poor women, aged from 18 to 50, vulnerable to gender-based violence, from rural households with less than 0.5 hectares of land property, without access or control over other sources of income, have regained their dignity and fully enjoy their basic rights.
Impact Group	Poor women aged 18 to 50 years from rural areas, who are vulnerable to gender based violence, living in households with less than 0.5 hectares of land and who are without access or control over other productive assets.

Domains of Change



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Annex A1.19: CO Context Analysis Experiences

CARE Burundi

CARE Burundi recently commissioned a national consultant to undertake a more detailed analysis of context - the Social, Economic and Political context in Burundi as it relates to women and children. This was preceded by the use of a tool to examine contexts in conflict situations and a November 2011 workshop on testing the theory of change that began with a quick reflection on context.

CARE Egypt

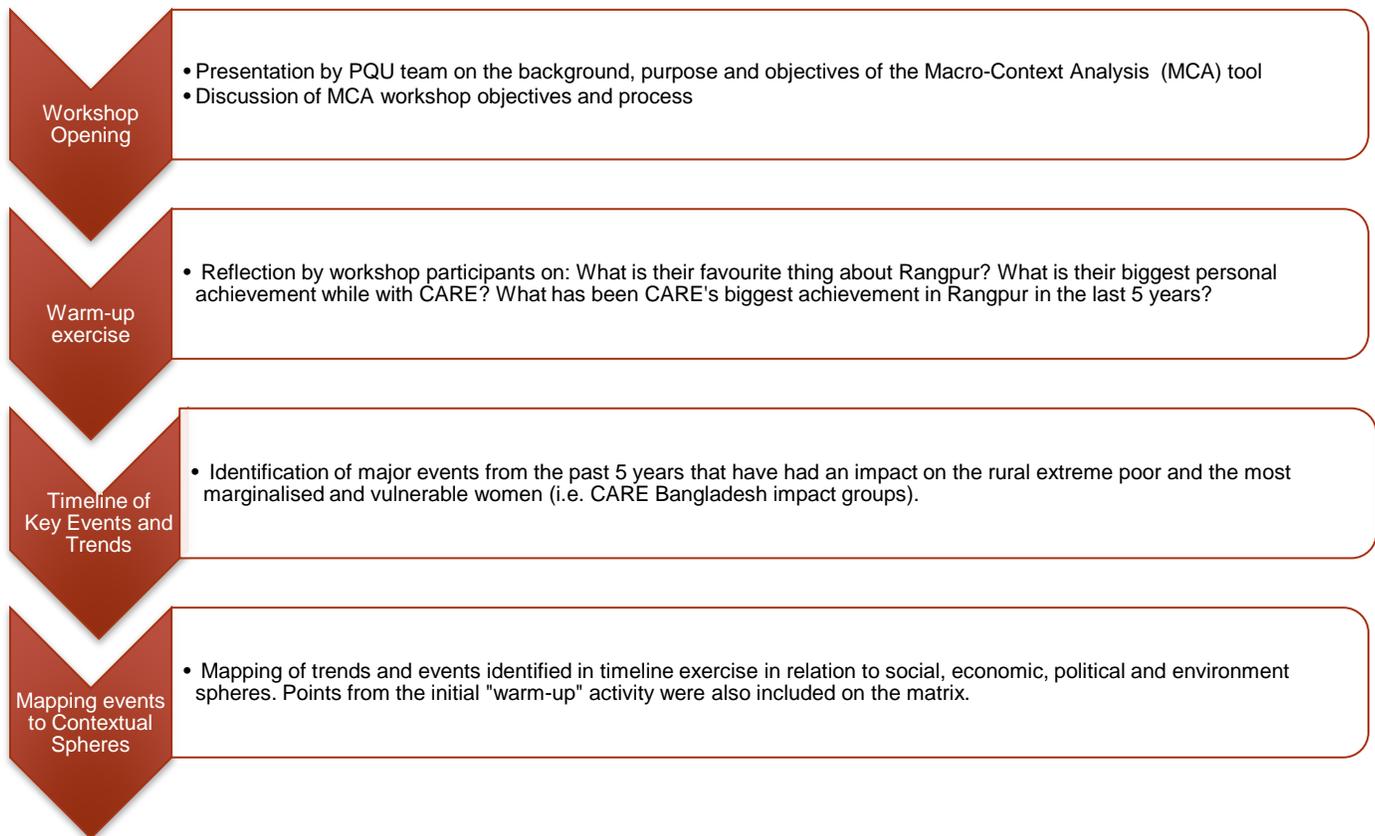
CARE Egypt had a workshop to discuss their AOP and the implications of the political environment for impact groups. Further, in light of election results this year, the contextual factors affecting women's status and opportunities may need to be re-examined. At the time of its AOP review, the team outlined a set of questions and reflection process to be repeated, "No less than twice a year," in Egypt's case.

CARE Bangladesh

CARE Bangladesh recently piloted a simplified version of the Context Analysis tool which had originally been developed by the CARE USA PI team. The CARE Bangladesh Macro-Context Analysis (MCA) tool is designed to explore participants' reflections/ perspectives on key events and policies that have significantly influenced growth and poverty trends as they affect the impact groups of the rural extreme poor and the most marginalised and vulnerable women at the regional level (i.e. for the specific regions where CARE Bangladesh is working). As such the focal question for the MCA process is: What are the major events and policies that have had an important positive or negative effect on growth or overall poverty reduction in this region in the past 5 years? A timeline exercise in small groups was used to explore this question during a one-day workshop facilitated by the CARE Bangladesh PQU team with eleven program staff from the Rangpur Regional Office representing all initiatives currently being implemented by CARE Bangladesh in Northwest Bangladesh. The process followed at the MCA workshop is outlined in the flow diagram below.

The timeline exercise at the workshop led to the identification of a large number of events and trends for change, not all of which were directly relevant to the CARE Bangladesh impact groups. The subsequent mapping of trends and events identified in the timeline exercise in relation to contextual spheres (social, economic, political and environment) proved helpful as a way of focussing the discussion on changes affecting the impact group. Having documented the process and outputs of the pilot use of the MCA tool in a workshop report, the CARE Bangladesh PQU team is now planning to replicate the process in other CARE regional offices, and to cross-reference the outputs of these participatory analyses by program staff with secondary data.

The PQU team is also planning to meet with CARE Bangladesh senior management to discuss the outputs and operationalization of the MCA tool as a component of the ongoing work to operationalise a coherent and systematic approach for impact measurement across the CO portfolio.



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Annex A1.20: Framework for Continuous Contextual Analysis and Trends

PURPOSE:

Conduct a contextual analysis that can be repeated periodically to monitor trends, reduce risks, and adjust assumptions affecting the theory of change

Step 1:

Identify the aspects of the context to be analyzed, keeping in mind that contextual analysis is NOT the same as UCP/V analysis. In the analysis, include implications for each of your Impact Groups.

- regional context, plus global trends as applicable
- national context
- local context

For each,

- social, political, geo-political, cultural dimension
- demographic dimension
- economic context, including NRM
- environmental context
- development space context, including donors

Step 2:

Prepare context analysis matrix, summarizing findings for each of these aspects and identifying key trends (highlights of the analysis) to be watched over time. The analysis should also include considerations of future scenarios/forecasts, as relevant:

	Local	National	Regional/Global	CARE CO: Implications for Impact Group
Political				
Economic				
Social				
Cultural				
Geo-political				
Environment				
Development				
Trends: 1. _____; 2. _____; 3. _____				

Step 3:

Identify critical elements of the contextual analysis and trends applicable to each program

Step 4:

Prepare individual context analysis matrix for each program reflecting the critical elements identified for that program

Step 5:

Identify trigger factors for the contextual analysis. Triggers of analysis are events or processes that signal to you that an analysis of the context, or an update of your contextual analysis, is needed again:

- Internal to CARE
 - LRSP process (review or development)
 - AOP (review or development)
 - Design of new program

- A key or large assessment process related to impact tracking of changes toward impact vision
- External to CARE
- Major political change
 - Major shift of strategic donors (priority, policy, focus)
 - Major change in government plans, priorities, etc.
 - Etc.

Step 6:

If any of these triggers of analysis occurs, conduct a contextual analysis, keeping in mind the following criteria:

- select an appropriate method for the analysis and apply it rigorously
- the first time a trigger occurs, do a complete detailed analysis, as defined in the context analysis matrix. The second, third, etc. times a trigger occurs, focus on those areas that have experienced significant change since the last analysis, only updating those cells of the matrixes that need updates.
- reflect on the trends you have identified for tracking
- review forecasts/future scenarios and update as needed
- enter the updates the analysis has produced into your matrix

Step 7:

Conduct a stakeholders analysis, considering the following questions, and reflect the summary of this stakeholder analysis in cells of the matrix as relevant:

- actors, networks, movements
- agendas
- resources

Step 8:

Continue updating the matrix as needed, keeping it a living document:

- update cells if a change has occurred
- enter new trends
- save a new copy of the matrix every time, instead of changing one and the same copy, so you have a record of changes in the context over time and institutional memory
- keep the matrix to 1 page so it's user-friendly and used
- make discussions of the context a regular feature of staff meetings

[Click here to return to Brief 1.3: Defining Domains of Change](#)