

Women's Empowerment Impact Measurement Initiative (WEIMI)

Parts 1-4

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

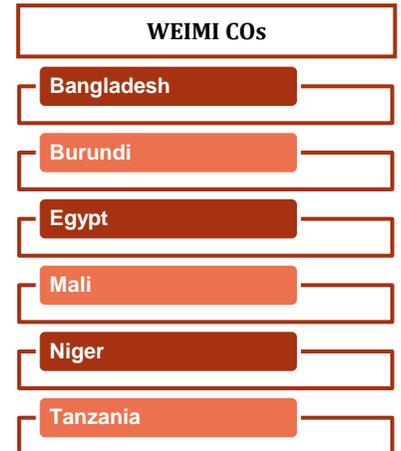
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Introduction: Women's Empowerment Impact Measurement Initiative (WEIMI)

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

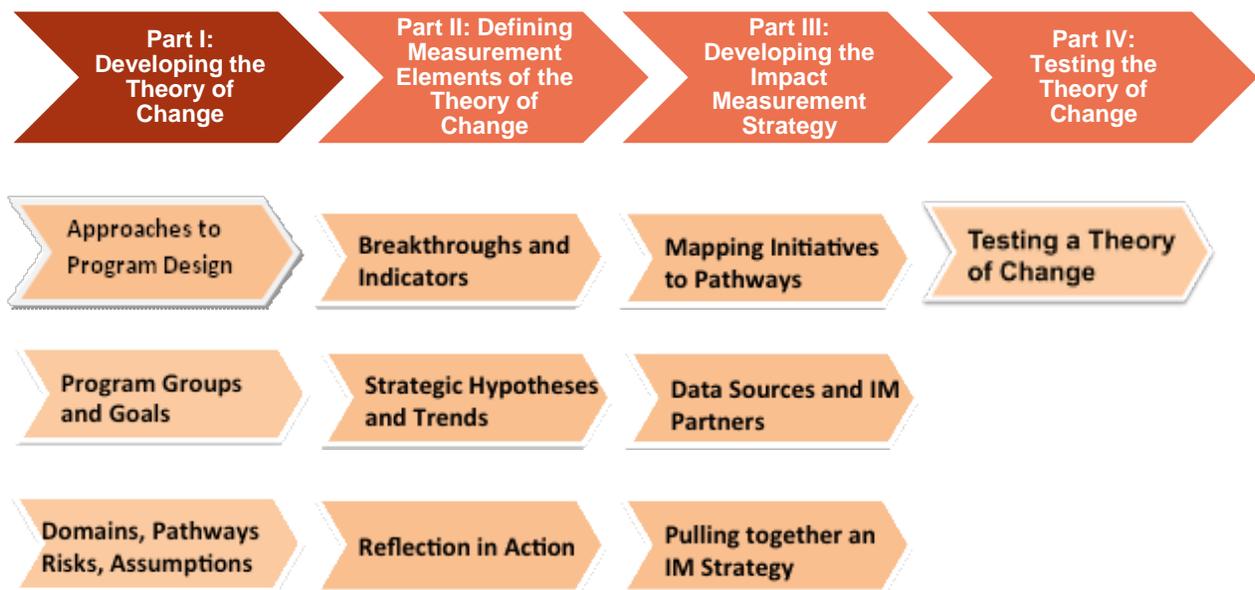
What you will find in the WEIMI Guide?

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:



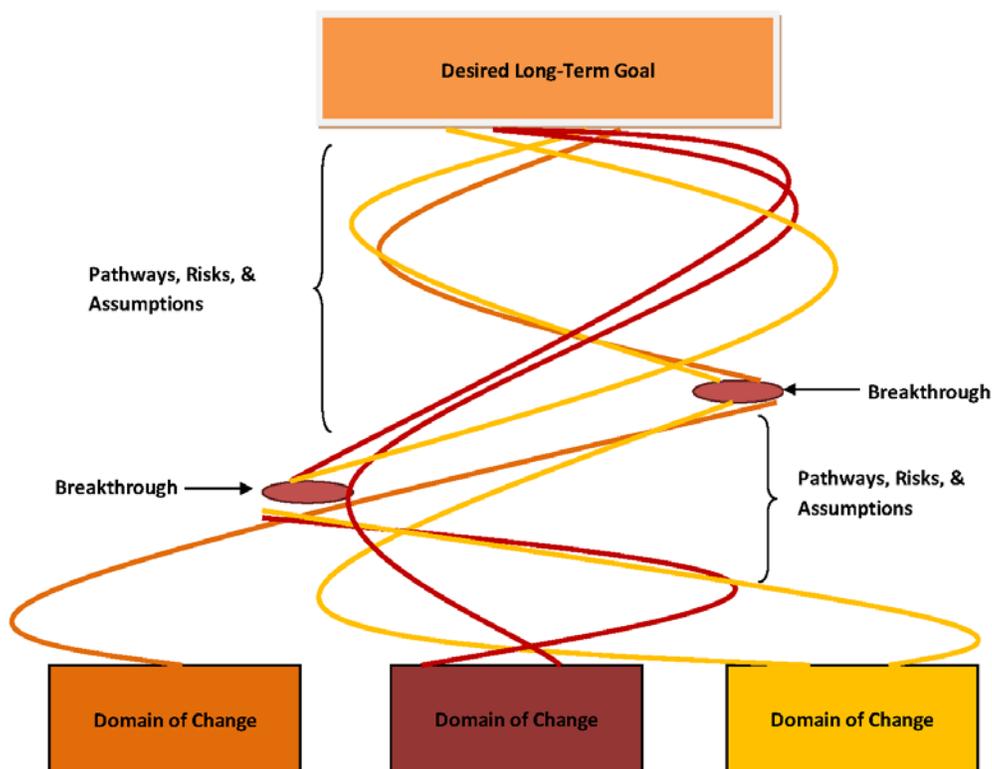
Part I: Developing the Theory of Change



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.**)

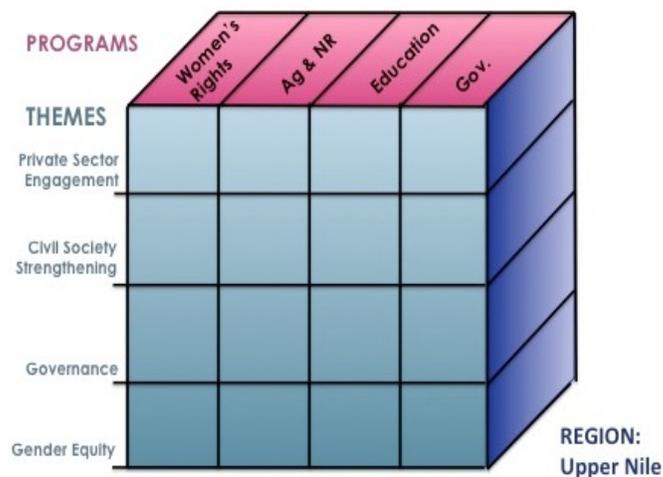


Figure 1.1A: CARE Egypt "Program Rubik Cube"

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:

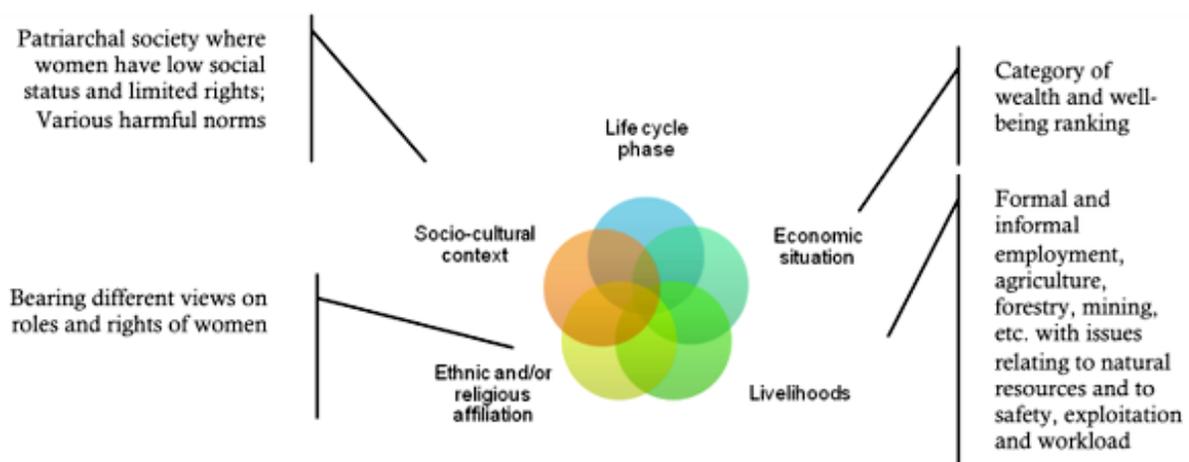
- How to draw boundaries around women's empowerment group based on vulnerability analysis?
- Age brackets for selecting and impact group?
- Separate women and girls as one or two impact groups?
- One impact group for women vs. disaggregating impact groups by gender and age?

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

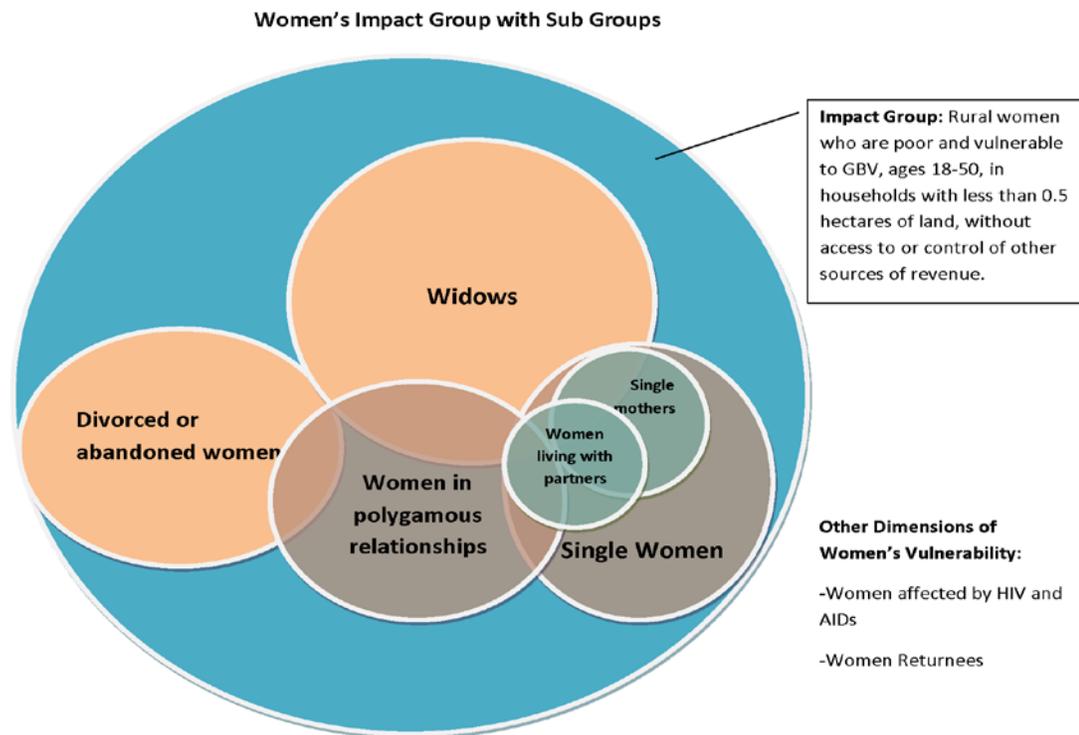
One of the disaggregated groups that share the characteristics of the impact group but also has other unique characteristics that differ from those of the impact group as a whole. Specific program initiatives that form part of an overarching program may need to focus on a subset population

- **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.

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.

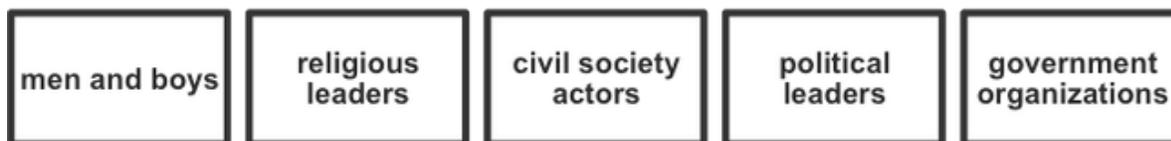
Defining Target Groups and Stakeholder Groups

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:



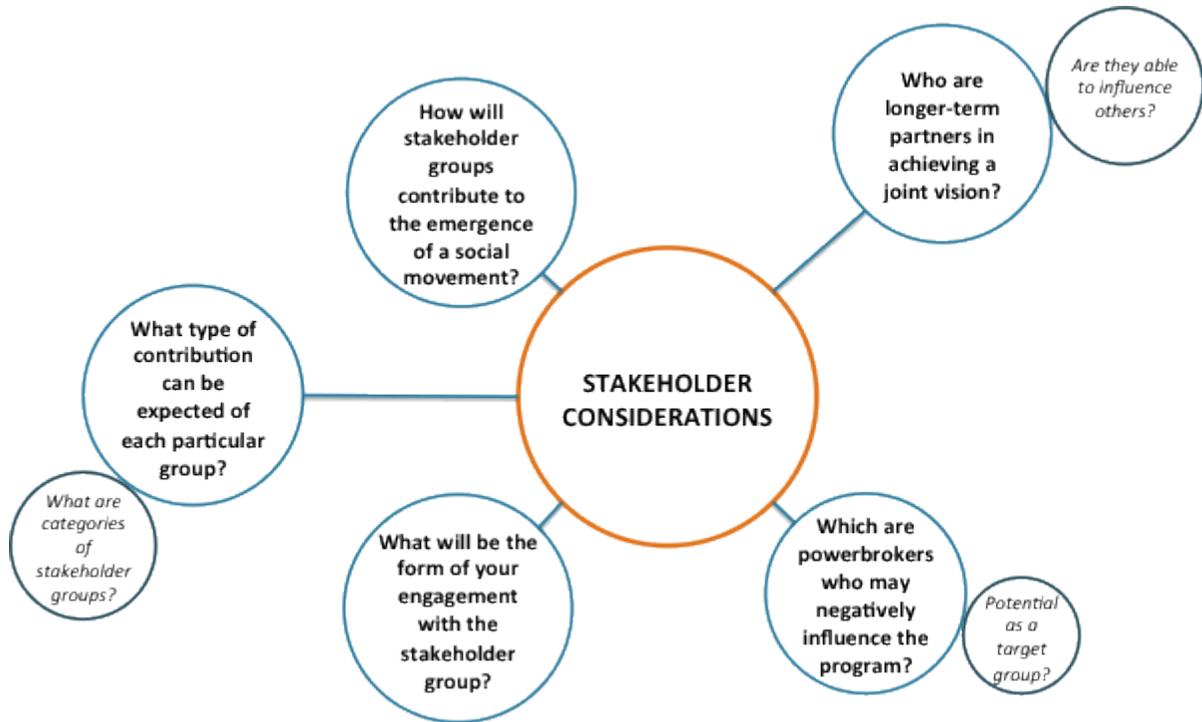
While broad groupings are appropriate as a first step, at some point in the conceptual process, the categories need to be broken down and made more specific, e.g. for “men and boys” articulating which men and which boys in the local context. The identification of target groups should be grounded in good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

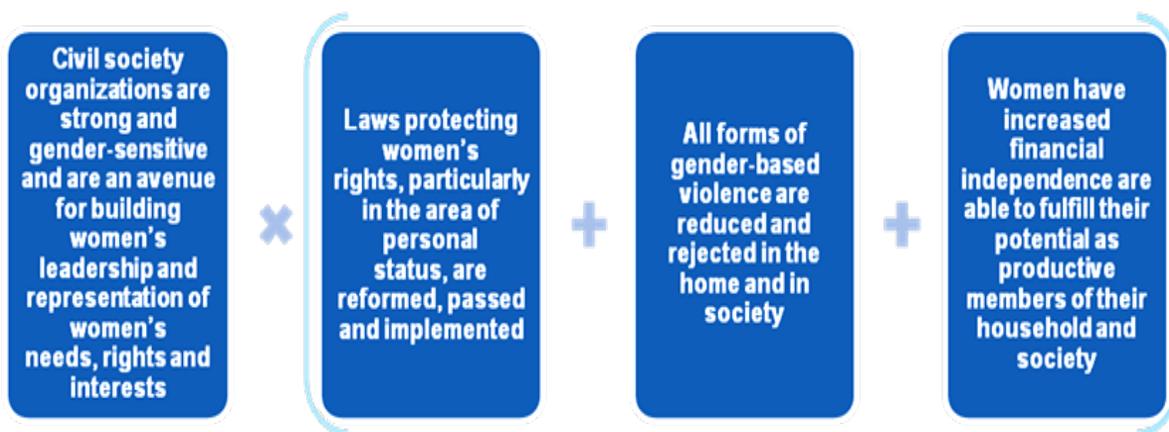


Brief 1.3: Defining Domains of Change

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.

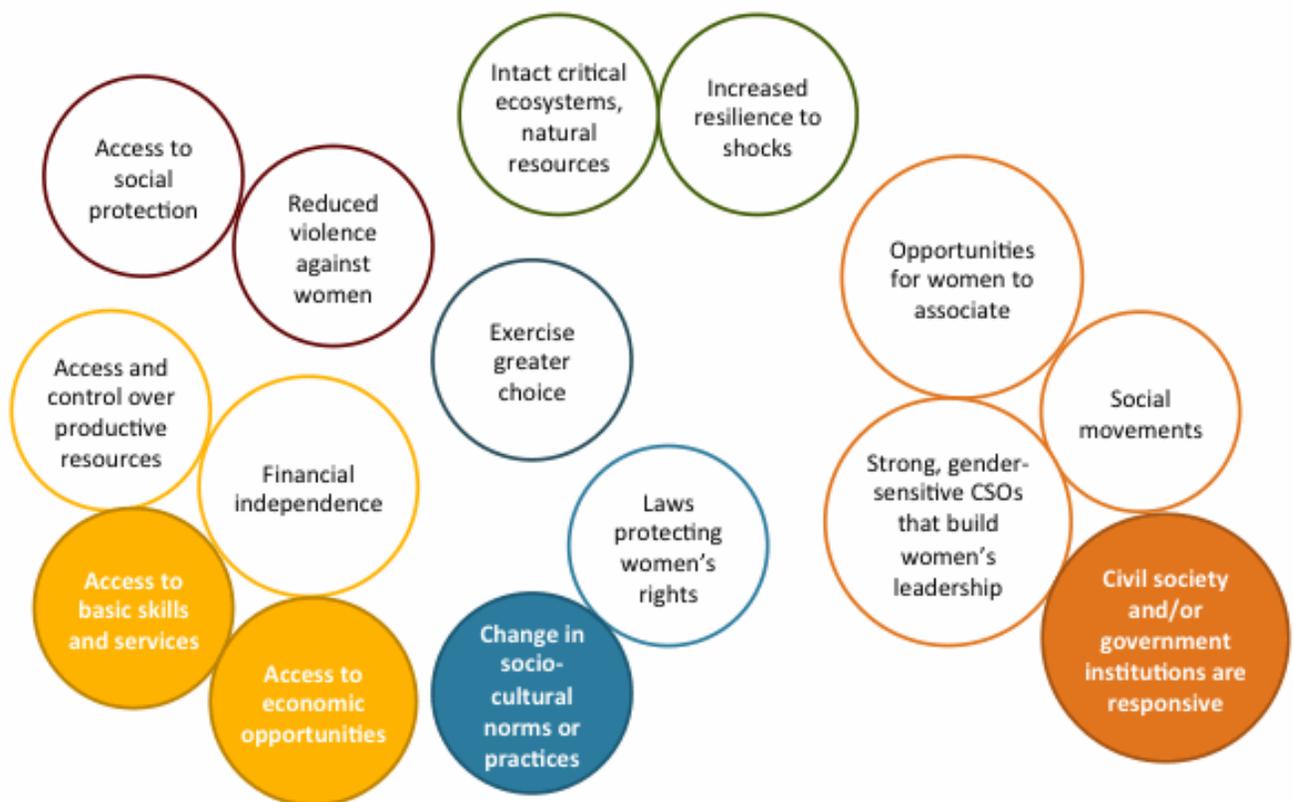


CARE Egypt Example of Domains of Change as a Formula

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"> 2. Contextual Analysis Tool 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.

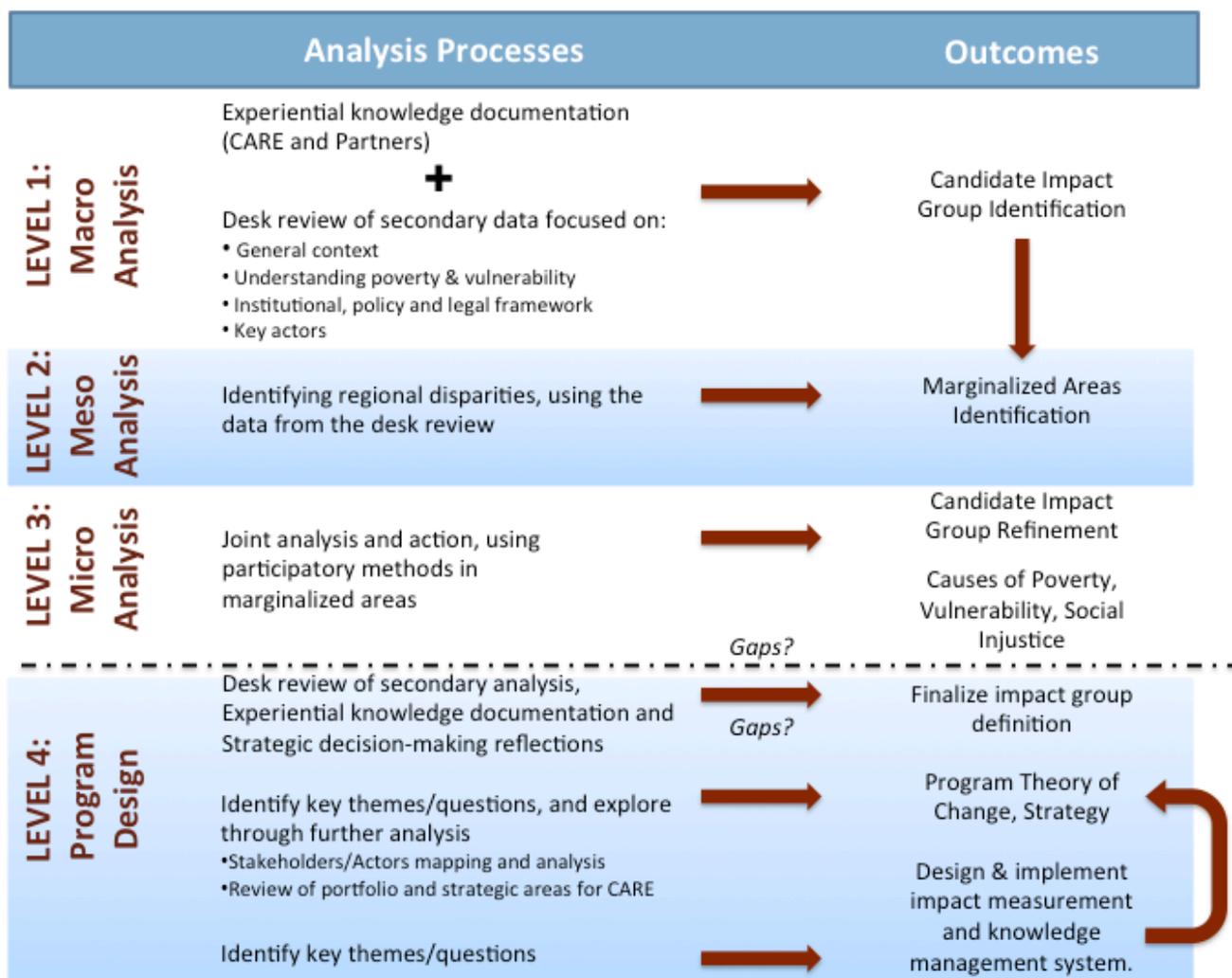
Situational Analysis: a phased approach

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"> issemiate 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

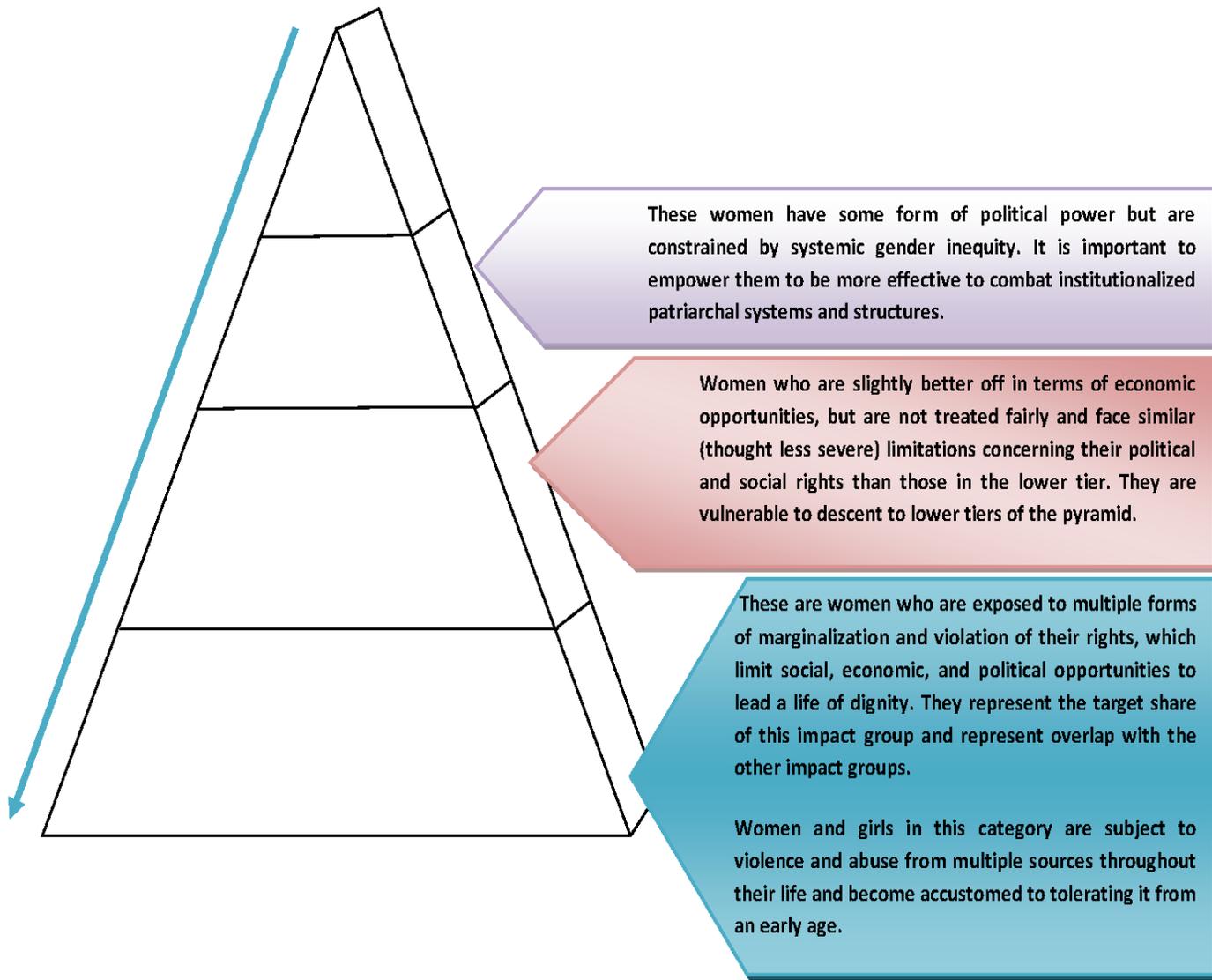
ECONOMIC MANIFESTATIONS

- 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.

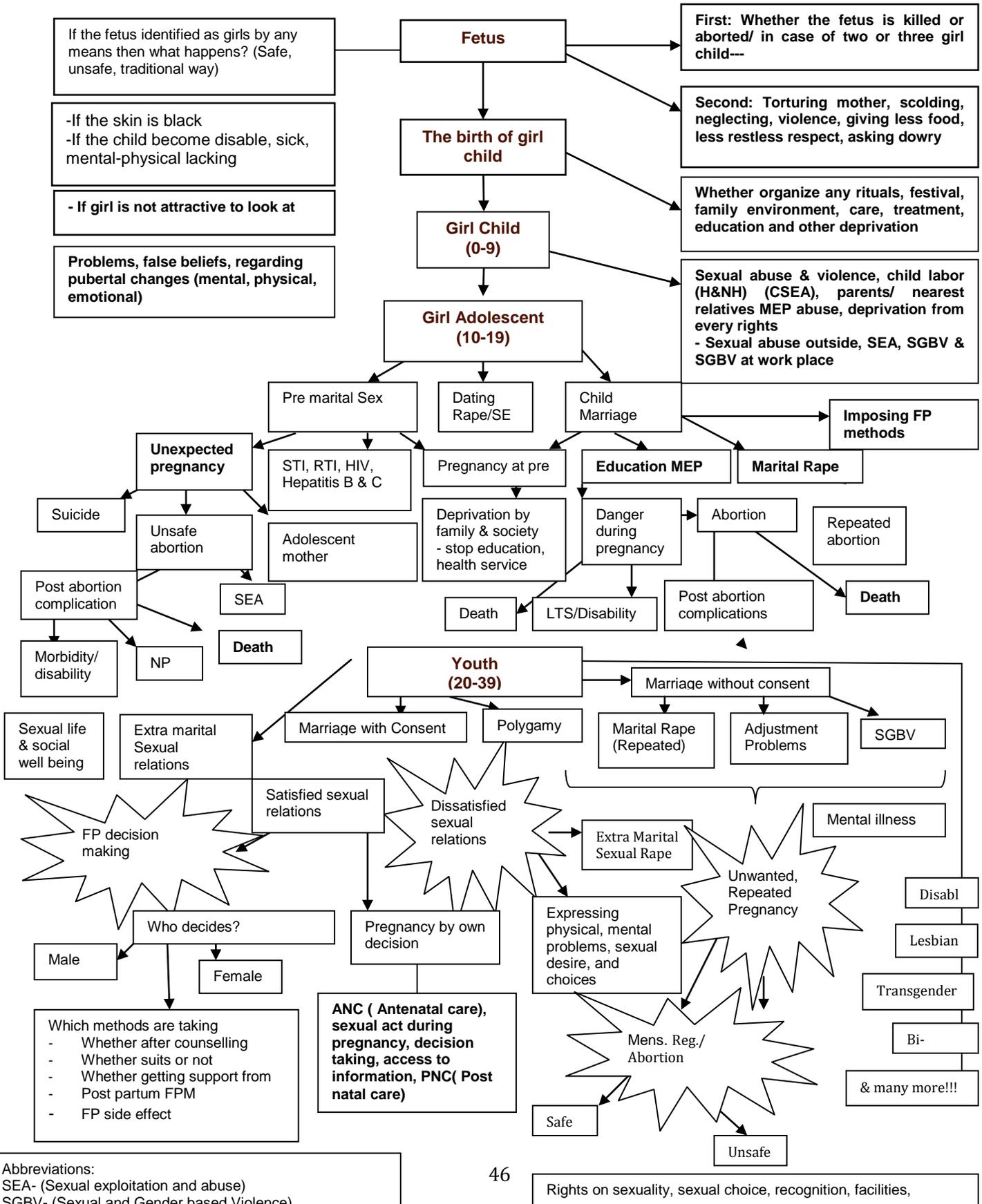
These are the people most affected by poverty, injustices and inequalities within households targeted by CARE programs. Changes to occur through the implementation of programs mainly concern these people. From among these, they then chose “priority impact groups” as their sub-impact groups. These were 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.

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



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 .

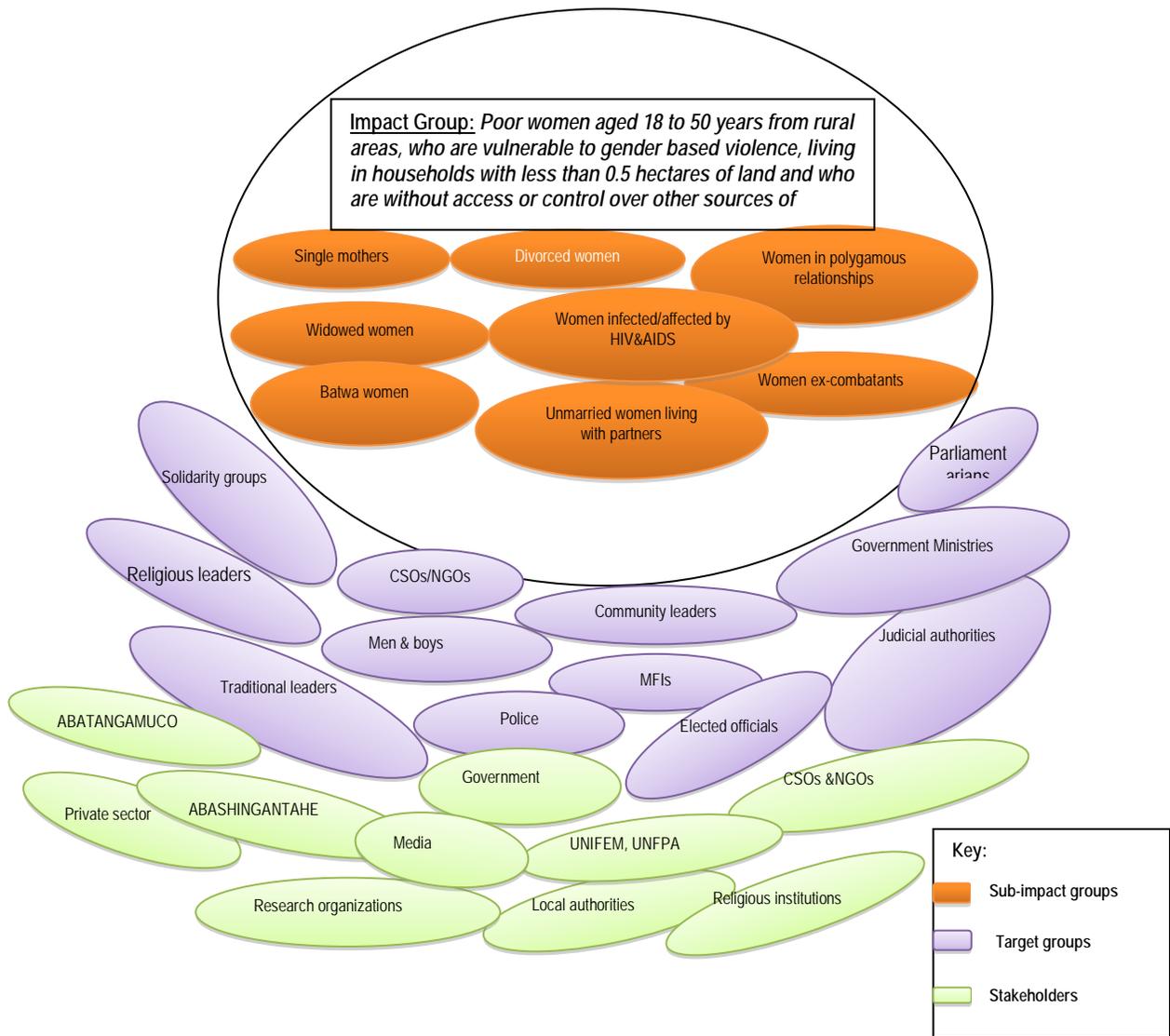


Figure 2. CARE Burundi Illustration of Impact Group, Sub-impact Groups, Target Groups and Stakeholder Groups for the Women's Empowerment Program

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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)

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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.

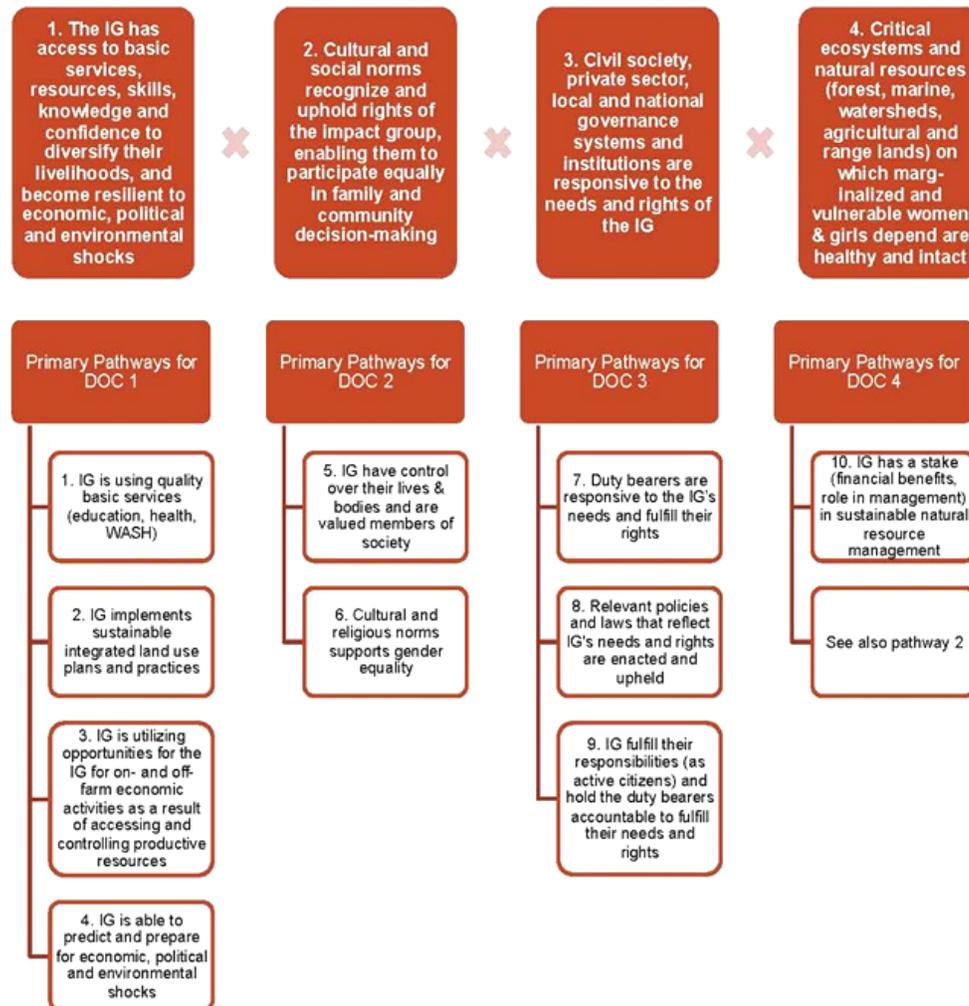
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Annex A1.18: CO Domains and Pathway Examples

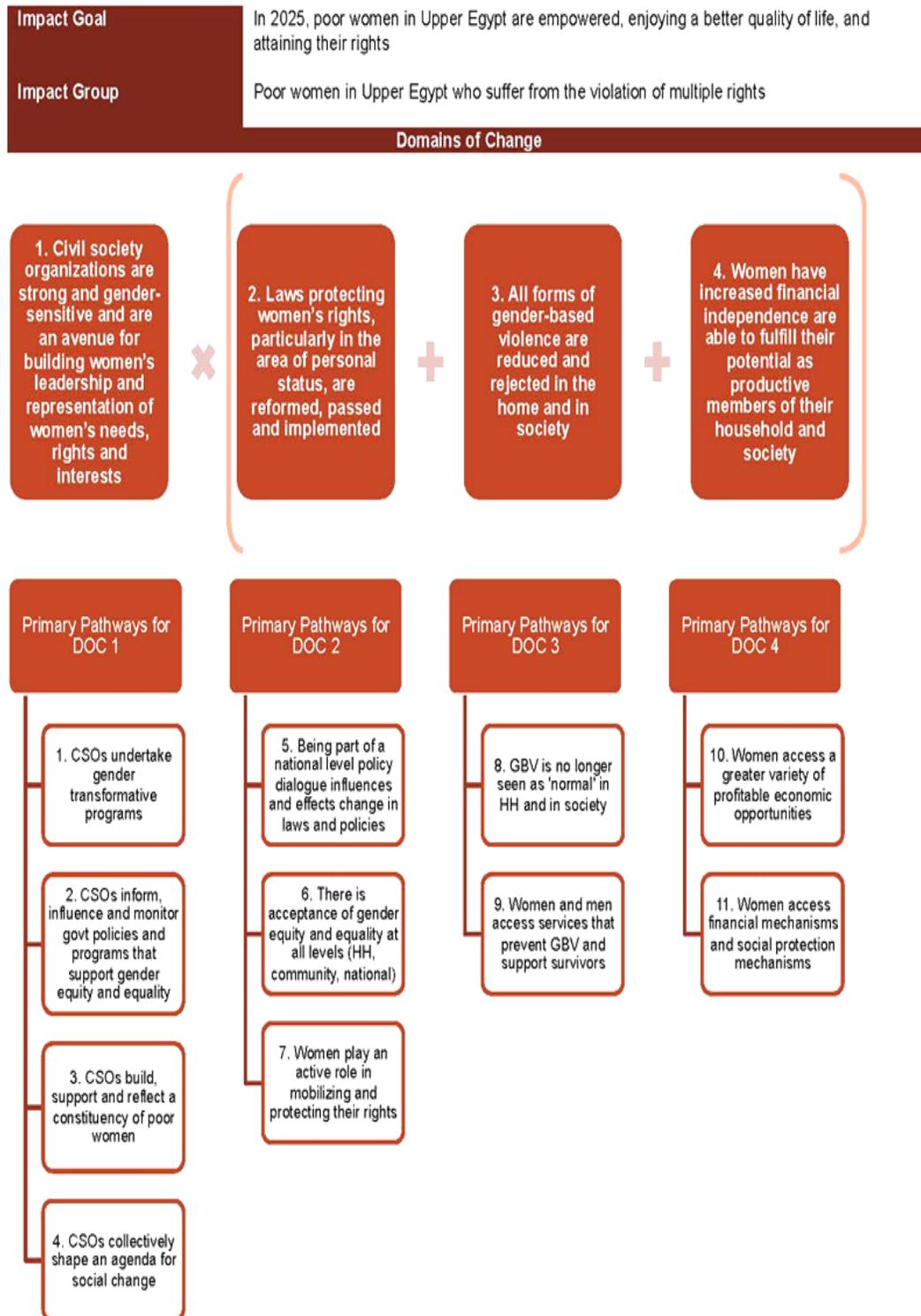
WEIMI CO Theories of Change and Impact Groups

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	

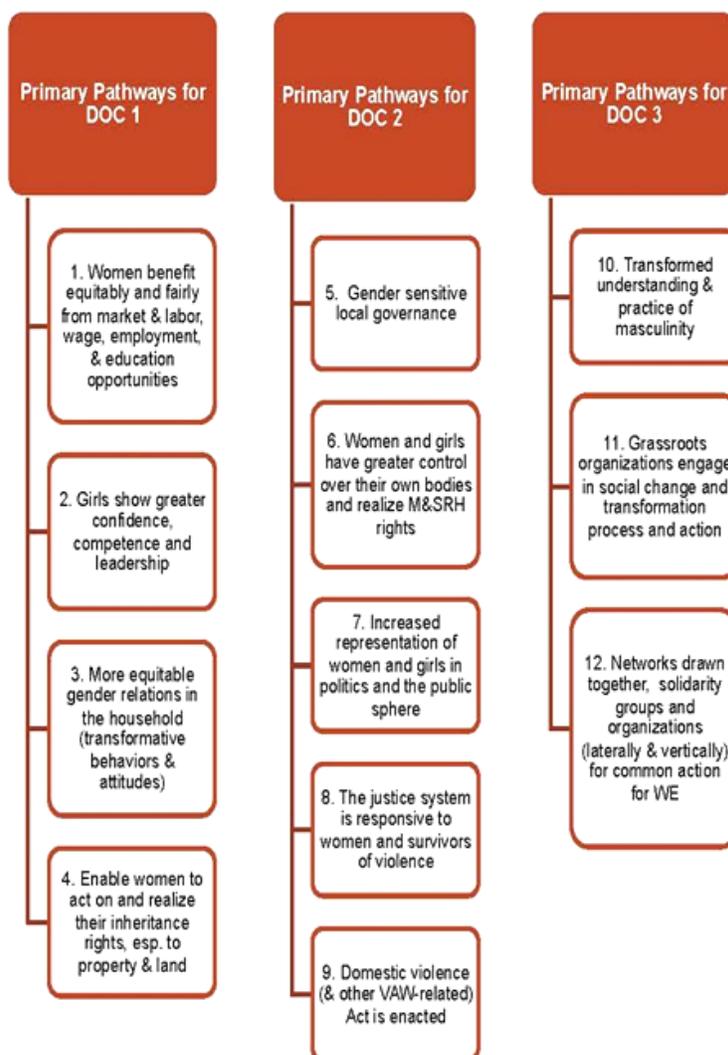


Egypt Theory of Change



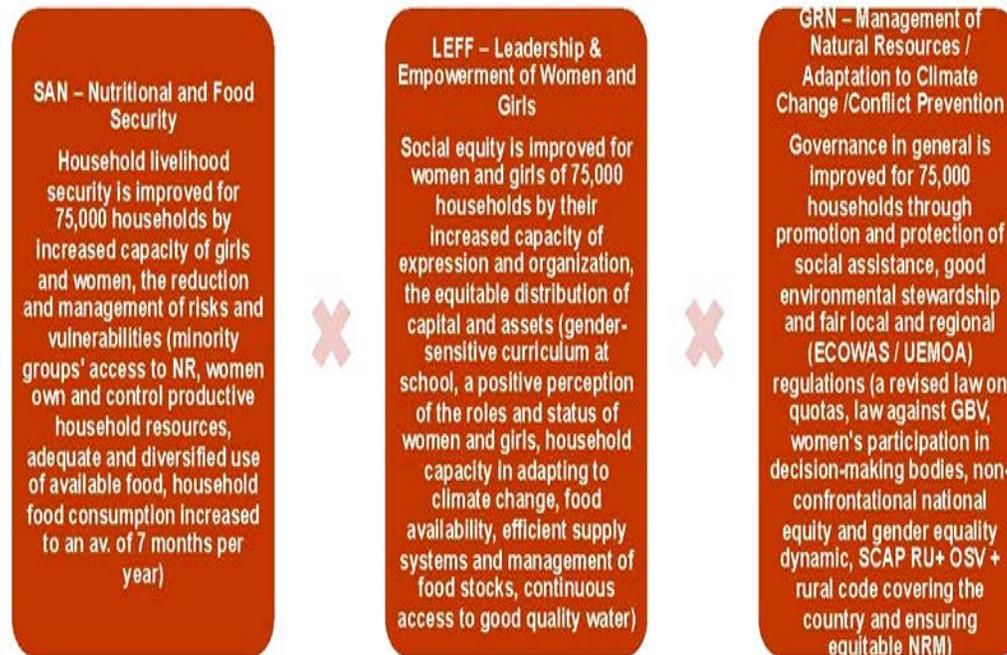
Bangladesh Theory of Change

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	

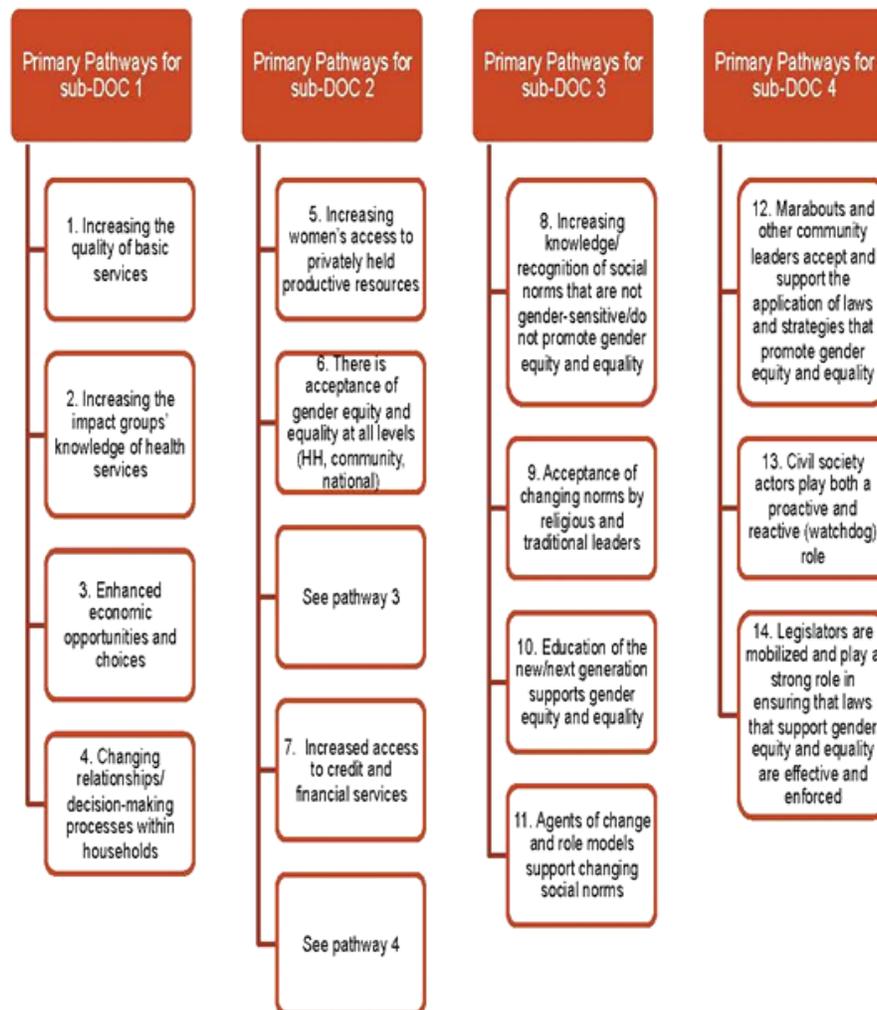


Niger CO-Level Theory of Change

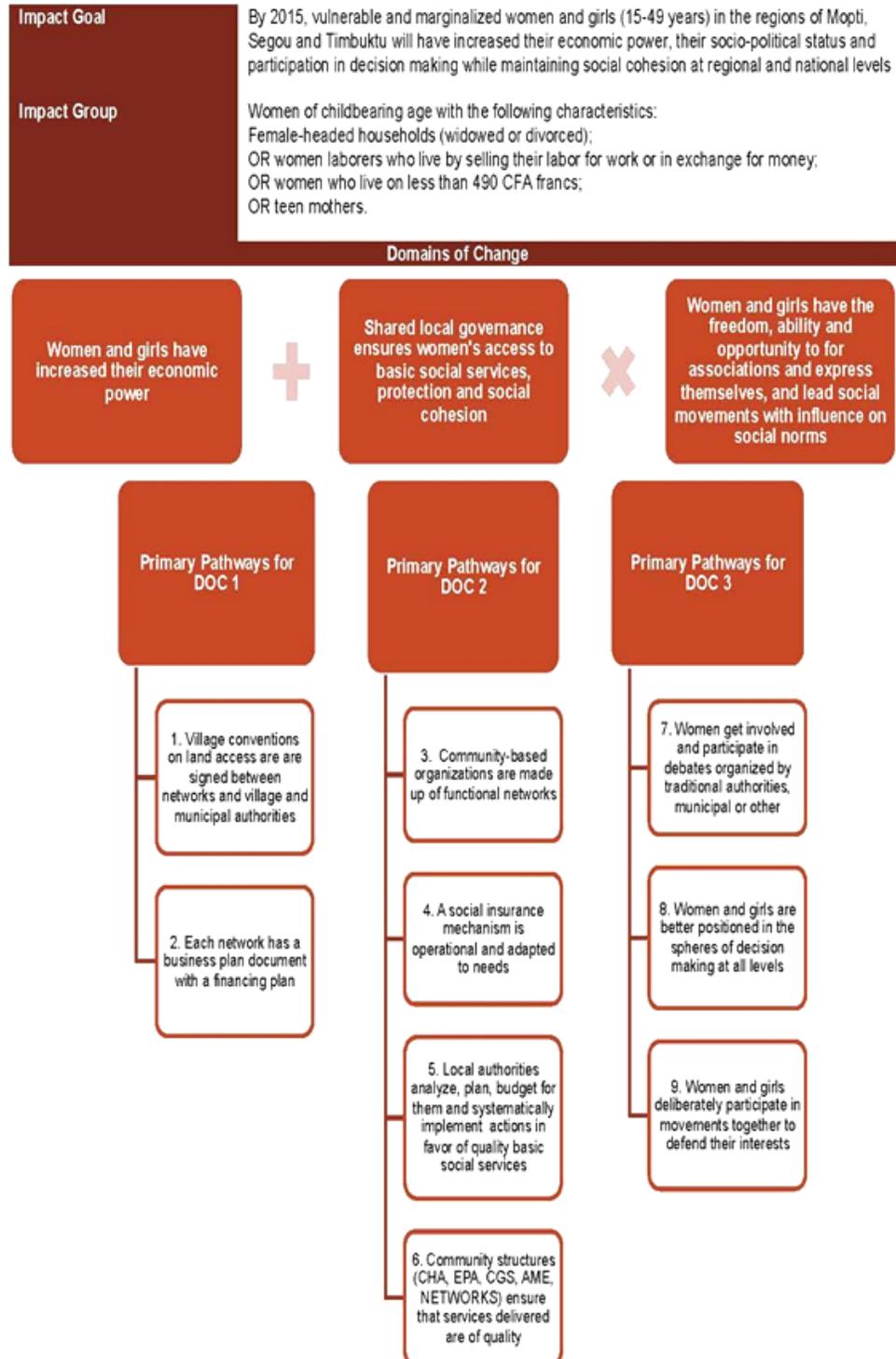
Impact Goal	2025: CARE Niger has helped reduce the number of vulnerable and disadvantaged people in Niger through the creation of sustainable livelihoods for 450,000 men and women in 75,000 households living in extremely poor and vulnerable areas of the program
Impact Groups	Women aged 16 up, Girls aged 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:

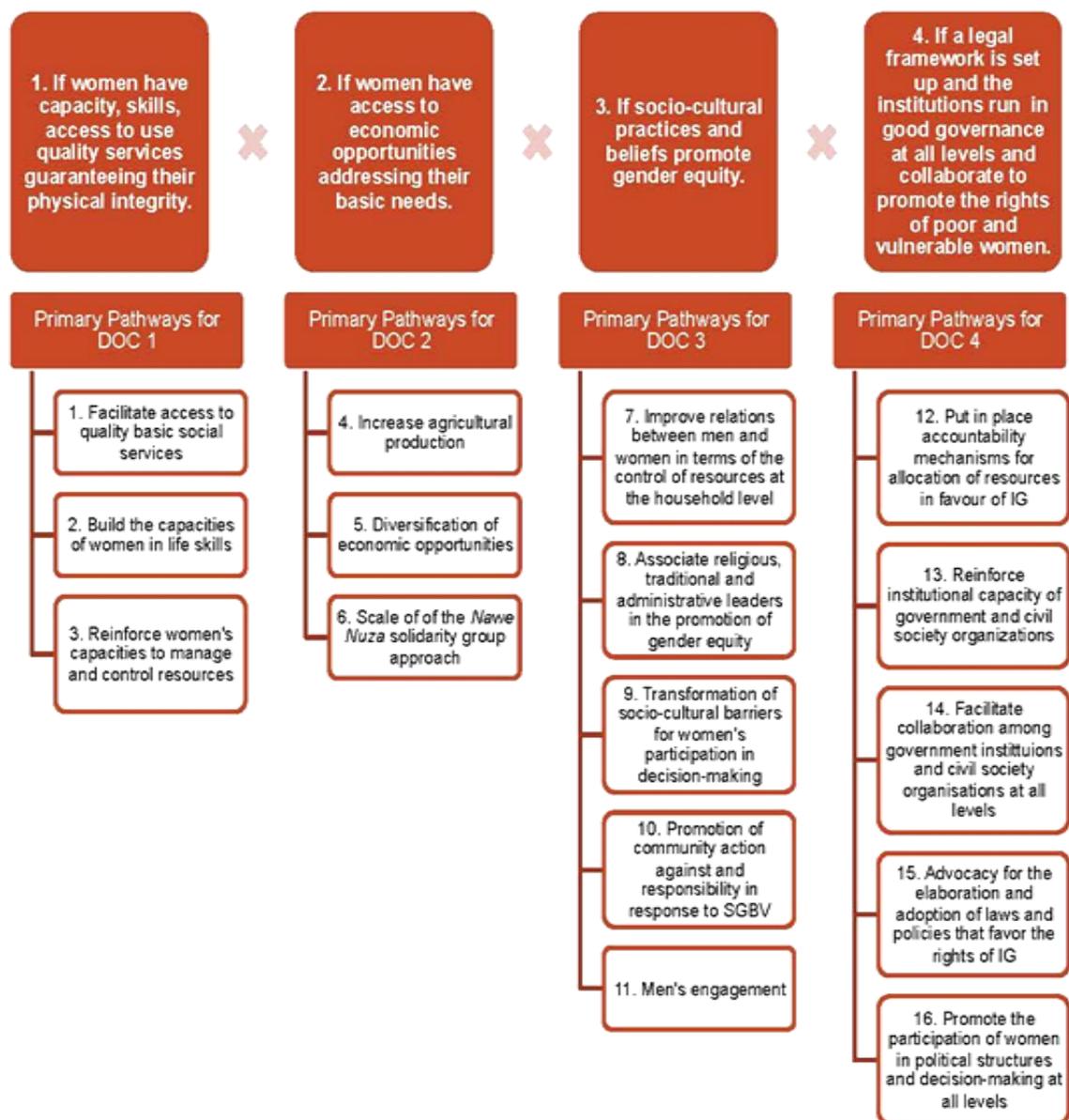


Mali Theory of Change



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	



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

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

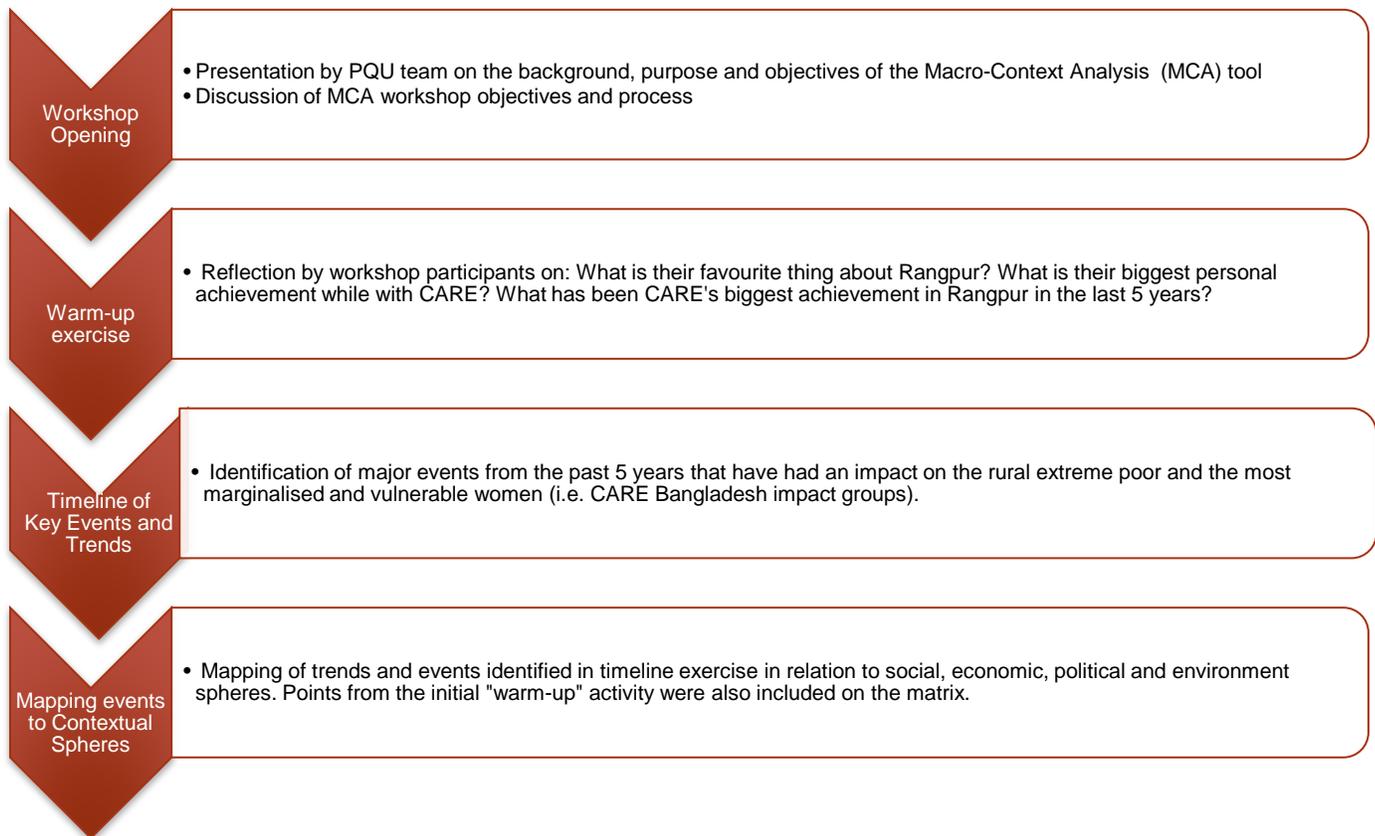
CARE Egypt had a workshop to discuss their AOP and the implications of the political environment for impact groups. Further, in light of election results this year, the contextual factors affecting women's status and opportunities may need to be re-examined. At the time of its AOP review, the team outlined 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](#)

Part II: Defining Measurement Elements of the Theory of Change

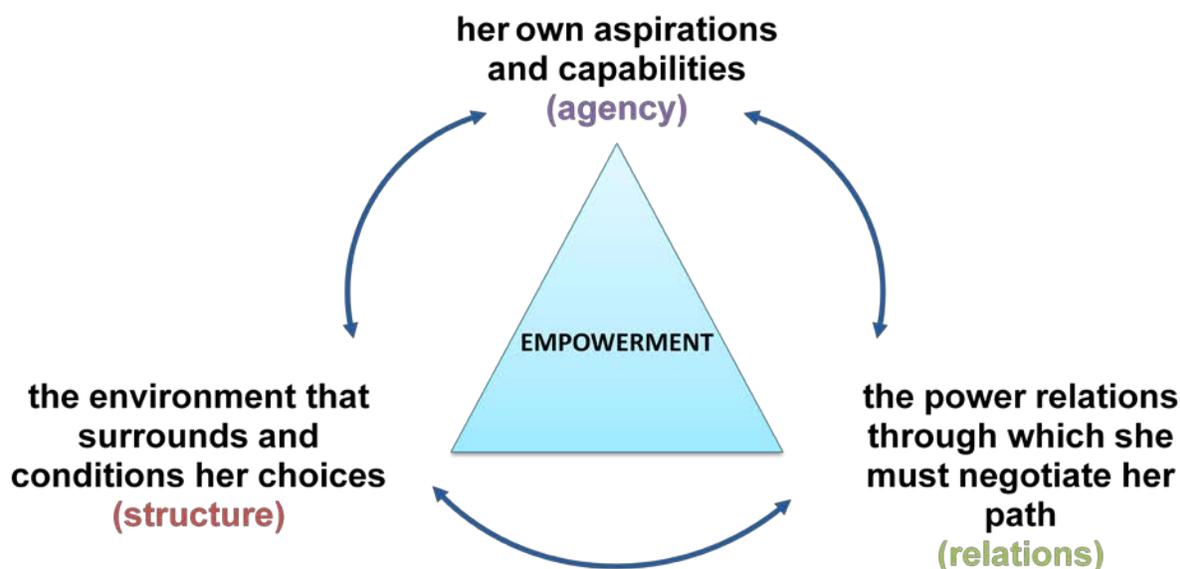


Part 2: Defining Measurement Elements of the Theory of Change

What is "Impact" in the context of Women's and/or Girls' Empowerment Programs?

Impact is the highest level of change that occurs for the population group (as defined by our impact group). In the context of women's and/or girls' empowerment programs we are speaking of impact that is over a longer-term time horizon and whose meaning is associated with a social change process. Most WEIMI countries articulated an impact goal that includes the term "empower," and "women's empowerment" is defined in the [SII](#) to be:

We understand empowerment as the sum total of changes needed for a woman to realize her full human rights – the interplay of changes in:



If this is an accepted definition, then "impact" is no less than the attainment of rights.

The behavioral and structural changes amongst other actors and institutions that are crucial for attaining this goal occur at the level of pathways and domains of change. However, if gains made for women or girls under the program are incremental (e.g., improvements in rates of girls' retention in school) but not sustained by deeper social change that is grounded in changing power relations, then rights attainment will be an elusive goal. It is also for that reason that the term

“breakthroughs” was incorporated into the conceptualization of a theory of change, to mark progress over time, highlighting changes that are not easily reversed and capture both breadth and depth ([See Part 2: Brief 1: Breakthroughs and Indicators Section](#) below).

Challenges of Measuring Women's and Girls' Empowerment

What are some of the challenges specific to women’s and girls’ empowerment?

Empowerment is complex, multi-dimensional, nonlinear, reversible and unpredictable. Women may be “empowered” in one dimension but not in others. It is beyond the scope of one organization, let alone one time/resource-bound project.

There is a tension between global efforts to harmonize and standardize measures for women’s and girls’ empowerment and the reality that definitions for empowerment vary across contexts, time, groups and individuals. They are embedded in socio-cultural systems and communities with their own set of beliefs and values. Moreover, even over the course of a woman’s life, her social position and aspirations of what is possible may change.

Empowerment is highly subjective and therefore difficult to measure, as the [SII](#) revealed. Indeed, it is said that contextual factors (e.g., the community context) are often more important in determining women’s empowerment than individual level factors. As such, **social norms** may have a stronger influence on empowerment than would the abilities or capabilities or individual women/girls, especially in the public sphere. That empowerment is more a **process** than a **condition** also makes it difficult to measure. Recent efforts have sought to capture process through direct measures of decision making, control, choice, etc., which should be measured at least two points in time.

The Strategic Impact Inquiry (SII) on Women's Empowerment

A three-year, multi-site, participatory and rigorous review assessing the impacts that CARE's worldwide programming has (and has not) had on women's empowerment.

For more detailed reviews of the challenges of measuring women's empowerment and social change for gender equality see the following:

- [Strengthening Monitoring and Evaluation for Women's Rights: Twelve Insights for Donors](#)
- [Capturing Change in Women's Realities: A Critical Overview of Current Monitoring & Evaluation Frameworks and Approaches](#)

If Gender Equality is the Impact Goal, What Should be the Focus of your Impact Measurement?

The 2012 World Development Report on Gender Equality and Development highlighted five priority areas for its global agenda:

- Closing gender gaps in human endowments,
- Promoting women’s access to economic opportunities,
- Closing gender gaps in voice and agency,

- Preventing intergenerational reproduction of gender inequality for which it emphasizes a strategy of investing in adolescent girls and boys, and
- Supporting evidence-based public action, for which it proposes that new information be generated, particularly on ownership of assets and on decision making within households

Information on what happens within **households** is sorely missing and key to understanding many of the gender gaps. This knowledge gap exists because households have not always been disaggregated. Accurate recording of life events (e.g., death) and property must also improve to aid the enforcement of laws.

Within CARE, guidance is now available through the [Good Practices Framework](#) that identifies 8 core areas of inquiry for a gender analysis:



All of these have relevance across the spectrum of the WEIMI CO programs and are equally applicable to all programs, regardless of whether the impact group is women or girls. Gender equality measures ought to be systematically introduced into all areas of programming and followed up with strategies to address disparities and gender injustices.

It is also worth reminding ourselves that to address the underlying causes of poverty & social injustice and gender inequality, i.e., to achieve **transformational** development, we will need to be measuring change in:

- **Gender roles and relationships within household, community and at a macro level**
- All three of these levels will require our attention in measuring the change, across **structure, agency and relations**.
- **The lives, networks and status of individual women, households, solidarity groups, communities**, etc.
- **Social norms around accepted gender-based roles and behaviors**. In examining community dynamics, social norms reveal themselves; these are essentially the perceptions, often incorrect perceptions, on what are typical or desirable behaviors. Social norms are properties of a social group (e.g., all men in the community, VSL groups) and are powerful when they apply to people's everyday life. They influence individual and group behaviors.

Further, attention to gender-sensitive measures, whether in a program specific to women or to girls, includes systematically **disaggregating data for both genders**. Sensitivity is also required for differences in **age groups** and **stages of the life cycle**.

These differences must be reflected in the line of inquiry as well, framing questions and employing methods appropriate to the age group and gender.

Key Considerations for Developing an Impact Measurement System

Developing an “impact measurement system” should not be viewed narrowly as a technical undertaking or putting into place the hardware to manage information. It encompasses much more, and so it is important to:

- Develop a strategy of how you plan to measure change at all levels of your theory of change
- Construct a framework for the knowledge and the results you expect to produce
- Establish processes for monitoring and reflection that become a way of working
- Continuously build capacity of staff and partners in monitoring and evaluation iteratively with acting and planning.

When monitoring and evaluation ceases to be episodic and is supported by continuous reflection as an internalized practice, then the gap between “implementing good initiatives” and “telling an impact story” will close.

Brief 2.1: Breakthroughs and Indicators

Developing the measurement system will require the support of monitoring & evaluation specialists, which was a mix of both in-house and external staff for all six COs. **Expertise in M&E and in gender equity/women’s and girls’ empowerment are both essential for the work on measurement** – to ensure rigor and to tap the experience within CARE and globally on measurement of women’s empowerment.

You should expect that the design of indicators and hypotheses to be an iterative process, resulting in a final round of refinement of the theory of change so that it is specific enough for measurement purposes. Typically this process produces more ‘sense-making’ in the group until agreement is reached on the most feasible and priority indicators and hypotheses. It is wise to build in some slack time but not lose momentum in between reflection sessions or workshops. One way to manage the process is to use a combination of larger-scale participatory workshops with program staff alternating with core working groups.

Filter Questions

Periodically as you progress through the process of developing your measurement elements (breakthroughs, indicators, hypotheses), check to see if you are able to respond to the following questions ([See Annex A.2.1: Filter Questions for Measurement for full explanations of questions](#)):

- Are you designing your measurement systems with the capacity to disaggregate all data by sex (comparing males to females), as mandated by the [CARE International Gender Policy](#)?
- Do the measurement elements altogether capture changes in agency, structure and relations (CARE’s empowerment framework)? It is especially important to measure change in structure and relations (i.e., not to privilege agency above the other two). See [CARE’s Good Practices Framework](#).
- Are changes in different units of analysis being measured - the individual, household, community, group level, and the aggregate (population level)?
- Are you measuring both process and outcome of women’s and girls’ empowerment? How are you disaggregating this and measuring equivalent measures in men and boys?
- Are you capturing both breadth (scale) and depth of impact?
- Are you capturing the essential changes among key stakeholders in government, civil society and the private sector reflected in your theory of change?
- Are you including men and boys in measurement of behavioral change at target group level?
- Are there any expected changes in the overall theory of change that are not being captured and may actually be slipping through the measurement cracks?

Defining Breakthroughs

Identifying breakthroughs can be done before or after you have worked on indicators ([See Annex A.2.2 WEIMI Country Breakthroughs](#)). However, most COs found it helpful to think about breakthroughs after the pathways are constructed, i.e., what are breakthroughs as critical measures of progress in relation to an individual pathway or a group of pathways?

Brief 2.1: Breakthroughs and Indicators

The intent behind the breakthrough concept was to be able to note critical turning points on a 15-year path of social change / empowerment for women and/or girls. Not all of these points in time are predictable but some can be anticipated, i.e., predicted. For example, , in retrospect, over the nearly 20-year history of women’s savings & loans groups (MMD) in Niger, the following can be considered breakthroughs and might be considered possible opportunities for other COs to consider building into their pathways:

- Legal recognition of MMD groups
- The first MMD women became elected officials
- An organized network of MMD groups formed across the country
- The first Congress on the political participation of MMD women

Breakthroughs can exist as one-time events (structural, policy or precedent change) or as a critical threshold for an incremental change.

Breakthrough

A change that represents a significant leap forward that is not easily reversed. A breakthrough represents a change that affects both the breadth of impact (increasing impact on many more people in our impact group) and the depth of impact (increasing the level of wellbeing or transformation in the lives of our impact group). The change resulting from a breakthrough is reflected in the lives of people in our impact group whom we directly work with, as well as people in the impact group outside of our operational areas.

Example of a One-Off Event	Example of a Critical Threshold for an Incremental Change
The Domestic Violence Act is passed	50% of all medical facilities have specific confidential services available for survivors of violence who seek help.

While you still need indicators for pathways, consider what might be 5- or 10-year breakthroughs for these two pathways from Egypt’s TOC:

- There is acceptance of gender equity and equality at all levels
- Women and men access services that prevent GBV and support survivors

Breakthroughs themselves do not need indicators, as goals do, because they serve as an aid to measuring change in a long-term program. Thus, you may find a breakthrough useful as:

- A progress marker on your pathways (as Burundi has done)
- The key changes in public policy and/or action by key stakeholders from your stakeholder analysis (which also qualify as progress markers)
- A 5-year milestone on your theory of change (associated with one or more pathways that are being tested) (as Egypt and Bangladesh)
- A critical threshold to an incremental change which means specifying the level (depth and breadth) of that change
- A way to leverage the achievement (that a breakthrough represents) to create wider, deeper impact

In the WEIMI CO experience, breakthroughs became a critical element in the measurement system for Mali and Niger (and possibly Burundi). The concept was the most challenging of all the elements

in the measurement system. Other CO teams made optional or minimized them to two or three key ones at the 5-year mark.

Defining Indicators

Impact Indicators and Domains of Change (DOC) Indicators

Proposed Criteria for Selecting WE Indicators

- Linked to MDI+ indicators
- Linked to PRSP and national statistics
- Experience within the CO
- Cost Effective
- Feasible
- Relevant
- Reliable
- Understandable (and with clearly defined terms)
- Existing source of data

Possible additions to measuring empowerment specifically:

- Sensitive to change over time
- Tested by others

See Annex A2.3 WEIMI CO DOC Indicators Categorized to the Global MDI Indicators

At this level, we are concerned with measuring change for the impact goal and for the domains of change. While there are practical aspects to this (see below), care should also be exercised to not settle for measures of change that represent lower levels or pre-conditions to achieving impact. It should be commensurate with a structural change, altering the conditions of life for all members of an impact group or sub-impact group – e.g., a change in a law or policy, a social norm, an institutional practice (integrating services for victims of violence in health centers), employment of women in jobs not traditionally open to them, a shift in power relations. Note that behavioral change amongst specific target groups, for example, is not tantamount to impact, nor are incremental improvements in women or girls' access to services. When they are on a par with men and boys or when this trend reaches a threshold of certainty that it will not be reversed, then this is impact.

As for indicators, making the best choices is not merely a technical procedure; it is an analytical process that begins with identifying the concept or issue to be measured, then

probing until we come to an agreement on what it stands for, what its constituent parts are, what it exactly we would like to change, and what the change would tell us. Only then, after clarity and agreement are attained, should the process of selecting indicators for the concepts identified and articulated in this way begin.

There is always the risk that you will end up with an excessively large number of indicators, which is what happened to most WEIMI countries. This may be an acceptable way to start, but then proceed with these guidelines for completing the selection process:

- After you have generated a list of indicators, prioritize which of these are the most critical changes that will be a measure of the domain of change or the goal (**See Annex A2.4 CO Process to Prioritize Indicators**).
- Sometimes, after reducing down a large number of indicators to the most critical changes, another round of prioritization and reduction is needed. You may then want to use the indicator prioritization worksheet, to reduce the number to a set of around 10-12 for impact and DOC levels combined (**See Annex A2.5 Indicator Prioritization Tool**).

Brief 2.1: Breakthroughs and Indicators

- To ensure sufficiency in capturing the critical changes, 2-3 indicators at goal level that capture agency, structure and relations are recommended and are population-based.
- At impact goal level, if links can be established with the MDI+ or national level statistics, consider, before agreeing on these, whether the data already exist and are being gathered by repeat national surveys. Other sources may include the Demographic Health Survey (DHS) or the UN Development Report indicators. You will want to consider the cost of measuring a particular indicator vs. opting for a proxy indicator based on a secondary source.
- The use of secondary sources will present other challenges - the year of collection, the disaggregation of the data, and the precise variables being captured, may not always correspond to the requirements of the program. What are the alternatives?
 - Continuing to seek possibilities with other organizations for inclusion of indicators in their national level surveys
 - Continuing to identify a 'best fit' indicator for which data are already being collected
 - Conducting your own baseline, while weighing options to achieve cost-effectiveness (see Mali and Niger examples)
- In the aggregate, indicators at impact and DOC levels combined should include both population-based measures using secondary sources of information and measures adapted to the local context that you will likely test in your operational area.
- To finalize indicators, define operational terms as Bangladesh has done. This makes your indicator measurement-ready.

See [Annex A2.6 Indicator Tips](#) and [Annex A2.7 Example of Outcome Indicators and Operational Definitions from Bangladesh](#) for more information on constructing good indicators.

Are there women's empowerment indicators at impact and DOC levels that are in greater use?

Since 2008, CARE has promoted a Millennium Development Indicators Plus (MDI+) approach, which reflects the Millennium Development Goals (MDGs), to measure and communicate CARE's contributions to social change. CARE goes beyond the MDIs (indicated by the "+") to capture areas of work, such as governance, not covered by the MDIs and to signal the intent to apply measurement of change to the most marginalized groups who are often excluded from national programs and statistics.

Many of the MDI+ indicators that WEIMI COs selected were relevant at DOC level of measurement.

Of all the MDI+ indicators, 6 were chosen by at least 3 of the WEIMI countries, as shown in the table below (X = with slightly different wording). Also of note is that three of the WEIMI COs were participants in CARE Norway's WE program (2009-2013), namely, Mali, Niger, and Tanzania. This program had in common several MDI+ indicators, some slightly adapted, that appear as an * in the table below.

The Most Frequently Used Indicators amongst WEIMI Countries

THEME	BD	BI	EG	MA	NG	TZ
% men and women reporting meaningful participation of women in the public sphere*	.	.	.	X	.	X
% men and women with changed attitudes toward gender-	.		.	X	.	.

Brief 2.1: Breakthroughs and Indicators

based violence*						
% households with access to secure land tenure, by sex of the head of household	X		X	X	•	X
% men and women reporting ability of women to effectively control productive assets*	X		X	X		•
% women reporting meaningful participation in decision making at household level in a domain previously reserved for men	•			•		•
% households with capacity to cope with environmental shocks without depleting assets, by sex of the head of household*				•	•	•

The span of the 6 indicators is indicative of the multi-dimensionality of women’s empowerment. Most of them (perhaps excluding the last one) are fundamental to changes in life conditions – in health (esp. reproductive health), education, and economic security. They also reflect agency, relations, and structure. What appears in the top six are also in accord with research on women’s empowerment/gender equality indicators; one study that examines the most frequently used indicators at household and individual level mentions three:

- (a) domestic decision-making,
- (b) access to and control over resources, and
- (c) mobility and freedom of movement.

Only the last one is neither an MDI+ indicator nor does it feature in the indicators selected by WEIMI countries ([See Annex A2.8 MDI + Indicators](#))

Indicators other than the MDI+ indicators were also selected and these vary across countries.

Using the categories of the global MDI indicators (poverty reduction, food security, education, women’s empowerment, child health and nutrition, maternal health, sexual & reproductive health, HIV/AIDS, environmental sustainability, governance), the majority of those that fall under “Women’s Empowerment” relate to women’s political participation or representation ([See Annex A2.9: Impact Indicators for WEIMI Countries](#)).

What kind of baseline is needed for impact and DOC level indicators?

There are different choices for conducting baselines, as exemplified in WEIMI CO experiences ([See Annex A2.10 CO Baselines](#)):

- Collect primary data as part of a start-up initiative or evaluation for an existing initiative of some significant scale
- As a separate exercise, collect primary data in a designated geographic zone that meets your sampling frame and takes advantage of the synergies between initiatives and programs
- Conduct a separate baseline exercise for several programs at once or for a CO-level theory of change
- Relying on secondary data sources in combination with:

Brief 2.1: Breakthroughs and Indicators

- any of the above, or
- measuring indicators in all relevant initiatives at the same time

The choice you make depends on:

- The opportunities (e.g., alignment with a new multiyear initiative)
- Economics – what are reasonable costs and what you can afford
- The quality and availability of secondary data

The baseline will only serve its purpose if you conduct it with the intent to repeat data collection on the same indicators with the same sampling frame in future points in time in order to have comparable data.

Defining Pathway Indicators

Pathways, as outlined in the earlier section of this guidance on “Developing the TOC,” express the “how” of achieving a domain of change. Testing hypotheses within pathways is therefore an important measurement element. This involves measuring indicators for pathways to ensure that levels of change (both breadth and depth) for the pathway are being tracked. Some CO teams substituted pathway indicators with breakthroughs (See earlier section on Niger and Mali. [Also see Annex A2.11 WEIMI CO Pathway Indicators](#)).

Measuring breadth of change is indicated by the proportion, number or percentage within the unit of analysis. For this, it is also important to know your denominator. Measuring depth of change pertains to the type and degree of change occurring within the unit of analysis. Hypothetical Example:

Pathway	Girls show greater confidence, competence, and leadership
Breadth	% of girls in the program area
Depth	Level of confidence, type and level of competence, and level of leadership
Denominator	All girls in the age group of 7-14 in the convergence zone of the program

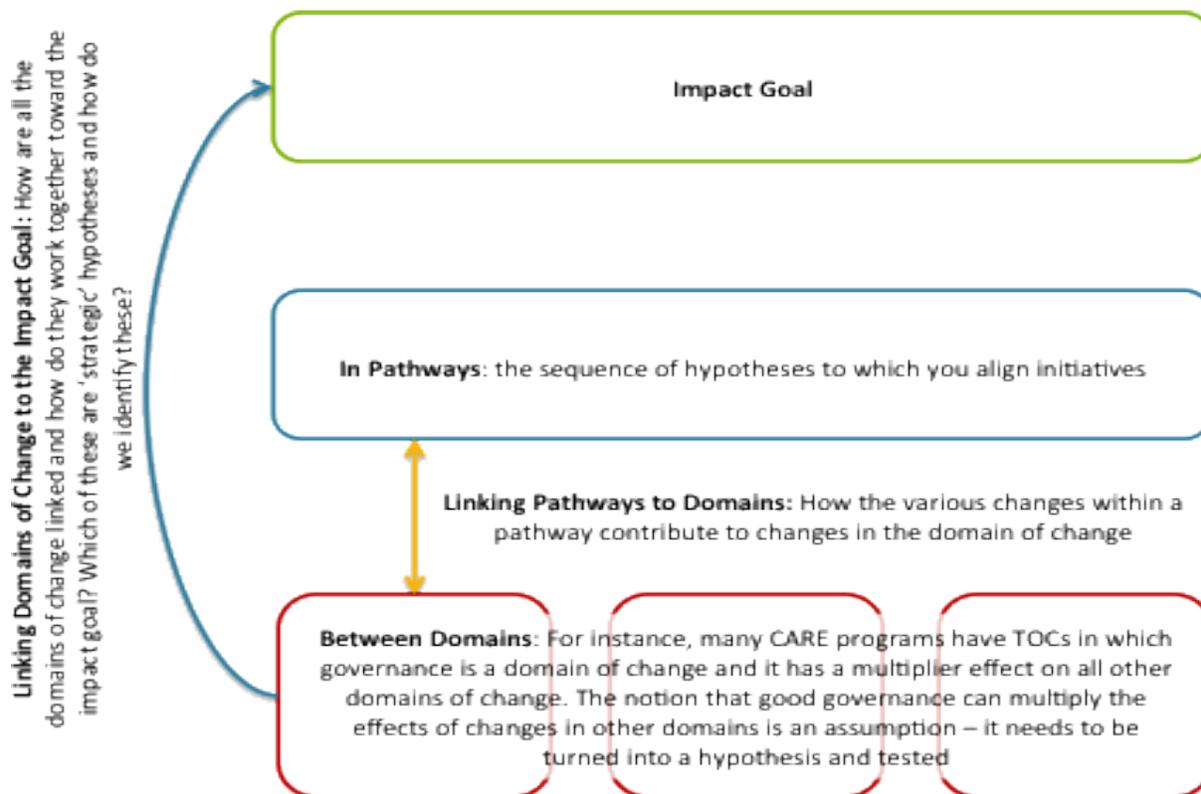
Finally, a practice that most WEIMI COs have found useful is to map initiatives to pathways at an early stage, before finalizing the measurement system. Making the link between the conceptual and the ‘real world’ is a nice break and will help teams bring their programmatic knowledge to bear on formulating pathway indicators. See next section for more information on this.

Brief 2.2 Strategic Hypotheses and Trends

Causal Relationships and Theories of Change

The Theory of Change is a web of causal relations.

The potential for hypothesis testing exists within and across all elements of the Theory of Change:



It is not possible to test the entirety of hypotheses in your theory of change.

You must decide on those that are vital to success in achieving the impact goal and for which there is no existing empirical base of evidence. Conducting a literature review first will help you determine which hypotheses have already been tested.

Many other relations in the theory of change will hinge on the veracity of the tested hypothesis. One way in which you are testing your theory of change is through pathways – initiatives aligned with pathways allow you to test hypotheses in your pathways. But there are many more hypotheses in the theory of change, as indicated above, some of which may already have been tested and confirmed by you or others.

Brief 2.2: Strategic Hypotheses and Trends

The results of testing a strategic hypothesis will inform your program strategy and may result in adjusting your theory of change ([See Annex A2.12: A Tool which outlines a process for selecting and prioritizing strategic hypotheses](#)).

Hypothesis

A proposed explanation for a phenomenon that establishes a relationship between two concepts.

The statement of a relationship becomes a hypothesis when it is able to be tested, by reference to observable phenomena, and confirmed or disconfirmed.

It is typically expressed, using formal logic, as an “if X, then Y” statement, whereby “X” is the independent

Be aware that this is also an iterative process that will require team input and dialogue. Like indicators, analytical thinking lies at the core of this process and requires the perspectives of gender specialists, M&E, and technical or sectoral experts. At any point in time, you may have 1-3 strategic hypotheses. Depending on resources and opportunities, more than that may not be realistic.

Strategic hypotheses take the form of if-then statements, such as:

If (independent variable):	Then (dependent variable):
Women have the capacity for collective action	Their social and political status will increase
Women improve their economic power	They will experience less social marginalization
Men are engaged in social change	The social and political status of women will be strengthened
Life conditions of women and girls are improved	The life conditions of households will improve

For examples of WEIMI Country Hypothesis selection see [Annex A2.13 Examples of WEIMI Country Hypothesis Selection](#).

The strategic hypotheses developed by WEIMI COs have some commonalities, in particular for the relationship between economic strengthening and women’s decision making in the household and/or the public sphere ([See Annex 2.14 Strategic Hypotheses Developed by WEIMI COs](#)).

Why do we need to test strategic hypotheses?

- **Hypotheses are the central piece to testing your theory of change.** This goes beyond tracking indicators to measure progress against your theory of change.
- You need to be vigilant of causal relations embedded in the TOC which, if investigated and proven false, may be a **critical barrier to success**. Sometimes the most tacit assumptions

Brief 2.2: Strategic Hypotheses and Trends

are the ones that really need to be tested (e.g., does women's economic empowerment always lead to improved status in the household?).

- **Improving the quality of your program will depend on what you learn from hypothesis testing.** Otherwise, your theory of change is nothing more than a conceptual framework that can help guide your work but is not necessarily subject to questioning.

Be aware that hypothesis testing will only tell you whether a causal relationship holds true or not; it will not tell you whether your interventions or strategies are flawed or inadequate.

Monitoring Trends, Assumptions and Risks

Following on from the **identification of assumptions, risks and trends found in Part I of the guide**, you are reminded that these are a constituent element of measuring the theory of change. The analysis you have done should generate a list of trends to monitor periodically. You need to review your trends when there is an external trigger to repeat the analysis (e.g., a major political event) or an internal trigger, such as an annual program reviews, AOP, or design of a new program.

Use **Annex A2.15 Context Analysis Matrix** that lists trends and conduct the following inquiry each time:

- If it is an external trigger, what are the implications for your program and the theory of change?
- Do you need to update your analysis or scenarios?
- Has anything else changed amongst trends? How can these be explained?
- How is the impact group being affected or will it be affected in the future?

It is recommended that trends monitoring be incorporated in your impact measurement system, as some WEIMI countries have done.

Brief 2.3 Reflection in Action

Core Questions for Transformational Development Work

How do we approach the task of measurement for transformational development work?

The use of logic models for projects has often caused us to simplify reality and apply linear thinking to causal relations in ways undeserved. Reality is more complex and environments more unstable and unpredictable than we would sometimes like in seeking to achieve our goals. Aspiring to transformational development at the heart of which is a change in power relations increases the chances of unpredictability, non-linearity in change pathways, emergent and unexpected outcomes, and significant changes in empowerment that we may not perceive if we are not consciously tuned in to the felt changes of our impact group.

How do we make sure that our own theory of change is not going to blind us to the real process of social change taking place or to the signs of increasing tensions in social relations that may accompany positive changes in a woman's financial independence or a girl's continuing education?

Conventional monitoring and evaluation methods will not suffice. Paying exclusive attention to the measurement elements of the theory of change in the section above will also not suffice. In fact, the theory of change enables us to spell out and make transparent our assumptions about change processes so that we can learn just how social change does take place in reality, in the context in which we are operating. The theory of change can become a trap if our conviction in the possibility of a better future becomes dogma – that our own paradigm is the only viable and desirable one.

Reflection in Action

Thus, what is required to use our theory of change effectively in order to deepen our understanding of social change, be able to tell an impact story, or scale up good practices?

One approach is about developing a practice of “reflection-in-action,” constantly evaluating what you are doing through your interventions while engaged “in action.” It challenges us to be in a state of inquiry of testing and questioning our own assumptions while acting as a steadfast observer to what is emerging. Metaphorically, this approach is akin to a mesh that supports and underlies the data collection from the use of the indicators, breakthroughs, and hypotheses and, at the same time, catches the bits of data that stem from our own observations, dialogue with participants and partners, and the myriad “information spaces” we encounter as part of our engagement in social change work – e.g., taking part in alliance building, listening to stories in the field, organizing advocacy events, attending any number of meetings not originally in our plan. These bits of data contribute to our knowledge base and are part and parcel of the data that gets “put on the table” during a regular schedule of group reflection.

“Reflection” is an important skill or practice that needs to be developed. We know that an empowerment approach requires a high level of sensitivity to facilitate changes in cultural norms, practices, and behaviors. What are we learning as we go about this work?

Brief 2.3: Reflection in Action

It is widely noted in CARE (and other development organizations) that much of the knowledge that resides in the organization is tacit rather than explicit. This phenomenon results from staff acquiring knowledge through their own experiences or practice without an imperative to reflect on or share it. Explicit knowledge refers to knowledge independently recorded and documented.

Usually, converting tacit knowledge to explicit requires an intervention, either a facilitator or a tool that can guide the knower through a process of inquiring reflexively on his or her experience. Tacit knowledge can also be in effect when performing tasks that are based on ‘know-how’ we developed over time and through experience. Thus, reflection opportunities are aimed at surfacing tacit knowledge, as well as emergent processes of change that occur in the field / within the framework of our program; they are neither predicted (by indicators or hypotheses) nor prescribed.

Reflection and Knowledge Management

Reflection as a practice in establishing a knowledge management approach should be institutionalized in two ways:

- As systematic, planned events that take place on a regular basis
- As a practice or skill embedded within the way that staff and partners work

The project approach in CARE typically relied on evaluations (midterm and final) as its primary source of knowledge. Evaluations are commonly accomplished by consultants in collaboration with staff. By contrast, in a program approach, evaluations are an integral part of impact measurement but are insufficient for achieving levels of “intelligence” and “wisdom” in CARE. Reflection sessions are pivotal to this process, as they harvest a broader pool of knowledge residing in people’s heads. They enable collective / shared learning belonging to a team of people. With this comes a sense of ownership around the knowledge generated from these moments of collective sharing. Subsequently, the documenting and systematic capture of the knowledge from these reflection events ensures the knowledge belongs to the organization and rises to the level of organizational “wisdom.” Moreover, over the 15-year program cycle, the knowledge management cycle makes it possible for the program (CARE with partners) to engage in triple-loop learning, the process we expect to see in reviewing and adapting the theory of change. Thus, one imperative is that the reflection process be systematized and structured (See [Annex A2.16 WEIMI COs Making Space for Reflective Learning](#)).

Reflective Practice

A set of abilities and skills to indicate the taking of a critical stance, an orientation to problem solving or state of mind. In essence, it is a readiness to constantly evaluate and review your practice in the light of new learning (which may arise from within the context of your professional practice).

Jennifer Moon, *Learning Journals: A Handbook for Academics, Students and Professional Development*. London: Kogan Page, 2009.

Being the reflective practitioner and a knowledge broker clearly creates some tensions that can be mitigated with heightened awareness of the following:

- Our own assumptions and presumed ways of working / behaving through a process of self-reflexivity. For more information see Heron, B. (2005) Self-reflection in critical social

Brief 2.3: Reflection in Action

work practice: subjectivity and the possibilities of resistance. *Reflective Practice: International and Multidisciplinary Perspectives*, 6, 3 (341-351)
(Web link: <http://dx.doi.org/10.1080/14623940500220095>)

- The effects that our 'dominant' position in a set of power relations may be having on the relationships we cultivate with partners, client groups, and others
- Whose voices are being heard and reflected in processes of collecting, analyzing and presenting information, and making sure that, in our aim to measure impact, we do not fail to continuously elevate the voices of our impact groups. This means going beyond an impact measurement approach in which impact groups are merely respondent groups. For more information see Jupp and Ali (2010), *Measuring Empowerment? Ask Them*, *Sida Studies in Evaluation*.
(Web link: <http://www.oecd.org/countries/bangladesh/46146440.pdf>)
- Making claims to knowledge. Knowledge is power, and transparency is imperative – in who contributes to creating knowledge, giving credit for knowledge created, and deciding with whom you will share knowledge. CARE may legitimately carve an identity out of the knowledge, expertise, and experience that exists in the organization, but, as capital, does not belong exclusively to CARE.

Recommended Practices for Reflection and Learning

In conclusion, here is a set of recommended practices for reflection and learning processes:

Schedule a reflection event at least once a year

- include a core group who come regularly (the WE program staff, partners, impact group representatives, program quality and M&E staff) and others whose input and perspective may be especially relevant to a particular reflection session.
- Or, you may want to take advantage of an already scheduled programming event and invite participants who would not normally be present (CI Members, other program staff, etc.).

Use as material for review at your reflection session

- Data collected for indicators and hypotheses.
- Any relevant studies or reports developed by your partners that specifically relate to your impact group. This evidence may also inform your theory of change or supplement / triangulate findings from your own work.
- Any other recent, relevant material developed by your Country Office. Use your judgment.
- The experiences, observations and perspectives of those engaged in the program. It is best to encourage staff and partners to keep a diary, take field notes or even to use photos or other media as a 'memory jog,' but in their absence, rely on the 'knowledge in their heads'.
- Impact stories which can be audio recordings, print, or other media, if and when available.

Share and vet the agenda with invitees prior to the event

- This allows staff and partners to add material if they wish and to come prepared to the meeting.

Designate a facilitator who will remain a part of the process from one session to the next

- This ensures there is a common thread of inquiry.
- This does not have to be staff nor the same staff each time; it can be a consultant or partner.
- The quality of facilitation must remain constant for all sessions.

Be systematic in the inquiry you apply to each reflection session

- This may mean piloting the process before you systematize.

Appoint 2-3 notetakers

- Make use of a pre-set format.

Document each reflection session

- Develop a reporting format that is regularly applied to each session.

Your report on the reflection session, if well prepared, may be the basis for your annual program report.

ANNEXES for Brief 2.1 (**Annexes A2.1-A2.10**)

Annex A2.1: Filter Questions for Measurement

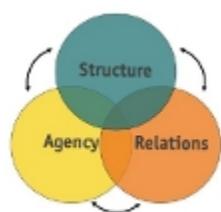
- **Objective:** To check the thinking around breakthroughs, indicators and hypotheses across program development and action.
- **Participants:** Program design team

Are you designing your measurement systems with the capacity to disaggregate all data by sex (comparing males to females), as mandated by the CARE International Gender Policy?

Here it would be best to consult the CI Gender Policy and review it before initiating your measurement system. Gender disaggregation should apply to all units of analysis. Be sure to disaggregate within the household and not merely at the level of the household head.

Do the measurement elements altogether capture changes in agency, structure and relations (CARE's empowerment framework)? It is especially important to measure change in structure and relations (i.e., not to privilege agency above the other two).

This information will help you understand the Empowerment Framework and its relation to measurement. Information has been adapted from Christina Wegs and Christine Galavotti's powerpoint presentation on "Measuring Women's Empowerment & Gender Equity for Health Outcomes (SRMH & Nutrition)."



Components of the framework:

- Agency: A woman's own aspirations and capabilities
- Structure: the environment that surrounds and conditions her choices
- Relations: the power relations through which she must negotiate her path

Women often internalize their subordinate status; may have diminished sense of their own value, rights and entitlements, so, at the agency level, empowerment involves a fundamental shift in women's own perceptions or "inner transformation."

Empowerment involves critical examination and deconstruction of unequal gender relations that are often seen as natural, but individual "transformation" and agency is not enough. It is not meaningful without the ability and power to implement and realize alternatives.

- A woman needs access to resources (social, political, financial) to enable her to exercise choice, power and control over her life.
- A woman's exercise of individual capabilities/assets is mediated by social norms that define rights, roles, responsibilities and entitlements of women and men. So we must work to shift social norms that govern social relations.
- Familial and household relations play a key role in perpetuating women's disempowerment. Over her lifetime, there may be a relative shift in power relations (i.e.

from young woman to mother) but this is not enough. What is needed is a fundamental shift in unequal power relations among men and women in society.

Here are examples from **CARE's SII** work on how outcomes are classified:

Agency	Structures	Relations
1. Self-Image; self-esteem	11. Marriage and kinship rules, norms and processes	19. Consciousness of self and others as interdependent
2. Legal and rights awareness	12. Laws and practices of citizenship	20. Negotiation , accommodation habits
3. Information and skills	13. Information and access to services	21. Alliance and coalition habits
4. Education	14. Access to justice, enforceability of rights	22. Pursuit, acceptance of accountability
5. Employment/control of own labor	15. Market accessibility	23. New social forms: altered relationships and behaviors
6. Mobility in public space	16. Political representation	
7. Decision influence in household	17. State budgeting practices	
8. Group membership and activism	18. Civil society representation	
9. Material assets owned		
10. Body health and bodily integrity		

 **Are changes in different units of analysis being measured - the individual, household, community, group level, and the aggregate (population level)?**

Women’s empowerment is a social change process that is manifest at many different levels. It is not sufficient, for example, to merely refer to change at individual level (often, agency indicators). Change is almost invariably embedded in relations which a woman has with household members, community, with other women in a collectivity, and as part of society. These must all be taken into consideration.

Research on measuring women’s empowerment tells us that in fact few standard indicators measure the interaction between individuals/households and larger community, district or state. Also most of the case studies on women’s collective action for social change are descriptive with few standard measures.

Population level measurement often uses proxy indicators for WE, such as participation in education, labor force, age at first marriage, political representation.

 **Are you measuring both process and outcome of women’s and girls’ empowerment? How are you disaggregating this and measuring equivalent measures in men and boys?**

Both process and outcome are equally important to understanding achievements in and threats to women's and girls' empowerment. And often the "process" to achieving specific outcomes will differ for the population or sub-population group. The risks (e.g., of increasing women's economic empowerment) may be higher for some groups than for others. At the same time, this is what makes measuring women's empowerment and the reason it is important to apply a mix of qualitative and quantitative data gathering methods.

Women and girls' empowerment, however, cannot be measured exclusively; it needs comparison with men and boys' empowerment for gender equity to be achieved.

Are you capturing both breadth (scale) and depth of impact?

Even with reporting on indicators, evidence can sometimes be anecdotal with reference to a specific success case or possibility of change, for example. It is important that programs demonstrate systematic measurement and that means being able to show breadth or scale of the social changes – for how many women is this true? AND depth – how much improvement? What is a significant level of change?

This data is essential to demonstrate that a specific model of change works or to convince policymakers that the impact achieved is truly significant. Efforts at policy change must proceed from credible evidence.

Are you capturing the essential changes among key stakeholders in government, civil society and the private sector reflected in our theory of change?

Where reference is made in your theory of change to any of these actors, check to see that you are actually measuring changes in their behaviors and decisions. And do not neglect the private sector, as CARE is more accustomed to working directly with civil society and government.

It may help to construct a matrix showing what the essential anticipated changes are for each category of actor.

Are you including men and boys in measurement of behavioural change at target group level?

Inclusion of men and boys is pivotal to success in achieving gender parity. As such, they become very important target groups in any program. Try to identify within your particular country context which men and which boys are important to target and the behaviors for your behavior change strategy.

Are there any expected changes in the overall theory of change that are not being captured and may actually be slipping through the measurement cracks?

This is a final check on your theory of change, after you have selected breakthroughs, indicators, hypotheses, and macro trends. Go back to the theory of change and ask yourselves what you have neglected.

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Annex A2.2: WEIMI Country Breakthroughs

CARE Burundi

Burundi reframed breakthroughs as progress markers, milestone events that enable you to know that you are moving in the right direction. As a result the CO has defined a set of 23 breakthroughs at pathway level for the four DOCs of the WE program which include a combination of breakthroughs referring to one-off events (legislation drafted and adopted) and attainment of critical thresholds (e.g. the breakthrough referring to the implementation of Nawe Nuza at scale). The SMIC document proposes that these breakthroughs will be monitored based on the use of participatory methodologies with the impact and target groups. The draft format developed for the operationalisation of this part of the SMIC has not yet been operationalised. However, the breakthroughs have been used by the CO for strategic planning purposes in the development of the FY 2013 and 2014 AOP.

CARE Mali

The team developed a plan for measuring breakthroughs that included the initiatives contributing to them, the changes they expect will be induced by breakthroughs, the operational definition for these, the data sources, the method for data collection, the frequency and who. See table below for illustration of how this is done. They have 7 breakthroughs for the PEF program and these are included in the measurement strategy. In their formulation of breakthroughs, the anticipated change would need more precision as a critical threshold (all means of production, for example?).

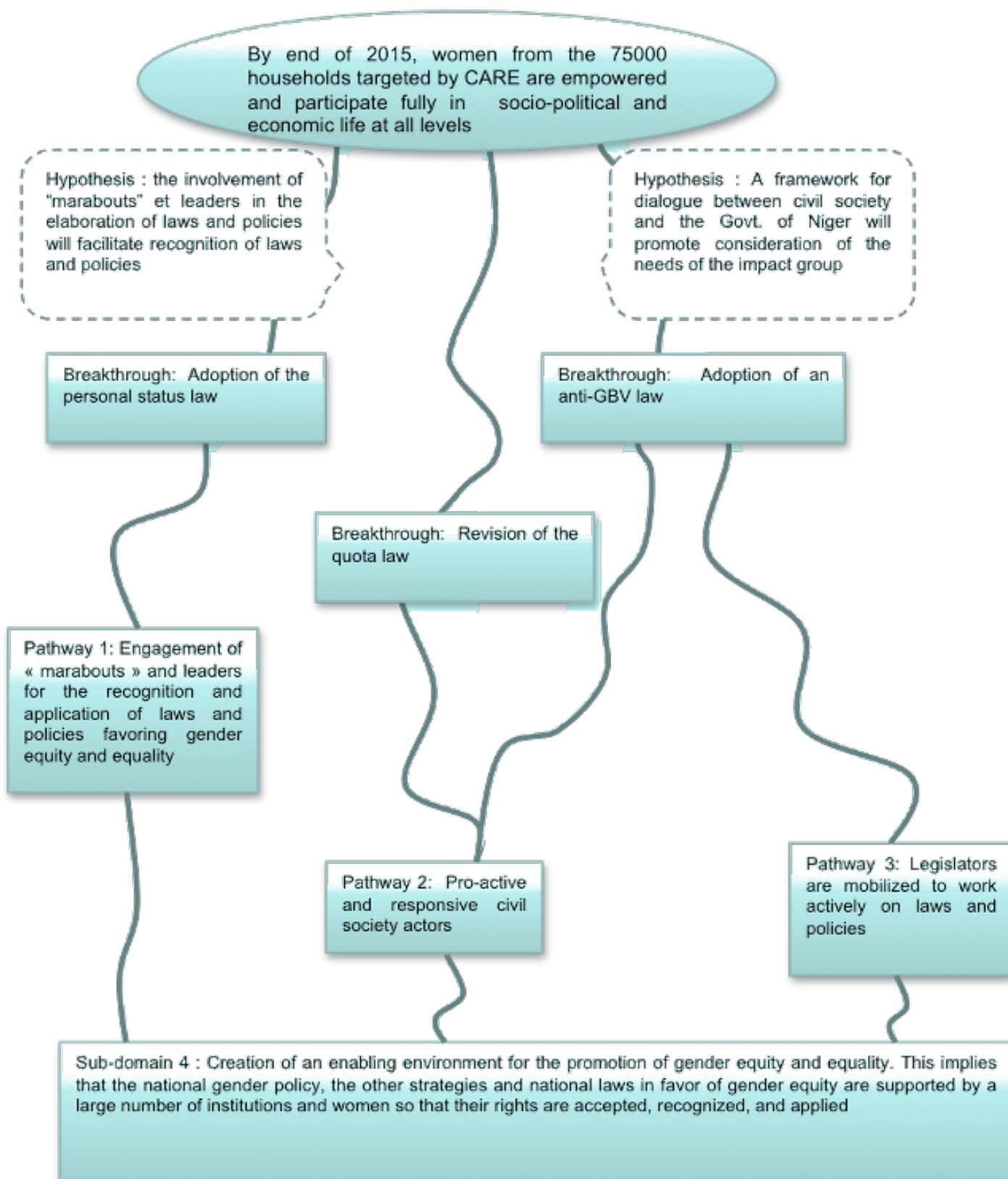
Mali has a matrix with a calendar of when breakthroughs are expected to be attained. Achieving a breakthrough is through pathways. This achievement is not as linear as several pathways may contribute to achieving a breakthrough.

CARE Niger

Initiatives (projects) are linked to the theory of change via the breakthroughs, i.e., their contribution to breakthroughs. The team plans to annually review progress of initiatives in aligning with and achieving breakthroughs. Niger identified 1-3 breakthroughs for each domain of change in the LEFF program cutting across several (sometimes all pathways), although, at a Dec. 2011 workshop on its CO impact measurement system, participants seemed to understand that the formulation of many of the current breakthroughs do not fit the definition. (One example of a breakthrough is women own and control productive resources, but this does not have the level of specificity to know when you have reached the breakthrough).

Niger intends to build evidence around these breakthroughs through the accumulated contributions of initiatives. Each initiative has been assessed for its level of contribution (if any) to a breakthrough, ranked as weak, medium or strong. The CO has developed a tool with IM standards that includes monitoring the alignment of initiatives to breakthroughs. Each year, the individual program will assess this and at CO level, the same will be assessed for the CO TOC.

See diagram of pathways, breakthroughs, etc. below:



Breakthrough	Changes induced by breakthrough	Key elements to arrive at the changes	Key interventions
<p>Women have secure access to means of production (land, equipment), access to titles, etc.</p> <p>Relevant Initiatives: Advocacy, engagement of men and entrepreneurship</p>	<ul style="list-style-type: none"> • Application des conventions • Mobilization initiative of GMJT/RMJT for access to the means of production • Funds invested in the purchase of inputs for members • Increase in production • Food security • Improvement in income • Improved nutrition • Vulnerable groups have sufficient and balanced food • Strengthening of woman's decision making power in the household, community, reproductive health, management of household goods, etc. • Lessening of prejudices (inheritance, etc.) 	<ul style="list-style-type: none"> • Engagement of men (community leaders, property owners...) • Mobilization of GMJT/RMJT who need access to land • Les GMJT invest in access to inputs • A critical mass of women, impact group members of the CBOs participate in decisions made at municipal, regional and national levels (X%), example : Joint Committee on Land Management 	<ul style="list-style-type: none"> • Watch for synergy with other CARE programs linked to means of production • Watch for synergy with other interventions linked to means of production • Investments related to the RA results, with production plots (gardening, farmland, etc.) • Training / information on questions of land tenure and application of the laws
Data sources	Method for data collection	Frequency	Responsible Person
<p>MJT groups and network</p>	<ul style="list-style-type: none"> • Self assessment of engagements in the conventions • Monitoring of mobilization initiative for access (# of groups, types of access, areas acquired, etc.) • Monitoring of the use of income from GMJT/RMJT 	<p>Quarterly</p>	<p>Junior experts and Area Coordinators</p>

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Annex A2.3: WEIMI CO Impact and DOC Indicators

Category	Indicators
Poverty Reduction	<p>Burundi:</p> <ul style="list-style-type: none"> • % of women (per IG members and NON IG members) living in a household with less than \$1 per day <p>Mali:</p> <ul style="list-style-type: none"> • # of households with resilience capacity in the face of crises and conflicts • # of vulnerable and marginalized women who control their own means of production <p>Tanzania:</p> <ul style="list-style-type: none"> • % of households that do not rely solely on agriculture for their livelihood by sex of the head of household <p>Egypt:</p> <ul style="list-style-type: none"> • Engagement in economic activities- formal sector (gender-disaggregated) • Employment in the government and private sectors (gender-disaggregated) • Ratio of female participation in the labor force (disaggregated by governorate) • Engagement in economic activities – vocational (gender disaggregated) <p>Niger:</p> <ul style="list-style-type: none"> • % of households living under the poverty threshold (MDI+)
Food Security	<p>Mali:</p> <ul style="list-style-type: none"> • % of young adults from vulnerable households who are improving their food security, particularly the nutritional status of children under 5 years in their respective households
Education	<p>Mali:</p> <ul style="list-style-type: none"> • Enrollment rate of girls in primary school compared to that of boys (MDI+)
Women’s Empowerment	<p>Egypt:</p> <ul style="list-style-type: none"> • % Change in women’s participation in CSOs • % of CSOs led by Women • Prevalence of marital violence (any, ever) by governorate for all upper Egypt • Law on domestic violence is passed and implemented • Personal status law is modified <p>Burundi:</p> <ul style="list-style-type: none"> • % of women (per IG members and non IG members) who report a quality participation in decision making structures at community level • % of community structures with effective representation of at least 30% of women • % of women (per IG members and NON IG members) who claim their basic rights • % of women (per IG members and NON IG members) who cover their basic needs with dignity • % of women (per IG members and NON IG members) who report having access to quality financial services • % of women reporting an improvement in their psychosocial well being <p>Niger:</p> <ul style="list-style-type: none"> • % of women elected in their communities relative to the total number of men and

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	<p>women elected</p> <p>Mali:</p> <ul style="list-style-type: none"> • # of elective positions in communities and civil society occupied by women or girls • # of trained girl mothers who are practicing profitable socio-professional activities • % of women and girls satisfied with NGO services of the program <p>Tanzania:</p> <ul style="list-style-type: none"> • Average number of hours per day spent on housework and in retention to the duration of the working day, by sex and age <p>Bangladesh:</p> <ul style="list-style-type: none"> • % of IG women reporting meaningful participation in collective action initiatives undertaken by solidarity groups at the community level and beyond • % of men reporting positive attitudes towards the collective action initiatives of women's solidarity groups at the level of the community and beyond
Child Health and Nutrition	
Maternal Health	<p>Niger:</p> <ul style="list-style-type: none"> • Proportion of births attended by skilled birth attendants (MDI+)
Sexual and reproductive health	<p>Niger:</p> <ul style="list-style-type: none"> • % of couples making informed joint decisions regarding sexual and reproductive health
HIV/ AIDs	
Environmental Sustainability	
Governance	<p>Tanzania:</p> <ul style="list-style-type: none"> • # of effective spaces in which the IG participates meaningfully (planning, budgeting, monitoring) <p>Burundi:</p> <ul style="list-style-type: none"> • Coordination between the government and civil society in favor of poor and vulnerable women • Number of laws and policies adopted / ratified (conventions, protocols, resolutions, declarations) which promote women's rights <p>Mali:</p> <ul style="list-style-type: none"> • # of NGO consortium members who have an operational management system on performance, talents, and knowledge

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Annex A2.4: CO Process to Prioritize Indicators

CARE Tanzania

“Just as we learned several lessons with regard to the development of the TOC, so we learned several lessons with regard to the development of the impact measurement and learning system. Originally, we selected about 64 indicators that seemed right and suitable for our Mwangaza [WE] program. But when we started to think deeply about the way we were going to operationalize them, we realized that it was going to be too complicated. Instead, we decided to select 20 indicators. But WEIMI helped us to see that even 20 indicators were just too many. So, WEIMI helped us choose 7 indicators from CARE’s list of Millennium Development Indicators plus (MDI+) for our impact goal and broad outcomes.”

The group struggled with finding an appropriate impact indicator. It was felt that an indicator associated with food security would be the most meaningful, but neither of the two MDI+ impact indicators for food security – proportion of the population below minimum level of dietary energy consumption, which is extremely difficult to measure and use, and the indicator, prevalence of underweight children under 5, was a clear fit for its 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. The group settled for the latter, as this would also speak to assumptions about changes in availability of food and income (and women’s knowledge), improved access to health services, changes in women’s decision-making at household level, and sustainable use of natural resources in pursuit of food and income security.

CARE Niger

This indicator was chosen by CARE Niger in relation to the hypothesis that "an improvement in income would mean economic empowerment and self-efficacy of women."

Niger chose two indicators at impact level, for its LEFF program goal—social equity is improved for women and girls of 75,000 households by their increased capacity of expression and organization, the equitable distribution of capital and assets.

To see how it measured self-efficacy, a description follows. It should be noted that self-efficacy measures agency; it does not measure relations or structural change.

Operational definition: a woman is assumed to have personal efficacy if she demonstrate socio-political and economic efficacy. Economic efficacy was defined as the ability to have an income level sufficient to (i) be able to make viable economic choices for her and her household, (ii) satisfy her economic needs and contribute to those of her household, (iii) develop her capacity to cope with economic shocks (resilience). Socio-political efficacy is recognized in (i) the visibility of a woman’s leadership, (ii) the ability to propose, organize and help implement actions for the development of the community and (iii) the ability to make informed political choices.

Calculation of the indicator: the indicator is a composite and is assessed on the basis of an overall score, using criteria (variables) each ranked low, medium or high (1, 2, 3, respectively). A total score was calculated as the sum of all scores on all criteria. The level of personal efficacy is based on the following scale:

Low	Medium	High
8-13	14-18	19-24

The indicator was calculated on the basis of statements and perceptions made by women about themselves and by their husbands and their perceptions of what level of self-efficacy their wives had attained.

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Factor analysis performed on responses by both men and women yielded an extraction of two factors with a total of 8 variables. The two factors cumulatively accounted for 56.4% of the variance in the entire set of variables in the case of women's responses and 51.39% for men's responses.

Factor 1 : economic security capacity of households (IGA and income)	Factor 2 : participation in decision making, in public life
<ul style="list-style-type: none"> • Technical skill for undertaking IGA • Profitability of IGA • Capacity to anticipate risks linked to IGA? • Level of satisfaction of economic needs from income (own and contribution to household needs) • Which strategy are you adopting to secure IGA when confronted with economic shocks? 	<ul style="list-style-type: none"> • Level of information regarding major events in the community? • What is your level of participation in forums and level of influence on decision making in your community? • Choice of candidates during elections

CARE Niger concluded that both economic efficacy and socio-political efficacy were validated as definitional for self-efficacy. It confirmed to CARE Niger the need to prioritize this indicator within the women's empowerment framework, primarily through the LEFF program. CARE envisions a target of 10% increase by 2015 for the high and medium levels of self-efficacy. The advantage of factor 1 is that it can be measured more objectively than relying upon perceptions (of women or men) and is thus a more reliable predictor variable for self-efficacy.

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Annex A2.5: Indicator Prioritization Tool

- **Objective:** Prioritize indicators at goal and DOC levels, particularly once a brainstorming session has generated too many indicators
- **Participants:** Program design team

CARE Burundi selected a set of 10 program-level indicators for measuring changes at the impact and domain levels of the TOC for the WEP by scoring all potential indicators against a set of agreed criteria. This process was considered by program staff to have been very useful as a way of reaching agreement on a manageable/ limited number of higher level indicators. "Options" have been added for this guidance.

It is a form of a "values clarification exercise" that helps the team rank the indicators.

1. Develop criterion for each 'column':
 - Weight the criteria if you consider one to be of greater importance than another. In this case, assign a weight to each criterion of 1 to 5 (low to high importance).
2. For each indicator, mark a score in each of the columns using the criteria at the top of the column – allowable scores are 0-3, where 3 is the very highest/strongest possible.
3. For every place where you rate an indicator at "3" (highest level), include some comments about why you rate it that high in that column.
4. When done, total across the rows, and identify the highest indicators at goal, and domain (use the pathway level ratings to check if any of the pathway indicators might be better than the existing domain indicators).

*Other criterion to consider: existing source of data, i.e., does not have to be gathered by CARE.

Explanation of the column headings in the worksheet						
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Link with the MDIs/ MDGs	Link with CSLP/ PRSP	Experience within CO	Feasibility	Relevant	Reliable	Understandable
The indicator already in the MDI list? Or could it be extracted from one of the MDI indicators	Linkage to indicators in the national poverty reduction strategy	Has anyone in the office, or any project, used this indicator so that they know something about any special issues in collecting data for it or in analyzing it	Cost effectiveness- can it realistically be done in the local circumstances?	How well does it demonstrate what is happening in this goal or domain?	Can it be done by different persons over the life of the program and get comparable results?	Is it simple enough to be used by/ with communities; and can the results be explained in a meaningful way and used by various stakeholders?

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The example below is from Burundi's Children Empowerment Program – group 1 (indicators 1-15). This is a partial list; the full set was 7 pages of indicators.

Logical hierarchy/chain	Objectively Verifiable Indicators	1. Link with MDIs/MDGs	2.Link with CSLP/PRSP	3.Experience within CO	4.Feasibility	5.Relevant	6.Reliable	7.Understandable	Total Score
Impact Vision: By 2015, orphans & children vulnerable to abuse, to denial of rights, aged from 6 to 18, living in economically vulnerable households, particularly girls, effectively enjoy their rights, live in an enabling environment, & see their future with hope & confidence	Level of fulfillment of OVC rights	1	1	2	1	2	1	1	9
	% of OVC who claim considering their futures with hope and confidence	0	0	1	0	2	0	0	3
	% of households hosting OVC & living under \$1/day ¹⁶	3 (written in the MDGs)	2	1	2	3	3 (calculate according to the revenue of the HH)	2	16
	% of children (disaggregated per sex) who have easy access to quality services	2	2	2	3 (appreciation of facilities provided)	2	1	1	13

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Annex A2.6: Indicator Tips

- **Objective:** Tips on how to construct good indicators, to balance rigor in measurement with practical considerations. Indicators should be sparse and the choice strongly rationalized.



Use existing indicators to the extent possible; avoid inventing new ones

Coming up with good indicators is a difficult task that requires various technical skills and expertise. It requires the person designing the indicator to be familiar with methods to operationalize concepts; methods to weigh variables in parsimonious models; and so on. Because CARE is not a research institute but an implementing development organization, we often do not have the expertise—nor do we need—to design indicators in-house. Instead, we should employ existing, proven indicators developed by experts, rather than try to invent new ones ourselves. If we use existing indicators, we will benefit from the expertise and experience of those who know how to develop them and have already done the work; we will save ourselves the trouble of having to test the indicators; and we will avoid having to provide lengthy explanations and justifications when communicating our work externally.

Sometimes, we are so focused on the details of our own work that we think we cannot find existing indicators to help us measure what we need. However, that is rarely true. If we make a commitment to exhausting the options of existing indicators first, we will not need to invent new ones—and, ultimately, our work will be much higher quality and defensible as a result. For example, assume that we are working with an impact group that is exploited by selling advance labor during seasons when the price of labor is low, then having to perform the labor during seasons when its price is high. This exploited group obviously does not benefit from the seasonal increase in the price of labor, and we are interested in measuring this economic exploitation. We could start developing a very complex index, or a composite indicator, including various aspects of economic exploitation. Or, we could select a very simple indicator that has been already developed and tested numerous times by economists: seasonal wages. We need to measure wages in the different seasons for our impact group and for a group that does not experience the same exploitation (e.g., nationally, for a higher caste, etc.). The difference in wages between those who sell their labor expensively when its price is high, and those who sell it cheaply even when its price is high, is an excellent indication of exploitation.



Use simple indicators. Do not think that a complex concept requires a complex indicator.

Like many answers to questions, often the simplest makes the most sense. Similarly, the best indicators are the simplest. They tend to be straightforward, easy for everyone to understand, and minimize the potential measurement error. They also enable us to focus on analysis and learning rather than on complicated measurement. If we encounter a complex concept or problem, as we often do when we work on marginalization, empowerment, exploitation, rights and so on, we need to break those complex concepts down until we can find simple indicators for them. It is always better to simplify a thought and attach a simple indicator to it than to try to design complex indicators to measure complicated thoughts.

Composite indicators are inappropriate for analyzing complex processes. When we are dealing with a complex problem, such as economic exploitation or marginalization, we are tempted to design an

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index to measure this problem. In general, indexes are useful for predicting macro-level trends. For instance, if the government wants to predict the movements of the economy in the next few months, it will have its statistical institute calculate a composite index of many different indicators, including employment, manufacturers' production, value chains, financial changes, interest rates, and consumers' behavior. This approach is not appropriate for our purposes.

To continue with the previous example about vulnerable people exploited by village moneylenders, imagine that we wanted to measure economic exploitation. This is a very complex and multi-faceted problem. Instead of doing the conceptual thinking to simplify what we need to measure, as we did in the example above, we could start to develop a very complex indicator for economic exploitation, which would likely take the shape of a composite index. A composite index of indicators combines various indicator components to produce one overall number that can be tracked over time. Our index of economic exploitation could contain an indicator measuring whether those borrowing money are extremely poor; one that measures whether they sell advanced labor; one that measures whether they are aware of the prices of labor each season; and still another that measures whether they take loans from the village moneylender. We could then attempt a complex calculation to aggregate all these variables into a composite index measure. As the following explains, using composite indexes of indicators is not a good approach for our work for a variety of reasons:

-  First, a composite index approach requires statistical technical expertise that we do not have to conduct the work rigorously.
-  Second, the approach requires a lengthy and expensive measurement.
-  Third, the approach would not tell us anything that a simple indicator like the one discussed above – interest rate on loans – does not already tell us.
-  Fourth, composite indexes are not useful for explaining complex processes, such as what we do when testing our TOCs and analyzing our contributions to social change. If one thinks of indicators as once-removed from reality (e.g., there is “real life,” then there is an indicator to reflect real life on paper), then indexes are twice removed from reality--think of them as reflections of reflections.
-  Fifth, constructing a complex indicator such as an index is difficult, demanding statistical work – one cannot simply decide to add a few indicators together. Even the selection of the components, which will be part of the index, needs to be tested statistically. The calculation of measures to produce the final number on the index is difficult statistical work as well.

In summary, complex indicators such as composite indexes are to be avoided. If you must use one, do so with extreme consideration and care, and always use an existing one. However, it is best to analyze and break down a complex problem or issue to its component parts, then assign a simple indicator to each part. A complex problem is best captured and analyzed with simple indicators.

 ***Use one indicator per change you seek to measure. Do not use multiple indicators for the same concept.***

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This is why you must be clear what the critical changes are in your goal or domain of change. Identify these before you begin your work on indicators.

If we survey the different areas in which we work, we will find hundreds of indicators for each. For example, we can find numerous indicators for education: enrollment rates, completion rates, ratios of teachers to students in the classroom, and many others. This does not mean, however, that we need to measure all of them. Using as many indicators as we can think of in our data collection tool does not improve our measurement; it only makes it longer, more costly, and more burdensome. Instead, we should focus on selecting one good indicator for the underlying change we want to see, and concentrate our resources on measuring and analyzing that.

For example, our global menu of outcome and impact indicators lists five different indicators in the area of Environmental Sustainability. Our job is to figure out which one would best capture the change we are working towards in our program. We do not need to include more than one of those five indicators. A good detailed analysis of one of them will go further than lengthy measurement on all five.



Give due consideration to the financial, time and skill implications of indicators. It is acceptable to opt for a cheaper, easier to measure indicator.

When we have gone through the dos above (i.e., done our conceptual thinking, identified potential existing indicators, thrown out the complicated and selected the simple ones, and tried to narrow them down to one), we are sometimes still left with choices among good indicators. How do we select one among many equally good options? We should seriously consider indicators based on whether they are less expensive to measure than others, would take less time, or would require fewer specialized technical skills. For example, imagine that we need an indicator for food security and that we have two options: caloric intake and dietary diversity, both disaggregated by sex. Which one do we choose? Caloric intake is extremely difficult to measure and calculate, as it requires difficult precise recall on the part of survey respondents. It also requires an expensive survey done by people with special technical skills to gather the data and do the necessary calculations. And it would also require a long lead time to organize the resources and people needed. Dietary diversity, on the other hand, is a good proxy for food security: people who have higher dietary diversity are less threatened by food insecurity, because those who diversify their diet over time have escaped the threat of food insecurity. Dietary diversity is also easier to measure for both survey enumerators and respondents: the recall involved here is much less demanding than would be the case in trying to calculate calories. Because this is a simpler indicator, it would also require less skill, time and money to measure. Based on these practical considerations, we choose dietary diversity as our indicator, and leave the measurement and calculation of caloric intake to the DHS and other national surveys done by research institutes.



Focus on analysis; do not think that an indicator, however good, is a substitute for good judgment and good thinking.

Indicators are designed only to facilitate our analysis and thinking, not to replace them. Even if we select the perfect indicator but then do not analyze the data we collect on it, reflecting on what it is telling us, then we have not done our job. Indicators are not short cuts for thinking. They are simply a tool to help us collect the data and do the analysis that should inform our thinking. Further, indicators only indicate. That is, they point in the direction in which change has taken place. They are not a substitute for our work – we need to do the analysis of whether the change is positive or negative, expected or unexpected, as described by our TOC or not, large or small. Indicators are

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good for data collection, but the core of our task with impact measurement is analysis. We have not done IM until we complete our analysis, interpret the information derived from the analysis, and draw out its implications for our work.

To illustrate how collecting data on an indicator is different from analyzing and interpreting data, consider the following example:

Imagine a project to reduce violence against women and girls, and that some of the main interventions include raising community awareness and encouraging people to report instances of such violence and seek legal redress. The number of instances of reported violence against women and girls could be an output indicator for this project. It is very likely that, between the baseline and the mid-term, the number of instances of reported violence would increase; our data collection would show the numbers going up. If we simply collected the data and ended our effort before properly analyzing those data, we would have no idea what this increase meant. It could mean that more violence against women and girls is taking place, or it could mean that the amount of violence has not changed, but the increased community awareness means more instances of violence are actually reported, rather than going unrecognized, as they did before awareness was raised. It could also mean that the amounts of violence and awareness have not changed, but more people had been empowered to report instances of violence. We cannot know which of these changes has taken place simply by saying that the number of instances of reported violence has increased. We will understand the change that has taken place only if we analyze our findings in their context, compare them to findings on other indicators, and draw conclusions from this analysis.

Having a good indicator does not, in and of itself, replace taking the time to analyze the collected data, which reveal very little without an analytical context. The key, therefore, is to do the in-depth analysis to understand the meaning of the findings and act accordingly.

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Annex A2.7 Example of Outcome Indicators and Operational Definitions from Bangladesh

Domain of Change: Exercise of greater choice affecting decisions in their lives

Indicator: % men and women reporting meaningful participation of women in public sphere.

Operational Definitions

Public Sphere: This is defined as women's involvement in both formal and non-formal organizations at, especially, community level.

Examples of formal organizations include:

- School Management Committees;
- UPs and UP standing committees;
- Registered organizations (clubs, community based organizations);
- Local chapters of political parties;
- Religious groups and committees;
- Natural Leader Organisations.

Examples of non-formal organizations include:

- Village Development Committees;
- Solidarity Groups/Self-Help Groups;
- Community Support Groups;
- Market Management Committees;
- Savings Groups;
- Other community groups for supporting development initiative activities (including EKATA groups).

In addition to involvement in organizations, public sphere includes women's participation in public forums, such as Salish and community meetings.

Meaningful Participation: This is defined as women's physical presence in committees/meetings AND their participation in organizations and processes, as demonstrated by the following steps:

1. Raising their voices in meetings;
2. Influencing the views of others;
3. Adding value to decisions by shifting them in favor of the Impact Population.

Other considerations: will need to also ascertain men's description/opinion of women's involvement and participation, using these 3 questions.

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Annex A2.8 MDI+ Indicators

MDI+ Indicators Selected by 1 or More WEIMI Countries

The ◇ indicates a use of slightly different wording. Indicators not used by any countries are shaded.

	MDI INDICATOR	TAN- ZANIA	EGYPT	BANG- LADESH	NIGER	BUR- UNDI	MALI
1	Proportion of the population below \$1 a day					✓	◇
2	Prevalence of underweight children under 5 years of age	✓			✓		
3	Proportion of the population below minimum level of dietary energy consumption						◇
4	Net enrolment ratio in primary education						
5	Proportion of pupils starting grade 1 who reach last grade of primary school						
6	Literacy rate of 15-24 year olds, men and women						
7	Ratio of girls to boys in primary, tertiary and secondary education			◇			
8	Share of women in wage employment in the non-agricultural sector						
9	Change in women's self-efficacy				✓		
10	Under 5 mortality rate						
11	Infant mortality rate						
12	Maternal mortality ratio			✓			
13	Proportion of births attended by skilled health personnel either at home or at a health facility				✓		
14	ANC and PNC (at least 1 visit and at least 4 visits)						
15	Contraceptive prevalence rate				✓		
16	HIV prevalence among the population aged 15-24 years						
17	Adolescent birth rate						
18	Unmet need for family planning						
19	HIV prevalence among population aged 15-24 years						
20	Condom use at last high risk sex						
21	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS						
22	Proportion of population using an improved drinking water source				✓		
23	Proportion of population using an improved sanitation facility						
	MDI + INDICATOR						
1	% people whose net income generated within target value chains has increased, by sex						
2	% households with access to secure land tenure, by sex of the head of household	◇	◇	◇	✓		◇

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	MDI INDICATOR	TAN- ZANIA	EGYPT	BANG- LADESH	NIGER	BUR- UNDI	MALI
3	% households that do not rely solely on agriculture for their livelihood, by sex of the head of household	✓					
4	% households with capacity to cope with environmental shocks without depleting assets, by sex of the head of household	✓			✓		✓
5	% change in dietary diversity (to measure both nutrition and as a proxy for biodiversity)						
6	% children 0-23 months who are underweight (weight for age), by sex						
7	% households with food reserves, by sex of the head of household				✓		
8	Primary school completion rates by formal (gov't funded)/non-formal schools, by sex						
9	Primary education programs gross enrollment rates by formal (gov't funded)/non-formal schools, by sex						
10	Student-to-teacher ratios by formal (gov't funded)/non-formal primary schools						
11	% women reporting meaningful participation in decision making at household level in a domain previously reserved for men	✓		✓			✓
12	% men and women reporting meaningful participation of women in the public sphere	◇	✓	✓	✓	✓	◇
13	% men and women with changed attitudes toward gender-based violence	✓	✓	✓	✓		◇
14	% couples making informed joint decisions regarding sexual and reproductive health	✓			✓		
15	% men and women reporting ability of women to effectively control productive assets	✓	◇	◇			◇
16	% women reporting an improvement in their psychosocial wellbeing					✓	
17	Average number of hours per day spent on house work, and in relation to the duration of the working day, by sex	✓					
18	% children exclusively breast-fed within the first 1 hour after birth and up to age of 6 mos.						
19	Proportion of 1-year-old children immunized against measles						
20	% children age 0-23 months who slept under an insecticide-treated bed net in the previous 2 weeks						
21	% women with met need for emergency obstetric care						
22	% women attending 4 ANC visits at a health facility						
23	% women reporting satisfaction with the quality of care received						

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	MDI INDICATOR	TAN- ZANIA	EGYPT	BANG- LADESH	NIGER	BUR- UNDI	MALI
24	% people whose need for family planning services is met, by sex						
25	% people making informed decisions about their contraceptive use, by sex						
26	% adolescents with access to contraceptive methods						
27	% people with correct knowledge of the 2 major ways of preventing the sexual transmission of HIV/AIDS, by sex						
28	% adults with more than one partner in the past 12 months reporting the use of a- condom during last sexual intercourse, by sex						
29	% people with advanced HIV infection receiving antiretroviral combination therapy, by sex						
30	% people utilizing HIV-associated clinical services such as VCT, STI, TB, by sex						
31	% local actors with meaningful participation in productive natural resource management at community level, by sex	✓			✓		
32	% of population using an improved drinking water source				✓		
33	% of population using an improved sanitation facility						
34	% of population with access to emergency warnings						
35	%of population using improved fuel sources						

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Annex A2.9: Impact Indicators for WEIMI Countries

Bangladesh	Burundi	Egypt	Mali	Niger	Tanzania
IMPACT GOAL					
The 'most' socially, economically, politically marginalized women are empowered	By 2025, poor women, aged from 18-50, 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	By 2025, poor women in Upper Egypt are empowered, enjoying a better quality of life attaining their rights	By 2015, vulnerable and marginalized women and girls (15-49 years) in the regions of Mopti, Segou, and Timbuktu will have increased their economic power, their socio-political status and participation in decision making while maintaining social cohesion at regional and national levels	Social equity is improved for women and girls of 75,000 households by their increased capacity of expression and organization, the equitable distribution of capital and assets (gender-sensitive curriculum at school, a positive perception of the roles and status of women and girls, household capacity in adapting to climate change, food availability, efficient supply systems and management of food stocks, continuous access to good quality water)	Marginalized and vulnerable women and girls at critical life stages, in rural underserved and environmentally restricted areas are empowered to live sustainable healthy secure lives
IMPACT INDICATORS					
Maternal mortality reduced significantly in extremely poor and most marginalized women	% of women (per IG members and non IG members) reporting improvement in their psychosocial well being	% men and women reporting meaningful participation of women in the public sphere	# of women and girls who are empowered in their choice and decisions affect the quality and the security of their livelihood	Prevalence of underweight children under 5 years of age	Prevalence of underweight Children under 5 years of age

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At least 30% of marginalized women completing secondary level of education	% of women living on less than a dollar (PPP) a day	% of women first married by age 18, for women age 25-49 and for women age 20-24	# of social norms, policies and laws that have changed in favor of promoting the rights of women and girls	Change in women's self efficacy	
Chronic malnutrition among most marginalized women reduced by 80%	Maternal mortality rates	# of women in parliament	vulnerable and marginalized women with an income above the economic poverty threshold (\$ 2/ day)		
		# of girls in Upper Egypt in age group 0-17 who have been circumcised			

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Annex A2.10 CO Baselines

CARE Mali

Mali benefitted from the fact that its long-term CARE Norway program “Empowering Mothers and Girls” was being developed at the same time as the WE program TOC and measurement system. This a 7-year initiative with major contributions to the PEF program with a 7-year impact goal.

Mali conducted a baseline by focusing on “common convergence areas” contributed by at least three CARE interventions. It took a representative sample of villages that will serve as the panel villages to be followed up during the life of the program. The choice of these villages is random and is based on the statistical method of two-stage sampling: the choice of villages which is proportional to the size of households in the villages and the selection of households that are to be drawn randomly after the census household in the village.

CARE Burundi

Burundi plans to do a program-level baseline as a separate/ distinct data collection exercise from any project-level baseline. The timing of the proposed program baseline has yet to be finalized but it is expected to take place at some point over next fiscal year, with follow-up survey to track impact and domain-level changes at 5 year intervals. The baseline and follow-up surveys are expected to be funded by development of cost-pool in new project design processes topped up by UNR and/or specific research funding.

In the meantime, the program-level indicators are being used to inform the design of project reviews and evaluations, and new projects are being designed around the TOC, incorporating the pathway and domain-level indicators as appropriate.

CARE Niger

Niger collected primary data by teaming up with the National Institute of Statistics. The study took baseline measures for all three programs which compose the CO theory of change. Thus, it included the WE program for which there are 2 impact indicators. It also included hypotheses to be tested. The baseline study was a survey with a sample of 1660 men and women and 66 interviews with community leaders in one of two target geographic areas.

[Click here to return to Brief 2.1: Breakthroughs and Indicators](#)

Annex A2.11 WEIMI CO Pathway Indicators

CARE Tanzania

The team, with support from WEIMI, chose either MDI+ indicators or ones closely associated with the PRSP for Tanzania, for all levels of the theory of change. Each pathway has one corresponding indicator.

Example:

Pathway: Cultural and religious norms supports gender equality

Indicator: % couples making informed joint decisions regarding sexual and reproductive health

CARE Burundi

Burundi has 30 indicators for the 16 pathways. These pathway-level indicators include indicators in use by existing initiatives, which have been mapped in terms of their alignment to the pathways. There has already been some harmonization of initiative-level M&E systems with the WE program, in that some initiatives are using common tools/ formats (e.g. Kirumara & Girijambo for monitoring VSLA, also work with community activists) albeit with their own project-specific indicators. To date however, these project-level tools are not yet linked to/ contributing to measurement of program indicators, in part because most of the current portfolio of initiatives was designed prior to agreement of the program indicators.

Examples of pathway indicators:

Pathway	Indicator
Engagement of men and boys in women's empowerment	<ul style="list-style-type: none"> • % of men who have changed their attitudes in favor of women's empowerment
Putting in place an accountability mechanism for the allocation of resources for poor and vulnerable rural women	<ul style="list-style-type: none"> • # and quality of mechanisms and/or government structures established for poor and vulnerable rural women
Diversification of economic opportunities	<ul style="list-style-type: none"> • # and type of economic initiatives developed in favor of women • % of women who have diversified their revenue sources • A gender-sensitive national policy on small and medium-sized enterprises and initiatives adopted

CARE Egypt

While at DOC level, data is primarily obtained from secondary sources, at pathway level, initiatives contribute data to the pathways. Egypt has not yet begun to collect data and its measurement system is yet to be tested.

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Pathway	Indicator
CSOs build, support and reflect a constituency of poor women	<ul style="list-style-type: none"> • # of new initiatives designed and implemented by CSOs responding to poor women needs and challenges
There is acceptance of gender equity and equality at all levels (HH, community, national)	<ul style="list-style-type: none"> • # of men and boys who are involved in addressing GBV and discrimination against women

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ANNEXES for Brief 2.2 (**Annexes A2.12-A2.14**)

Annex A2.12: Tool for Selecting and Prioritizing Strategic Hypotheses

This process is based on the lessons learned from the experience of WEIMI countries (primarily Tanzania and Mali) and an adaptation of the prior instructions prepared by the Program Impact team.

Steps

1. Examine, one at a time, the relations between:

(a) Pathways and domains of change

(b) Domains of change

(c) Domains of change to impact goal

Guided by these questions:

- What are some of the major assumptions you are making here?
- How are they supported or not by empirical evidence in your programming or other literature?
- Is the evidence substantive enough for you to continue to make this assumption without presenting a risk to your program? If not, then continue with the process.

2. List the hypotheses from step 1 that are critical to the success of your program and which ought to be tested.

3. Break each hypothesis down further to reveal any sequence of cause-effect, making sure you are not simply drawing on your own logical thought process but on your knowledge of what has been attempted and/or observed in programs – this can apply to CARE’s own or others.

Example from Mali:

Supposition2: The capacity of collective action by women increases their social and political status

Hypothesis: if a critical mass of networks are strong, while women are mobilizing deliberately in favor of their rights, if women mobilize deliberately for their rights, then they will influence the socio-cultural barriers and standards, if they influence barriers and socio cultural norms, then they have more [space] in the spheres of decision making and local community.

4. Do another review of your hypotheses using this set of questions:

(a) Are you certain that the hypothesis in all its constituent parts has not been tested before? List sources of information that would furnish evidence. If you are not sure it has been tested, you may need to first start with a literature review and come back to this hypothesis later with greater precision of what needs to be tested. When you consult other sources, make sure to include sources from within your country context, as what is true in one locality may not be true for another.

(b) When you are sure the hypothesis has not been tested before, consider again whether the

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hypothesis has strategic importance to your theory of change. Imagine the effect it might have on your program if the hypothesis is disconfirmed when tested, e.g., if “collective capacity of women did not increase their social and political status.”

(c) In the scenario that evidence does exist to confirm your hypothesis, you may actually be more concerned with the magnitude and pace of change. In this case, you may want to simply monitor progress as you would in tracking change for “within-pathway” hypotheses. To wit, it may not require a piece of research to test your hypothesis.

5. Once decided that a set of hypotheses are indeed “strategic” and need to be tested, do another final review to make them ready for testing:

(a) Be specific in your hypothesis, as it applies to your empirical context – what institutions, what issues, which policies, etc. Specificity is necessary to be able to measure your hypothesis.

(b) Identify for whom within your impact group this is a relevant hypothesis, i.e., to whom does it apply? (this is also part of being specific)

(c) Does it need to be more context-specific – a population belonging to a particular geographic location?

(d) Does your entire team agree on the formulation of the hypothesis? Do you now have a sound rationale for testing this?

6. Drop any hypotheses from your list that do not meet the review criteria above. With your final list of hypotheses that ought to be test, you will now prioritize these according to these guiding questions:

(a) Which are urgent for the program, having relevance to the next five years?

(b) What are opportunities to conduct the research (in a project evaluation or baseline; or a special study funded out of multiple initiatives)?

(c) What are then potential sources of information for this research (e.g., your own initiatives)?

(d) Do you have the funds, skills, and resources to do this OR is another organization better-placed? Will you pay them for conducting the study?

7. Once you conclude which hypotheses are feasible and meet the criteria, then you need to develop a funding / resourcing strategy and a timeline for the research. It is also wise to try and interest other organizations in co-funding and benefiting from the endeavour. Decide whether you need additional expertise to develop the research framework.

Below is an excerpt from CARE Tanzania’s workshop to select hypotheses. Out of a list of 5 candidate strategy hypotheses, the team prioritized this one for testing:

Hypothesis 1: WE and Economic Development: Women and adolescent girls in VSLA groups build the self-esteem, social and economic capital that enables/shifts in gender roles in HH and community, which makes them to raise their voices and participate in the community decision-making.

Discussion:

This is an active assumption in much of CARE's work – but has it been proven?

Seems to qualify as a research hypothesis.

In this context, we're looking at the generation of cohesion that leads to women's ability to make decisions in community and HH. (e.g. "which gender roles" are we looking at? Division of labour, control over assets?) Will need to unpack this further – what are the critical roles/norms that we're shifting? Need to narrow it down to items that are comparable and compatible. We may actually be talking about "gender relations" than "gender roles" since we're talking about the relationships within the HH/community.

In Burundi, VSLA groups are an entry point for other work – we start with the VSL groups to mobilize women/bring them together

Another dimension: VSL groups are not uniformly focused – e.g. a focus on money, a focus on building solidarity, a focus on social issues - does the difference in focus lead to difference in outcomes? EG in Bdi, they call the group a Solidarity Group.

This might be a reason to focus on "decision-making" because the decision may be context-driven, but it's the change in women's decision-making power/role that we're interested in.

The hypothesis asks: does participation of women & girls in VSL build social capital and self-esteem? Does participation enable them to play a different role in HH, community, society? In some of the VSL groups, there's been increase in GBV – so, if participation in VSL builds self-esteem, social capital, economic capital, we need to understand why. If there are negative effects (e.g. GBV), we also need to understand why.

There might be a need for us to look out for other organizations collecting information on similar hypotheses. There's an opportunity to join with others.

If we're able to collect useful data and analyze it, one element we want to look at is: so what?? How does this help build impact at scale? How widely is that information shared – how much influence will it have on our work and the work of others.

After another workshop, the team formulated the hypothesis, as follows, and then proceeded to test it as part of a project evaluation:

Women and girls in VSL groups build the self-confidence, social and economic capital that enables changes in gender relations in household and community, which makes them to voice their concerns and opinions and participate in the community decision making.

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Annex A2.13 WEIMI Country Hypothesis Selection

CARE Tanzania

“[In terms of process], we first identified all of the assumptions embedded in our TOC, some coming from the relationship between pathways, some from the relationship between pathways and broad outcomes, others from the relationship between broad outcomes, and still others from the relationship between the broad outcomes and the impact goal. In all of this, we did get assistance from WEIMI. Most of the work was done in specific WEIMI meetings/workshops. The first was an 8-day meeting in late March and early April in 2011. Then, several meetings convened specifically around TOC followed and other meetings convened specifically around assumptions and hypotheses followed between April and December 2011.

The selection of hypothesis was almost as long as the formulation of the TOC. We started identifying assumptions in August and worked on developing hypotheses until September. After that, there was still some confusion on identifying and defining hypotheses. So, we asked for advice from WEIMI. In November, we spent 5 days with WEIMI team and consultants on formulating the correct hypotheses.”

1. Tanzania had undertaken a rigorous and detailed process for identifying hypotheses. The steps it undertook, with WEIMI guidance, are as follows:
2. Identify all possible pre-conditions and assumptions in the theory of change (e.g., within pathways, between pathways, between pathways and DOCs, between DOCs, and between DOCs and goal)
3. Through a group think process, identify a set of critical assumptions (12 were identified. See example below).

For each assumption, explain the logical flow and then translate the assumption to a hypothesis.

To select hypotheses for testing from among the 12, pose these filter questions:

- (a) Is there information available about it already?
- (b) Is it strategic to the program TOC?
- (c) Is it feasible?
- (d) Reasons for selection

One of the learnings from CARE Tanzania is that the process was too time-consuming and the guidance herein has been adapted with this in mind. Example of converting assumption to hypothesis:

Assumption	Logical Flow	Draft Hypothesis
Institutions responsive and accountable to the needs and rights of IG leads to IG's participation in and benefits	Responsive and accountable Institutions lead to realization of the needs and rights of the IRG in NRM	If institutions become responsive and accountable, then the needs of the IG will be met and their rights will be realized.

from improved sustainable NRM (DOC3-DOC4) (12)		
	Realization of needs and rights of IG leads to transparent interaction and information sharing	If the needs of the IG are met and their rights are realized, then the interaction between the institutions and IG will become transparent and information will be shared between them.
	Transparent interaction and information sharing with responsive and accountable institutions lead to IG's participation in and benefit from improved sustainable NRM	If interaction between the institutions and IG becomes transparent and information is shared, then the IF will participate and benefit from improved and sustainable NRM.

CARE Mali

Mali's intent in developing hypotheses was to test the TOC and improve quality. The team identified hypotheses based on where evidence was needed. They refer to hypotheses at different levels (domains and the breakthrough level) broken down into four types:

- Type 1: those with evidence based on causal relationships
- Type 2: those who do not have clear evidence, but are key to our theory of change and shown to be rigorously tested
- Type 3: those who have no evidence, but are key to our theory of change and will be tested by appropriate methods that take into account cost and effectiveness
- Type 4: those who do not have clear evidence, but will only be followed periodically by contextual analysis

Obvious hypotheses do not require extensive research to demonstrate the changes. On the other hand, other types of hypotheses will be verified rigorously for the life of the program using both quantitative and qualitative methods. Thus, based on the assumptions below the hypotheses have been formulated.

Supposition1: Improving the economic power of women reduces their social marginalization.
Hypotheses: (1) if there's more economic opportunities (financing, to productive resources, knowledge and markets) for women, then they are more likely to seize these opportunities (2) if they are more likely to participate in these economic opportunities, while their contributions to household income will increase, (3) if their contributions to household income increases, then they will have the esteem of household members, (4) if they have the esteem of household members, they shall be consulted and participate more in decisions of the household.

Supposition 2: The capacity of collective action by women increases their social and political status
Hypothesis: if a critical mass of networks are strong, while women are mobilizing deliberately in favor of their rights, if women mobilize deliberately for their rights, then they will influence the socio-cultural barriers and standards, if they influence barriers and socio cultural norms, then they have more [space] in the spheres of decision making and local community.

Supposition3: The engagement of men for social change strengthens the social and political status of women
Hypothesis: if the government implements policies favorable to the rights of women (Family Code), if the standards change, if men know women's rights, and men and women's roles and responsibilities, then the women will be empowered in taking decisions relating to aspects of her own life.

To be test-able (or measurable), any hypothesis needs to be broken down into constituent parts so that all causes and effects are apparent and can be researched, as Mali has done.

CARE Niger

Niger developed several hypotheses (12) and tested one of these in the baseline study. The hypothesis is:

- Joint and informed decision making on sexual and reproductive health among couples could increase women's access to quality SRH services, notably births attended by qualified medical staff and the use of modern contraception.

In the baseline, hypotheses are linked to indicators. Two of the indicators measured in relation to the above is % of births attended by qualified medical staff and the contraceptive prevalence rate. Some cannot be tested until some change has occurred, such as:

- If the conditions of life of women and girls are improved, then the conditions of life of households will improve.

Most of Niger's hypotheses are between pathways and the domain of change.

Niger intends to test other hypotheses as opportunities and funding present themselves.

CARE Tanzania

After generating a short list of testable hypotheses, the team agreed, in its final meeting, to only test one hypothesis, which reads as following:

Women and girls in VSL groups build the self-confidence, social and economic capital that enables changes in gender relations in household and community, which makes them to voice their concerns and opinions and participate in the community decision making.

The team felt it was better to test one and do it properly, to learn from this experience. It tested this hypothesis as part of the CARE-Norway funded Women and Girls Empowerment Mid-Term Review. Results are not yet available.

Hypothesis on Male Engagement

“Men’s constructive engagement” is one of components of its WE program. The program conducted action research, using an innovative and participatory approach to identify, engage and motivate men called "agents of social change and behavior." These men serve as "models" and help others to behave in ways favorable to the emancipation of women and girls particularly with regard to access and control of farmland and decision making related to use of reproductive health services. See M. Aliou Bah, 2011, Responsible Initiative Men Engage. Rapport Monographique: Recherche Action sur les normes et pratiques sociales relatives aux femmes / filles. CARE Mali.

Burundi developed a strategic hypothesis and series of research questions relating to the link between men’s engagement and women’s empowerment. Some of these questions have since been explored in a recent study of the CARE Burundi Abatangamuco men engage initiative carried out by CARE Norway in partnership with a local policy research centre. See REF Abatangamuco report.

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Annex A2.14 Strategic Hypotheses Developed by WEIMI COs

Bangladesh	Burundi	Egypt	Mali	Niger	Tanzania
<p>f women have access to resources and services, they will be able to influence decision making processes, reducing the frequency and propensity of violence against women</p>	<p>Engaging men by providing them information on SRH and changing their attitudes on masculinity will result in a change in their behavior and attitudes which enables the empowerment of women</p>	<p>Economic strengthening will contribute to a reduction in gender based violence, through a reduction in domestic violence (not yet finalized)</p>	<p>(1) if there's more economic opportunities (financing, to productive resources, knowledge and markets) for women, then they are more likely to seize these opportunities (2) if they are more likely to participate in these economic opportunities, while their contributions to household income will increase, (3) if their contributions to household income increases, then they will have the esteem of household members, (4) if they have the esteem of household members, they shall be consulted and participate more in decisions of the household.</p>	<p>(tested) Joint and informed decision making on sexual and reproductive health among couples could increase women's access to quality SRH services, notably births attended by qualified medical staff and the use of modern contraception.</p>	<p>(tested) Women and girls in VSL groups build the self-confidence, social and economic capital that enables changes in gender relations in household and community, which makes them to voice their concerns and opinions and participate in the community decision making</p>
<p>If non threaten environment created across all levels (hh, community, market) for women and girls that supported by men will give more</p>		<p>There is a relationship between economic strengthening and increasing women's involvement in public sphere (not decided</p>	<p>If a critical mass of networks are strong, while women are mobilizing deliberately in favor of their rights, if women mobilize deliberately for their</p>	<p>The re-establishment of roles attributed to women and men trigger significant changes in norms incompatible with gender</p>	

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<p>opportunity to exercising greater choice in women’s lives</p>		<p>yet)</p>	<p>rights, then they will influence the socio-cultural barriers and standards, if they influence barriers and socio cultural norms, then they have more [space] in the spheres of decision making and local community</p>	<p>equity/equality.</p>	
<p>If women are competent (knowledge, attitude, skill & education) to engage in livelihood opportunities and the support of their household then women can involve in more productive work</p>			<p>If the government implements policies favorable to the rights of women (Family Code), if the standards change, if men know women's rights, and men and women’s roles and responsibilities, then the women will be empowered in taking decisions relating to aspects of her own life.</p>	<p>Improvement in women’s financial resources leads to greater consideration and participation in community life and in the level of women’s autonomy</p>	
<p>If women’s mobility increased and they can engage in income generating activities, allowing households to become economically solvent and will be freed from dowry</p>				<p>The more women control resources, the more they are independent (self-reliant) and participate in economic life.</p>	
<p>Building solidarity among women can transform negative behaviors and attitudes</p>				<p>An improvement in income would imply economic independence (self-reliance) and the self-</p>	

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of men, engaging in increased women's engagement in both private and public spheres				efficacy of women.	
				The improvement of women's capacity in decision making facilitates their active participation.	
				Involving marabouts and leaders in formulating laws and policies will facilitate recognition of those laws and policies.	
				The construction of a common vision among CSOs around questions of gender equity and equality will facilitate the creation of a strong alliance	
				up of literate women, men and youth, then the institutionalization of good governance of natural resources at local level will be assured (tested).	
				If the conditions of life of women and girls are improved, then the conditions of life of households will improve.	
				A consultative framework between	

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				civil society and government will enable the consideration of the needs of impact groups.	
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Annex A2.15 Context Analysis Matrix

- **Objective:** Conduct a contextual analysis that can be repeated periodically to monitor trends, reduce risks, and adjust assumptions affecting the theory of change
- **Participants:** Program design team

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 2.2: Strategic Hypotheses and Trends](#)

ANNEXES for Brief 2.3 (**Annex A2.16**)

Annex A2.16: WEIMI COs Making Space for Reflective Learning

Burundi

Tradition of Learning

It has been that the case in Burundi that all studies and evaluations undertaken by the CO are required to generate lessons learned/ recommendations, which are then used to identify themes for more in-depth reflection/ study, i.e. program-level learning initiatives (e.g., a study of marriage registration and implications for WE). The CO also has a biannual joint planning process at program level, which includes mapping of evaluations and studies to ensure coordination. After each evaluation there is a restitution meeting which involves program staff in the identification of lessons learnt, and those lessons learned are compiled into a single document for grands approaches such as VSLA or Men Engage. During the biannual program planning meetings, the program team also decides when to hold learning events (2-3 each year). In the past year two they held a National Forum on VSLA and National Forum on WE, with a learning event on Community Scorecards scheduled for late May 2012. By making ready use of these existing planning and discussion forums, the WE program will have a strong foundation for developing a systematic approach for the testing of the TOC.

Another interesting offer from CARE Burundi is a Learning Plan (Plan d'Apprentissage) which includes identifying resources, activities and a timetable for 5 areas:

1. Collaboration among peers: Foster collaboration between the staff within initiatives and programs and between programs and initiatives and program support.
2. Documentation and sharing of information and key products: Developing a culture of knowledge creation and sharing it to ensure that good information is available at the right time, in the right format and to the right target (internal and external).
3. External relations and partnerships: Establish mechanisms to promote and contribute to the development of beneficial learning with other organizations.
4. Tools and Technologies: Develop / create a website, the mechanisms of online discussions and other tools and technologies to support and promote interaction and learning between people especially on topics for which it is difficult to organize meetings.
5. Skills and Behaviors: Develop and promote the skills and behaviors that are necessary for people to learn and share knowledge across initiatives, programs and organization.

Triple Loop Learning

Under the subsystem "Learning and Management of Programmatic Approaches," Burundi introduces concepts to promote individual and organizational learning. The aims of this subsystem are 1) continually learn about the actions of initiatives and approaches, 2) establish the link between situational analysis and the differences in understanding the context that we are called to further study and explore, 3) to increase collaboration opportunities for individuals and groups - exchange of tacit and explicit knowledge between individuals (project teams, including partners and neighbors), program teams, partners and other stakeholders to use the knowledge, 4) document lessons learned, best practices for availing into information (centralized management system of knowledge / evidence), 5) ensure the quality of approaches and learning models.

Characteristics of the single, double and triple loop learning (adapted from Bruce Britton March 2005, Berrett-Koehler, 2004)

	Single-loop Learning	Double-loop Learning	Triple-loop Learning
Description	<p>The single-loop learning can be conceived as a means to be improved the way established working rules and procedures in an organization are applied in practice. It is often said that it is thinking inside the box. It asks questions about the "how" but almost never more fundamental questions relating to "why." The single-loop learning assumes that the problems and their solutions are closely related to each other in time and in the space. In this form of learning, we first consider our own action. Minor changes occur in practice and/ or specific behaviors. These changes are based on what worked or did not work in the past. This calls to do things well but not necessarily discuss and/ or challenge our beliefs and assumptions. The goal is to improve and fix that will often take the form of a procedure or a rule. The single-loop learning often ends in most cases to simple adjustments such as how to use a thermostat to regulate temperature. Are we doing things in the way recommended? In proceedings? In the rules?</p>	<p>The double-loop learning is often called thinking outside the box, as it allows questioning assumptions and principles underlying the rules and procedures. The double-loop learning focuses on the effectiveness of a solution. Why does such a solution work? In this form of learning we consider our actions in a framework with well-defined hypotheses and assumptions. This is the level where self-analysis process intervenes where learners become their own observers, wondering: What is working well here? What can be considered as an approach or model? Hence, we change how decisions are taken while trying to deeply understand our hypotheses and assumptions. The double loop learning works to reach changes and/ or improvements such as straightening the function or structure of an organization. Are we actually doing the things recommended? that's why it works, approaches, and models. The double-loop learning can have important consequences and can lead to so-called triple loop learning.</p>	<p>Triple loop learning – challenging assumptions and principles of organization that could have lost their relevance due to changes in the organization and its environment. This requires an often exchange of views and often aggressive. The triple-loop learning involves principles. Learning takes place through approaches and models adapted to the context. The result creates a shift in the understanding of the context or the way we see things. We formulate and produce new commitments and new ways of learning. This form of learning challenges us to understand how problems and solutions are inter linked even if they are separated in time and space. This form also challenges us to understand how past actions have created the conditions that guide our current problems. The relationship between organizational structure and behavior is a fundamental change because the organization learns how to learn! The learning outcomes include the strengthening of the ways to understand and change our goals, develop a better understanding of how to respond to our environment and understanding of why we do the thing we do. How do we decide what is</p>

Annexes for Brief 2.3

			correct? Why do we do this thing - principles.
Conditions	Apply established rules/ procedures Treat the symptoms of problems. To reflect the constraints.	To question the rules/ procedures Analyze the underlying causes to the problems. To reflect outside constraints.	Analyze the core values and identity. Rethink the purpose and principles. To reflect in the constraints
Expected Results	More efficient working methods. Better application of rules/ procedurs	More efficient working methods Knowledge and new ideas, rules, and procedures Improved systems and strategies	New improved statement of core values and goals New identity

Mali

Mali's first reflection workshop since its baseline was guided by the question: "what are the key changes made by the program since its intervention, that is to say during the last 2 years?" This workshop took place in August 2011 in Tombouctou and Mopti and attended by junior experts and zone coordinators as well as those responsible for program components participated.

Process:

A workshop was conducted in each convergence zone (an area of at least 3 initiatives). The methodology was participatory with group exercises. The different stages of the workshop was as follows:

Step 1: The participants provided, through brainstorming, data on all key results achieved by the program and successful strategies.

Step 2: Then the results were analyzed and classified as changes or not.

Step 3: The changes were described and information gaps were identified for the group to complete by consulting the impact group.

Step 4: The changes were classified by program component.

Step 5: Qualitative interviews were conducted with the impact group to complete the missing information through an interview guide.

Advantages of the approach:

This approach allows documentation:

- To have a complete description of all changes
- To have a complete count of all changes
- Changes documented by field staff of the program

Disadvantages of the approach:

- Difficult to track unexpected changes
- And the high cost of tracking

This document produced some interesting results and each result examined by the group generated more questions for follow-up which suggests the usefulness of this type of inquiry process.

Mali has also established a series of face-to-face events for tracking change:

Quarterly meetings - all relevant initiatives will come together on a quarterly basis, allowing each initiative to share its contribution with clear evidence of changes and any impacts. The team would also analyze the strategies that were effective in achieving these changes. This is based on information collected, analyzed and documented.

Biannually there would be M&E workshops to assess changes. The team would gather and document changes by initiative. The data gathering would be based on clear evidence. This includes a learning space to take effective strategies to scale.

Program Team Meetings would also take place biannually, consisting of all team members from the ground level up to the program director. This is an opportunity to share results and progress towards the desired impact.

Annual Review Meeting with the entire program team. It allows a critical reflection on the changes made and their consistency with the theory of change and contextual analysis of these changes.

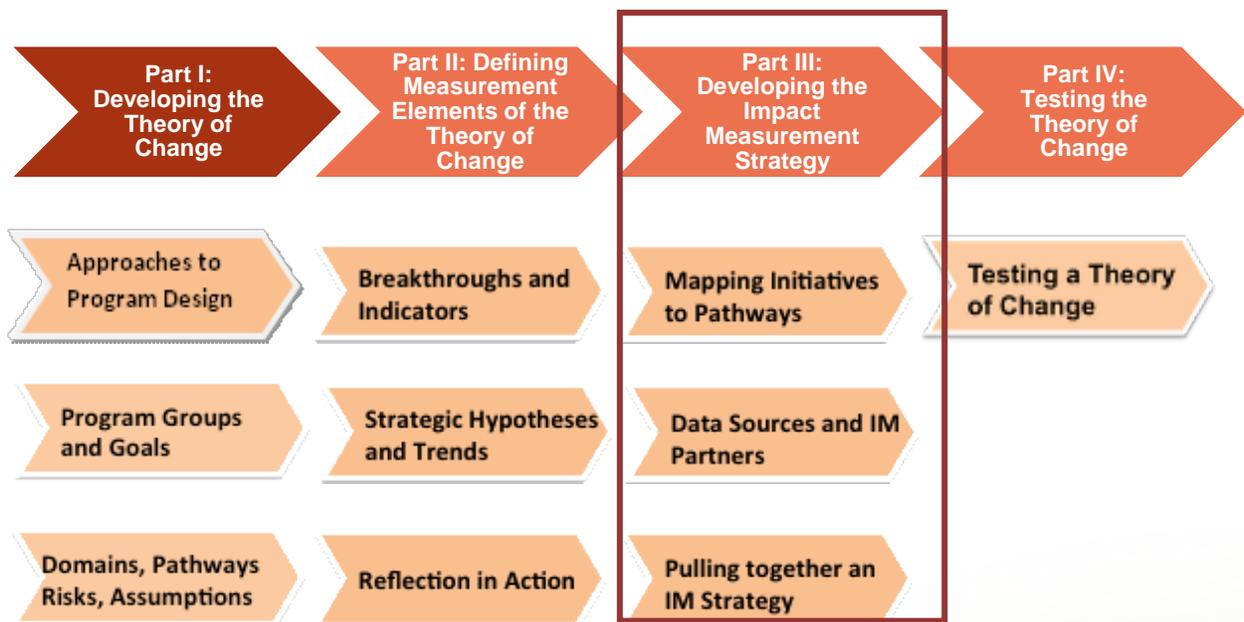
Annual Report Workshops with impact group members and other development actors - these workshops allow participation and increased accountability of partners and communities in the implementation of M & E plans and intervention strategies to ensure that real changes are tracked and highlighted. They are organized on an annual basis with impact groups on the results achieved, the changes perceived by them, failures and their reasons. This will allow organizing all information into a statistical database.

Niger

Niger's reflection forum joins up the M&E officers / Unit and the Advocacy-Communication-Gender-Partnership Unit bi-annually. Together, they plan to institutionalize an Impact Measurement working group to facilitate implementing the measurement strategy. They aim to develop a set of tools that will enable them to measure impacts and effects for the CO theory of change. They will also be developing a calendar of activities, roles and responsibilities for the M&E Impact Measurement Initiative. Still to be determined are the type and frequency of meetings and the reports to be completed for their knowledge management system. This is a work in progress.

[Click here to return to Brief 2.3: Reflection in Action](#)

Part III: Developing the Impact Measurement Strategy



Part 3: Developing the Impact Measurement Strategy

In this section you will learn about aspects of developing the system for measurement, such as information and knowledge management, partnerships in measurement, and sourcing data.

Measuring the Theory of Change

Systems should align to support the following good practices for measuring the theory of change:

- Focusing attention in evaluations away from merely achieving positive impact to how you are facilitating social change.
- Making use of gender-disaggregation in all measures and this should extend to all programs within the CO. Gender-disaggregated data helps reveal unequal access and control (to opportunities, resources, assets, choice) but should be informed by underlying cause analysis of vulnerability so that the level at which the problem is addressed remains at the deeper level of social change.
- Measuring the changes in behaviors, attitudes and beliefs of a wide array of actors. While measuring impact relates to changes in and for the impact group, other levels of the TOC must be able to capture change amongst other stakeholder groups.
- As old habits die hard, avoiding the tendency to privilege indicators as the "source of all knowledge." Developing a sensitivity to a social change process will require more effort and more focus on reflection processes and the inclusion of methods that capture stories of change at individual and group levels (e.g., processes of social cohesion). Indicators that furnish statistical information are useful but must be complemented by qualitative, narrative data.

An important assumption in this work is, to measure change over time, you must have pre- and post-data collection points. Over a 15-year timeline, you are likely to have a minimum of 4: baseline, year 5, year 10, and year 15.

Aspects for preparing and planning the measurement of your theory of change is discussed in this section. While there is no strict sequencing, the order of the themes generally follows the practice of the WEIMI COs.

Brief 3.1: Mapping Initiatives to Pathways

Mapping Initiatives to Pathways

If you have not already done an exercise to map current initiatives (and those in the pipeline) to pathways, now is a good time to do so. This will help you to decide which initiatives are contributing to which pathways and also which domains of change and breakthroughs. In this way, you will be able to identify which initiatives may be data sources for measuring indicators at pathway, outcome and impact levels as well as for hypothesis testing. This is a useful process because:

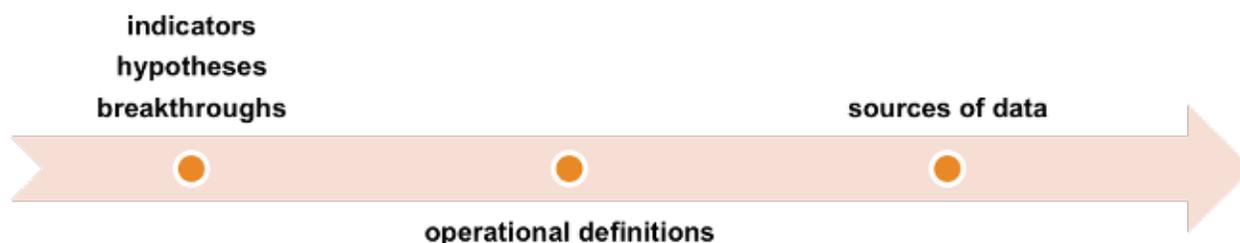
- You may find that you are already measuring indicators for your pathway (or higher level) in existing initiatives or that your initiative indicators closely resemble your program indicators. You may then think about what you can do to bring them into alignment.
- It may tell you which initiatives will provide the strongest evidence for your program indicators and which initiatives have strong relevance to a particular pathway or DOC but lack the indicators to measure this. In this instance, here is where you will want to integrate program level indicators into your initiative M&E system.

To view how other COs mapped initiatives to pathways, see [**Annex A3.1 CO Examples of Mapping Initiatives to Pathways**](#).

The exercise will also help you to see where the gaps in testing your theory of change lie, leading to decisions on future designs, leveraging resources, and possibly investing in research (for more, see Part IV on Testing the Theory of Change). In time, all your initiatives will be aligned with the program and this will facilitate taking one baseline measure. Meanwhile, you will need to spend some time sourcing existing data.

Brief 3.2 Data Sources and IM Partners

Identifying and Choosing Data Sources



When you did your selection and prioritization of indicators, you may already have considered whether sources of data were available for each indicator. Now is the time to finalize your choice of data sources. This is normal procedure when developing a monitoring & evaluation plan for a program measurement system as it is for a project or initiative. Operational definitions should apply to indicators, hypotheses and breakthroughs.

Most WEIMI countries did seek to identify secondary sources of data first. It is recommended that you take time to thoroughly research potential sources of secondary data that may exist in-country and/or online:

Where to Look

Potential Sources of Data	Generic Types of Data Sources
National statistics	<ul style="list-style-type: none"> • Government Statistics Bureau • Demographic Health Survey • UNDP • PRSP Research • National Progress Reports, laws, policies, census information, statistics (Living Standards, Development) and ministry statistics • Household Budget Surveys • Labor Surveys
Statistics, by country and gender-disaggregated (not all)	<ul style="list-style-type: none"> • OECD • SIGI • UN Human Development Report • UNICEF • <u>UN Dept. of Economic and Social Affairs – The World’s Women Trends and Statistics</u> • UN Women • UNFPA • World Bank Development Report

	<ul style="list-style-type: none"> World Bank e-Atlas of Gender Stats
International organizations with special thematic studies	<ul style="list-style-type: none"> <u>Gender and Land Rights Database</u> Population Council on sexual and reproductive health <u>MEASURE Evaluation on gender and health stats</u> UNAIDS <u>UNFAO on the Female Face of Farming Men and women in Agriculture: Closing the Gap</u> <u>Agri-Gender Statistics Toolkit</u> CEDAW CRC Shadow Reports <u>The UN Secretary General's Database on Violence Against Women</u> <u>UN ILO on Employment</u> <u>UN Women on Women and Justice</u> <u>UNESCO on Education</u> <u>UN on Violence Against Women Indicators</u> <u>Violence Against Women Indicators</u> <u>Gender-Based Violence Network</u>
Donor agency reports	<ul style="list-style-type: none"> USAID Gender Assessments DFID publication
In-country academic and research institutions	<ul style="list-style-type: none"> For special studies
Local NGOs	<ul style="list-style-type: none"> For special studies

There are many considerations when relying on secondary sources such as:

- Reliability of the data
- Availability and frequency of data
- Disaggregation to the population group
- Disaggregation by gender
- Disaggregation by administrative unit (per your needs)
- Cost of obtaining it
- The format in which you need the data

After weighing these, you may decide (a) to use the data and supplement or triangulate it with other data; (b) to request the organization that produces the data to include in their surveys supplementary questions; or (c) not to use it at all. If you decide to use secondary data, note the baseline year for the release of the survey data (e.g., the DHS) when you begin using your indicator.

Taking all indicators into account for your theory of change, you will need a balance of both secondary and primary sources of data. For primary sources of data, two options present themselves:

Brief 3.2: Data Sources and IM Partners

1. Conduct a separate baseline and repeat surveys just for your program
2. Integrate program indicators in your initiatives' monitoring & evaluation systems

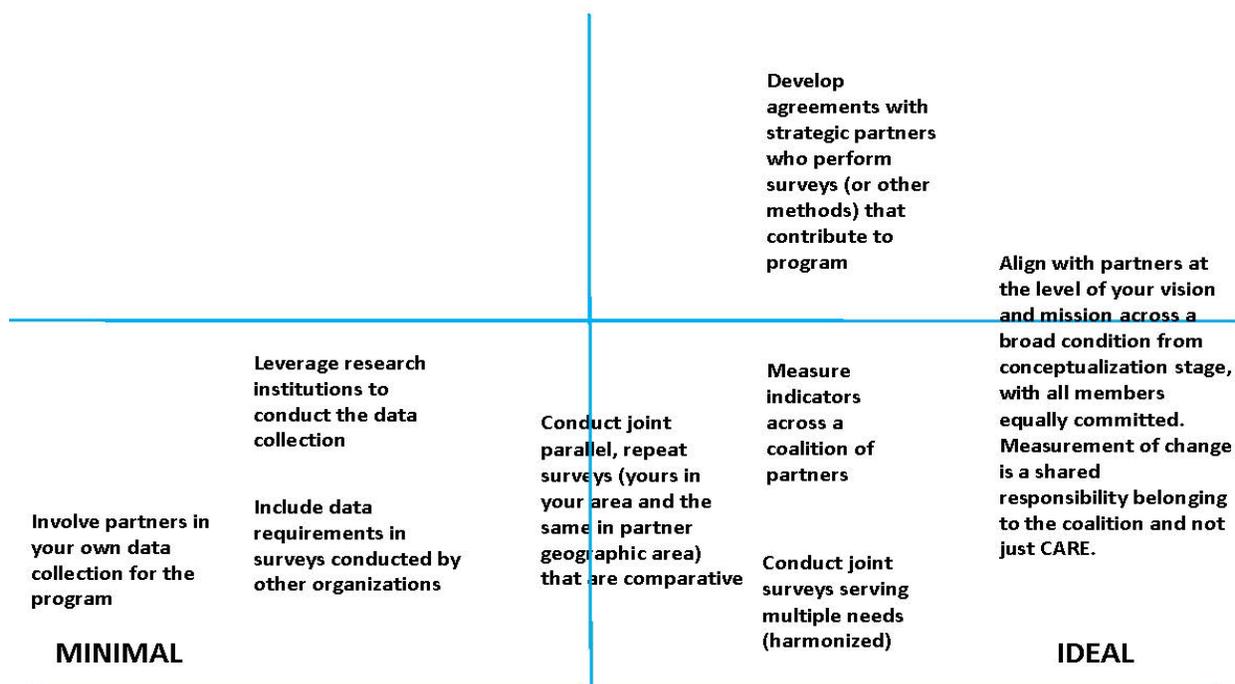
Option two will allow you to measure change over time but will not give you one baseline for your entire population group. This will only be possible once you have a sufficient number of initiatives aligned to the program; then you might want to take a baseline measure in a selected year. ([See Annex A3.2 CARE Egypt- CO Baseline Experiences](#))

An important caveat! When you arrive at this point in developing your impact measurement system: go for what is possible. Do not wait until you have the perfect measurement system in place or the funds for a program-level baseline study. Start using your existing initiatives to measure change so that you can begin to accumulate evidence!

Identifying and Choosing Impact Measurement Partners

CARE is not a research organization and it costs money to collect data. One of the challenges of program impact measurement is that CARE is not accustomed to leveraging resources for impact measurement and yet having partners with similar interests in women's & girls' empowerment should extend to sharing data and the costs of collection / measurement. Demonstrating impact is increasingly about demonstrating your contribution to, and alignment with, shared development goals at national level. The Paris Declaration principles strongly emphasize harmonization of development efforts. Impact measurement is an important aspect of that imperative. Not many lessons can yet be drawn from CARE on this subject, as is the case with WEIMI. ([See Annex A3.3 CARE Tanzania Partnerships for Monitoring and Learning](#))

Consider ways this can be done, from a minimal to ideal effort of involving partners:

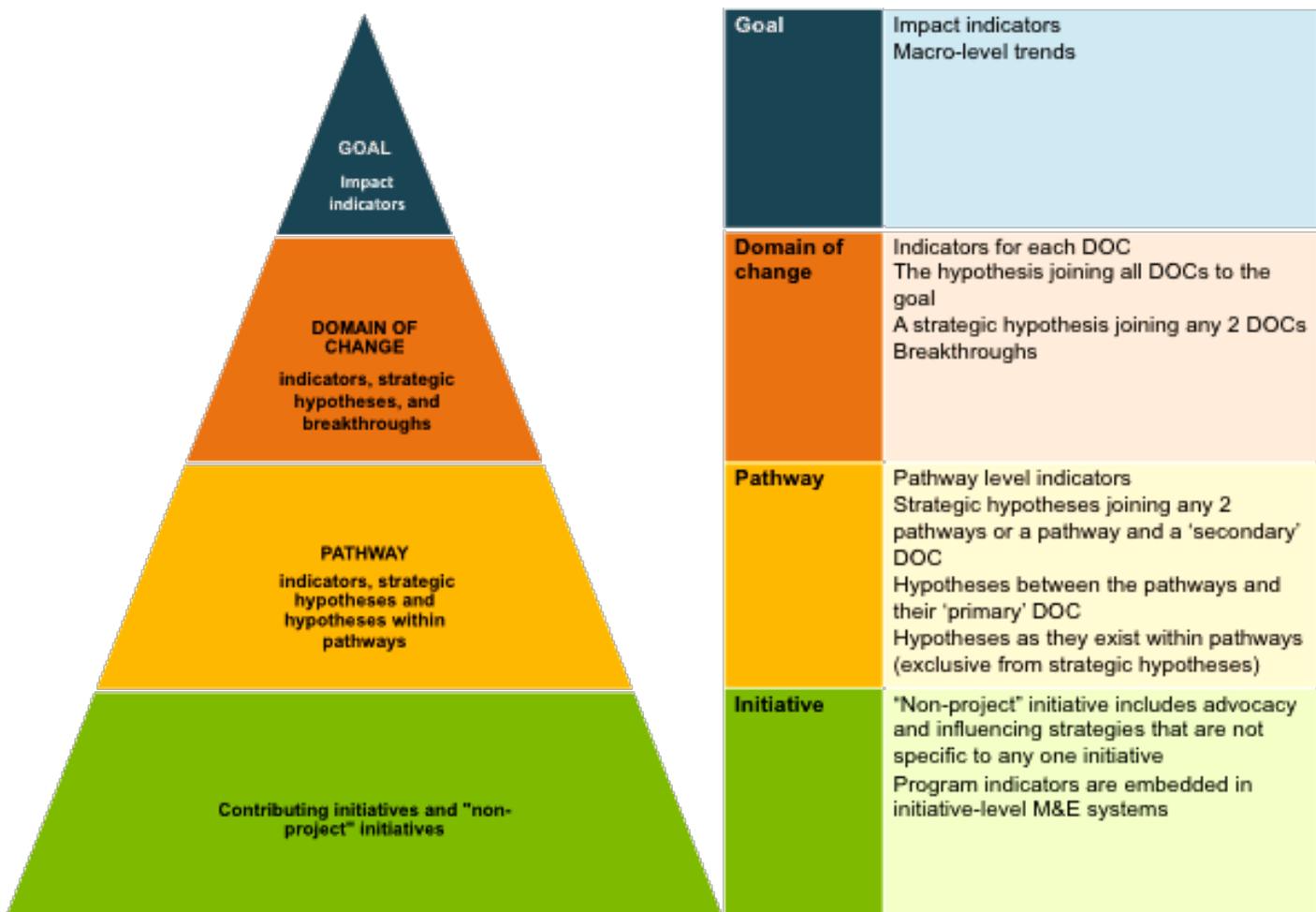


Brief 3.3: Pulling Together an IM Strategy

Components of an Impact Measurement Strategy

An impact measurement strategy will identify the systems, processes, standards, protocols, sub-strategies, plans (with roles and responsibilities) and budget needed to measure change in your program based on the afore-mentioned conceptual elements (indicators, strategic hypotheses, breakthroughs, contextual analysis) and documentation of your reflection sessions.

Let us first look at what it is you will measure, taking the theory of change as a whole:



There may even be a fifth, higher level of how your program is contributing to a CO-level theory of change but this goes beyond the scope of the guidance. It should be noted that this system does not include the initiative-specific indicators being reported to the donor; initiatives are discussed in terms of their contribution to program measurement only.

Brief 3.3: Pulling Together an IM Strategy

For each level of the pyramid, you will need to determine:

- Baselines (year) and frequency of data collection
- Who will be involved in different stages of analysis and learning
[See Annex A3.4 CARE Mali's Measurement Plan](#)
- Methodologies for data collection
 - [Knowledge management \(USAID\)](#)
 - [Guide to Participatory Impact](#)
- Your sampling strategy and sampling frame
 - [C-Norway WE Monitoring Framework](#)
 - [Malhotra, Schuler, & Boender \(2002\) Measuring WE as a variable in International Development](#)
 - [Agri-Gender Statistics Toolkit](#)
 - [Measurement: WE in Agriculture Index](#)
 - [MEASURE Evaluation: Gender and Health](#)
 - [UN VAW Indicators](#)
 - [VAW Indicators](#)
 - [UNESCO on Education](#)
- Your reflection and learning process
 - [Guide for M&E across phases \(in context of adolescent reproductive health\)](#)
- The knowledge products to be shared
- Partnership involvement

An important caveat! Do not think you have to measure every level and every element within each level all at once. Begin incrementally and prioritize. Determine, at a minimum, what you need to do in the coming year. Don't wait until the 5- or 15-year plan is finalized.

For the entire pyramid or impact measurement for the theory of change, you will need:

- A coordination and information management system
- A knowledge management infrastructure that allows you to access the data/ documentation
- Standards and protocols for various stages of managing knowledge
- A systematic process for reflecting and learning at program level (supported by a capacity building strategy)
- Quality check mechanisms
- Knowledge sharing and communication strategy (inc. a timetable for generating knowledge products)
- A set of roles and responsibilities for staff and partners
- A budget and resources

[\(See Annex A3.5 CARE Niger's Sub system on Impact Measurement\)](#)

Each of these is discussed below under the appropriate dimension of an impact measurement strategy.

Is there a particular sequence of steps to build an impact measurement strategy?

The Country Offices which have started to develop a measurement system have drafted a strategy for “impact measurement and knowledge management strategy (IM & KM)” consisting of sub-systems. These vary somewhat from country to country but the recommendations below draw from these experiences and their commonalities. ([See Annex A3.6 WEIMI Country Impact Measurement Strategies](#))

Knowledge Sharing and Communications Strategy

By beginning with a knowledge sharing and communication strategy, the program establishes a vision of what it seeks to do with information converted to knowledge and to broker its knowledge for greater impact. The strategy will identify the knowledge products that you will leverage for this purpose. These products should be associated with the documentation you produce each year (or according to the cycle/frequency you chose). This should be updated every year, as not all knowledge products will be routine; in fact, many are likely to be one-off for a specific purpose and audience. ([See Annex A3.7 Knowledge Sharing and Communications Planning](#))

Planning and Implementing your Monitoring and Evaluation System

The planning and implementation of your program M&E system is obviously a sizable component. There are many guides and manuals already available to assist you with the technical aspects of this work within and outside of CARE (see [CARE’s digital library](#)). Below are a few reminders that are particularly important to impact measurement at program level.

Brief 3.3: Pulling Together an IM Strategy

Capturing the unexpected/unplanned/negative. Your M&E plan identifies your data sources for each indicator, hypothesis and breakthrough. You also need to be vigilant that your monitoring system captures evidence that either:

(a) falls outside your initiatives or data sources in your plan (Much of the influencing work you do, for example, may not be specific to any one initiative; include your meeting notes as a “data source” when it comes time for reflection on the data);

(b) were unplanned or unanticipated, and

(c) Negative impacts which are not uncommon when altering power relations. Your reflection sessions are the site for capturing data that are based on “reflection-in-action.”

For more resources and information see [Reflections for Learning](#), [Brain Boxx- Reflective Practice](#), and [Inner Spaces Outer Faces Initiative, on Reflective Practice](#)

Monitoring context. Make sure your monitoring of context is continuous and that you are capturing/documenting unexpected events and their effects upon your program. Some country teams have made contextual analysis a separate sub-system. You may also want to do this.

Initiative evaluations. Assuming that your initiatives are aligned with a “primary” pathway and possibly other secondary pathways, initiative/project evaluations are a good opportunity to evaluate how the initiative is testing a pathway hypothesis.

Roles and responsibilities. You will need to designate roles and responsibilities for the impact measurement of your program. This is not the job of one M&E officer. Seek the support and involvement of project/initiative M&E officers, the program quality unit, and consultants, if needed, but with the caveat that you do not contract out all M&E work. This does little to encourage learning within the team. ([See Annex A3.8 CARE Mali Division of Responsibilities](#))

Embed reflective practice in ways of working. The [“reflection-in-action” brief](#) in Part II describes an approach which complements the more traditional “reflection-on-practice” whereby data is collected and then reflected on.

Budget and resources planning. Try to plan for the baseline and the subsequent program evaluation (at the 3-5 year interval). Program level budgeting and resource planning will need to rely on a combination of leveraging resources; making use of cost coverage opportunities through joint interest with partners, donors or CI members; sourcing funds/resources from initiatives; and building up cost pools or a basket of funds. To that end, you may want to consider:

- Aligning large and longer-term initiatives with the program that are supported, for example, by CARE Norway/ NORAD, to cover impact measurement costs
- Taking a systematic 3-5% of the budget for any relevant initiative to allocate towards IM (as Niger has done)
- Making sure any cost pool funds include costs for IM or for program M&E staff

Information and Knowledge Management

Building Knowledge through Measurement

The aim of creating knowledge is not only learning (or ‘applying knowledge’) within CARE but sharing the knowledge with others that will inform the theory of change as well as enable good practices and ‘wisdom’ to spread. This can also mean using knowledge for advocacy purposes or to influence others, in order to achieve impact, ultimately, at the scale of the impact group. ‘Wisdom’ is beyond using knowledge for making good decisions (‘intelligence’) to positioning the knowledge within a framework of values and commitment (see [CARE’s Good Practices Framework for Gender Analysis](#)).

Thus, **in the process of measuring impact**, we are essentially **converting data and information to knowledge** that explains how impacts were achieved. Once we ‘know’ what works, we can make intelligent choices and continuously build on the prior stock of knowledge acquired.

For example, if we test the hypothesis:

If women have the capacity for collective action, their social and political status will increase.

We will collect the data, analyze and interpret it, and know (with perhaps a 90-95% confidence level) whether this is true or not.

The same process applies to indicators at pathway, DOC and goal levels. Data must be analyzed and interpreted to give meaning to the information from aggregating data. Understanding the ‘how,’ ‘why,’ ‘where,’ ‘for whom,’ and ‘under what conditions’ are an integral part of creating knowledge, in short, being able to tell a story of change.

To arrive here, where knowledge belongs to a team or an organization (not just the individual), requires a process of reflecting on the data and the analysis together. It is a process of sense-making and validation. The site of knowledge creation is within the team or the group; it is not in the SPSS analysis or a report by a consultant. Simply put, knowledge management is the processes of creating, applying and sharing knowledge.

To succeed at this, the processes must be done systematically and requires managing and storing data / information so that it can be accessed, retrieved and applied. Knowledge use and knowledge sharing requires documenting and also capturing, storing and managing content. For more information refer to [Organizational Learning in NGOs \(Britton\)](#) and [The Knowledge Hierarchy](#).

Coordination

This is a function that will need to be designated within your program. This relates to coordinating the flow of information for aggregating and synthesizing data; the sharing of information within your Country Office; the meetings / workshops to discuss results; and the systematizing of tools, procedures and standards governing the M&E and knowledge management for the program. Depending on resources, this function may be filled by or distributed across the program director, program M&E officer, and the program quality unit, with the support of the IT Unit.

A Knowledge Management Infrastructure

You will need a document management system and a searchable database so that your team (and others) can access the data and the reports for performing impact measurement. This is also important for purposes of designing new initiatives that will contribute to your program. Within the structure should be a place for databases, i.e., the raw data (quantitative or qualitative) collected against your baseline and other surveys. You will need to create architecture to ensure systematic filing of measurement-related material such as:

- Databases
- Questionnaires and surveys
- Tools and methods
- Sampling frames
- Templates for data gathering
- M&E plans
- Reflection meeting notes
- Evaluations
- Various reports produced by program and contributing initiatives

A knowledge management infrastructure should be designed in such a way that it enables organizational learning, knowledge creation, and innovation. To achieve this, your knowledge management strategy should integrate technology, people, and processes in designing the infrastructure, as is strongly recommended by the KM literature. Thus, the technological options should respond to the question: What is it that staff and other potential users seek to know and what is the easiest way for them to access the information?

Standards, protocols, and policies. It may be worth a reminder that a program is a 15-year venture. It is crucially important for evidence building that data collection, storage, and filing are systematized. Standards have not been fully conceived yet by WEIMI COs but there are potentially many to be considered. Here are a few examples:

 ***Quality standards relating to database management***

 ***Electronic filing of program-related documents***

 ***Acquisition and retention of datasets produced by consultants and others***

 ***Archiving***

 ***Back up***

Brief 3.3: Pulling Together an IM Strategy

This does not include protocols specific to data collection and knowledge sharing as it relates to areas of women's and girls' empowerment. Ethical guidelines relating to data collection processes, research, and publication are essential. For more information refer to web link: [Ethics in Analysis](#).

Quality Assurance and Capacity of Staff and Partners

Ensuring the quality of an impact measurement system requires capabilities at three levels – individual, program and CO. In preparing for the p-shift, CARE has already developed some tools, as shown in the table below. However, there are other mechanisms and practices that can be put in place to continue to build up the skill base and capacity of the organization. These should include mechanisms for accountability towards impact measurement. **(See Annex A3.9 CARE Burundi: Quality Assurance Mechanisms)**

As the experience of many WEIMI COs show, **partner capacity** is equally important. You may want to do a partner capacity assessment / building strategy as part of your staff capacity building strategy or separately, depending on what partners are expected to accomplish. Ideally, the capacity building is one component within a partnership strategy that includes a section on impact measurement.

Brief 3.3: Pulling Together an IM Strategy

Level	Existing Tools	Suggested Tools, Mechanisms or Processes
Individual staff	<p>Some of those to the right might exist in individual COs but not in CARE as a whole.</p> <p><u>(See Annex A3.10: CARE Burundi's Competencies Model)</u></p>	<p>Developing a set of competencies for the program approach that include basic skills relating to IM (e.g. reflective practice)</p> <p>An orientation package for new staff</p> <p>Job descriptions that ensure accountability to program IM tasks, as appropriate to the position</p>
Program	<p><u>Program Quality Assessment Tool (POAT)</u> completed annually by each program. It assesses the design and implementation based on the program characteristics and the programming principles. It identifies strengths and areas for improvement, amongst others.</p> <p><u>Portfolio Review and Needs Assessment:</u> A process for assessing how well your programs are integrating gender and sexuality. This is the 2nd section in the Inner Spaces Outer Faces Initiative (ISOFI) Toolkit produced by CARE USA and ICRW (2007).</p> <p>See also <u>other tools on CARE's Gender Toolkit website</u> for guidelines on conducting research on gender factors affecting marginalized women and girls</p>	<p>Capacity assessment tool – There is no specific tool for assessing staff/ partner capacity in impact measurement at program level nor is there one specific to WE. The <u>IMRA</u> captures in its assessment generic skills which need to be in place even at initiative level.</p>
Country Office	<p><u>The Uhora</u> – a performance review completed twice a year. Of relevance to impact measurement is the assessment of impact report and the support systems – human resources (e.g., talent management and retention) and IT – needed for a program approach.</p> <p><u>The impact measurement readiness assessment (IMRA)</u> which is not mandated by CARE but was developed and conducted (by Tom Barton) by many African COs (includes WEIMI CO Tanzania, Mali, Burundi, and Niger). It provided a roadmap for capacity building.</p>	<p>Information technology audit – to assess support needs for the program approach. For more information see the <u>Knowledge Management Capability Assessment</u> website.</p>

ANNEXES for Brief 3.1 (**Annex A3.1**)

Annex A3.1: CO Examples of Mapping Initiatives to Pathways

CARE Bangladesh

Domain of change: Exercise of greater choice in decision affecting their lives

Indicator: % men and women reporting meaningful participation of women in public sphere.

Associated outcome/ output indicators from existing programs/ projects:

% of women accessing local institutions (SHO-II);

Women obtaining membership in UP/ ward sava (SHO-II);

At least 4% of women are included in local institutions (FSUP);

% of women who hold leadership positions at the dairy producer group (SDVC)

% women involved in community level decision-making (SHO-II);

Participation in Salish and can raise their voice (COVAW);

Women are becoming members of UP (NNPC) and contributing in reducing VAW (COVAW);

% EP men and women participation and influence community level and local governance (SETU);

Women participate in participatory budgeting of UPs in at least 10% of the UPs (FSUP)

Participation in SMC (resulting in increased completion, retention, and achievement)

CARE Egypt

See matrix below for Egypt example.

Egypt: Mapping Initiative Indicators to Pathway and Domains

Note: The acronyms in bold represent different initiatives; this is a sample and does not represent the entire set of indicators.

	Domain 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				Domain 2 Laws protecting women's rights, particularly in the area of personal status, are reformed, passed and implemented			Domain 3 All forms of GBV in the home and society is reduced		Domain 4 Women have increased financial independence and are able to fulfill their potential as productive members of their HH and society		
Pathways	CSOs undertake gender transformative programs	CSOs in form, influence and monitor govt policies and programs that support gender equity and equality	CSOs build, support and reflect a constituency of poor women	CSOs collectively shape an agenda for social change	There is acceptance of gender equity and equality at all levels (HH, community, national)	Women play an active role in mobilizing and protecting their rights	GBV is no longer tolerated or 'normal' in HH and in society	Women and men access services that prevent GBV and support survivors	Laws and procedures support survivors and those who are vulnerable to GBV	Women access a greater variety of profitable economic opportunities	Women access and leverage productive resources for economic activities	Women access financial and social protection mechanisms
Project Level Indicators	Change in women's perception of her social position in the community *1 (BoC)	Improvement in local and national policy maker perception of the role of CSOs in policy and planning (Wesal)	Increase in CSOs that strengthen women's economic rights (WEE)	Partners undertake at least 2 advocacy initiatives jointly with other stakeholders (Wesal)	Communities are more aware of CEDAW and more supportive of women's rights (Eye on C)	Lobby for addressing GBV and passing a law *3 (NWRO)	Increase in community awareness of GBV and recognition of women's rights (Wesal)	An enhanced ability of women to exercise their rights and access services (FFV)		% of group members with positive change in IGA (BoC)	% of members who have invested in productive assets (BoC)	
			Change in women's self esteem *2 (BoC)	Stakeholders working to address GBV adopt advocacy materials developed	Increase in % of community acceptance of women's economic rights	Lobby for influencing policy change on personal status				Increase in the number of economic opportunities for women (WEE)	% of members who have invested in children's education (BoC)	

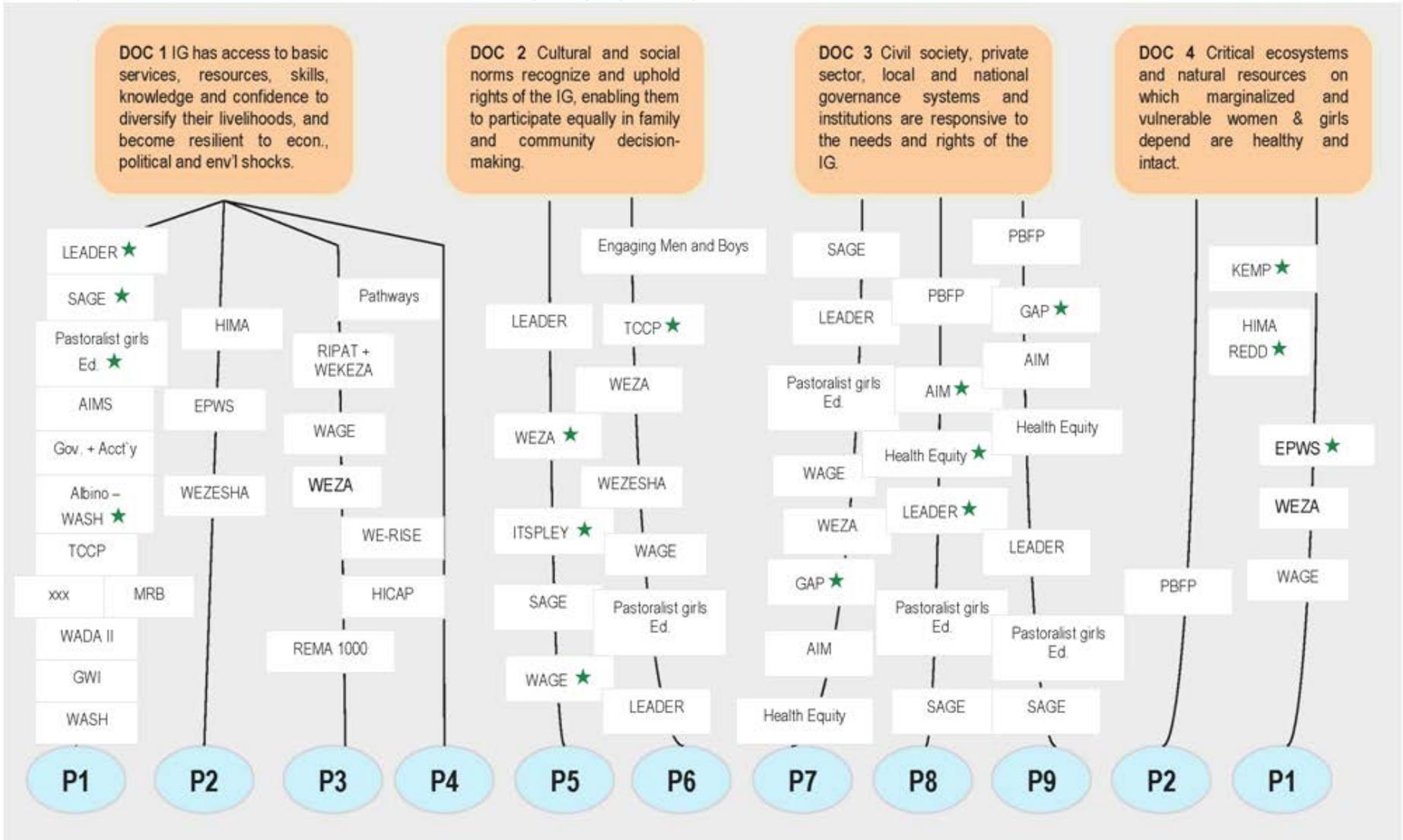
Annexes for Brief 3.1

			by the project (Wesal)	(WEE)	law *4 (NWRO)							
		% of women holding leadership positions at community level (BoC)	A network of CSOs is capable of holding duty bearers accountable for women's rights (Eye on C)	% of women involved in resolving community level disputes (BoC)	The number of initiatives that support and facilitate women's access to economic rights (WEE)					Increase in % of women with access to economic resources and opportunities (WEE)	Women's contribution to HH expenses (BoC)	
			Lobby for addressing GBV and passing a law *3 (NWRO) Lobby for influencing policy change on personal status law *4 (NWRO)		Legislative change and policy dialogue is achieved in an inclusive effort to address GBV (FFV)						Change in women's perception of her position in the community *1 (BoC)	

Annexes for Brief 3.1

Tanzania Maps Initiatives to Pathways

Pathways are shown as P1, P2, etc. The ★ indicates the principal pathway to which the initiative contributes.



Niger Maps Effect and Impact Indicators to Initiatives

Legend : +++ =very strong contribution ; ++=medium contribution ; +=weak contribution

N°	Indicateurs	Initiatives															
		PDP 1&II	SEMPA II	JPCP	RECAP/D	DEOD	ECB	PGIRE	PEAFEC	IFETE RNA	ALP	PFF	ENGAGIN MEN	PPIND	PARDESA /BC	PROSAN	
1	% ménages vivant en dessous du seuil de pauvreté	XXX	XXX	XXX	XXX	XXX	X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2	changement dans l'efficacité personnelle des femmes		XX	X	X	XX		X	X	XXX	XX	XXX	XXX	X	X	XX	
3	Indice de vulnérabilité alimentaire							X	X			X		X	XX	XX	
4	Proportion de la population ayant accès de façon durable à une source d'eau meilleure, zone urbaine/rurale ; meilleure=robinet, forage, puits protégés	XXX								XXX	XXX						
5	- % des accouchements assistés par un personnel médical qualifié											XXX	XXX	XXX		XXX	
6	- Taux de prévalence contraceptive moderne											XXX	XXX	XXX		XXX	
7	% des hommes et de femmes déclarant la capacité des femmes à contrôler efficacement les ressources de productivité	X	XX	X	X	XX		X	X	XXX	X	XXX	XX	X	XX	XX	
8	- % des femmes dans les collectivités				XXX							XXX	XXX				
9	% d'hommes et femmes manifestant un changement d'attitude vis-à-vis de la violence basée sur le genre				XX	XXX					XX	XXX	XXX				
10	proportion des OP (faitières) fonctionnelles															XX	XXX

Annexes for Brief 3.1

N°	Indicateurs	Initiatives														
		PDP 1&II	SEMPA II	JPCP	RECAP/D	DEOD	ECB	PGIRE	PEAFEC	IFETE RNA	ALP	PFF	ENGAGIN MEN	PPIND	PARDESA /BC	PROSAN
11	% enfants de moins de 5 ans atteints d'insuffisance pondérale		XX	X								XX		XXX		XXX
12	% ménages avec la capacité de faire face aux chocs environnementaux sans épuiser leurs ressources selon le sexe du CM		XXX	XX				XX	XX	XX	XXX	XXX	XXX	XXX	XXX	XXX
13	% des ménages avec accès à la propriété foncière selon le sexe du chef de ménage		XX	XX	XX					XXX		XX				
14	% d'acteurs locaux avec une participation significative dans la gestion productive des ressources naturelles au niveau communauté, par sexe	XX	XX	XXX	XXX	X		XXX	XXX	XXX	XXX	XX		X	X	XXX
LEFF																
SAN																
GRN/ACC/Conflit																
Legend : +++ =very strong contribution ; ++=medium contribution ; +=weak contribution																

CARE Tanzania Maps Initiatives to Pathways

This was done upon completing the conceptualizing of measurement elements at a workshop with WEIMI in November 2011. See matrix on next page. For the Tanzania team, this exercise had more significance in helping to reveal gaps in operationalizing and where they would like to invest more in the future.

[Click here to Return to Brief 3.1: Mapping Initiatives to Pathways](#)

ANNEXES for Brief 3.2 (**Annexes A3.2-A3.3**)

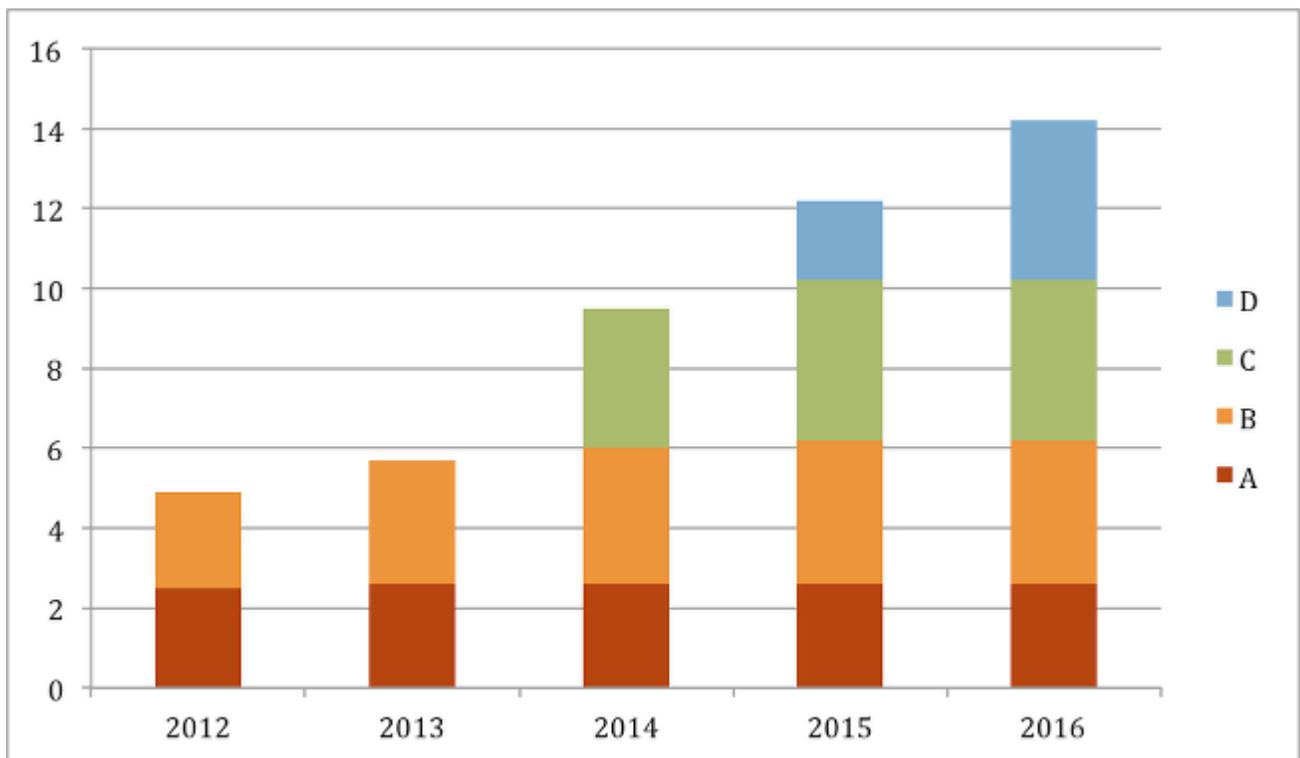
Annex A3.2: CARE Egypt- CO Baseline Experiences

CARE Egypt Approach to Change Measurement

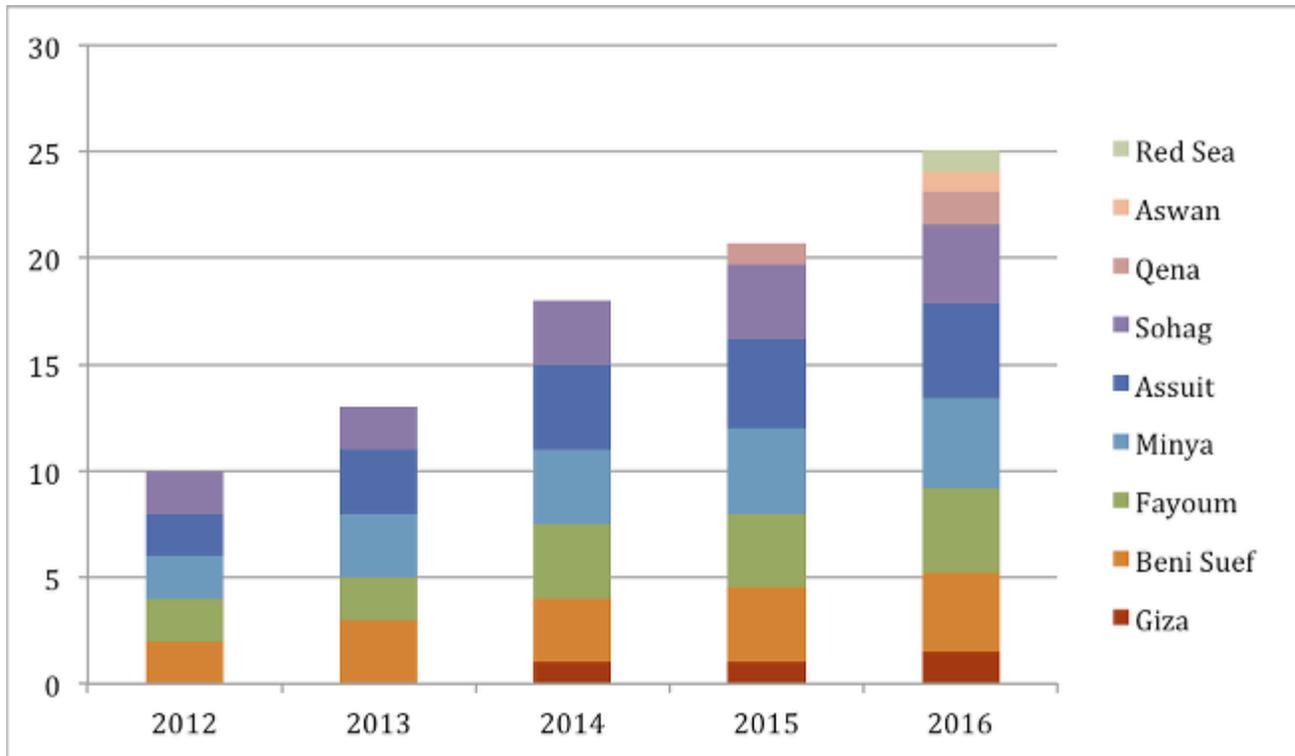
Egypt will soon be testing an approach that measures indicators through current initiatives and, incrementally, new initiatives, as they come on line. The illustration below shows how initiatives or projects would contribute over time to one pathway. However, the issue of how to aggregate the effect in terms of both depth and breadth would have to be resolved in the planning / funding of new initiatives, i.e., will the next initiative be designed to increase depth of impact or breadth (# of people reached)?

The second graph shows how governorates contribute to a pathway change, as spread effects take place.

Illustration of Projects (A, B, C, D) Contributing to one Indicator on a Pathway:



In this scenario, it could be that project A ended in 2013 and project B ended in 2014, but the effect is cumulative and enduring.



Here you are starting to show a spread effect as new governorates are affected.

[Click here to Return to Brief 3.2 Data Sources and IM Partners](#)

Annex A3.3: CARE Tanzania Partnerships for Monitoring and Learning

CARE Tanzania's Partnership Strategy Thinking

The draft strategy addressed various aspects of partnership but had only one reference to joint data collection. Government research institutions that provide specific services form a group of strategic partners. In one instance, the National Institute for Medical Research (NIMRI) and WAMI-RUVU Water Basin Water Board signed MOUs with CARE to provide services in relation to **monitoring indicators for health and nutrition status, and the quality and quantity of water in streams and rivers.**

At the same time, alliances are expected to collaborate on “targeted research and evidence based advocacy with a focus on CARE Tanzania’s theory of change, and in relation to; environment and climate change, gender, governance, and risk management principles.” Alliances with like-minded organizations will be established at national as well as at district level as appropriate for learning and for influencing national and district level policies and practices.

[Click here to Return to Brief 3.2 Data Sources and IM Partners](#)

ANNEXES for Brief 3.3 (**Annexes A3.4-A3.10**)

Annex 3.4: CARE Mali's Measurement Plan

This was done separately for breakthroughs and indicators at goal and DOC levels. In Mali's case, the team plans to collect their own data, through their various initiatives but will do this in a convergence zone of at least 3 initiatives (to capture synergy). It is also evident that impact measurement (at goal level) will occur less frequently over a 7-year period (year 1, year 4 and year 7 or 8) but indicators at DOC level will be measured every year.

The matrix below is a monitoring and evaluation plan:

Indicators	Operational Definitions of Indicators	Data Source		Data Collection & Analysis			Data Analysis		Frequency of Reporting
				Method	Frequency	Responsible	Frequency	Responsibility	
Goal: By 2015, vulnerable and marginalized women and girls (15-19 years) in the regions of Mopti, Segou, and Timbuktu will have increased their economic power, their socio-political status and participation in decision making while maintaining social cohesion at regional and national levels									
If women and girls who are empowered in their choice and decisions affect the quality and the security of their livelihood	# of women head of households, seasonal laborers, and girl mothers aged 15-49 who freely decide in a responsible way to improve their life conditions linked to education, health, nutrition, participation, and other	Women head of households, seasonal laborers, and girl mothers	Survey with individual women and girls Focused interviews	Baseline, midterm, final	CSEP		Baseline, midterm, and final	CSEP	Baseline, midterm, and final
Domain 1 (economic power): Women and girls have increased their economic power									
# of vulnerable and marginalized women who control their own means of production	# of women head of households, seasonal laborers who decide on use of means of production: land, inputs, equipment	Households of women headed households, seasonal laborers	Household surveys, individual interviews with women from intervention zones, individual and focused interviews	annual	CSEP		annual	CSEP	annual

[Click here to Return to Brief 3.3 Pulling together an IM Strategy](#)

Annex A3.5: CARE Niger's Sub-System on Impact Measurement

A sub-system of its impact measurement strategy, impact monitoring includes three processes: (a) collecting data and managing databases, (b) management of outcome and impact indicators and demonstrating impact, and (c) capture and management of knowledge. As the matrix below shows, the frequency, relevant levels of the theory of change, and tasks associated with each process are identified.

Niger's Sub-system on Monitoring Impact

Entry	Process 1	Process 2	Process 3
Process Name:	Collecting data and managing databases	Management of outcome and impact indicators and demonstrating impact	Capture and management of knowledge
Frequency:	Continuous	Annual for outcome indicators; Every quarter for UBORA; Every 2yrs for impact	Annual and depending on the interests identified by CARE and initiatives
Relevant Levels:	Contributing initiatives, DOC, impact	DOC and impact	Contributing initiatives, DOC, impact (quality assessment process conducted on the basis of data produced by initiatives and DOC level)
Tasks:	<ul style="list-style-type: none"> Baseline and detailed implementation plan (DIP) of program initiatives and goals Coordination and implementation of plans for "impact measurement and M&E" (SEAMI) for initiatives, the M&E unit, and the multiyear strategic plan (PSP) Updating of databases, archiving, and security (back up IT) 	<ul style="list-style-type: none"> Baseline and detailed implementation plan (DIP): repository of outcome indicators and impact; development and implementation of plans Coordination and implementation of the SEIMI plan for PSP, Inc. Integrating collection of evidence Coordination plan for collecting, processing, and documenting of evidence (in conjunction with Unit for Advocacy and Communication) Completing UBORE tools, Directory etc. Coordination of thematic studies, evaluations, research activities 	<ul style="list-style-type: none"> Meta thematic evaluations (2-3 yrs on important impact themes for CARE) Study of specific topics and/ or sector reviews Capture of experiences and transformation into knowledge: gourd carrot, workshops on knowledge transfer within initiatives, knowledge sharing Implementation plan for learning and knowledge sharing Documentation and archiving of completed initiatives Coordination of exercises/ knowledge capture workshops

[Click here to Return to Brief 3.3 Pulling Together an IM Strategy](#)

Annex A3.6: WEIMI Country Impact Measurement Strategies

CARE Niger

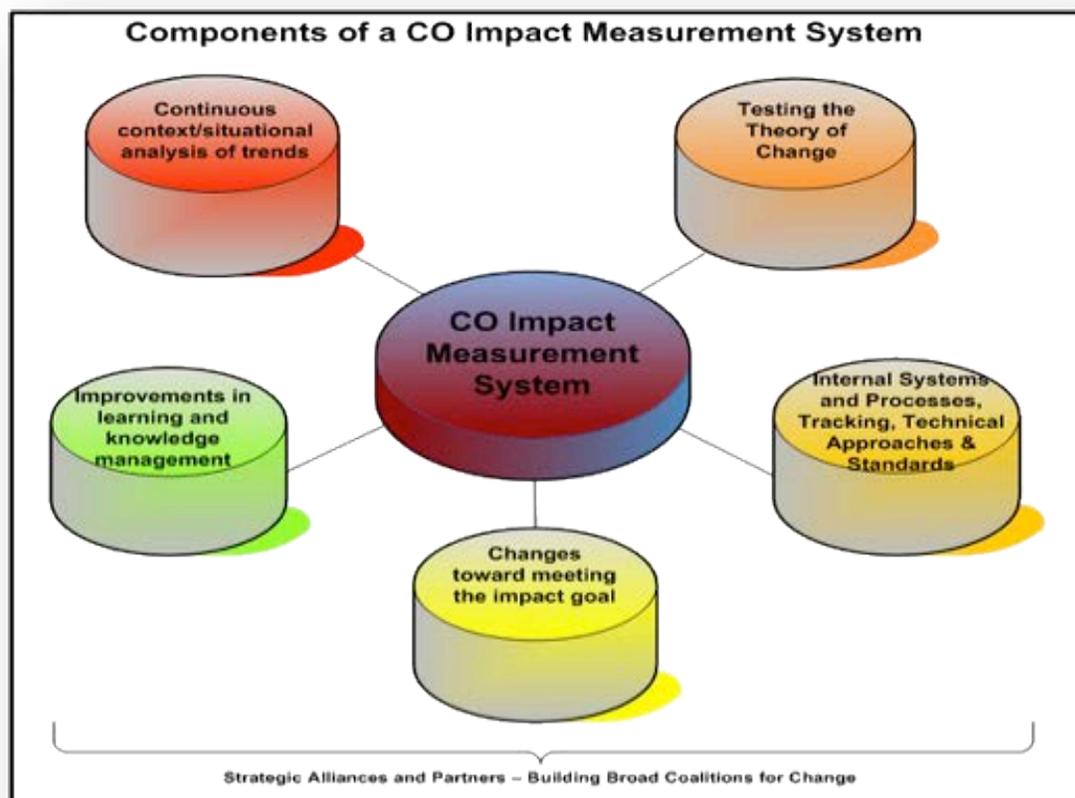
Niger's impact measurement strategy includes 4 sub-systems: (1) coordination and management, (2) impact monitoring, (3) testing the theory of change, and (4) continuous context analysis. This document is only available in French. See CARE Niger for a copy of the document.

CARE Mali

Mali's strategy describes the process for monitoring and measuring breakthroughs, indicators and hypotheses. It includes a section on contextual analysis and on testing the theory of change. This document is only available in French. See CARE Mali for a copy of the document.

CARE Burundi

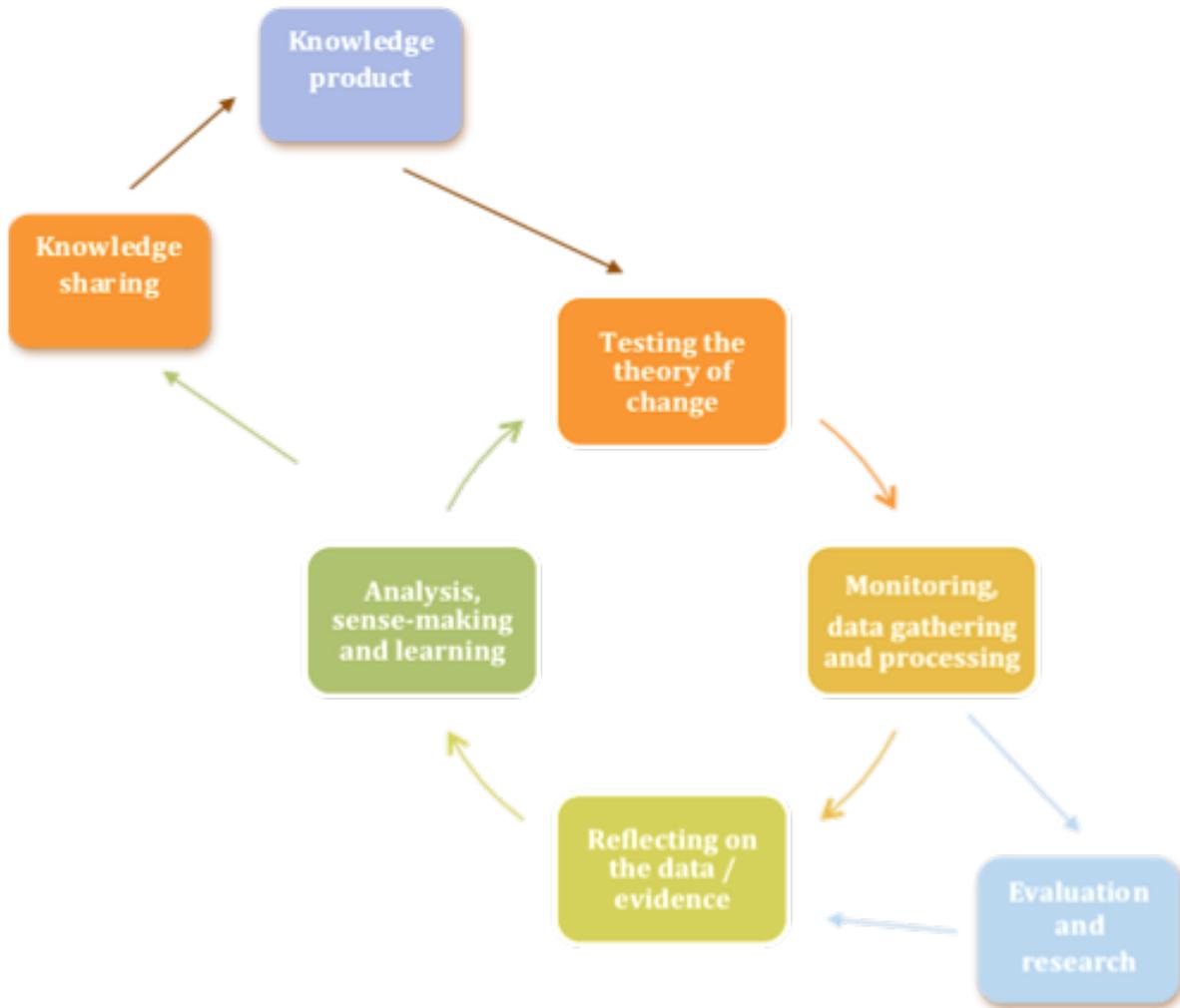
Burundi borrowed from CARE Ethiopia in constructing the components of its impact measurement system, as show in the diagram below. This is still in draft form (in French) and updates should be sought from the CO.



CARE Egypt

Egypt has recently begun this process and has a draft developed with the help of the WEIMI consultant in March 2012. In particular, this approach sought to identify the stages in the process of measuring at pathway, domain of change, and goal levels. This is illustrated by the diagram below. It also identified a series of guiding questions for reflection sessions and a set of templates for impact measurement.

CARE Egypt: The Learning and Knowledge Generation Cycle at Program Level



[Click here to Return to Brief 3.3 Pulling together an IM Strategy](#)

Annex A3.7: Knowledge Sharing and Communications Planning

The matrix below illustrates the types of knowledge products you may envision. It is important to be clear about your objective and target audiences. Different formats may be needed for different audiences. Also, consider “format” broadly defined – not only printed matter but films, presentations, video, and various social media. It should be appropriately tailored to the target audience.

“Responsible” may also pertain to more than one person or position. Include here a breakdown of who is responsible for what tasks. Important is who will do the report writing or the presentation. Most likely your M&E plan already stipulates who will do the data collection and analysis. You may want to specify here who has the authority to do the final quality check on the report before it is published. Your communication strategy that would accompany the matrix may also identify audiences you intend to target on a regular basis, with a description of their importance and how you will do this.

Knowledge Product	Objective	Format	Audience	Target Date	Responsible	Language
Case Studies	Share lessons learned on empowerment	See case study format	CARE global	July 2013	Initiative Manager	Local English
Research report on hypothesis “X”	Generate debate and discussion and to inform theory of change	Publishable report; Webinar	CARE and development organizations focused on WE; Government and civil society actors	Dec. 2013	Various – program director, initiative mngrs Consultant for report	Local English
Annual program review	Review results at initiative pathway and DOC level	Workshop report	Internal CARE CO and CI Members	Dec. 2013	Core team	Local English
Special study on “Y”	Advocacy for policy change	Briefing paper; Testimony	Government Ministries	Apr. 2013	Core team	Local
Three-year program evaluation						
Manual						

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Annex A3.8: CARE Mali Division of Responsibilities

Mali explicitly identifies roles for different categories of local agents and levels of staff in impact measurement. Among local agents, the team identifies intermediaries, village agents, change agents, and village facilitators. Thus, for example, the tasks of the facilitators from the village savings networks and the village agents are:

- Responsible for collecting information in their networks and clusters and transmit them to the intermediary
- Analyze the information with the support of junior experts and zone coordinators
- Participate in general meetings relating to programming
- Transmit the information collected and analyzed in their organizations

Example of tasks for Area Coordinator:

- To collect and analyze information for Junior Experts in each circle
- Bring the M&E information to the CSE PEF level
- Produce a report analyzing information from the area
- Ensure the flow of information between different actors (networks, MJT, relay)

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Annex A3.9: CARE Burundi Quality Assurance Mechanisms

Under its sub-system on DME, Burundi identifies an approach and tools to quality assurance for program design, the design of initiatives, program implementation, initiative implementation, program evaluation, initiative evaluation, and assessment of initiatives. All the tools have not yet been developed and this is a work in progress.

Here is an excerpt from this section of its strategy:

Program evaluation

The programs will experience three major evaluations during their life: a basic evaluation, a mid-term and final evaluation every 5 years of the life of the program. Periodic interim evaluations of the effects of interventions on impact population can be achieved through thematic or global studies that are more qualitative than quantitative.

In addition to studies and evaluation during the program cycle, ex-post evaluations may be commissioned at least 5 years following the end of the program.

All these evaluations will use a mix of quantitative and qualitative methods that will help to best highlight the changes produced in the life of the impact population.

Program Quality Assessment Assurance

To ensure the quality of program evaluations, CARE Burundi will refer to the CARE Guidelines on Impact and Assessment Policy. These guidelines and policy will guide those responsible for evaluations from the design of TORs to the validation of the results.

Initiative evaluation

The initiatives will experience two to three major evaluations during their life: a basic evaluation, a mid-term and a final evaluation. The mid-term will depend on the lifetime of the initiative or donor instructions. Periodic interim evaluation of the outcomes of interventions on the beneficiaries of the initiatives can be achieved through thematic or global studies that are more qualitative than quantitative.

In addition to studies and evaluation during the life of the initiatives, ex-post evaluations may be commissioned at least 5 years after the end of the initiative.

All these evaluations use a mix of quantitative and qualitative methods that will allow highlighting the best the changes produced in the life of the impact population.

[Click here to Return to Brief 3.3 Pulling together an IM Strategy](#)

Annex A3.10: CARE Burundi's Competencies Model

In its impact measurement strategy, Burundi identifies skills associated with different positions to support the DME Assistant. It also develops a capacity building plan for a newly hired DME assistant, as shown here. The table on competencies follows.

Plan for capacity building for the first six months of the M & E Assistant

CARE Burundi

Burundi borrowed from CARE Ethiopia in constructing the components of its impact measurement system, as shown in the diagram below. This is still in draft form (in French) and updates should be sought from the CO.

Tools: What is to be strengthened?

- Database
- Instruments for data collection
- Monitoring and Evaluation Plan
- Logical Framework
- Reporting Plan
- Reporting Format

b) Skills: Areas to be strengthened

- Analysis and ability to integrate data
- Reporting (writing)
- Techniques for collecting qualitative and quantitative data
- Training of Trainers
- CARE Burundi Program structure
- Approaches: Program, Gender, vulnerable groups, analysis of the root causes of poverty and vulnerability, Conflict, Governance, Advocacy, and so on.

c) Infrastructure

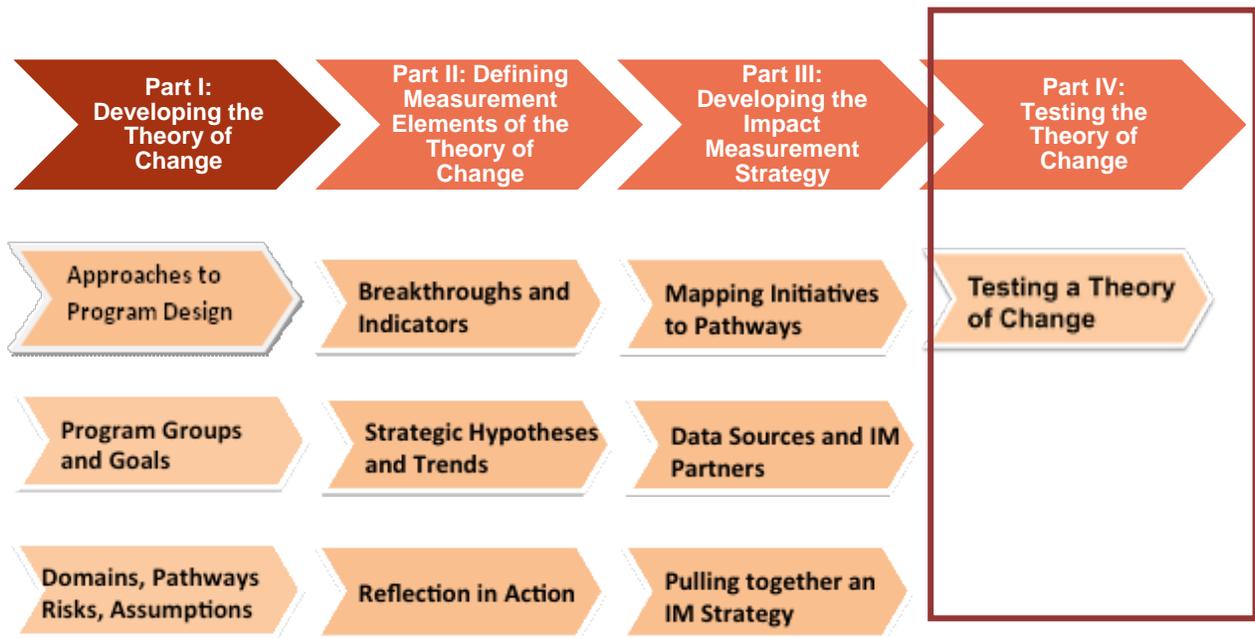
- Laptop
- Digital camera, video camera
- Calculator
- Classification equipment
- Statistical software and computer
- Access to Internet and intranet

d) System

- Administrative oversight with PQL program
- Functional relationship with the Coordinator of the initiative
- Job Description

[Click here to Return to Brief 3.3 Pulling together an IM Strategy](#)

Part IV: Testing the Theory of Change



Part 4: Testing the Theory of Change

While you may still be developing strategic hypotheses, designing new initiatives aligned with your TOC, or finalizing your impact measurement system, you may already be taking steps to “test” your theory of change. Testing your TOC is distinct in moving you from the conceptual to the empirical world. You will see that testing your TOC is a continuous process. This section will provide some pointers on how to test and validate your TOC.

What can we learn from the WEIMI COs on testing WE theories of change?

WEIMI Country Offices are in different stages of developing their impact measurement system / strategy and in testing their WE theory of change. They are still on a learning journey, discovering what it takes to set up a measurement system, seeing what is feasible in terms of resources and costs, and taking small steps forward rather than waiting for all the parts of the puzzle to be in place.

Their experience suggests:

(a) Start testing elements of the theory of change, as you implement and design new initiatives. Develop the tools, standards, and policies as you move ahead and gain confidence in what you need to support program measurement and what actually works for you.

(b) As you develop results, share them with others and allow the reflection to generate the next round of questions, in an action-planning cycle. Get into the practice of documenting and sharing knowledge.

(c) Learn from other COs, rather than reinventing the wheel.

Brief 4.1: Testing a Theory of Change

What it means to “test a theory of change”

Testing the theory of change in a very general sense is tantamount to putting into practice any number of elements of your TOC within your women's and/or girls empowerment program. When you implement an initiative that is testing a pathway hypothesis, you are, in essence, testing your TOC. In stricter terms, though, testing refers to a scientific process, using impact measurement tools / methods, to test hypotheses (pathway or strategic) and monitor achievement of breakthroughs, domains of change and the impact goal, using indicators for the latter two.

Testing is really what we intend here, whereas in operationalizing your TOC, you may be implementing your program in accordance with the expected outcomes in your TOC, but not actually measuring the change. So, if you have designed new initiatives that align with one or two pathways in your TOC, that is good; but if you measure change only as it pertains to the donor's M&E requirements and not the your program requirements (specific indicators, hypotheses and breakthroughs), then you are not really testing the TOC. The only way you can be sure that you are testing your TOC is if you have already collected measurement data and have generated results that can be shared.

The importance of testing the theory of change

A theory is nothing more than a theory. Over a 15-year period of a program, much will change within the country context and depending, partially anyway, on the quality of your contextual analysis, some of it may not be so predictable. You will need to adapt your theory as a result of a changing environment, but your empirical evidence of the changes occurring within your impact group will (and should) inform your theory of change. Remember that your theory of change is about making explicit your assumptions not so that you can prove you were right but to question those assumptions and be open to what the evidence is teaching you about social change processes. You will need to update and re-validate your theory of change, as you learn and new evidence becomes available.

Research or evidence from other organizations may also shed light on some of the assumptions in your theory of change. They may also cause you to modify pathways or domains of change in some fashion or to prioritize certain pathways and initiatives. In the end, the impact and quality of your WE program will hinge on a dynamic use of theory of change and not as a static framework. As previously mentioned, make sure your theory of change does not fall into the same trap as a logical framework when experienced as a “lock-frame” that remains fixed and acts as a control tool.

As mentioned in [Part II](#), testing the theory of change should enable triple-loop learning – questioning the principles and paradigm of CARE's work in empowering women and girls, if necessary. To aspire to organizational “wisdom,” a gender equality/empowerment program must be willing to learn from the evidence it generates and transform these into good practices. This is knowing what you stand for.

Brief 4.1: Testing a Theory of Change

As WEIMI COs did in developing their theories of change, inviting other stakeholders into the periodic review of the theory of change to validate it should be part of regular practice. This might include a peer review by an external expert, as CARE Burundi did.

Sequencing in testing the theory of change

It is most unlikely you will be testing the entire theory of change all at once. This would mean that all 10, 12 or however many pathways you have are being tested, through hypotheses, in addition to monitoring progress towards all breakthroughs and measuring against DOC, pathway and goal indicators systematically. You would also be testing all your strategic hypotheses at once. Why is this unlikely?

You may have identified breakthroughs at 5-year intervals, in which case you are monitoring only those breakthroughs in the next five years.

Strategic hypotheses are pieces of research that require a certain investment or the right opportunity. They also require staff time and resources. Moreover, your 3-4 hypotheses may not all be equally urgent.

In the early phase of a program and testing the theory of change, not all initiatives in your CO portfolio will align with the program. It takes time to achieve a level at which most of your pathway hypotheses can be tested.

The order in which you test hypotheses and measure changes should be based on your best judgment and available resources. You will inevitably need to prioritize, as you continue to align initiatives and new funding opportunities with gaps in testing the theory of change. **(See Annex A4.1 Country Office Reflections on the Gaps in the TOC and Annex A4.2 Monitoring Progress toward Pathways)**

The sequencing also begs the question:

“Should you start with the “big picture” hypothesis (the links between the DOCs and the impact goal), then make your way down the levels of the TOC? Or should you first test all the ones within pathways, then proceed to the level of domains and so on?”

There is no one answer to this question or any particular order to follow to test the hypotheses. The answer will vary depending on the situation in each CO and with each TOC. For example, if you have a particular hypothesis that is really crucial for how you proceed with your program (in which case many of your strategies and approaches are organized around it), but there is so little evidence that you cannot proceed, then you may want to consider testing that hypothesis first. You would not want to go ahead with a TOC based around a single hypothesis that remains unverified, nor would you want to invest resources into strategies and approaches without knowing the validity of your assumption.

Furthermore, the CO can be opportunistic in terms of testing the TOC. If there is a planned evaluation for a project, which you are going to conduct anyway and there are resources available for that, you can look into ways to incorporate elements of testing the TOC into that evaluation.

Brief 4.1: Testing a Theory of Change

For instance, an annual evaluation may be planned for a women’s empowerment project which has “engaging men and boys” as a strategy to empower women. At the same time, you may have designed a TOC for a program on women’s empowerment and chosen men and boys’ engagement as one of the major pathways. You should take the opportunity of that project evaluation to test a hypothesis from this pathway. This situation of testing a hypothesis may not reach all the way to testing how the domains of change contribute to the impact goal in your TOC. But it can certainly give you nice ways to test hypotheses within your pathways.

A set of guiding questions for validating the theory of change

As you test your theory of change, you will be producing evidence at pathway, domain of change, and impact levels. Use your reflection events as an opportunity to create the learning loop between the evidence and the theory of change. The overall guiding question is:

Is the theory of change or parts of it still valid? What needs to be modified or updated?

There are in fact two excellent external guides for assessing your theory of change:

Guide	Description
<p><u>Criteria for Assessing the Evaluability of a Theory of Change</u></p>	<p>This addresses the question of assessing the evaluability of a theory of change and is a summary of an eval online discussion. It will give you a sense of what the broader community of evaluators are saying about theories of change (See Criteria for Assessing the Evaluability of a Theory of Change).</p>
<p><u>Theory of Change: A Thinking and Action Approach to Navigate in the Complexity of Social Change Processes</u></p>	<p>This has guidance to assess the quality of your theory of change. It is the already cited UNDP/Hivos publication (see Assessing the quality of your theory of change) that includes a set of questions for each methodology stage in developing the theory of change.</p>

Otherwise, you are encouraged to rely on the following set of guiding questions that builds off of the draft impact measurement strategy for CARE Egypt:

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Relating to indicators and breakthroughs:

- How are partners contributing to progress
- What is the distribution of impact over geographic area and the impact group population? How can the differences be explained?
- Are there rival explanations for the achievement of outcomes that may lie outside the hypotheses and causal relationships in the TOC?

Relationship between pathways and domains of change:

- Were these the right pathways to achieve the domain of change?
- How did the pathways contribute to achieving the DOC indicators?
- Are the pathways sufficient to achieve domains of change? If not, what else needs to happen?

Relationship between DOCs and the impact goal:

- Are these the right domains to change to focus on the coming years?
- How is the synergy between domains of change shaping progress (or not)?

Relating to macro-level trends and context:

- Are macro-level trends in accord with your expectations? Which assumptions need to be modified which still hold?
- How do contextual changes affect expected change in the theory of change?
- How is the political, social, and economic environment affecting the pace of change or possibilities for achieving high-level impact?

Achieving impact:

- How are you collaborating or joining forces with others at regional and national level to achieve impact at the population level?
- What can you learn from other development actors to spread impact?
- Will overlap with other programs in the CO portfolio help to achieve greater and more lasting impact because of synergy?
- How well are you doing in scaling up strategies (eg: what effect is advocacy having)?
- In which geographic areas do you need a greater investment?

These are questions that can be discussed in reflection workshops and with a broader spectrum of stakeholders whose work is also contributing to the empowerment of the impact group. Cast the net wide, at least during program evaluation events, to validate your theory of change.

ANNEXES for Brief 4.1 (**Annex A4.1-4.2**)

Annex A4.1: Country Office Reflections on the Gaps in the TOC

CARE Tanzania

Tanzania first did a mapping of initiatives to pathways and came up with the following observations:

- Some initiatives, such as WAGE and SAGE, were designed to encompass several pathways. SAGE was also designed to capture all three signature programs. Others, such as WEZESHA, were designed to bring initiatives into one operational area.
- There is a preponderance of initiatives clustered around the first pathway on utilization of services.
- There should be more initiatives on pathway 6 than what is documented.
- There are no initiatives addressing pathway 4.

The distribution reveals some of the gaps and should guide prioritizing design work, however, as participants pointed out, this is often difficult – to find a donor interested in CARE’s particular priority area – in the current funding environment.

CARE Bangladesh

Bangladesh has been particularly adept at a process for developing new initiatives and proposals with program gaps in mind. This is a ‘filter’ for bids and proposals. The Program Development Unit looks to see which domains of change are lagging behind and tries to fill those gaps. Consultation is done with the PQ Unit, to also ensure impact indicators are included in the M&E systems for initiatives. “The PDU does an analysis [of a tender] and shares it with ACDs and with Directors, then they make go/no-go decision. ACDs, Directors, and CD are involved and form a team. Also look at resources and timeframe and whether we need to hire a consultant. Generally, in the case of winning proposals, the win rate is higher for those designed internally” (PDU Director).

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Annex A4.2 Monitoring Progress toward Pathways

Track progress against indicators for each pathway and during your annual (or more frequent) reflection sessions, note the progress and graph it to compare where you are vs. where you expect to be, for each indicator.

Using the graph is a visual that can be helpful in triggering a discussion such as:

- Why have we made so little progress on pathway 1 and 2? Was this to be expected?
- Did we not invest enough in some pathways? Why not?
- Is the lesser investment and allocation of resources to a specific pathway affecting progress for other pathways?

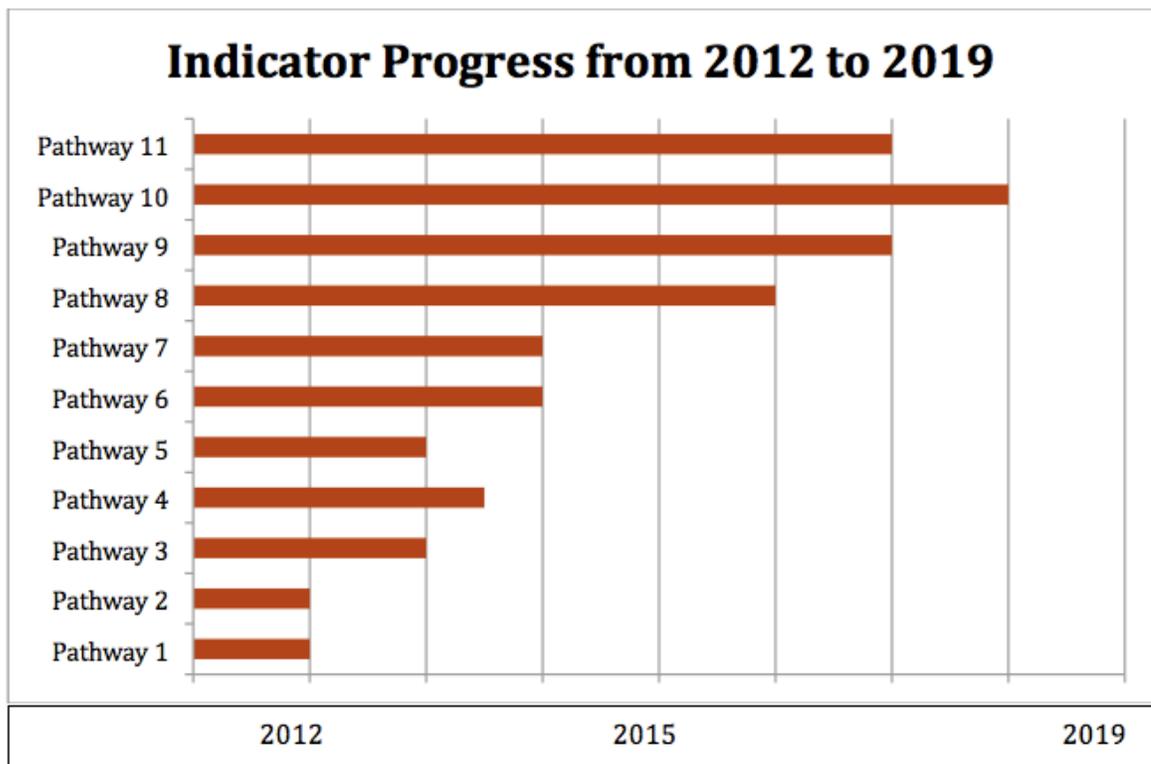


Illustration of Progress by Indicator over Time

(For the sake of simplifying here, it assumes one indicator for each pathway. This is not always the case. Also, it does not show values, it is simply for illustration purposes.)

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