CARE 2020 Program Strategy Resource Manual

CARE Peru works with communities to increase their food & nutrition security and their resilience to climate change. © 2014 Erin Lubin/CARE

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Introduction

The CARE Program Resources Manual has been developed to provide an overview to CARE staff on how CARE works in its programs around the world, in both its humanitarian and its long-term development work. It provides links to key institutional policies and strategies, as well as to more detailed guidance developed for different stages in the programming cycle. For new staff in CARE, it provides links to the critical program frameworks, principles, tools and guidance that you will need, to ensure not only that you can meet the expectations of your specific project, program, Country Office or CARE Member, but do so in a way that connects with and contributes to broader organizational goals, strategies and approaches. For existing staff, it provides links to the latest versions of documents and guidance.

It is particularly focused around CARE's first global Program Strategy, the CARE 2020 Program Strategy, which the organization has collectively developed to focus our global programs around a set of core approaches, strategies and outcomes, to enable CARE International to contribute most significantly to the challenge of fighting the social injustice of poverty.

This manual draws on and links to guidance documents from different teams, Country Offices and Members in CARE International, and will be constantly updated, as new materials and guidance are developed. Some of the links in the document (marked with a ↑) require a username and password for Minerva: If you do not already have access, please send your name, job title and email address to kmod@care.ca to request a username and password[1].

Part 1 explains the highlights of the CARE 2020 Program Strategy, and how strategies of Country Offices and CARE Members should be aligned with this, while Part 2 covers the core principles and standards and program frameworks that guide CARE's work, and how these have evolved over recent years. Part 3 covers the design and implementation of Long-Term Programs and Projects, and Part 4 covers Monitoring, Evaluation and Learning in CARE.

The Manual should be an essential part of the induction process for new staff[2], providing a summary of and links to the key organizational program policies and resources that should guide their work. Existing staff will find useful links to resources they are less familiar with, or reminders of policies or resources that have been briefly seen, but not reviewed in detail. **While different documents linked to from this Manual will be relevant for different positions, as a minimum, all staff should have revised and be familiar with the following core documents:**

1. CARE 2020 Program Strategy (English, French, Spanish)
2. CARE 2020 Vision (English, French, Spanish)
3. CARE 2020 2-pagers (↑)
4. Guidelines for Gender Equality & Women's Voice (English, French, Spanish)
5. Guidelines for Inclusive Governance (Arabic, English, French, Spanish)
6. Guidelines for Resilience (English, French, Spanish)
7. Strategies for the Outcome Areas: Humanitarian action (↑), Food & Nutrition Security (↑) & Climate Change Resilience (↑), Sexual & Reproductive Health Rights (↑) & the right to a Life Free From Violence (↑), & Women's Economic Empowerment (↑)
8. Top Learning on Food & Nutrition Security (↑), Gender Equality & Women's Voice (↑), Inclusive Governance (↑), Life Free From Violence (↑), Resilience (↑), Sexual & Reproductive Health Rights (↑), and Women's Economic Empowerment (↑)
9. CARE International Advocacy handbook (English, French, Spanish)
10. CARE International guidance for Monitoring, Evaluation, Accountability & Learning (English, Spanish)

This Manual is the result of the work, dedication and creativity of hundreds of staff from across the organization and its partners, who have sought to improve our effectiveness and impact on poverty and social injustice, and codify our evolving learning, to make that available to the broader organization. Many, many thanks to all who have contributed, and will continue to do so as our programming tools and frameworks evolve over the coming years. Suggestions for updates, additions and improvements should be made to Sofia Sprechmann, CARE International Program Director: sprechmann@careinternational.org.

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[1] Minerva will be decommissioned in January 2020, and content moved before that to **CARE2Share**, the new CARE Enterprise Content Management platform on SharePoint. Links in the manual will be updated once that happens.
[2] See also many individual training, personal development and support resources, available through CARE Academy (↑).

Part 1.   Strategy

Part 1 explains CARE's overall Vision and Mission, and the details of the CARE 2020 Program Strategy, with links to further guidance and materials on specific areas. It also details how the strategies of Country Offices, sub-regions and CARE Members should be aligned with the Program Strategy.

1.1 CARE's Vision and Mission

A global leader within a worldwide movement dedicated to saving lives and ending poverty

Our Vision: We seek a world of hope, tolerance and social justice, where poverty has been overcome and all people live in dignity and security.

Our Mission: CARE works around the globe to save lives, defeat poverty and achieve social justice.

Our Focus: We put women and girls in the centre because we know that we cannot overcome poverty until all people have equal rights and opportunities.

Principles: Independent of political, commercial, military, ethnic or religious objectives CARE promotes the protection of humanitarian space. We provide assistance on the basis of need, regardless of race, creed or nationality addressing the rights of vulnerable groups, particularly women and girls.

1.2 CARE 2020 Program Strategy

In June 2014, the CARE International Board of Directors approved the CARE 2020 Program Strategy (document - English, French, Spanish - and video - ↑), the first organization-wide program strategy in CARE's seventy years of history. As part of CARE's broader 2020 Transformation agenda[3], the purpose of the Program Strategy is to focus CARE's programs to clarify – both internally and externally – how the organization will contribute to eliminating poverty and social injustice. A more detailed six-year implementation plan was also agreed in March 2015 (↑). The Program Strategy is part of a broader transformational change process in CARE, where all parts of the organization are prioritizing programs and investments in line with the strategy, focusing our collective resources, capacities and experience for maximizing impact. The strategy provides an opportunity to unite around a clear purpose, as well as refocusing CARE's work to maintain CARE's relevance in a rapidly changing context to which international NGOs need to adapt.

As can be seen in the graphic below, the strategy highlights **three elements of CARE's approach** to be applied across all our work, **three core roles** for achieving impact, and **four priority outcome areas**, as specific areas where CARE will mobilize resources as part of the organization's commitment to support, with our partners, 150 million people from the most vulnerable and excluded communities to overcome poverty and other aspects of social injustice.

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[3] See: 2020 Vision document (English, French, Spanish); 2020 2-pagers on: Local to Global Partnership, Advocacy and Connecting to Civil Society; Coherent Global Programs; Fundraising, Media and Communications; and Global Systems and Standards (↑). See also the CI Code (↑) for the internal policies and procedures governing CARE International.

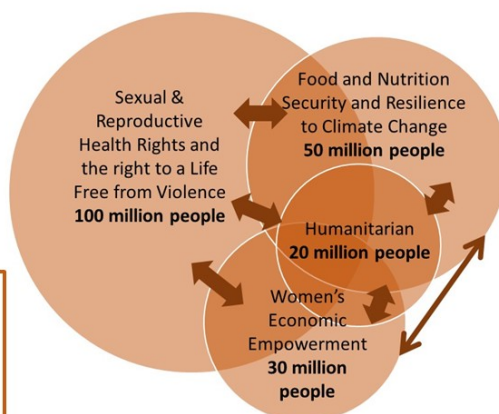### Theory of Change of the CARE 2020 Program Strategy

By using CARE's overarching approach of tackling the underlying causes of poverty and social injustice, prioritizing **three key approaches** in our programs and actions:

- Strengthening gender equality and women's voice
- Promoting inclusive governance
- Increasing resilience

And playing the following **roles**:

- Humanitarian action and saving lives
- Promoting lasting change and innovative solutions
- Multiplying impact

Sexual & Reproductive Health Rights and the right to a Life Free from Violence **100 million people**

Food and Nutrition Security and Resilience to Climate Change **50 million people**

Humanitarian **20 million people**

Women's Economic Empowerment **30 million people**

CARE and our partners will support **150 million people from the most vulnerable and excluded communities to overcome poverty and social injustice by 2020**

CARE global teams, at a glance

To support the implementation of the Program Strategy, the organization has set up global Program Teams to lead on the Program Strategy Outcome and Approach areas on behalf of the entire Confederation:

Outcome Areas:

- Humanitarian assistance: the CARE Emergencies Group (CEG) in the CI Secretariat leads overall on coordination, and on Gender in Emergencies (GiE) as a central element of our response (with additional funding for GiE from CARE Norge). Specific sub-teams for different humanitarian sectors are led by different Members: CARE Australia for Humanitarian Water & Sanitation & Hygiene (WASH); CARE UK for Shelter; and CARE USA for Humanitarian Food & Nutrition Security (FNS) and Sexual & Reproductive Health in Emergencies (SRHiE), with the leads of these sector teams also considered part of CEG. CARE Canada manages the Rapid Response Team (RRT), to provide surge support for humanitarian response.
- Sexual & Reproductive Health and Rights (SRHR) and the right to a Life Free From Violence: CARE USA leads on Sexual & Reproductive Health Rights, while Chrysalis (Sri Lanka) leads on a Life Free From Violence (LFFV), with the support of the CI Secretariat, and with CARE USA leading on advocacy.
- Food & Nutrition Security (FNS) & Climate Change Resilience (CCR): CARE USA leads on FNS, with support from CARE Canada and CARE Deutschland, while the Climate Change & Resilience Platform (CCRP) is led by CARE Nederland, in collaboration with six other Members (Canada, Danmark, Deutschland, France, UK and USA).
- Women's Economic Empowerment (WEE): CARE UK leads, with the support of CARE Norge.

Approach Areas:

- Gender equality and women's voice (GEWV): CARE USA leads, in collaboration with the CARE International Secretariat and CARE Norge.
- Inclusive Governance (IG): CARE UK leads.
- Resilience: the Climate Change & Resilience Platform (CCRP) is led by CARE Nederland, in collaboration with six other Members (Canada, Danmark, Deutschland, France, UK and USA).

The Global Teams have established common minimum functions for their Global Responsibilities, around five main roles (Lead, Support, Advocate & Influence[4], Develop, and Learn). The Knowledge Map (↑) provides a link to the main resources under each area, while links to emails and sites with further information for these teams are listed in the sections below.

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[4] Specific objectives and division of responsibilities for global advocacy work are outlined in the Advocacy Roadmap.

The CARE approach

CARE has defined an **overarching approach** for all our programs: **to tackle the underlying causes of poverty and social injustice and to bring lasting change to the lives of poor and vulnerable people**. It means that the focus of our actions will be determined from analysing the underlying causes of poverty and drivers of change at all levels. This leads us to identify the most impactful level and course of action in line with CARE's vision and expertise, alongside our partners and allies. Within this framework, CARE prioritizes three ways of addressing the main underlying causes of poverty and social injustice that we see all around the world: gender inequality; poor governance & unequal power relations; and humanitarian crises & climate change.

These three elements of the CARE approach are: Strengthening gender equality and women's voice; Promoting inclusive governance; and Increasing resilience. These apply to all CARE's work, in humanitarian and long-term programming, and in the Global North as well as the Global South, and the Gender (↑),Governance (↑) and Resilience Markers (↑) have been developed to review levels of integration of these elements of CARE's approach in all proposals and projects (at least on an annual basis).

- Gender equality and women's voice (GEWV): Based on CARE's commitment to the rights of all people to live free from poverty, we promote the empowerment of women and girls, and engage with men and boys, to transform unequal power relationships and address gender inequality. We have a particular emphasis on strengthening the voice of women and girls and enabling them to influence the decisions that affect their lives. In keeping with the commitments and principles outlined in the 2018 CARE International Gender Policy (Arabic, English, French, Spanish)[5], the Guidelines for Gender Equality & Women's Voice (English, French, Spanish) explain why GEWV is important for CARE, our theory of change, the gender standards for all CARE Offices, our main models & innovations, our approach to Monitoring Evaluation & Learning (MEL) & partnerships, and how GEWV will be integrated into our humanitarian & development work across the Program Strategy. Further tools and guidance for analysis, design, advocacy and monitoring, evaluation and learning can be found in the CARE Gender, Power & Justice Primer (↑) and the In Practice section of the Insights website (↑) (see more in Section 2.2, below). CARE's work on Gender Equality & Women's Voice is coordinated by the CARE USA Gender Justice Team, with the collaboration of the CARE International Secretariat and CARE Norge, and the wider support of the CARE International Gender Network (CIGN).

- Inclusive governance: CARE and partners work to promote good governance in three areas of change: a) empowering poor and excluded people to know and act on their rights and interests; b) influencing those in power – such as Governments, the Private Sector or traditional leaders – to be more responsible, responsive and accountable; and c) convening spaces and brokering linkages to enable inclusive and effective negotiations between the two. The Guidelines for Inclusive Governance (Arabic, English, French, Spanish) provide further advice and guidance, explaining why governance is important for CARE, our theory of change, how governance will be integrated into our humanitarian & development work across the Program Strategy, our main models & innovations, and how inclusive governance should be applied across the programming cycle. The CARE Governance wiki (↑) includes tools and materials on the Inclusive Governance approach, including the Governance Programming Framework (see Section 2.2, below). For Inclusive Governance 'thought leadership' see the In Depth pages on the Insights website (↑). CARE's work on Inclusive Governance is coordinated by CARE UK.

- Resilience: With our partners, CARE strengthens poor people's capacities to absorb and adapt to shocks, manage growing risks, address underlying causes of vulnerability, and transform their lives in response to new hazards and opportunities. Strengthening resilience enables better integration of humanitarian programming with long-term development programs, in areas such as disaster risk reduction, social protection, climate change adaptation, natural resource management or other areas. CARE's Increasing Resilience Guidance Note (English, French, Spanish) outlines CARE's approach to increasing resilience, the key elements for doing so, and how resilience can be integrated across the Program Strategy, while the CI Disaster Risk Reduction (DRR) strategy (2012-2015) outlines CARE's approach to DRR (↑). Further materials and guidance on resilience are available here (↑). Tools, case studies and policy papers are also available on the CARE Climate Change website (↑), particularly on CARE's Community Based Approach (↑) to climate change adaptation. CARE's work on Resilience is coordinated by the CARE

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[5] See also the two Annexes to the policy, on Background, rationale and definitions (Arabic, English, French, Spanish) and on Accountability and reporting (Arabic, English, French, Spanish).

Climate Change and Resilience Platform ([CCRP](#)), hosted by [CARE Nederland](#), with the participation of CARE Canada, CARE Danmark, CARE Deutschland and CARE France.

CARE's core roles

The Program Strategy outlines how CARE plays three roles for impacting on poverty and social injustice in our efforts to achieve lasting impact at scale and promote inclusive development. Working with our partners, we use effective models and approaches to support the most marginalized communities to overcome poverty, social injustice and humanitarian crises. We then use and apply the evidence and learning of our programs to influence broader change and to scale up effective solutions.

- <u>Humanitarian action</u>: in emergencies, CARE and our partners respond to save lives, with special emphasis on the needs of women and girls and the most vulnerable. Our humanitarian work includes emergency preparedness and early action, emergency response and recovery, and also encourages future resilience and equitable development. The CARE International Humanitarian & Emergency Strategy ([↑](#)) outlines the overall strategy for our humanitarian work, while the CARE International Emergency Toolkit ([↑](#)) provides detailed policy, programming and operational guidance for all our humanitarian work. The CARE International Gender Marker ([↑](#)) and guidance for Rapid Gender Analysis ([↑](#)) have been developed to ensure all humanitarian response programming incorporates Gender in Emergencies.

- <u>Promoting lasting change and innovative solutions</u>: based on the deep historical understanding that CARE and our partners have of the drivers of poverty and social injustice in particular contexts, we trigger innovative solutions for sustainable development, through supporting new ways of supplying or strengthening essential service delivery, building capacities, strengthening resilience to reduce risks, and empowering the most vulnerable, particularly women and girls. The evidence and learning from these innovative programs is essential to the third role, to amplify our impact. A set of CARE Innovations documented by CARE USA in 2015 is here ([↑](#)), while CARE USA's SCALE**X**Design challenge ([↑](#)) invites teams to submit promising innovations, and provides shortlisted teams support in design, business model development and pitching their innovations (see support materials, here - [↑](#)).

- <u>Multiplying impact</u>: together with our partners, CARE uses the evidence, learning and innovation from our humanitarian and long-term development work to influence broader change, at significant scale. Documenting successful models, leveraging knowledge, advocating for replication and expansion of proven approaches, promoting pro-poor solutions and influencing power holders at all levels to change policies and practices allows CARE and partners to contribute to deeper, broader and more sustainable impact. The 2014 CARE International advocacy handbook ([English](#), [French](#), [Spanish](#)) provides guidance on developing and implementing advocacy strategies, drawing on learning from CARE and partners, while the report of the January 2015 meeting on Multiplying Impact ([↑](#)) provides useful examples and thinking around playing this role. Guidance on Knowledge Management and Learning can also be found on the global MEL wiki ([↑](#)).

In all three roles, CARE works in <u>partnership</u> ([↑](#)) with a wide range of actors from civil society, government and the private sector. Each of these sectors has a critical and complementary role to play. Given CARE's expertise and knowledge, we aim to be the partner of choice for governments, civil society organizations, social movements, the private sector, and donors who seek long-term solutions for fighting poverty and social injustice. Localization ([↑](#)), for example, is at the heart of CARE's humanitarian work.

Priority outcome areas

The Program Strategy also outlines four areas where CARE proposes to achieve, and measure, its collective outcomes, as part of our work with partners to support <u>150 million people from the most vulnerable and excluded communities to overcome poverty and social injustice</u>:

Scaling up our impact
CARE Peru led a sustained advocacy campaign over the last 10 years, getting Presidential candidates to commit to reducing malnutrition, supporting national and local Government to meet those commitments, as well as pressuring to hold them accountable. This influencing work of CARE and its partners in civil society, United Nations and donor agencies, have contributed to changes in Government policy, budgets and programs that led to a reduction of nearly 50% in stunting in children under five between 2005 and 2014 (from 29.5% to 14.6%).

These joint efforts have seen over 400,000 children no longer stunted, who otherwise would have been had rates remained unchanged, as they had in the previous 10 years to 2005; a real case of multiplying impact.

- 20 million people affected by humanitarian crises receive quality, life-saving <u>humanitarian assistance</u>;
- 100 million women and girls exercise their <u>rights to sexual and reproductive health</u>[6] and a <u>life free from violence</u>;
- 50 million poor and vulnerable people increase their <u>food and nutrition security and climate change resilience</u>; and
- 30 million women have greater <u>access to and control over economic resources</u> (or women's economic empowerment).

Further details on CARE's strategies, approaches and tools under each of these areas can be found in the links below:

- <u>Humanitarian assistance</u>: working with civil society and government partners, CARE has a particular focus on Gender in Emergencies (on Insights - ↑ - and the Gender wiki - ↑), and four core emergency sectors: Food Security & Nutrition (↑); Sexual and Reproductive Health (↑); Shelter (↑); and Water, Sanitation and Hygiene - WASH (↑). As noted above, the CARE International Humanitarian & Emergency Strategy ([full document](#) & [summary](#)) outlines the overall strategy for our humanitarian work, with a particular emphasis on gender in emergencies (see also the CARE International Gender Marker - ↑), and on increasing humanitarian partnership/localization (↑). Further details can be found in the 2015 CI humanitarian factsheet (↑), the CARE Emergency Toolkit (↑), as well as on Minerva (↑).

  CARE's main strategies in Humanitarian Assistance are to:
  - ➢ Provide quality, life-saving humanitarian assistance in food security, shelter, WASH, and sexual and reproductive health, directly and through partners, with a strong focus on gender equality.
  - ➢ Strengthen CARE´s and partner capacities in preparedness, accountability, and technical quality; learn from successful and effective models for scale up through partners and strategic alliances.
  - ➢ Use a context-specific mix of operational response and multiplying impact approaches (including advocacy, campaigning, policy work and replication) to meet the most urgent humanitarian needs, with a focus on women and girls.

  CARE's Humanitarian work is led by the CARE Emergencies Group (CEG), under the leadership of the CARE International [Head of Emergency Program Quality](#), with CARE Canada support for the Rapid Response Team.

- <u>Sexual and Reproductive Health & Rights (SRHR), and the right to a Life Free from Violence (LFFV)</u>: CARE's work with our partners in SRHR focuses on five main strategies: overcoming inequitable social and gender norms, practices and policies; expanding spaces for dialogue and negotiation between communities and health service systems; using innovative approaches to increase health worker effectiveness; preparing and responding to the sexual and reproductive health needs of women and girls in emergencies and fragile contexts; and influencing policy formation and implementation at all levels. CARE's work on LFFV (i.e. on preventing or mitigating Gender Based Violence – GBV) includes both innovative GBV programs, as well as integrating GBV into other programs. CARE and our partners work to: transform root causes to prevent GBV (including masculinities programming to support men and boys); convene or join alliances for negotiating more effective prevention and response to GBV; and build gender equality and diversity skills and attitudes in our staff. The strategy documents for SRHR ([full document](#) and [summary](#)) - & GBV ([full document](#) and [summary](#)) outline how CARE seeks to achieve its global outcomes in these two. See also CARE's Theory of Change for preventing and mitigating GBV ([Arabic](#), [English](#), [French](#), [Spanish](#)) and Framework and Theory of Change for GBV in Emergencies (↑). Further details can be found in the CARE USA website (↑) and the GBV page of the Gender Power & Justice Primer (↑) and Insights (↑). Regular newsletters can be signed up for on SRHR [here](#) and LFFV [here](#).

  CARE's main strategies to promote the realization of SRHR are to:
  - ➢ Partner with communities to challenge and transform the inequitable gender norms that restrict women's and girls' ability to realize their SRH rights.

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[6] The strategy originally referred to sexual, reproductive and maternal health (SRMH), but CARE now uses language more universally accepted by rights groups and feminists, and so refers to SRHR instead of SRMH. Also, while this outcome area combines SRHR and LFFV, in practice, they function as separate outcome areas, with separate strategies, targets and teams leading on the work.

- Mobilize women and girls to understand and claim their SRHR rights; elevate women's voices in advocacy efforts and policy debates.
- Strengthen health systems to ensure that women and girls have access to quality, responsive and rights-based SRHR services.
- Link community and health systems in a virtuous cycle of quality improvement and respectful, rights-based care.
- Support service integration of SRHR and GBV prevention and treatment.

CARE's main strategies to promote a life free from violence are to:
- Prevent GBV at household, community and broader levels in both development and crisis contexts, with a focus on domestic violence including Intimate Partner Violence (IPV) and child marriage. This includes interventions around women's economic empowerment, engaging men and boys, facilitating community dialogues, social norms change, strengthening community governance, and supporting movements and national advocacy for policy change.
- Convene diverse actors to prevent and respond to GBV to support marginalized communities to represent and negotiate their rights.
- Build critical awareness, dialogue, skills and action to address GBV, starting with staff and partners.

CARE's work on SRHR is led by CARE USA, while the work on GBV is led by Chrysalis (Sri Lanka), with the support of the CARE International Secretariat and CARE USA.

- Food & Nutrition Security & Climate Change Resilience (FNS & CCR): with partners, CARE focuses on four pathways for food and nutrition security and resilience to climate change: agricultural systems, nutrition, sustainable economies, and humanitarian food security, anchored around the **SuPER** approach (Sustainable, Productive, Equitable and Resilient) for gender-equitable smallholder agriculture in a changing climate (↑). She Feeds the World (SFtW) is CARE's programming framework for our work on Food and Nutrition Security. The 2015 Food & Nutrition Security Strategy (↑) and the CARE Climate Change website (↑) also provide useful materials and guidance, and further materials can be found on the Food & Nutrition Security pages on The Village (↑). CARE's gender transformative adaptation orientation pack details CARE's work, including frameworks, tools, guidance, good practice and learning. A bi-monthly FNS newsletter can be signed up for here, and a quarterly Climate Change newsletter here.

  CARE's main strategies to promote food & nutrition security and climate change resilience are to:
  - Agriculture systems: Support sustainable, productive, equitable and climate resilient smallholder agriculture systems.
  - Sustainable economies: Support gender-inclusive value chains responsive to climate change and the environment; engage and influence the private sector to create dignified employment and income opportunities; promote access to inclusive financial services.
  - Nutrition: Strengthen the capacity of country-level partners to manage and promote gender-sensitive community nutrition programs, and address gender and power inequalities that affect the nutritional status of people of all genders.
  - Risk reduction and management: Develop information and planning systems, monitor contributing factors to vulnerabilities, and develop capacities, including to climate vulnerabilities.

  CARE's work on FNS is led by the Food & Water Systems team in CARE USA, with support from CARE Canada and CARE Deutschland, while the Climate Change & Resilience Platform (CCRP) leads the work on Climate Change & Resilience, with the support of CARE Canada, CARE Danmark, CARE Deutschland, and CARE France;

- Women's Economic Empowerment (WEE): CARE and our partners focus on five focus areas in our efforts to enable women to increase their access to and control over economic resources: Financial inclusion, building on CARE's Village Savings and Loans (VSLA[7]) platform; Dignified work; Inclusive value chains and women & markets; Entrepreneurship; and Women's economic empowerment in fragile and humanitarian contexts. The strategy document for WEE and other materials are available here (↑), while a monthly WEE newsletter can be signed up for here.

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[7] VSLAs serve as an important platform for change far beyond financial inclusion, including women's empowerment and other outcomes (↑).

CARE's main strategies to promote women's economic empowerment are to:
➢ Support women to have the capability, knowledge, skills and confidence to identify, pursue and achieve their own economic aspirations and interests.
➢ Increase financial inclusion, including by expanding the current VSLA base.
➢ Develop options for access to formal financial products and services and expand the impact group with a greater focus on youth/adolescent women.
➢ Promote gender-inclusive value chains where women have the ability to capture equitable and increased gains and have greater control over resources.
➢ Develop options for equal access to work that is dignified, safe and fairly rewarded.
➢ Reduce women's vulnerability to shocks and crisis and increase their economic and livelihood resilience by adapting and applying economic empowerment strategies in fragile and humanitarian contexts.
➢ Work with the private sector, government and other partners to improve the enabling environment for women's equitable engagement in economic activities.

CARE's work on WEE is led by CARE UK and CARE Norway, with the support of CARE Australia and CARE Canada.

CARE will continue to work in other programmatic areas, beyond these four priority outcome areas[8], where there is a strong need in a particular context and where CARE can add significant value to the efforts of other actors. In such work, CARE would apply the three elements of the CARE approach, and the three core roles, as outlined above. CARE's work on Girls' Education (↑ - and CARE's education strategy - ↑) or Youth Empowerment (↑) clearly contributes to our ambitions on Gender Equality and Women's Voice , for example, while our work on Water+[9] (↑) contributes to the broader outcome of Food & Nutrition Security. Additional guidance and learning on other areas includes Peacebuilding (↑), Psychosocial programming (↑),working with civil society (↑), working with social movements (↑) and Private Sector Engagement (English, French, Spanish).

1.3   Country Office, Regional and CARE Member strategies

CARE's work at country, regional or sub-regional, or CARE Member level is carried out within the framework of Strategic Plans, at different levels. At a global level, the CARE 2020 vision (English, French, Spanish) and two-pagers (↑) outline the overall transformational changes the organization has proposed for the 2011-2020 period. Many Country Offices have over the past years carried out Country Presence Reviews (CPRs - see guidance, at ↑), outlining the change CARE wishes to see in the country, and the roles and value-added contributions CARE will make to reducing poverty and injustice, including alignment with the CARE 2020 Program Strategy. These reviews, and the subsequent Business Plans developed to implement the CPR recommendations, effectively serve as CARE's strategic plan for the Country, along with the Long-Term Program strategies developed around specific Impact Groups (see Section 3.1 below). A number of Presence Reviews have also been carried out at a sub-regional or regional level, outlining CARE's focus for work at a supra-national level in those regions. In some regions, Impact Growth Strategies (IGS) have been developed and resourced, with the explicit aim of achieving impact at scale on a priority area of injustice in the region. These include IGSs on: dignified work in the garment sector in Asia, GBV in Great Lakes, domestic workers' rights LAC, child marriage in MENA, Food & Nutrition Security & climate change in Southern Africa, women's economic, social & political empowerment in West Africa. Other regional priority initiatives, such as on Life Free From Violence in Asia (↑), or SRHR in different regions (↑), also outline contributions from regions to the global goals and outcomes.

Some Country Presence Reviews have also been carried out for CARE Member Partners. CARE Member Partner's Strategic Plans and/or Program Strategies outline the contributions the Member proposes to make to tackling poverty and injustice, through actions within their domestic settings, and beyond their borders in the Global South and at international levels, as well as through their collaboration within CARE International. In

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[8] When the Program Strategy was approved, it was expected that approximately 75% of CARE's work would be aligned with the priority outcome areas, but that CARE Members and offices would continue to work in other areas too. The Outcome Areas are those where we have made a collective commitment to contribute to change, in line with the targets set for these global Outcome Areas.
[9] CARE's approach that encompasses our traditional work with drinking water provision, sanitation and hygiene along with productive uses of water (such as irrigation), and ecologically sustainable water resource management.

this regard, the April 2015 meeting in Brussels of CI Program Directors developed the following <u>12 recommendations for strategy alignment across CARE</u>. These would apply for CARE Member Partners, Country Office or other strategies (such as CPRs/Business Plans) developed across the organization:

CARE strategy documents should:

Content

1. Include <u>upfront reference to the CARE 2020 Program Strategy</u>, to make clear that this is <u>an agreed starting point</u> for all CI entities, highlighting that the CI member/Country Office is part of a broader whole
2. Reflect how the member/office will follow Program Strategy's <u>overarching approach</u> (to tackle the underlying causes of poverty and social injustice and to bring lasting change to the lives of poor and vulnerable people) and the three elements of the CARE approach (gender, governance, resilience), and play the <u>three roles</u> (humanitarian, innovation, multiplying impact)
3. Consider the "broader ecosystem" of <u>civil society and partnerships with other relevant actors</u>, and how the member/office will work with these actors given the role they are seeking to play
4. Identify the member/office's planned <u>key contributions to work with CARE International</u> (e.g. coordination with key CI groups; leadership or participation in a key thematic or approach area; action under the Delhi resolution)
5. Identify the <u>priority geographical focus area</u> where the member/office will seek to contribute towards the realization of the CARE 2020 Program Strategy
6. Include <u>quantifiable targets linked to the priority outcomes</u> of the CARE 2020 Program Strategy, to show clearly what is the scale of the member/office's planned contributions to the agreed outcome areas
7. For northern members, reflect the <u>role to be played in the global north</u>, as well as in the global south. For southern members, and offices, reflect the <u>role to be played outside of their national borders</u>, as well as within these
8. Highlight <u>resource mobilisation</u> capacity and approaches
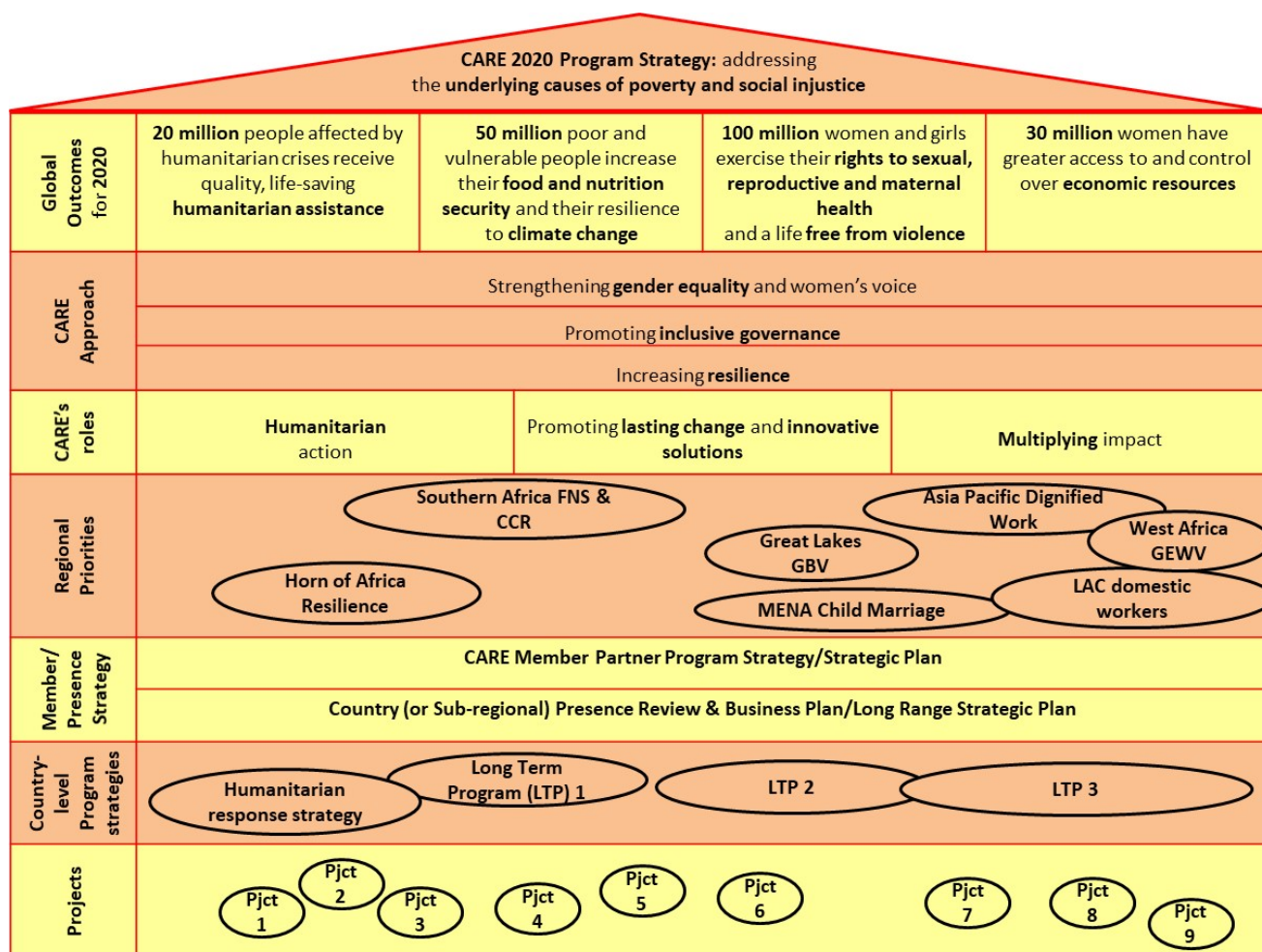
Process

9. <u>Peer reviews</u> of draft strategy should be embedded in the process, providing an opportunity for review by other CI members and external groups ("nobody's strategy is just their own in an interdependent organisation")
10. <u>Communicate</u> the plan broadly within CI once approved

Presentation

11. Follow a <u>common format</u>, or one that includes standard sections
12. Include a 1-2 page <u>summary</u> of the strategy, preferably as a <u>graphic</u>

The connections between the global strategy elements, the CARE Member, sub-regional or country strategies, the long-term programs and the different projects, are outlined in the Graphic on the following page.

Reading from bottom to top, individual projects, funded by one or more donors, should be part of and contribute to one or more long-term program strategy or humanitarian response strategy (where CARE is responding to specific humanitarian crises). These in turn are part of CARE's broader strategy for a given country presence (or sub-region) and part of a CARE Member Partner's strategy, and may work within a regional priority thematic area, where that is appropriate. CARE's work in those projects and programs applies one or more of the three prioritized CARE roles, as well as the three elements of the CARE approach, and will usually contribute towards one or more of the four Outcome Areas. These contributions are measured through the global CARE 2020 Program Strategy indicators (for Outcome Areas, the CARE approach, and the three roles), as outlined further below, in Part 4.

CARE 2020 Program Strategy: addressing the **underlying causes of poverty and social injustice**

| Global Outcomes for 2020 | **20 million** people affected by humanitarian crises receive quality, life-saving **humanitarian assistance** | **50 million** poor and vulnerable people increase their **food and nutrition security** and their resilience to **climate change** | **100 million** women and girls exercise their **rights to sexual, reproductive and maternal health** and a life **free from violence** | **30 million** women have greater access to and control over **economic resources** |

CARE Approach:
Strengthening **gender equality** and women's voice
Promoting **inclusive governance**
Increasing **resilience**

CARE's roles:
Humanitarian action | Promoting **lasting change** and **innovative solutions** | **Multiplying** impact

Regional Priorities:
Southern Africa FNS & CCR
Asia Pacific Dignified Work
Great Lakes GBV
West Africa GEWV
Horn of Africa Resilience
LAC domestic workers
MENA Child Marriage

Member/Presence Strategy:
CARE Member Partner Program Strategy/Strategic Plan
Country (or Sub-regional) Presence Review & Business Plan/Long Range Strategic Plan

Country-level Program strategies:
Humanitarian response strategy
Long Term Program (LTP) 1
LTP 2
LTP 3

Projects:
Pjct 1, Pjct 2, Pjct 3, Pjct 4, Pjct 5, Pjct 6, Pjct 7, Pjct 8, Pjct 9

Part 2.   Program frameworks

Part 2 of this manual covers the core principles, standards and program frameworks that guide CARE's work, and how these have evolved over recent years. It provides further details on the three elements of the CARE approach (Gender Equality & Women's Voice, Inclusive Governance, and Resilience), as well as the Program Approach, that underpins the development of Long-Term and Humanitarian Programs in CARE. It also provides links to the standards and policies that guide CARE's programmatic work.

2.1   Programming Principles

In order to fulfil CARE's vision and mission, all of CARE's programming should conform with the following Programming Principles, agreed by the CARE International Board in November 2003 and updated in 2018. These Principles are characteristics that should inform and guide, at a fundamental level, the way we work. They are not optional.

Principle 1: Promote Empowerment
We stand in solidarity with people living in poverty, and support their efforts to take control of their own lives and fulfil their rights, responsibilities and aspirations. We ensure that participants and organizations representing people living in poverty, particularly women and girls, are partners at all stage in our programmes.

Principle 2: Work with Partners
We work with others to maximise the impact of our programmes, building alliances and partnerships with those who offer complementary approaches, are able to scale up effective solutions, and/or who have responsibility to fulfil rights and reduce poverty through policy change and implementation. We commit to working in ways that support and reinforce, not replace, existing capacities.

Principle 3: Ensure Accountability and Promote Responsibility
We seek ways to be held accountable by the people we serve and partners we work with. We identify individuals and institutions with an obligation toward poor and marginalized people, and support and encourage their efforts to fulfil their responsibilities.

Principle 4: Address Discrimination
In our programmes and in everything we do we address discrimination and the denial of rights based on gender, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.

Principle 5: Seek Sustainable Results
As we address underlying causes of poverty and rights denial, we develop and use approaches that result in lasting and fundamental improvements in the lives of the people we serve, particularly women and girls. We work to influence changes that are environmentally, socially and institutionally sustainable.

Principle 6: Do No Harm
We analyse the intended and unintended impacts of our programmes, encourage honest learning, and take action to prevent and respond to any unintended harms. We place special focus on preventing and addressing gender-based violence in all of our programmes.

We hold ourselves accountable for enacting behaviours consistent with these principles, and ask others to help us do so, not only in our programming, but in all that we do.

2.2   Evolution of CARE's programming frameworks

CARE's work has continuously evolved since the organization's foundation in 1945, in order to reflect our evolving understanding of poverty and to adapt to changing realities. The following diagram presents an overview of CARE's programmatic evolution, based on our learnings of the last twenty years, as new approaches and frameworks have been incorporated into our work. While not all of these frameworks were agreed on by all CARE Members (the Unifying Framework, for example, was developed by CARE USA, and the Governance Programming Framework by CARE UK), they are all still being used in different ways across

CARE's work, adapted to different contexts. The different approaches have built off each other, with the Women's Empowerment Framework, for example, responding to the fact that the Household Livelihood Security framework could often be applied in with a gender-blind focus at the household level, without understanding the dynamics, access and decision making power within households. The Program Approach was developed in response to the learning from the Strategic Impact Inquiry (SII) on Women's Empowerment, and some of the limitations the SII demonstrated on CARE's impact to date. These different frameworks have all influenced – and come together in - the CARE 2020 Program Strategy, with its focus on dignity & rights, the three elements of the CARE Approach (gender, governance & resilience), and the three roles (humanitarian, innovation and multiplying impact).

1996-: HLS **Household Livelihood Security**	2000-: RBA **Rights-Based Approach**	2004-: UF **Unifying Framework**	2006-: WEF **Women's Empowerment Framework**	2008-: PA **Program Approach**	2011-: GPF **Governance Programming Framework**	2014-: PS **CARE 2020 Program Strategy**
FOCUS Given that the causes of poverty are complex, HLS provides a framework to analyze and understand the web of poverty and people's mechanisms for dealing with it. HLS focuses on ensuring **adequate** and **sustainable** access to **income** and **resources** to meet household **basic needs** (food, water, health, education, housing, & time for community participation and social integration).	**FOCUS** Positively transforming **power relations** between citizens (rights-holders) and those in power (duty bearers) in articulating mutual roles and responsibilities. The CARE International **Programming Principles**, adopted in 2003, formalized the commitment to RBA, around 6 Principles (**empowerment**, **partnership**, **accountability**, tackling **discrimination**, **conflict** resolution and **sustainable results**).	**FOCUS** In order to clarify the connection between HLS and RBA, CARE created the Unifying Framework. The UF highlighted that we must work at 3 levels to have a lasting impact on underlying causes of poverty and social injustice: **human conditions**, **social positions** and the **enabling environment**.	**FOCUS** The WEF was developed to frame a Strategic Impact Inquiry into the impact of CARE's work on women's empowerment and gender equality. **Empowerment** is conceived of as both **process** and **outcome**, comprising three inter-related dimensions: **agency**, **structure**, and **relations**. CARE International also adopted the **Gender Policy** in 2009, formalizing its commitment to supporting gender equality, including 4 common standards.	**FOCUS** CARE recognized that short-term, output-oriented projects were not leading to **structural changes** and had little impact on the underlying causes of poverty. In addition to adapting our conceptual program framework, CARE also needed to change **the way we work**. The PA was developed as the primary vehicle to implement our programming frameworks. Projects became **building blocks** of programs, all contributing towards the same **long term program impact goal**.	**FOCUS** The GPF built on over 10 years of CARE experience in governance programming, and on the recognition that governance was identified as an underlying cause of poverty in practically all countries where CARE worked. The GPF outlines 3 domains in which change must happen, to achieve sustainable development with equity: **Empowered citizens**; **Accountable and effective public authorities & other power-holders**; and **Expanded, inclusive and effective spaces for negotiation**.	**FOCUS** The CARE 2020 Program Strategy is focused on tackling the injustice of poverty, and bringing lasting change to the lives of poor and vulnerable people. In all CARE's work, we apply 3 elements of the CARE approach to address the underlying causes of poverty and injustice: Strengthening **gender equality & women's voice**; Promoting **inclusive governance**; and Increasing **resilience**. The PS highlights the 3 three main roles CARE plays in our efforts to achieve lasting impact at scale; **Humanitarian action**; Promoting **lasting change & innovative solutions**; and **Multiplying impact**.

Further details on these different frameworks can be found in:
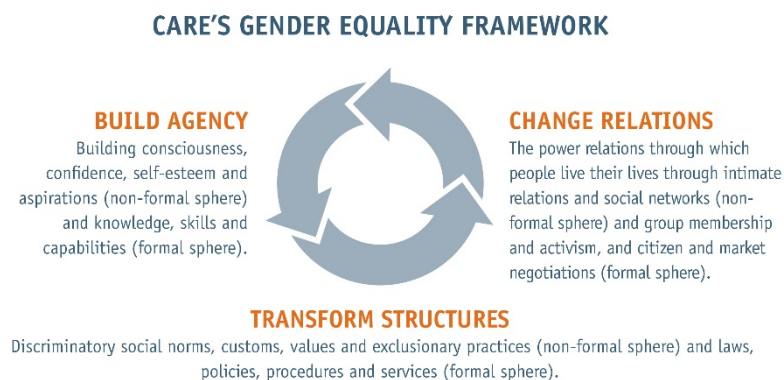
- Household Livelihood Security (↑ – 2002, 92 pages)
- Rights Based Approach guidance, from CARE Denmark (↑ – 2009, 19 pp), CARE UK (↑ – 2005, 48 pp) and CARE USA (↑ – 2002, 35 pp)
- Unifying Framework (↑ – 2005, 26 pp)
- Women's Empowerment Framework, updated to the Gender Equality Framework in the Guidelines for Gender Equality & Women's Voice (English, French, Spanish). Further information is available on the Gender Wiki (↑) and the Insights in practice pages on Gender (↑) and engaging men and boys (↑)
- Governance Programming Framework (↑) and Guidelines for Inclusive Governance (Arabic, English, French, Spanish)
- Resilience (English, French, Spanish)

Given the centrality of Gender Equality, Governance and Resilience in the CARE 2020 Program Strategy, these are described in further detail here below:

Gender Equality: CARE's **Gender Equality** Framework (GEF – Figure 1) was developed to provide a framework to assist CARE staff in conceptualizing and planning gender equality work. The GEF builds on existing CARE frameworks and tools, in particular the Women's Empowerment Framework. The GEF updates the previous Women's Empowerment Framework to capture learning that our women and girls' empowerment

approaches must be synchronised with and complementary to how we engage men and boys[10] and people of all/diverse genders for gender equality. Our theory of change is based on CARE's experience that achieving gender equality and women's voice requires transformative change. CARE's extensive evidence base - particularly from the Strategic Impact Inquiry (SII) (↑) emphasizes that change needs to take place and be sustained in all three domains to achieve this impact. Change is also required in both private and public spaces (i.e. at individual, household, community and societal level) and CARE is doing cutting edge work across all these levels.

Figure 1: CARE's Gender Equality Framework

CARE'S GENDER EQUALITY FRAMEWORK

BUILD AGENCY
Building consciousness, confidence, self-esteem and aspirations (non-formal sphere) and knowledge, skills and capabilities (formal sphere).

CHANGE RELATIONS
The power relations through which people live their lives through intimate relations and social networks (non-formal sphere) and group membership and activism, and citizen and market negotiations (formal sphere).

TRANSFORM STRUCTURES
Discriminatory social norms, customs, values and exclusionary practices (non-formal sphere) and laws, policies, procedures and services (formal sphere).

The aim is to build agency of people of all genders and life stages, change relations between them, and transform structures to realise their full potential in their public and private lives who are able to contribute equally to, and benefit equally from, social, political and economic development. CARE's Gender Equality and Women's Voice approach strategy, 2018-2020 (English, French, Spanish), guides how CARE gender resources are focused and organized. Further information is available in the Guidelines for Gender Equality & Women's Voice (English, French, Spanish), and tools for integration of gender into program design, including for gender analysis, can be found in the CARE Gender, Power & Justice Primer (↑). The CARE gender orientation pack (English, French, Spanish) offers links to key policies, strategies, knowledge management platforms and communities of practice on gender across CARE International, while the CARE Gender Marker (↑) is a tool for analysing the degree of integration of Gender Equality across all our programming, on a scale of 0-4 (Harmful to Transformative). CARE Australia also has a useful Think Piece on Women's Empowerment Programming (↑ – 2013, 6 pp).

Inclusive Governance: CARE's Governance Programming Framework (GPF - Figure 2) was developed to provide a framework to assist CARE staff in conceptualizing and planning governance work. The GPF built on existing CARE frameworks and tools, in particular the Rights Based Approach, the Unifying Framework and the Women's Empowerment Framework. CARE's central Theory of Change for inclusive governance work is that outlined in the GPF: if marginalized organised and/or individual citizens are empowered (Domain 1), if power-holders are effective, accountable and responsive (Domain 2), and if spaces for negotiation are created, expanded, effective and inclusive (Domain 3), then sustainable and equitable development can be achieved, particularly for marginalized women and girls. CARE believes that change needs to take place and be sustained in all three domains to achieve this impact.

**Figure 2: CARE's Governance Programming Framework**
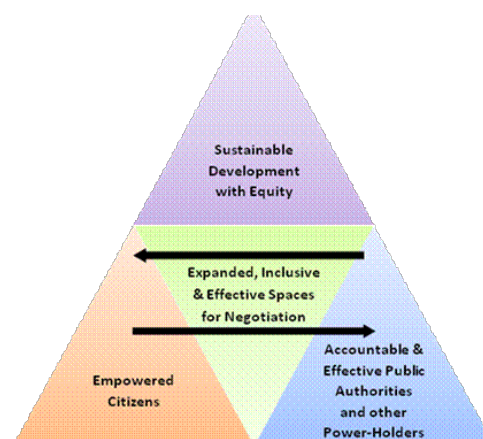
While the Theory of Change highlights empowered citizens, we recognize that civil society organizations, particularly where these are genuinely representative, are critical vehicles for channelling collective voice and demands, and so much of our work in this domain is focused on strengthening civil society partners - see further guidance in the CARE Civil Society resource (↑) and tools and a position paper on working with Social Movements (↑). The CARE Governance Marker (↑ – 2016) is a tool for analysing the degree of integration of Inclusive Governance across all our programming, on a scale of 0-4 (Unaware to Transformational). Information and tools for integration of governance into program design can be found in the Guidelines for

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[10] CARE's Engaging Men and Boys for Gender Equality Series, Brief 1 (↑), page 3, explains synchronisation and the programming elements evident in CARE's engaging men and boys work.

Inclusive Governance ([Arabic](#), [English](#), [French](#), [Spanish](#)), and the Governance Wiki ([↑](#)). A regular Inclusive Governance newsletter can be signed up for [here](#).

Resilience: The concept of resilience is already well established in certain areas of CARE's work, such as climate change adaptation and disaster risk reduction. However, it is also relevant in every field of CARE's work. A focus on increasing resilience for poor people enables CARE to better integrate its approach across all sectors, including CARE's key outcome areas. In the face of escalating shocks, stresses and an uncertain future, increasing the resilience of communities and individuals goes hand in hand with gender equality and inclusive governance as the pathway out of poverty and to life with dignity. Increasing resilience is not an outcome that can be achieved within a specific time frame, but an ongoing process. CARE's approach to increasing resilience, developed through a consultative process and based on past CARE work, can be summarised as follows: If the capacities and assets to deal with various shocks, stresses and uncertainty are built and supported and if drivers of risk are reduced and if these actions are supported by an enabling environment, then resilience is increased. Change needs to take place and be sustained in all three areas to achieve this impact.
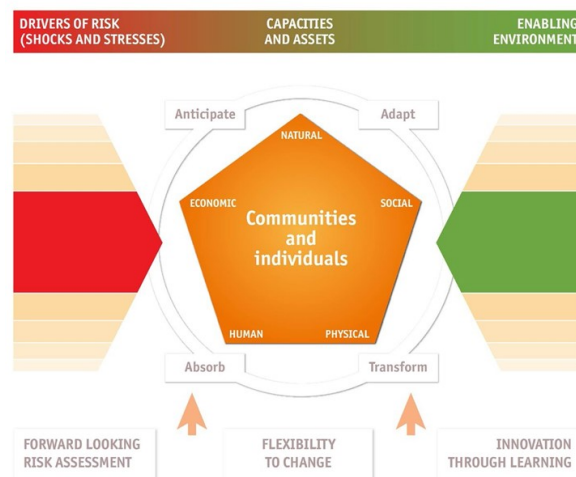
The CARE resilience and climate change orientation pack ([English](#), [French](#), [Spanish](#)) offers links to key policies, strategies, knowledge management platforms and communities of practice across CARE International. The CARE Resilience Marker ([↑](#) – 2018) is a tool for analysing the degree of integration of Inclusive Governance across all our programming, on a scale of 0-4 (No resilience integration to Excellent resilience integration).The Resilience Handbook developed by CARE Nederland and partners in the Reaching Resilience consortium ([↑](#) – 2013, 127 pp), the Adaptation Learning Partnership's brief on Community Based Adaptation and resilience ([↑](#) – 2015, 8 pp), and CARE's Climate Vulnerability and Capacity Assessment manual ([↑](#)) all provide further guidance and tools. The Climate Change & Resilience newsletter can be signed up for [here](#).

2.3   Program Approach

Over 10 years ago, CARE realized that in order to tackle the underlying causes of poverty, we had to work beyond the artificial time and context constraints of donor funding and individual projects, and that we needed to work profoundly differently. This is still a powerful message today and is in many ways the underpinning of the regional programming approach now, in the Impact Growth Strategies. Projects are vehicles or parts of the jigsaw of making lasting impact at scale, but have to be framed as part of a broader strategy for change, including work in other projects or initiatives carried out by CARE and partners. This way of working - the program approach - put people and the "impact groups" in whom we want to see change, at the centre of what we do, rather than seeing our work in terms of technical sectors such as health or education. It made us be clear about the long-term impacts and changes we were working to over time for those impact groups. This was very different to how CARE had worked in the past. Two major motivations drove this change:

1. A genuine recognition in CARE that **without an overarching strategy or long term plan to establish a coordinated and coherent approach, short-term projects were an ineffective vehicle to achieving sustainable impacts on the underlying causes of poverty and social injustice.** This became astoundingly clear in 2007 with the results of CARE's first global Strategic Impact Inquiry ([↑](#)), assessing the impact of CARE's work on women's empowerment. Of all the projects reviewed, only 15% were considered to have the promise of contributing to deep and lasting impacts for women's empowerment; 60% had good short-term, but not necessarily sustainable impacts; and 25% had unintended negative impacts on women. The SII showed that using a project-focused approach was a major limitation for CARE being able to contribute to transformational change on a broad scale. The development gains made during a project period, usually of two to five years, were often subject to reversal once the project ended, without a broader vision and commitment that would allow them to leverage sustained social change. This realization was a watershed moment for CARE.

2. **A broader recognition that CARE is working in a rapidly changing world** shaped by the rise of new emerging economies, stronger civil societies, deepening critiques about the relevance and effectiveness of International Non-Governmental Organizations (INGOs), an increasing focus on demonstrating impact, an expanding gap between rich and poor, and the escalating cycle of humanitarian crises, resulting from climate change, natural disasters and conflict.

Convinced that a more strategic, longer-term approach was needed, a collective understanding was developed in 2007-8 of the Program Approach, with an agreed definition and a set of eight characteristics for Long-Term Programs. These were later adopted in a statement on the Rationale and Definition for Program Approaches throughout CARE International, endorsed by the CI Board's Executive Committee in 2011 (↑)

> **PROGRAM**
>
> A program is a **coherent set of initiatives**, including humanitarian interventions, **by CARE and our allies** that involves a **long term** commitment to specific **marginalized and vulnerable groups** to achieve **lasting impact at broad scale** on **underlying causes of poverty**, and social and gender injustice. This goes beyond the scope of projects to achieve positive changes in **human conditions**, in **social positions** and in the **enabling environment**.

To be truly effective, CARE believes that all Long-Term Programs should include the following eight characteristics:

1. A clearly defined goal for **impact on the lives of a specific group**, particularly women and girls, realized **at broad scale**.
2. A thorough **analysis of underlying causes of poverty**, social and gender injustice, and vulnerability **at multiple levels** with multiple stakeholders.
3. An explicit **theory of change** that is rigorously tested and adapted to reflect ongoing learning.
4. A **coherent set of initiatives** that enable CARE and our partners to contribute significantly to the transformation articulated in the theory of change, including **reducing vulnerability to risks and responding to crises**.
5. Ability to promote **organizational and social learning**, to generate knowledge and evidence of impact.
6. Contribution to broad movements for social change through our work with and strengthening of **partners, networks and alliances**.
7. A strategy to **leverage and influence** the use and allocation of **financial and other resources** within society for maximizing change at a broader scale.
8. **Accountability** systems to internal and external stakeholders.

Further guidance on Long-Term Programs can be found in the Guidelines for Designing and Managing Long-Term Programs in CARE (↑), and in the Program Shift wiki (↑).

2.4   Standards and policies

CARE's programming is also carried out within key organizational policies and standards. These include:

- The 2002 CARE International Project standards (↑);
- The 2008 CARE International Evaluation policy (English, French, Spanish). All project evaluations are to be available through the CARE Electronic Evaluation Library (↑);
- The 2018 CARE International Gender Policy (Arabic, English, French, Spanish)[11];
- The 2018 CARE International Policy on Protection from Sexual Exploitation and Abuse and Child Protection (Arabic, English, French, Portuguese, Spanish);
- The 2018 CARE International Policy on Fraud and Corruption – Awareness, Prevention, Reporting and Response (↑)
- The 2017 Monitoring, Evaluation, Accountability and Learning (MEAL) standards (English, Spanish)

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[11] And the annexes on Background, rationale and definitions (Arabic, English, French, Spanish) and on Accountability and reporting (Arabic, English, French, Spanish).

- The 2012 Functions, Performance Standards and Measures of Success for CARE International Country Presence (↑);
- The 2013 CARE International Safety & Security Standards, in Arabic, English, French and Spanish (↑);
- The CARE International Accountability Framework (Arabic, English, French, Spanish).

CARE is also signatory to various standards related to humanitarian or development work, including: the Charter for Change on localization (↑); the Core Humanitarian Standards (CHS); the 12 Accountability Commitments (Arabic, English, Spanish) of the Global Standard for CSO Accountability (↑ - see here for CARE's annual reports); and the Sphere standards (↑).
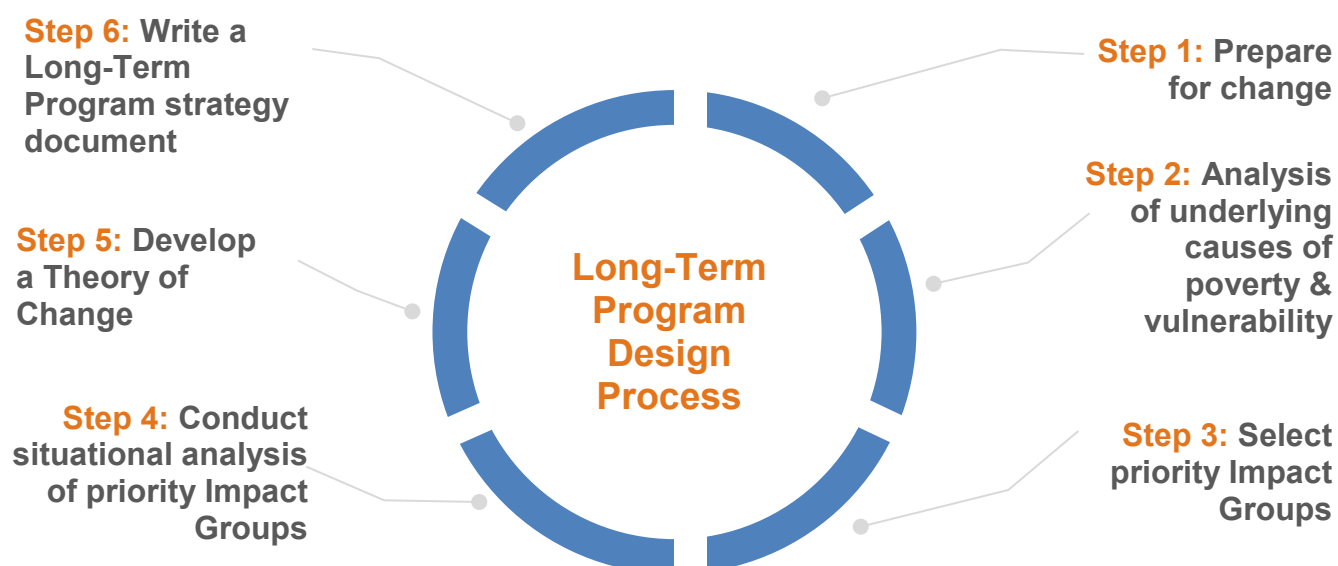
Part 3.   Program Design & Implementation

Part 3 of this Manual covers the design and implementation of Long-Term Programs and Projects. It outlines the approach for developing long-term programs, ensuring these are aligned with the CARE 2020 Program Strategy. It also covers how CARE develops projects and ensures their alignment, with links to further guidance material developed around Project Cycle Management.

3.1   Designing Long-term Programs

Within the Program Approach (see Section 2.3 above), CARE's work in the Global South is now conceived within the frameworks of Long-Term Programs. Further details are to be found in the Guidelines for Designing and Managing Long-Term Programs in CARE (↑). Designing Long-Term Programs is more an art than a science. Embracing the complexity of social change, shifting our mind-sets from "What can CARE do?" to "What is the change in society (impact) that we wish to catalyse?", and considering all the actors on the ground (state, civil society, private sector, citizens) who also have an interest in contributing to the change we seek, forces us to widen our horizons and to move from the "project bubble world" to the real world. While one size does not fit all, the suggested steps for designing Long-Term Programs are based on eight years of experience and can help Country Offices and regional and global teams as they consider their own process to design their Programs.

Figure 3: Suggested Roadmap for Long-term Program Design Process

Long-Term Program design, and subsequent implementation, should also be guided by five overarching principles:

1.   The centrality of women as participants and agents of change;
2.   The inclusive participation of stakeholders;
3.   The critical importance of integrating Disaster Risk Reduction (DRR) components (prevention, mitigation, reducing vulnerability/ strengthening capacity and resilience) as integrated parts of all Long-Term Programs;
4.   The need for iterative processes of adjustment of the design of the Program, based on learning from experience; and
5.   Ensuring alignment with, and contribution towards, the CARE 2020 Program Strategy.

At the heart of the development of a Long-Term Program is the analysis of underlying causes of poverty and vulnerability, and the development of a Theory of Change. For analysis of underlying causes and power relations that drive dynamics of poverty, injustice and vulnerability in specific contexts, CARE has developed several tools and approaches, including:

- The CARE Gender toolkit for frameworks and tools for gender and power analysis (↑);
- The CARE UK Governance context analysis (↑ – 2014, 37 pp) and Gender and Political Economy Analysis guidance (↑);
- The East & Central Africa region Situation Analysis Compendium (↑);
- The CARE International Advocacy Handbook (English, French, Spanish – 2014, 50 pp);

The Theory of Change (ToC) in a Long-Term Program is a set of hypotheses about the changes we think are required to achieve the desired Impact Goal of the Program, and how these changes are related to each other. A ToC is a tool that helps us to: Build a common understanding of our collective thinking; Identify potential weaknesses or gaps in our collective thinking, such as certain hypotheses or assumptions that need to be tested, refined or discarded; Develop more coherent program strategies that are based on robust theories of change; and engage in better learning that brings together theory and action. Advice on how to develop Theories of Change are outlined in detail in the Guidelines for Designing and Managing Long-Term Programs in CARE (↑).

3.2 Project design

While CARE has adopted a Program Approach, this does not mean that we stop implementing projects. In fact, projects remain the primary way that CARE's programmatic work is organized, funded and managed. CARE has realized that it is not short-term projects per se that are ineffective for achieving sustainable change. Rather, it is having an incoherent set of disconnected projects, which do not work together or build off each other towards similar impact goals, that is unsuccessful in contributing to deep social change. Projects (sometimes also referred to as "*program initiatives*"[12]) will therefore continue to exist, and constitute the primary building blocks of Long-Term Programs. All projects in a Long-Term Program will contribute towards the same Impact Goal, applying the priority strategies for CARE and partners outlined in the Theory of Change, rather than solely trying to achieve their own specific short-term project goals.

At the same time, projects also need to be developed responding to the needs and priorities of donors, and finding this balance is not always easy or simple. However, in the light of the 2020 Program Strategy, there are a number of principals and lessons that apply to project design that should be highlighted:

- Project designs should be based on appropriate, in-depth poverty, vulnerability and gender analysis, usually within the framework of analysis carried out in developing Long-Term Programs.
- Project designs should be developed in partnership with local (and where appropriate, international) actors, from civil society, government and/or private sector[13].
- Project designs should outline how they contribute to the CARE 2020 Program Strategy, as well as to country or regional Long-Term Programs.
- Project designs are generally developed by Country Offices, with their local partners. Where funding is provided through a CARE member, that CARE member also has accountabilities under the CARE International Code for the quality of the project, and obligations to support the country office in ensuring the design is to a high standard, and aligned as far as possible with the CARE 2020 Program Strategy.
- Appraisal processes to review project designs, whether at Country Office or CARE Member Partner level, should include a review of the level of contribution to the 2020 Program Strategy, including integration of the three elements of the CARE approach (through the Gender (↑),Governance (↑) and Resilience Markers (↑), which of the three CARE roles are being applied, and the contribution towards the global Outcome Areas (and application of the strategies and learning in those areas);
- Project designs should seek to draw on lessons from other projects, whether from the same country or drawing on CARE experience from other countries, particularly in relation to the 4

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[12] In recognition that many activities that contribute towards our long-term programs, including research and advocacy, are not always defined as or within the scope of particular projects.

[13] See also the CARE USA Partnership Manual - ↑ (1997, 87 pp), the 2015 CARE Civil Society resources (↑),the CARE Norge/USA tools/position paper on working with social movements (↑), and the CARE International Global Guidelines on Engagement with the Private Sector (English, French, Spanish - 2017) and Due Diligence format (↑).

priority Outcome Areas and the three elements of the CARE Approach. CARE thematic focal points (see section 1.2 above) have a key role to play in distilling strategy, practice and lessons from CARE's global experience, and making this available to Country Offices and members.

- Project Monitoring, Evaluation and Learning (MEL) systems should be developed at the design stage, with sufficient resources assigned in project budgets. At least one CI global indicator (see Section 4.2 below) should always be included in project logical frameworks or theories of change, except in rare circumstances where this proves impossible.

There is no standard guidance for Project Cycle Management in CARE, but a number of more detailed materials are available that support the design of projects in CARE:

- The CARE USA Design Handbook (↑ – 2002, 176 pp) – this manual provides practical guidance for CARE and partner staff, across five discrete phases: holistic situational appraisal; analysis and synthesis of information leading to rational choices; a focused strategy around specific outcomes; coherent information system; and reflective practices that seek continual improvement;
- CARE USA's Key resources for project managers (↑ – 2009, 6 guides of around 50 pp each) – this is a series of Guides for new and experienced project managers, providing key information needed to deliver successful CARE projects that result in lasting changes, as well as promoting consistently high quality project management to ensure that costs are minimized and resources are optimized;
- The CARE UK Programme Management manual (↑ – 2012, 47 pp) - developed for CARE Member Partner in charge of projects, as a training and reference tool for staff to ensure understanding and adherence to the roles and responsibilities of a "project lead" managing CARE International UK's development projects.;
- The 2014 CARE Australia Program Quality Framework (↑) – the PQF, and accompanying guidance and tools, are designed to ensure more consistent approaches and better guidance for staff implementing projects – helping to reinforce good practice. The framework looks at the three stages of the project cycle (design, implementation and review) and for each stage outlines key consultation and programming processes, mandatory steps including roles and responsibilities as well as tools and guidance to assist these processes;
- The 2014 CARE International Advocacy Handbook (English, French, Spanish – 2014, 50 pp) – this manual is structured around an eight-step advocacy planning cycle. It is designed for CARE staff in Country Offices or CARE Member Partners, and can be used to plan an initiative from start to finish, or dipped into at any point during the process;
- CARE International Guidelines for Designing and Managing Long-Term Programs in CARE (↑ - 2015;
- CARE International Global Guidelines on Engagement with the Private Sector (English, French - 2017) and Due Diligence format (↑);
- CARE USA's Competitive Bids Unit guides and resources (↑);
- The Gender Marker (↑),Governance Marker (↑) and Resilience Marker (↑) tools, to foster critical thinking on integration of gender, governance and resilience approaches.

3.3 Implementing programs and projects

More detailed materials have been developed by different CARE Members to support the implementation of projects and programs in CARE (see links below). In the light of the CARE 2020 Program Strategy, CARE teams need to work together across the different key steps of project implementation:

- Inception phase: to ensure that all players are familiar with design, approach, MEL framework, policy requirements, including how the project will contribute to the Program Strategy;
- Baseline survey: to establish a point from where change can be measured, incorporating CARE's priority indicators (see Part 4) where possible;
- Induction processes: for project and partner staff, including covering the CARE 2020 Program Strategy and how the project contributes to this;
- Periodic reflection and annual planning: working with Country Teams, partners and CARE Member Partners (as appropriate), including on contributions to the Program Strategy, and how learning can be contributed towards, or captured from, global teams working on the priority Outcome Areas, the elements of the CARE approach, or the core roles. This should include

reviewing the Gender (↑),Governance (↑) and Resilience Markers (↑) for the project or program, to review integration of the three elements of the CARE approach and to define actions to include in annual plans to further or deepen this;
- M&E and learning processes (see Part 4).

Guidance developed to support the implementation of projects and programs in CARE include:

- CARE USA's The Basics of Project Implementation: A Guide for Project Managers (↑ - 2007, 64 pp) – the purpose of this manual is to help you manage projects more efficiently and effectively, with a focus on the "nuts and bolts" of the implementation phase of a project life cycle. While focusing primarily on US government-funded projects to illustrate key concepts and issues, many of the concepts and tools described apply to projects for a diverse donor base;
- CARE USA's Key resources for project managers (↑ – 2009, 6 guides of around 50 pp each) – this is a series of Guides for new and experienced project managers, providing key information needed to deliver successful CARE projects that result in lasting changes, as well as promoting consistently high quality project management to ensure that costs are minimized and resources are optimized;
- The CARE UK Programme Management manual (↑ – 2012, 47 pp) - developed for CARE Member Partner in charge of projects, as a training and reference tool for staff to ensure understanding and adherence to the roles and responsibilities of a "project lead" managing CARE International UK's development projects.;
- The CARE Australia Program Quality Framework (↑ - 2014) – the PQF, and accompanying guidance and tools, are designed to ensure more consistent approaches and better guidance for staff implementing projects – helping to reinforce good practice. The framework looks at the three stages of the project cycle (design, implementation and review) and for each stage outlines key consultation and programming processes, mandatory steps including roles and responsibilities as well as tools and guidance to assist these processes;
- The CARE International Advocacy Handbook (English, French, Spanish – 2014, 50 pp);
- CARE International Guidelines for Designing and Managing Long-Term Programs in CARE (see Part 3 of ↑ - 2015;
- CARE Gender Orientation Pack (English, French, Spanish) - 2016, 4 pp) includes links to the Gender Equity and Diversity (GED) training manuals, a comprehensive resource to support training of staff and partners in gender equality, diversity, women's empowerment, engaging men and boys and training of facilitators.

Part 4. Monitoring, Evaluation, Accountability & Learning

Part 4 of the Manual covers Monitoring, Evaluation, Accountability and Learning (MEAL) in CARE, including our overall approach to MEAL, the global indicators that are used to measure the contributions of our work to the CARE 2020 Program Strategy, and our organizational Project Impact and Information Reporting System.

4.1 Overall approach to MEAL in CARE

Figure 4: Explaining social change

CARE recognizes that the contexts within which it works are dynamic and that our work takes place in complex situations where social change does not follow a specific timeline and pathway, where multiple stakeholders interact and influence each other as well as our interventions, and where there are constant adjustments in social, economic, structural, environmental or other dimensions that we must be critically aware of and adapt to (see Figure 4).

Under these circumstances, our organizational capacity to demonstrate impact from our work and explain social change requires that **CARE projects and programs are designed and implemented under a comprehensive explanation of causality** - that means making explicit the way we think about a current situation or problem and its underlying causes, outlining a process of desired social change[14], defining the interventions we will contribute with, and identifying other contributing factors and critical preconditions that need take place in society in order for that social change to come about.

This explanation of causality should, in most cases, be made through **a more systematic application of theories of change in projects and programs**[15], which will then result in better conditions to "unpack" the WHAT, HOW and WHY of social change, being better able to define appropriate indicators and MEAL methods to:

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

CARE's global impact evidencing system combines:

i) Tracking of global indicators related to changes in the prioritized outcome areas (humanitarian assistance, FNS & CCR, SRHR & GBV and WEE), and the three elements of the CARE approach that address the most important factors inhibiting the fulfilment of rights (gender equality, inclusive governance and resilience);

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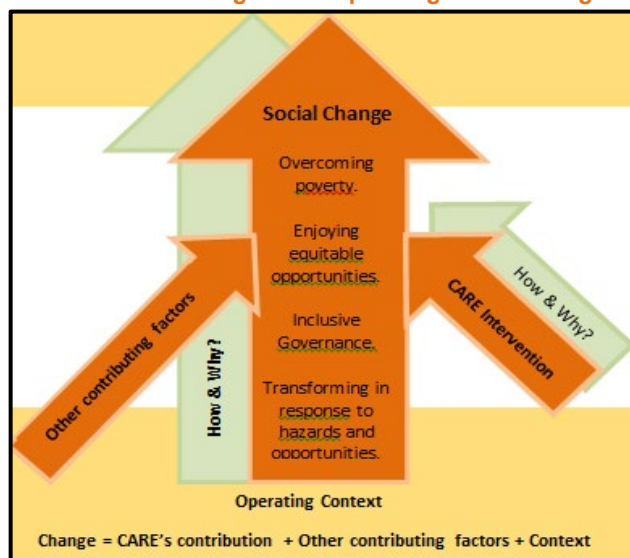
[14] Social change understood as the overcoming of poverty, enjoying equitable opportunities for people of all genders and life stages, being part of inclusive development processes and being able to continuously transform in response to new hazards and opportunities.

[15] The broader application of theories of change at project level does not replace the use of other tools like Log Frames or Logic Models. However, a comprehensive explanation of causality becomes a pre-requisite to better explain what CARE does and the changes it contributes to.

ii) Providing customizable visualizations of CARE's annual participants reached and impacted[16] data, such as the data for FY18 (↑), or the latest impact map (↑)

iii) Using evaluation questions and qualitative learning to understand the most effective strategies contributing to impact, and to test CARE's roles and its potential to influence broader change and to scale up effective solutions (innovation, multiplying impact).

Further details on CARE's approach, principles and standards for MEAL, and on the indicators are available in the global MEAL wiki (↑).

4.2 Indicators for the 2020 Program Strategy

The table below shows the indicators that have been selected for measuring CARE's global impact and outcomes, within the 2020 Program Strategy. Information for all of the proposed indicators will be disaggregated primarily by sex and age, as well as by income quintile, and urban/rural (wherever possible and disaggregated data is available or can be gathered). Where possible, we have chosen Sustainable Development Goal (SDG) indicators, or other internationally agreed measures, to enable CARE to use the evidence from its work to contribute to global and national debates around effective achievement of the SDGs. Additional supplementary indicators have also been defined for each area, as optional "good choice" indicators that are recommended.

All new projects are expected to incorporate indicators related to the CARE approach and roles, and at least one indicator from one or more of the Outcome Areas, while existing projects should incorporate these indicators to the degree that this is appropriate and feasible. Further guidance on each indicator is available on the MEAL wiki (↑).

CARE 2020 Program Strategy Indicators
Poverty & Social Injustice
• 1. Proportion of the population below the international poverty line (SDG indicator 1.1.1) • 2. Proportion of the population living below the national poverty line (SDG indicator 1.2.1) • 3. Proportion of the population living in households with access to basic services (SDG indicator 1.4.1)

Humanitarian Assistance:	**SRHR:**

• 4. # and % of disaster/crisis-affected people supported through/by CARE who:
  ○ obtained adequate emergency shelter and/or recovered adequate housing
  ○ had access to safe drinking water
  ○ had access to adequate sanitation facilities and/or used adequate hygiene practices
  ○ obtained adequate food quantities and quality, and/or adopted adequate nutritional practices
  ○ had access to at least one SRH service (especially women of reproductive age and adolescent girls)
  ○ recovered household goods, assets, and/or income opportunities
• 5. % of disaster/crisis affected people in areas of CARE responses who report satisfaction with regards to relevance, timeliness and accountability of humanitarian interventions
	• 6. % demand satisfied for modern contraceptives among women aged 15-49 (SDG indicator 3.7.1)
	• 7. Proportion of births attended by skilled health personnel (SDG indicator 3.1.2)
	• 8. Adolescent birth rate (disaggregated by 10-14; 15-19 years) per 1,000 women in each age group (SDG indicator 3.7.2). Proxy indicator: Age at first delivery.
	• 9. Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG indicator 5.6.1)
	
	The right to a life free from violence
	• 10. % of people who reject intimate partner violence
	• 11. % of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months (SDG indicator 5.2.1)
	• 12. % of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months (SDG indicator 5.2.2)

FNS & CCR:	**WEE:**
• 13. Prevalence of population with moderate or severe food insecurity, based on the Food Insecurity Experience Scale (FIES) (SDG indicator 2.1.2) • 14. Prevalence of stunting among girls and boys under the age of five (SDG indicator 2.2.1) • 15. Numbers of people better able to build resilience to the effects of climate change and variability	• 16. # and % of women who are active users of financial services (disaggregated by informal and formal services) (related to SDG indicator 8.10.2) • 17. % of women who (report they) are able to equally participate in household financial decision-making • 18. # and % of women with union, women's group or cooperative membership through which they can voice their labor rights

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[16] For CARE, "reach" refers to all those individuals that a project/initiative connects with as it implements its activities and delivers outputs (whether directly or indirectly), whereas "impact" refers to all those individuals who, as a result of the materialization of the goals of a project or initiative, experience lasting change (impact or outcomes). See more under Standard 2 of the MEAL Approach, Standards and Principles (↑).

CARE Approach:	CARE roles:
• 19. # and % of people of all genders who have meaningfully participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces • 20. # of new or amended policies, legislation, public programs, and/or budgets responsive to the rights, needs and demands of people of all genders • 21. # and % of people that have actively engaged in reducing their vulnerabilities to the shocks that affect them.	**Humanitarian action** • 22. # and % of CARE's humanitarian initiatives complying with gender marker requirements **Promoting lasting change and innovative solutions** • 23. # and % of projects/programs that developed innovations for fighting poverty and inequality **Multiplying impact** • 24. # and % of projects/programs that influenced policy change • 25. # and % of projects/programs that linked or worked with strategic alliances and partners to take tested and effective solutions to scale

Impact and outcome data is collected through CARE's Project & Program Information and Impact Reporting System (PIIRS), and aggregated and reported at a global level, through PIIRS data summaries (↑) and the Impact Map (↑). Data can come from external evaluations (for most indicators), or from solid project MEAL systems for those indicators that measure outcome level change (such as humanitarian assistance - indicator 4 - or financial inclusion - indicator 16).

4.3 Program and project MEAL

Program and project MEAL systems will need to respond not only to the needs of their donors and stakeholders, but also contribute to CARE' global evidence and learning, as far as possible. They should also fulfil the 11 "Policy lines" in the CARE International Evaluation policy (English, French, Spanish). All project evaluations should be uploaded and made available through the CARE Electronic Evaluation Library (↑). Materials developed to support the inclusion of effective MEAL in the design, implementation and M&E of projects in CARE include:

- The Long-Term Programs Guidance Manual (see Part 4 of ↑)
- CARE USA's Key resources for project managers (↑ – 2009, 6 guides of around 50 pp each);
- The CARE UK Programme Management manual (↑ – 2012, 47 pp);
- CARE USA's Women's Empowerment Impact Measurement Initiative (WEIMI) guide (↑ – 2012, 181 pp);
- The CARE Australia Program Quality Framework (↑) – in particular guidance on project MEL standards (↑ – 2014, 4 pp);
- The CARE International MEL for Advocacy Guidance (↑ – 2018, 31 pp), including the CARE Advocacy & Influencing Impact Reporting (AIIR) tool (Arabic, English, French, Spanish);
- The KM Framework (↑ - 2018), Description of successful KM at CARE (↑ - 2017) and the 12 Rules for Knowledge Management (English, French - 2018)
- The PMERL (Participatory Monitoring, Evaluation, Reflection & Learning) Manual (↑) – 2014, 52 pp) – designed to help practitioners to measure, monitor and evaluate changes in local adaptive capacity, for better decision-making in Community-Based Adaptation activities;
- The Adaptation Learning Partnership's Community Digital Storytelling (CDST) guide (↑ – 32 pp) – provides guidelines for how to create CDST videos for participatory monitoring and evaluation and advocacy purposes.

4.4 Project & Program Information & Impact Reporting

Annual information on projects and programs is collected using CARE International's Project & Program Information and Impact Reporting System (PIIRS). PIIRS was set up as a single, authoritative, accountable, CI-wide platform for collecting, accessing and reporting relevant information on the work we are doing and what our work is achieving. It replaces individual CARE Member efforts to develop project and program information systems, aiming to strengthen a culture of interconnected information, knowledge management and interdependence across CARE, leading to improved program quality and stronger linkages with external stakeholders.

The system collects basic project and program information, as well as information on alignment with the outcomes, elements of the approach, and roles, from the Program Strategy. During 2016, further

adjustments will be made to PIIRS to be able to collect information related to the Program Strategy indicators.

Project staff (Managers or M&E staff) are responsible for updating information on their project, which should be reviewed for accuracy by Country Office senior program or M&E staff, as well as relevant CARE Member Partner staff (where the projects is supported through a CARE Member).

The online database is at http://careglobalmel.careinternationalwikis.org/global_data, with data and reports available by Financial Year. The annual data collection forms will be slightly modified from year to year, as the system evolves, but Financial Year 2019 forms are on the Wiki (↑), in English, French and Spanish. All project evaluations should be uploaded and made available through the CARE Electronic Evaluation Library (↑), except in exceptional circumstances where they need to be kept confidential.

Part 5.   Conclusion

For the first time in CARE's more than seventy years of history, the CARE 2020 Program Strategy gave us an organization-wide Program Strategy, outlining the changes in the world we wanted to see and CARE's role in bringing about those changes. Across CARE, there has been great momentum and inspiration for implementing the strategy, and it has provided a great opportunity to unite and galvanize around a clear purpose. By working together through programs and projects which are more focused and outcome-oriented, and drawing more effectively on our comparative strengths and knowledge, CARE is starting to achieve greater relevance and impact.

This CARE 2020 Program Strategy Resource Manual has been developed to enable staff across the organization, whether they have just joined CARE or been with us over many years, to access the resources, advice and guidance that has been developed across the organization, on different aspects and areas of programming. It aims to support alignment throughout the organization with the CARE 2020 strategy, drawing on our best learning and practical experience. The Resource Manual also serves as an invitation to staff, wherever they work, to continue to adapt our organizational learning to their local contexts, and to share their learning with the different teams leading on the various thematic areas within the Program Strategy. Continuing to innovate with our partners, and documenting our learning, will help strengthen our practice and the impact of our work.

The resources in this Manual provide essential guidance for CARE staff in being able to achieve the ambition outlined in the 2020 Program Strategy, our collective struggle against poverty and social injustice, and ultimately our vision of a world of hope, tolerance and social justice, where poverty has been overcome, and people live in dignity and security. As we start preparing for a future strategy phase for the next decade ("Agenda 2030"), some of our collective priorities may change, and new resources will be developed to support newer areas of work, or updated to reflect recent innovations and learnings from across CARE's global programming. Please let us know if you see important areas where resources need updating, so these can be incorporated into future versions.

Annex 1. Glossary of Terms

Concept	Definition
Advocacy	The deliberate process of influencing those who make decisions about developing, changing and implementing policies to reduce poverty and achieve social justice
Direct participants	Individuals who are directly involved in activities implemented by projects or initiatives, receiving support, services, goods, resources or other, from CARE or partners
Domains of Change	The main areas where we think change must happen in order for the impact goal to be reached, where there is "transformative potential" to address the underlying causes of poverty and vulnerability, and where CARE and partners can build on their strengths to leverage broad social change
Hypotheses	Assumptions made about how we believe change happens, and why elements of the Theory of Change are linked
Impact	Sustainable, significant and measurable changes in the well-being of a specific group of participants. Changes at this level materialize in long lasting changes on poverty and social injustice conditions (human conditions) and are often influenced by other factors as well as those directly addressed by CARE's work
Impact Goal	The enduring large-scale social change we would like to see achieved in the lives of the Impact Group, over 10-15 years
Impact Group	The particular marginalized and vulnerable group in a specific context, in whose lives the Long-Term Program must contribute to a measurable, lasting and significant improvement
Impact Sub-Groups	A subset of the Impact Group, with their own additional characteristics that further differentiate them from other groups within the overall Impact Group
Indirect participants	Individuals who are not directly involved in activities implemented by projects or initiatives, but still indirectly connect with the outputs resulting from those activities (depending on the modality of implementation the project or initiative adopts, this could include family members or wider community members, or those benefiting from changes in policies or practices of government or other institutions that CARE and partners have influenced).
Influencing	Being a compelling force on or producing effects on the actions, behaviour or opinions of others
Long-Term	Programs seek to contribute to transformational social change over a longer period than projects, usually over 10-15 years
Model	An approach, strategy, or set of practices aimed at social change for Impact Groups, which offers a clear and unique advantage over other approaches, with demonstrated cost-effectiveness and added value that is recognized by others
Multiplying impact	Achieving systemic and sustainable change with & beyond our work with communities at a significant scale
Pathways of Change	A road map, or steps, of the different changes we think need to happen to meet the Impact Goal for each of the Domains of Change. They include several breakthroughs, which are changes that represent significant leaps forward that are not easily reversed, which will ultimately lead to the desired Impact Goal
Program approach	A conscious, thought out approach to making real long term change happen for an Impact Group, based upon a theory of change and rooted in a thorough contextual understanding of the underlying causes of poverty and vulnerability
Programs / Long-Term Programs	A program is a coherent set of initiatives, including humanitarian interventions, by CARE and our allies that involves a long term commitment to specific marginalized and vulnerable groups to achieve lasting impact at broad scale on underlying causes of poverty, and social and gender injustice. This goes beyond the scope of projects to achieve positive

	changes in human conditions, in social positions and in the enabling environment
Program Strategies	The main roles that CARE will play, with our partners, to contribute to the desired social changes in the most significant ways, given our capacities, experience and positioning
Projects (or Program Initiatives)	The building blocks of programs, contributing towards the Impact Goal and Domains of Change of the Long-Term Program(s)
Stakeholders	Stakeholders are those groups and institutions you have to engage with in order for the program to succeed
Target groups	Groups that have an influence on the Impact Group, which CARE and its partners target (usually for behaviour change) in order to reach and positively impact the lives of the Impact Group, rather than as an end in itself
Theory of Change	A set of hypotheses about the changes we think are required to achieve the desired Impact Goal, and how these changes are related to each other