



# **CARE's Program Approach for Tackling Poverty and Social Injustice: Guidelines for Designing and Managing Long-Term Programs in CARE**



CARE works in Niger supporting women's economic empowerment. © 2010 Josh Estey/CARE

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At CARE, we believe that poverty is an injustice that must be eliminated. Using our 70 years of experience, we have developed a CARE 2020 vision and the CARE 2020 Program Strategy to help achieve this. The CARE of 2020 has a strong and unified purpose and role; global presence with local relevance; and makes a lasting and measurable impact on poverty and social injustice.

Guided by CARE 2020, CARE International will experience changes over the coming years. This includes how we govern ourselves, making our decision-making more agile and globally diverse. We're examining our relevance in countries and regions worldwide, challenging the assumption that the way we've always worked will still be relevant and impactful in the future, and making changes to ensure it will. We're unifying around a shared global program strategy that defines our identity, our approach to fighting poverty and social injustice, and the roles we need to play to contribute most significantly to that struggle.

We're moving beyond global reach to become truly global by developing CARE offices in poor and middle-income countries to become national organizations with greater participation in our governance, or bringing in regional or Southern partners into the CARE Confederation. And, perhaps most importantly, we're engaging with, joining and strengthening a global network in the fight against the injustice of poverty. We're welcoming – and being welcomed by - new and diverse partners, connecting power-holders with the poor, and giving a voice to the world's most marginalized people, particularly women and girls. It is through this network, through our knowledge, people and ideas, and through the changes we're making to reach CARE 2020, that we believe the fight against the injustice of poverty can be won.

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## Introduction

These guidelines have been developed for staff in CARE Country Offices and partners working on programs and projects, and for staff in CARE Member Partners working with them, to provide the latest advice and guidance for designing and managing long-term programs. They draw on nearly 10 years' of learning from many different teams the world as the "Program Approach" has been put into practice, as well as different reference and guidance documents developed to support this process. They also particularly highlight CARE's global program strategy, finalized in 2014, outlining CARE's approach to tackling poverty and social injustice, and the roles that CARE will play to contribute to impact at significant scale for vulnerable people around the world, particularly for women and girls.

Part One provides an overview of the Program Approach in CARE, the organization's main programming frameworks and analytical tools, and illustrates the eight Defining Characteristics of the Program Approach. It also outlines how humanitarian and development action should be integrated within a long-term program, as well as some of the main lessons learned since different teams started working on the Program Approach from 2007-08 onwards. Part Two describes the process for designing long-term programs in CARE, including the development of a Theory of Change and a Program Strategy document. The richness of the information in this section is a reflection of the enormous amount of work across the organization, in different contexts and thematic areas, in designing programs and documenting this process over the last eight years. It builds on many guidance documents developed to support this process, as well as some of CARE's experience that has been less well documented, or shared, to date. Part Three covers the process of operationalizing a long-term program, and putting the design into practice, through projects and other activities. It outlines how to set up the Monitoring, Evaluation and Learning (MEL) system for a program, and provides advice on aligning organizational structures with an approach organized around programs, rather than around individual projects. It also covers practical issues such as partnership, accountability and communications. Part Four covers the process for reviewing, evaluating and adjusting Long-Term Programs, based on progress achieved, lessons learned and the evolving context. Part Five concludes, and a series of more detailed guidance or examples are included in the Annexes.

This document contains many links to other resources in CARE. Many of these links require a username and password for Minerva, the CARE International Intranet – if you do not already have one, please send your name, job title and email address to [kmod@care.ca](mailto:kmod@care.ca) to request this.

This manual was developed by the CARE International Program Approaches Coordination Team (PACT) and the CARE International Program Team. It draws on learning and practical guidance from many different CARE Offices and CARE Member Partners. Many, many thanks to everyone involved in developing and documenting these experiences, or commenting on draft versions of this document. Suggestions for improvements, innovations, updates and revisions should be sent to the CARE International Program Director ([SpRechmann@careinternational.org](mailto:SpRechmann@careinternational.org)).

## Part 1. What is CARE's Program Approach?

(Picture covering half page with title "PART 1 – What is CARE's Program Approach?" - Each part of this manual is divided by a picture that covers half the page")

### Summary

This chapter explains the origins of the Program Approach in CARE, and how it emerged from reflections around the limitations of the impact of CARE's work, particularly as part of the Strategic Impact Inquiry on women's empowerment in 2007. The approach was formalized in a definition of a program, and eight defining characteristics, agreed in the Programmatic Shift workshop in Istanbul in 2008, and later adopted in a statement endorsed by the CI Board's Executive Committee in 2011 ("[The Rationale and Definition for Program Approaches throughout CARE International](#)"). It outlines the evolution of the program frameworks and analytical tools developed by the organization over the last 15 years, from Household Livelihood Security, to the Rights Based Approach, the Unifying Framework, the Women's Empowerment Framework, the Program Approach, and the Governance Programming Framework. The CARE 2020 Program Strategy is shown as the continuation of this process, bringing all these frameworks together under the three core elements of the CARE approach (gender equality, governance and resilience) and the three main roles that CARE plays (humanitarian action, promoting lasting change and innovative solutions, and multiplying impact).

The chapter describes and illustrates in further detail the eight defining characteristics of a long-term program, highlighting what a program is and what it is not, as well as some of the main lessons that have been learned across the organization in designing and putting into practice this approach. It also explains how to integrate humanitarian and development action within a long-term program, given how disasters, both natural and man-made, are now more the norm than the exception, with the underlying drivers of disasters being in many cases the same as those of poverty and vulnerability. The Program Approach requires CARE to work in a more integrated fashion, across the humanitarian to development continuum, providing an analytical lens and long-term framework to look at development and humanitarian work through the eyes of the Impact Groups who experience chronic vulnerability, alongside periods of high stress.

Links to further useful resources are included at the end.



## 1.1 Introduction

In 2008, CARE embarked on a journey that would transform profoundly the way we tackle and address global poverty: the Program Approach. Two major motivations drove this change:

1. A genuine recognition in CARE that **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](#) (SII), assessing 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 over a longer period. 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, CARE organized a Programmatic Shift Workshop in Istanbul in April 2008. The event brought together 55 participants from Country and Regional Offices, CARE Members, and the CARE International Secretariat, and was a turning point in CARE's transition to a Program Approach. The participants developed a collective understanding of the Program Approach and established a definition and a set of eight characteristics for Long-Term Programs. These were later adopted in a statement endorsed by the CI Board's Executive Committee in 2011 ("[The Rationale and Definition for Program Approaches throughout CARE International](#)").

A second outcome of the Istanbul workshop was the launching the "learning laboratories" strategy, in which certain country, regional and CARE member offices committed to transition to programs in their own contexts, while serving as focal points for the learning of others. These included CARE Bangladesh, Egypt, Ethiopia, Georgia, Laos, Malawi, Mali, Sri Lanka and Vietnam, the regional office for Latin America and the Caribbean and the Country Offices in the region, and CARE USA with their global water program. Many other offices in parallel also moved ahead developing Long-Term Programs over the same period. Despite constraints, the strategy worked remarkably well and resulted in much of the global organization adopting the Program Approach within three years. Different approaches<sup>1</sup> and methodologies were – and still are being – developed, adapted and applied within the organization, in countries, regions and at a global level.

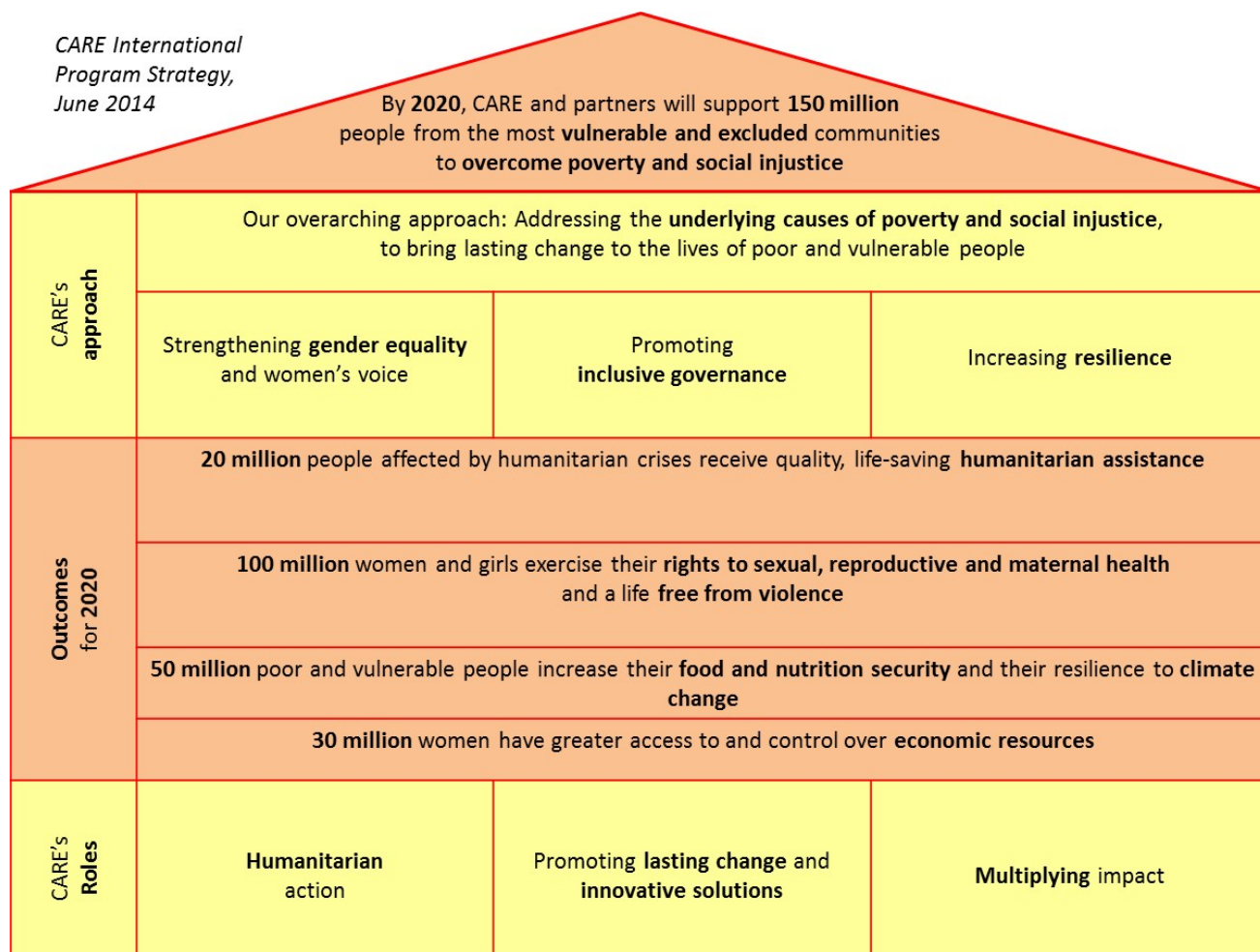
This shift to a Programmatic way of thinking also critically shaped CARE International's first global program strategy - the CARE 2020 Program Strategy, finalized in June 2014 - which aims to focus CARE's collective resources, capacities and experience for maximizing our impact on poverty and social injustice. As shown in Figure 1 overleaf, the 2020 Program Strategy outlines three core strategies (Humanitarian action, Promoting lasting change and innovative solutions, and Multiplying impact) that are at the heart of the roles emphasized in the Program Approach. The 2020 strategy then outlines 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. There are three elements of this "CARE approach", to be applied across all our work: Strengthening gender equality and women's voice, Promoting inclusive governance, and Increasing resilience. The Strategy also sets out four Priority Outcomes: Quality life-saving humanitarian assistance; Rights to sexual reproductive and maternal health and a life free from

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<sup>1</sup> In that sense, some prefer to talk of Program Approaches rather than the Program Approach, but for ease of explanation and language, we use the term Program Approach here.

violence (SRMH & GBV), Food and nutrition security and resilience to climate change (FNS & RCC), and Women's access to and control over economic resources (or women's economic empowerment - WEE).

**Figure 1: CARE 2020 Program Strategy**



The Program Approach remains at the heart of how CARE will apply these strategies and the elements of the CARE approach, and seek to realize these outcomes, across our global work.

While very significant work has been undertaken across the organization to develop, and implement, Long-Term Programs, this guidance manual has been developed to summarize our learning from CARE's different experiences around the world, but also to promote alignment with the new CARE Program Strategy, as Long-Term Programs are further developed, implemented or revised.

## 1.2 CARE's Programmatic Evolution

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 Program Approach builds on CARE's long history and specifically draws on our learning of the last twenty years, as new approaches and frameworks have been incorporated into our work. A core part of this shift has included bringing influencing much more to the center of CARE's work, at both local, national, regional and global levels<sup>2</sup>.

This evolution has led to the CARE 2020 Program Strategy, and the three elements of the CARE approach (gender, governance and resilience) and the three roles (humanitarian action, innovative solutions and multiplying impact).

The following page presents an overview of CARE's programmatic evolution since 1996.

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<sup>2</sup> See also the [CARE International Advocacy Handbook](#) (2014).



Figure 2: CARE's Programmatic Evolution since 1996

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

### 1.3 Definition of a Long-Term Program

In this section, we look at the definition of several key concepts that together form the Program Approach and its characteristics, including underlying causes of poverty, Impact Groups, and theory of change. Further details and definitions are also covered in Annex 1.

#### 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.

Each one of these eight characteristics was selected because it was determined to be a necessary component of the Program Approach. Let's review the key concepts of each characteristic to understand better why it was chosen and how it is important, further defining and explaining the specific elements that highlighted and underlined,

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**Characteristic # 1: A clearly defined goal for impact on the lives of a specific group particularly women and girls, realized at broad scale.**

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#### Impact Group

One of the most important characteristics of CARE's Long-Term Programs is that they focus on a particular group of people which CARE and partners think are the most marginalized and vulnerable groups in a specific context. This group is called the "Impact Group" and represent the people in whose lives the Long-Term Program must contribute to a measurable, lasting and significant improvement. The Impact Group needs to be specifically defined; it cannot be vague or imprecise such as "rural poor", "women" or "girls". The Impact Group should also be recognizable on a national level, and not merely within one specific community or set of local communities, to ensure impact is achieved at broad scale.

Ultimately, this prioritization of Impact Groups shifts the focus of our work directly towards people, rather than focusing on change in a particular sector (e.g. livelihoods or health), or a small location (e.g. a province, district or region within a country). It also shifts our focus from the benefits of a project for its immediate participants, to thinking of how we can use the results of our projects to bring about positive change for those beyond the footprint of our project implementation (e.g. through partnerships, advocacy or scaling up successful models). The Impact Group goes beyond those who are direct participants in CARE projects, to include those in whose lives we can contribute to impact through our strategies to Multiply Impact. Given CARE's focus on gender equality, inclusive governance and resilience as central components of CARE's approach in the 2020 Program Strategy, the Impact Groups will often be particularly vulnerable groups of women and girls, or households facing chronic vulnerabilities in the face of recurrent emergencies and poor governance.

Examples of Impact Groups include:

- Chronically food insecure rural, sedentary women with lack or absence of productive assets.
- Women of tea estates whose rights are violated and are socially and economically vulnerable.
- The most socially and economically marginalized women and adolescent girls in urban and peri-urban settings, including recent migrants.
- Children (aged 5 to 17) living in families below the poverty line or without family support, who lack access to basic services (water, health, education, nutrition, shelter).

## Impact Sub-Groups

Often, the Impact Group is large and is in fact composed of several distinct sub-groups that share the main characteristics of the Impact Group, but also each have their own additional characteristics that further differentiate them from other groups in the same, larger Impact Group. These are called "Impact Sub-Groups". For example:

Impact Group:	Impact Sub-Group
The most socially and economically marginalized women and adolescent girls in urban and peri-urban settings, including recent migrants.	<ul style="list-style-type: none"> <li>• Recent migrants</li> <li>• Sex workers</li> <li>• People Living With HIV and AIDS (PLWHA)</li> <li>• Widows</li> </ul>
Children (aged 5 to 17) living in families below the poverty line or without family support, who lack access to basic services (water, health, education, nutrition, shelter).	<ul style="list-style-type: none"> <li>• Children in households below the poverty line, who are out of school or in school, but over-age</li> <li>• Children and youth (mainly girls) in domestic services</li> <li>• Children and youth (mainly boys) from or on the street</li> </ul>

As shown here, each Impact Sub-Group has their own characteristics that require specific attention. A widow, for example, will not have the same capacities, vulnerabilities, and needs than a person living with HIV and AIDS and vice-versa. Different approaches and strategies will then be used to work with each one of them.

## Target Groups and Stakeholders

In order to have a positive effect on the lives of the Impact Group and its sub-groups, we need to work directly with other groups that have an influence on the Impact Group, one way or another. These other groups are called "target groups" and stakeholders. For example, an Impact Group may be *pastoralist girls denied of their rights*. In order to reach these pastoralist girls and have a positive impact on their lives, CARE and partners would need to work with target groups such as the girls' fathers, mothers and brothers or local faith-based organizations, and/or stakeholders such as local authorities, national government Line Ministries or the media, as all have a major influence on the lives of the pastoralist girls. The target group will be highly engaged in the Long-Term Program, and may also benefit from it, but CARE and its partners *target* these groups in order to *reach* and *positively impact* the lives of the Impact Group, rather than as an end in itself.

Stakeholder groups are more broadly defined than target groups and the target group can be a subset of your stakeholder group. Stakeholder groups are those you have to engage with in order for the program to succeed, while target groups are targeted specifically for behavior change. An example diagram showing Impact Groups, target groups and stakeholders from CARE Ethiopia is included in Annex.

## Impact at scale

The term “impact” refers to the deep, lasting and systemic changes that constitute concrete progress toward eradicating poverty and achieving social justice, at significant scale. It looks beyond immediate improvements in human condition outcomes (food security, income, etc.), that may be temporary and may not include any fundamental changes in social structures and power relations. Under the Program Approach, CARE acts as a contributor working with others to bring these systemic changes for specific Impact Groups. These contributions arise from work by CARE and partners both directly with communities and members of the Impact Groups, but also indirectly, from the effects of strategies to Multiply Impact (such as promoting replication and adaptation by others, advocating with government or private sector power holders for scaling approaches or policy change, or working with partners to change social norms, beliefs and behaviors). For example, in Sri Lanka, CARE works to impact the 1 million people living and working on tea plantations, as opposed to having an effect on the few thousands with whom projects work directly. In defining their Impact Goals and impact measurement systems, Long-Term Programs determine a set of areas of impact in which they will track changes over the period of the program, including in the areas of the four Priority Outcomes in the CARE 2020 Program Strategy.

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### **Characteristic # 2: A thorough analysis of underlying causes of poverty, social and gender injustice, and vulnerability at multiple levels with multiple stakeholders.**

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CARE understands that people are often trapped in a cycle of poverty not only because they lack assets and skills, but also because they suffer from systemic social exclusion, marginalization and discrimination, set within a context of larger global forces that perpetuate poverty. In other words, poverty comes from political, economic, social, and environmental factors, and how power is exercised, at the community, national and global levels. In order to understand the complex web of poverty, CARE has established a three-tiered hierarchy of causes: immediate, intermediate and underlying.

- **Immediate causes** are directly related to life and death situations. Such causes can be directly seen and felt, and need to be addressed immediately. Examples of immediate causes include disease, famine, natural disaster and conflict.
- **Intermediate causes** are related to a person's well-being and generally point to what people lack: access to basic services (health, education, water and sanitation, etc.), assets, skills, and livelihood opportunities for example. Historically, most development efforts have been targeted at this level.
- **Underlying causes** focus attention on *why* intermediate causes exist. For example, why do some groups of people have access to services and others do not? Why do only a few groups control the majority of resources? The answers are often about power, whether visible, hidden or invisible; about the systems and structures - economic, social and political - that exclude some groups or classes of society; about policies, which allow some groups to control and/or monopolize resources and decisions; and about socio-cultural systems and customs, which often legitimize or promote discrimination and injustice, particularly for women and girls<sup>3</sup>. This requires broader power and policy analysis, so that programs can identify the changes needed in the enabling environment, from local to global levels, to then define the specific strategies to influence and Multiply Impact.

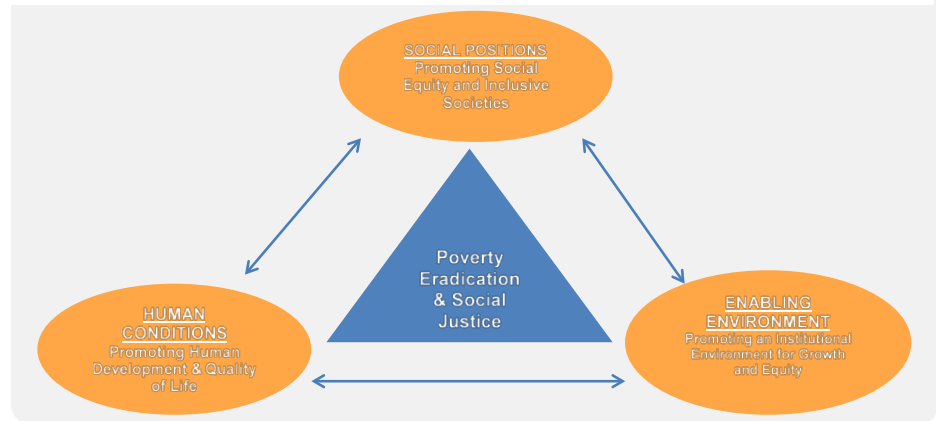
In addition to working on addressing the three causes of poverty, CARE believes that is critical to work at different levels to contribute to lasting social change. The Unifying Framework (UF), developed in 2005, outlines that working on poverty eradication and social justice means focusing on three different levels - human conditions, social positions, and enabling environment (see [Figure 3](#)):

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<sup>3</sup> See Section 2.3 and related annexes for examples of causes at different levels.

- Working at the **human conditions** level is about people having opportunities and capabilities to improve their well-being and live a dignified life, while at the same time contributing to a secure future for generations to come. Examples of improvements at the human conditions level could include decreases in the child mortality rate, increases in income of land-poor households, or improvements in self-esteem amongst marginalized young women and girls.

**Figure 3: The Triangle: Visual Representation of CARE's Unifying Framework**



- Engaging at the **social positions** level is about supporting an individual's efforts to improve their position and social status in their own society. It is about supporting their efforts to live in dignity, rather than being viewed and treated as second or third class citizens. In essence, it is about supporting people's efforts to use their voices and capacities, individually and collectively, to weave the fabric of a more inclusive society. Examples of improvements at social positions level could be that women are actively participating in community decision-making or that marginalized ethnic groups have a voice in political processes.
- Supporting changes at the **enabling environment** level involves efforts to create a sound and fair institutional environment. This refers to the systems and mechanisms that keep a society running, such as the government, the private sector, civil society, the economy, the political system, and social support and protection institutions. It is about promoting efforts to ensure that governments recognize and respect human rights, are open to political participation, promote fair economic growth and trade, and provide a sound legal and regulatory framework. Examples of improvements at the enabling environment level include local authorities adopting participatory practices, creating land access policies that are more "pro-poor" or ensuring that governments put in place and provide adequate resources for social protection systems, or global agreements on climate change adequately recognize and respond to the vulnerabilities of women and other marginalized groups.

These three levels are also echoed in CARE's **Women's Empowerment Framework**, which emphasizes the need to address issues of **agency, relations and structures** affecting the lives of women and girls (see page 22 for further details). CARE addresses underlying causes by working on social positions and enabling environment, and by understanding the structures and relations that affect women's empowerment.

In the same way, CARE and our partners' work in a Long-Term Program necessarily moves beyond focusing at local levels only. In order to address underlying causes of poverty and social injustice, we will need to work at multiple levels, from local to regional, national and international.

For example, our work could include changes at:

- Local levels – raising awareness, improving practices of communities, households and individuals;
- Regional (subnational) levels – improving the quality of services, the approaches used by authorities, and priorities in regional plans and policies;
- National level – working on policy changes, capacity strengthening of service providers, changes to legal frameworks, supporting the replication of evidence-based models in other locations;
- International levels – working to address policy constraints or opportunities that occur beyond national borders, in the regional or global settings.

CARE recognizes that the immediate, intermediate and underlying causes of poverty, and the three levels of human conditions, social positions and the enabling environment, are closely interconnected and that it is critical to address the three types of causes on all three levels *concurrently* in order to contribute to positive, sustainable change. With the Program Approach, all CARE's work is built from an analysis that clearly identifies these three types of causes,



across the three levels, with a particular focus on the underlying causes of poverty, in order to contribute to structural and transformational change. We develop our strategies, for humanitarian action, innovative solutions and multiplying impact, to respond to this analysis, based on a Theory of Change (see Characteristic # 3 below) of how CARE and our partners can most significantly contribute to the desired impact goals. Since CARE works in dynamic and rapidly evolving contexts, we also need to review and update this analysis regularly, with partners and stakeholders, over the lifespan of the Program, to adjust the Theory of Change. Further details about analysis of underlying causes of poverty, as well as of the specific vulnerabilities of the Impact Groups, are given in sections 2.3 (Step 2) and 2.5 (Step 4) of these guidelines.

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**Characteristic # 3: An explicit theory of change that is rigorously tested and adapted to reflect ongoing learning.**

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Each of the programs designed will be based on a Theory of Change. A Theory of Change (ToC) outlines the assumptions we make about the pathways and strategies, or what is required, to achieving impact. The theory spells out our current thinking, or assumptions, about what kinds of changes are required to achieve the impact; and how these changes are related to each other (both horizontal and vertical relationships). It tells us what we are assuming about the HOW and WHY of change. A ToC is by nature hypothetical, deals in unknowns, and is not linear. The theory of change will include assumptions about areas of change needed at different levels, for example, including those around the enabling environment. The Theory of Change for each program will be clearly stated, and over time, we will test whether or not our assumptions are still true, and make revisions if needed.

The program design process also identifies pathways or domains of change – leading to the impact goal. These identify key changes that lead to the desired change. These pathways or domains are the points around which we design projects, and develop alliances with other organizations and networks. Further details about the Theory of Change and its components are given in section 2.6 (Step 5) of these guidelines.

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**Characteristic # 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.**

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Adopting a Program Approach does not mean stopping implementing projects. 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”) will therefore continue to exist and constitute the primary building blocks of Long-Term Programs, that enable CARE and our partners to contribute significantly to the transformation articulated in the Theory of Change. Other important activities that are part of the Long-Term Program will be carried out without necessarily being part of projects, such as studies, some advocacy work, or participation in or convening of learning alliances. 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 as had been the case in the past.

Successful Long-Term Programs will also include multiple types of initiatives, including advocacy, policy, research and community-level work. CARE and/or partners will carry out some direct implementation activities, in order to develop innovative models and new approaches, but increasingly under a Program Approach, CARE acts as a facilitator and networking organization, ensuring the linkages between all initiatives in the Program. In other words, CARE becomes a connector, a catalyst and an enabler, seeking to innovate, strengthen capacities and multiply impact, rather than a direct implementer or a service provider.

This characteristic also highlights the importance of CARE's humanitarian mandate, building the capacities of Impact Groups to reduce their vulnerabilities and be able to react better to potential disasters, and providing quality, life-saving humanitarian assistance when emergencies occur. This characteristic is very much in line with the three



strategies for CARE outlined in the CARE 2020 Program Strategy: Humanitarian action, Promoting lasting change and innovative solutions, and Multiplying impact.

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**Characteristic # 5: Ability to promote organizational and social learning, to generate knowledge and evidence of impact.**

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Long-Term Programs, which focus on enabling lasting changes for marginalized groups at significant scale, require the generation, dissemination and application of learning and evidence, in order to leverage change at a wider scale than can be achieved solely through working directly in communities. Experience across CARE shows that we need to improve greatly on capturing, sharing and applying knowledge. Such learning needs to be enhanced both amongst the Impact Groups, target groups and key stakeholders (i.e. *social learning*), as well as within CARE and our partners (*organizational learning*). We need to foster a true knowledge culture, in which learning is the rule and not the exception, with a set of attitudes, values and practices that support the process of continuous learning. Our learning and impact measurement processes will also generate information that can contribute to government agencies, other stakeholders and networks, thus improving our accountability to these groups, as well as their ability to scale up evidence-based approaches or adapt policies that better promote the rights of the Impact Groups.

Under the Program Approach, evidence and knowledge will be used to:

- Continuously track and analyze the context we and our partners operate in – including changes in underlying causes of poverty;
- Analyze and mitigate risk;
- Test and adapt our theory of change;
- Build and assess evidence-based models for replication and scale up;
- Feed into influencing initiatives; and
- Leverage resources.

Critically, the evidence and knowledge generated through the Program should be determined based on the types of impact and policy changes being sought. It is not sufficient to find evidence and “feed” it into policy, but rather CARE and partners need to first define the change goal, and then identify and develop evidence needed to support this change. We need a more purposeful and deliberate approach to evidence and knowledge, with a clear plan for how we want key stakeholders to use the evidence and knowledge, tailoring the way we generate and disseminate knowledge and evidence to the audiences that are expected to make use of them.

Creating such a learning culture will not only ensure us that we are effectively contributing to social change, but that the voices, demands and learnings of the Impact Groups are increasingly taken into account. This characteristic is clearly aligned with the Innovative solutions and Multiplying impact strategies in the CARE 2020 Program Strategy. Particular focus will be put on developing effecting organizational learning strategies and mechanisms around the four Priority Outcome areas (Humanitarian assistance, Rights to sexual reproductive and maternal health and a life free from violence, Food and nutrition security and resilience to climate change, and Women's economic empowerment).

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**Characteristic # 6: Contribution to broad movements for social change through our work with and strengthening of partners, networks and alliances.**

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CARE believes that it is only through the collective action of different key actors in society (civil society - including social movements and organizations that represent Impact Groups - Government, private sector, media, academia, etc.) that positive sustainable change can be achieved. With the Program Approach, CARE works more as a facilitator and less of a direct implementer, seeking to add value where our contributions can be most strategic. Additionally, the way we work with partners (and the types of partners we seek) is changing. For example, we are now working more and more with social movements, citizen action networks and research institutions.

The design of Long-Term Programs therefore includes defining how the work of other actors, groups and networks will contribute to the Impact Goals, involving new ways of working together to contribute to significant and lasting change. It might seem paradoxical, but with a Program Approach, despite greater ambition for our work, we have to take a more humble and less visible role, in order to have greater impact. This is fully aligned with aim in the CARE 2020 Program Strategy, 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, given our expertise and knowledge.

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**Characteristic # 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.**

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The resources required to achieve impact at scale for the Impact Groups are far greater than can be mobilized by one organization, such as CARE. That is why, as with Characteristic # 6, the Program Approach puts such an emphasis on ensuring multiple actors from multiple sectors are working together, to contribute to significant changes for the Impact Groups. While this requires CARE to mobilize resources from different sources, it also requires that Government budgets are increased or improved in their effectiveness for vulnerable groups, and that the financial, technical and human resources of other actors are brought to bear together to support significant change for these groups – in line with the Multiplying Impact role in the CARE 2020 Program Strategy. This is clearly linked to CARE's Multiplying Impact role, seeking to influence the resources, policies, standards, practices and institutions that could enable or threaten the change we seek.

For CARE, this also entails raising greater amounts of unrestricted and flexible funding, demonstrating the impact and cost-effectiveness of our strategies, building longer-term commitments with donors, influencing the nature of initiatives donors are willing to fund, and diversifying our donor base. CARE has engaged over the years in conversations with several donors and in some cases has succeeded in securing funds for most components of Long-Term Programs. While there is still a long way to go, CARE is intensifying its influencing efforts so that this practice becomes more common.

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**Characteristic # 8: Accountability systems to internal and external stakeholders.**

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Within the Program Approach, CARE aims to develop greater levels of accountability to internal and external stakeholders. This specifically includes accountability to:

- The marginalized groups whose rights we seek to see fulfilled;
- The allies and partners, who ideally are co-creators of the Long-Term Programs, and who are significantly and consistently engaged through all phases of Program management;
- All CARE staff, who have clear roles and responsibilities within Long-Term Programs and are therefore accountable for their own contributions to them;
- The donors, to whom we can demonstrate the effectiveness of our programs;
- Any other stakeholders, who need to have relevant information about our work.

In addition to holding ourselves more accountable, we also strive to hold governments and other stakeholders more accountable to fulfilling their roles in eradicating poverty and social injustice, as a critical component of the Inclusive Governance approach in the CARE 2020 Program Strategy.

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**Finally...**

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A useful way to help understand the Program Approach is to compare what it is and what it is not:

### **What is a Long-Term Program?**

It is a program that:

- Addresses underlying causes of poverty and social injustice;
- Leads to lasting change in the lives of specific Impact Groups;
- Shifts relevant social relationships;
- Has a clearly stated Theory of Change, that is tested over time;
- Has a coherent strategy to achieve specified impacts;
- Operates through partners, alliances, networks and forums;
- Is informed by, and evolves through, broad reflective learning;
- Empowers stakeholders to lead development actions, beyond the life of the Program;
- Is implemented at the local, regional, national and sometimes international levels.

### **What is not a Long-Term Program?**

It is a program that:

- Leads to changes only at the human conditions level;
- Has activities that bring about only short-term change;
- Has activities that do not address structural issues;
- A single multi-sectoral development project;
- A basket of projects that are not directly interconnected or linked under a common Theory of Change;
- A group of projects connected only by virtue of operating in the same geographic area;
- Creates relationships with partners and other actors that are only contractually-driven, even though they are referred to as "partnerships";
- Targets a limited number of people;
- Occurs only at a local level, rather than at national scale.

## **1.4 Integrating Humanitarian and Development Action**

Disasters, both natural and man-made, are becoming the norm, not the exception. For instance, the number of climate-related disasters (floods, storms, droughts and extreme temperatures) more than doubled between 1980 and 2011<sup>4</sup>; the number of people requiring humanitarian assistance has grown from 39 million in 2002 to 68 million in 2011<sup>5</sup> and the number of people internally displaced by armed conflict in the world has passed from about 17 million in 1997 to an estimated 26.4 million people at the end of 2011<sup>6</sup>. Disasters are also predicted to accelerate due to climate change, rapid population growth, urbanization and rising food prices, among other factors<sup>7</sup>. Climate change could become the biggest driver of disasters in the coming decades: the April 2014 [Fifth Assessment Report](#) from the Intergovernmental Panel on Climate Change estimated that by 2050 an extra 50 million people could be at risk of hunger due to climate change, and that an extra 25 million children under five could be malnourished.

Due to reasons that have little to do with the communities affected by poverty or disasters, many humanitarian organizations have historically treated emergencies and development as separate activities. This is due to factors such as the organizations' own operational structures, donors' structures and financing instruments, conceptual problems, aversion to risk, and bureaucratic administrative procedures. However, this is artificial and rather counter-productive, since in many ways the underlying drivers of disasters are the same as the underlying drivers of poverty and vulnerability.

The Program Approach provides CARE with an opportunity to work in a more integrated fashion, across the humanitarian to development continuum. It provides a single-analytical lens and long-term framework which allow

<sup>4</sup> UNISDR 2012, [Infographic](#)

<sup>5</sup> OCHA, 2012, [Coordination to Save Lives- History and Emergency Challenges, Policy and Studies Series](#)

<sup>6</sup> Idem

<sup>7</sup> Idem

us to look at development and humanitarian work, through the eyes of the Impact Groups who experience chronic vulnerability alongside periods of high stress. CARE and its partners can then design flexible program strategies in which humanitarian and development work are closely intertwined, and provide communities with the right kind of support at the right time. In fact, CARE's ability to achieving greater impact lies in its ability to link humanitarian and development work, as outlined in the three strategies in the CARE 2020 Program Strategy (Humanitarian action, Innovative solutions, and Multiplying impact).

As a result, CARE is striving to be more intentional and deliberate in using Long-Term Programs to link humanitarian and development initiatives. Long-Term Programs should include disaster risk reduction, emergency preparedness and resilience initiatives that prevent and reduce the impact of future disasters on the Impact Groups, and protect their development gains. Long-Term Program strategies should clearly explain what the links between these initiatives are. Several CARE country offices have advanced on this level in recent years and have piloted innovative approaches with interesting success. Two examples are included in Annex 3.

## **1.5 Lessons learned to date**

As of 2015, the Program Approach is now fully embraced across CARE. The CARE International Executive Committee formally endorsed the Program Approach in January 2011 and approved the formal definition and characteristics of a Long-Term Program. The CARE International Project/Program Information and Impact Reporting System (PIIRS), the organization-wide platform for collecting relevant project and program information, recorded 123 active programs in 2014.

Practical insight based on our learning to date, from the experiences of offices which have transitioned to Long-Term Programs, are summarized below, based on the results of a global survey conducted by CARE International with country and regional offices in October and November 2013. Three examples of country offices that have had successful transitions to Long-Term Programs with inspiring results are provided in Annex 4.

## Key learnings of eight years of Long-Term Program design and implementation

### Main changes in offices that have started Long-Term Program implementation

1. Increased staff capacity on social change, underlying causes of poverty and CARE values. Greater team spirit - staff are more engaged and contributing to broader objectives, beyond specific projects.
2. More focus, clarity and coherence in programming.
3. Improved partnerships, change in partner profiles, and more involvement in national networks.
4. Moving from service delivery to working more on enabling environment, social change, and institutional development. Improved rights-based and gender-sensitive programming.
5. Improved collaboration and synergies between initiatives at the programmatic, human resources and operational levels. Better coordination between program and program support functions.

### Key challenges

1. Funding, at two levels: 1) Mobilizing institutional funds with donors still using a project approach; 2) Insufficient unrestricted or flexible funding to support Long-Term Programs
2. Inadequate skills and capacities, particularly monitoring and evaluation, impact measurement and advocacy.
3. Changing old ways of working – staff still prioritize their “project identity” over their “program identity.”
4. Program support systems need to evolve to meet Long-Term Programs' needs.
5. Challenging operating context (such as security or frequent governmental policy change, for example).

### Key internal enabling factors

1. Commitment of key leaders and managers.
2. Highly committed and engaged staff.
3. Adequate structures to design and implement programs.
4. Presence of a dedicated person/team driving the shift to a Program Approach, as well as dedicating appropriate resources to attract quality candidates for key positions.
5. Genuine internal recognition that CARE's previous model has delivered insufficient impact and return on investment.

### Top recommendations for offices starting their transition to Long-Term Programs

1. Invest heavily in communication in the initial stage, to secure genuine understanding from staff, partners, communities and Governments, on why we need to change.
2. Involve staff and other stakeholders in all phases of the process. Ensure validation takes place with the envisaged Impact Groups in a participatory and respectful way.
3. Engage with other country offices: partner, exchange experiences, send staff over, or arrange working visits from staff from offices who already went through the process.
4. Ensure your office has excellent basic M&E capacity and that sufficient resources are allocated to strengthen M&E and knowledge management systems.
5. Go step by step. Start with one program for which you can mobilize funds for. Be realistic and keep it simple and focused.

### Useful resources

- CARE Australia [Program Approaches](#), March 2011
- CARE USA Program Approach introduction course (includes 5 modules over 8 hours, PowerPoint presentation, detailed facilitator notes)
- CARE USA [Understanding the Program Approach and its potential](#), June 2011
- CARE USA P-Shift Wiki, [What is a Program?](#)



## Part 2. Designing Long-Term Programs

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### Summary

This chapter explains the process of designing a long-term program, based on a six stage process: 1) Preparing for change; 2) Analysis of the underlying causes of poverty and vulnerability; 3) Selecting priority Impact Groups; 4) Conducting a situational analysis of the priority Impact Groups; 5) Developing a Theory of Change; and 6) Writing a Long-Term Program Strategy Document. A set of five principles for the design of the program are included (women as participants and agents of change, participation of stakeholders, integrating Disaster Risk Reduction (DRR), iterative adjustment of the design based on learning from experience, and alignment with the CARE 2020 Program Strategy). The Women's Empowerment Framework and Governance Programming Framework are described, as critical analytical tools for this process.

Detailed guidance is provided around each of the six stages, including different tools and frameworks for analysis of underlying causes of poverty and vulnerability, and the situation of the prioritized Impact Groups. Two methodologies for developing a Theory of Change are outlined, based on experience from different regions and offices. Both methodologies highlight the analysis of the current situation of the Impact Groups, the desired 10-15 year Impact Goal for the program, the Domains of Change or the main areas where CARE and partners think change must happen in order for the impact goal to be reached. They both identify indicators to measure change related to the Impact Goal and Domains of Change, and the key assumptions and hypotheses behind the theory of change. One methodology highlights the pathways of change and breakthroughs, as well as identifying the main stakeholders involved, while the other focuses on the key stakeholders and the actions they would need to carry out to lead to change, as well as the main program strategies for CARE and partners to contribute to this happening.

The main content required in a Long-Term Program Strategy document is also outlined, including a description of how the program would be implemented, how current projects and proposals are aligned, and how the program will be managed. This section also includes a discussion of “models” to be tested and scaled up, advocacy, monitoring evaluation and learning, and communications. Links to further useful resources are included at the end.

## 2.1 Introduction

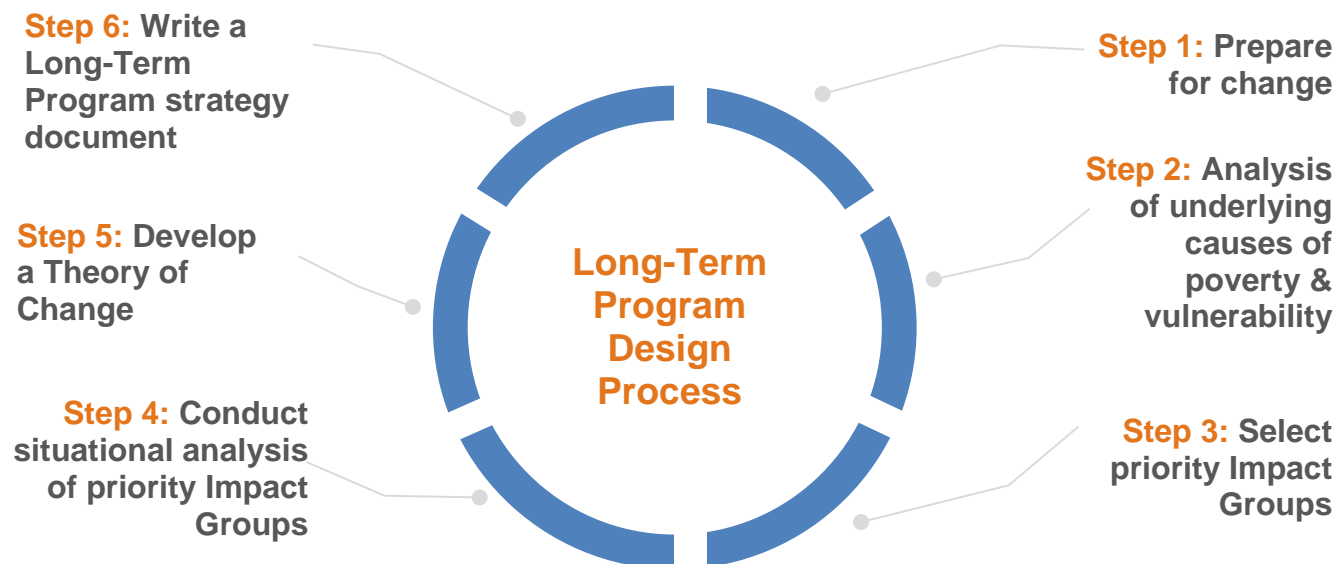
Designing Long-Term Programs is more an art than a science. Embracing the complexity of social change, shifting our mindsets from “What can CARE do?” to “What is the change in society (impact) that we wish to catalyze?”, and considering all the actors on the ground (state, civil society, private sector, 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.

Doing so is both a stimulating and daunting task, but has been done with great success in many instances across CARE. The last eight years provided key lessons about designing effective Long-Term Programs:

- ✓ The process is time-intensive - planning adequate resources (staff, time and funds) is essential;
- ✓ Long-Term Programs require broad ownership across staff (both program and program support staff) and partners - the more participatory the process the better;
- ✓ The process is highly iterative, and requires tacking back and forth between different steps;
- ✓ It is important not to become hung up on analysis and design, at the expense of planning for operationalization and implementation;
- ✓ Developing a learning system is a critical component of the process, as Long-Term Programs will need to be regularly reviewed and adjusted, based on evolution of strategic thinking and analysis, CARE and partners' experience as we implement the Program, and changes in the external and internal contexts.

While one size does not fit all, the suggested steps for designing Long-Term Programs included in this section 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 4: Suggested Roadmap for Long-term Program Design Process**



### Overarching principles

In addition to the six suggested steps, 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.

## **1 - Centrality of women as participants and agent of change**

CARE believes that gender equality and women's empowerment are important in their own right, as well as being critical means to tackling broader issues of poverty and injustice. No single group is more disempowered and excluded around the world than women and girls. CARE is also part of the growing consensus – along with practitioners, governments and academics – that believes that increased and better targeted investments in women and girls will accelerate efforts to end global poverty. In order to reach the most marginalized and vulnerable populations, and contribute to addressing the underlying causes of their poverty and marginalization, CARE puts particular focus on women and girls. Empirical evidence shows that when women and girls are empowered it unlocks broad-scale change, with benefits starting from the household, then going to communities and eventually to the entire society.

In Latin America, CARE decided to take the proactive step of asking women's rights organizations what they thought were the issues on which an INGO like CARE should focus its attention. Their answer was the rights of domestic workers, a gender and labor rights issue largely hidden from view in private homes. Nascent and resource-scarce domestic workers' organizations welcomed support from an experienced organization such as CARE. We supported partners in Peru, Ecuador and Bolivia to advocate for ratification of an International Labor Organization (ILO) Convention to guarantee domestic workers better pay and conditions. The ILO has since passed Convention 189, the first international standard to protect the world's 100 million domestic workers, and CARE has since worked with partners from the women's movement and domestic worker unions to lobby for ratification of the convention, and other policy changes. These initial efforts by CARE to support transformational strategies of the regional women's movement were later fed into the development of a formal Theory of Change for a regional program focused on domestic workers and women in export processing zones and agro-industry. This also shows how we can work under the logic and in the spirit of a Program Approach, even before formally developing and defining a Long-Term Program strategy (in fact, this work was almost entirely supported by flexible and unrestricted funding, and the time of key staff, rather than under a donor-funded project).

CARE's [Gender Toolkit](#) provides a toolbox of methods with discussion on tried successes, struggles and lessons on gender analysis. A specific useful tool to use to analyze the degree of gender integration into a Long-Term Program design is the [Gender Program Continuum](#), enabling staff and partners to review where a Program is on a scale of gender harmful, to gender neutral, gender sensitive, gender responsive, or gender transformative.

## **2 – Inclusive participation of stakeholders**

A Long-Term Program aims for impact at broad scale, at the level of societal change, which requires change to be driven by multiple actors in society, rather than just by CARE. With others, CARE seeks to articulate a picture and a vision of transformational social change for Impact Groups, and how to achieve this, something far beyond the ability of one organization alone to accomplish. Achieving this vision depends on the effective engagement and mobilization of multiple actors, around a shared vision for change.

Experience has shown that the most successful Long-Term Programs involve a wide range of stakeholders: CARE staff coming from all departments (not just programs), governments, international and national NGOs, research and academic institutions, relevant networks and associations, and, most importantly, organizations directly representing the Impact Groups we serve. Involving these stakeholders in every phase of Long-Term Program design and implementation is therefore critical.

### 3 – Integrating Disaster Risk Reduction (DRR)

DRR is defined as “the concept and practice of reducing disaster risks through systematic efforts to analyze and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events”<sup>8</sup>.

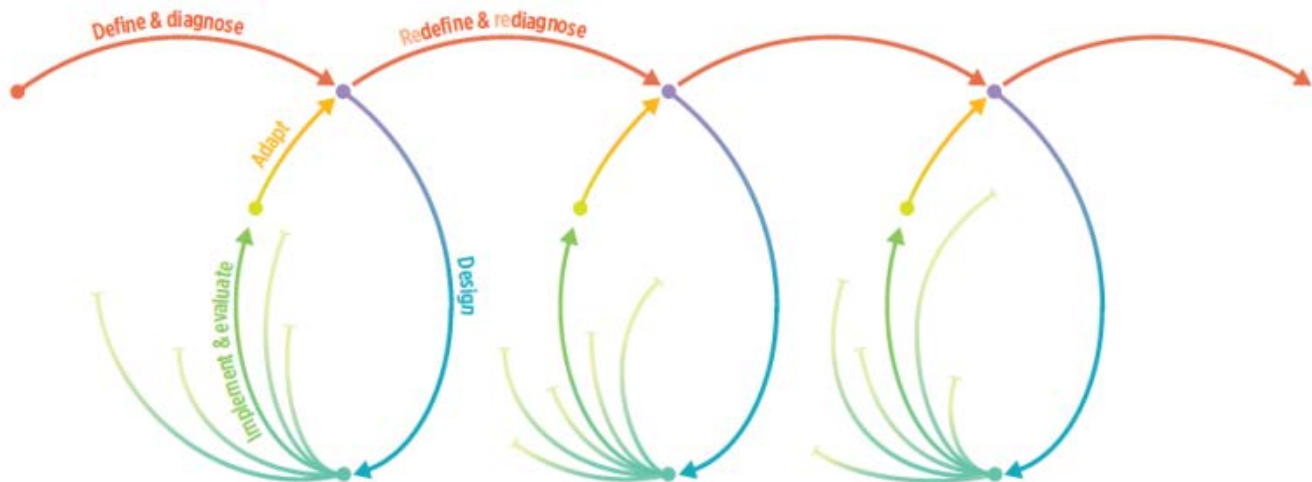
The fact that the increasing number and severity of disasters is disproportionately affecting Impact Groups (the most vulnerable) is indisputable. CARE’s long-term commitment (10-15 years) towards these groups therefore entails working with them before, during and after the disasters that will most likely occur during this timeframe. CARE is striving to improve the interconnectedness of its humanitarian and development efforts, and DRR and increasing resilience is a critical entry point for this endeavor. Regardless of their specific focus, all Long-Term Programs should consider how Impact Groups manage and mitigate risks, and seek to integrate a DRR lens in every step of the Long-Term Program cycle (Impact Group identification, situational analysis, Theory of Change, Program Strategy, implementation, and learning and impact measurement). Practical suggestions on how to do so are included in Annex 5.

### 4 – Iterative design

Seeking to influence complex systems and dynamics, over a long-term period, means we can never know with any real certainty beforehand whether our strategy is the right one or the most effective approach to contribute to transformational social change. Together with partners and other stakeholders, we make our best efforts to analyze the situation, and identify the most effective ways of achieving significant change, based on certain assumptions, but we have to review and adjust the Theories of Change to ensure our work is relevant and impactful.

This means reviewing our design, based on experience, learning and evaluations, in regular cycles of iteration and adaptation. This is nicely illustrated in Figure 6, below, taken from the World Bank’s 2015 World Development Report.

**Figure 5: Iterative design processes**



Source: WDR 2015 team.

<sup>8</sup> Turnbull, M.; Sterrett, C.; Hilleboe, A., 2013, [Toward resilience: a guide to disaster risk reduction and climate change adaptation](#)

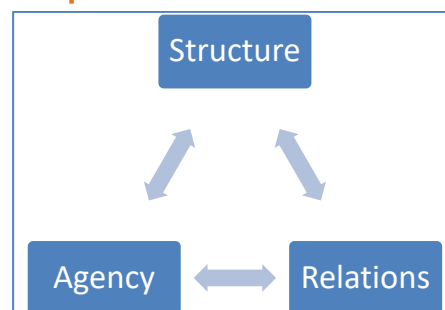
## 5 – Alignment with CARE Program Strategy

Finally, as we design (or review and adjust) Long-Term Programs, it is also critical to ensure alignment with, and contribution towards, the CARE 2020 Program Strategy. This means as a minimum:

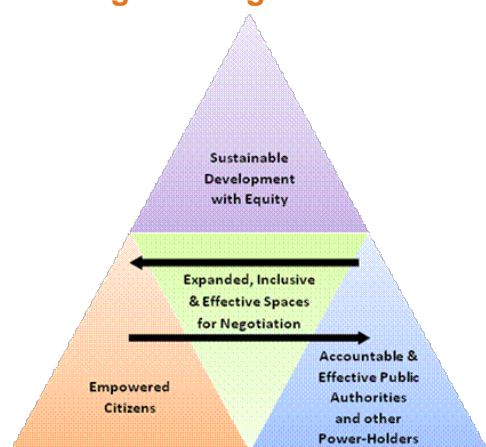
- Ensuring incorporation of the three elements of the CARE approach (Gender Equality and Women's Voice, Inclusive Governance, and Resilience) into the Long-Term Program;
- Applying the three CARE strategies (Humanitarian action, Innovative solutions and Multiplying impact);
- The degree to which the Program will contribute to the four Priority Outcomes (Humanitarian assistance, SRMH & GBV, Food & nutrition security & climate change resilience, and Women's economic empowerment) will depend on the context, the analysis of the Impact Groups and the areas where CARE and partners can most significantly add value, but it is expected that nearly all Long-Term Programs would contribute at least to one of these Outcome areas.

CARE believes that **gender equality** and **women's empowerment** can only occur through simultaneous efforts to address women and girls' agency, their relations and the structure - the environment that surrounds and conditions their path. CARE's global Women's Empowerment Framework (see Figure 6) links women's own definitions and priorities for empowerment to 23 key dimensions of social change which have been shown to be widely relevant to women's empowerment across many studies and contexts. Further information and tools for integration of gender into program design, including for gender analysis, can be found in the CARE [Gender Toolkit](#).

**Figure 6: CARE's Women's Empowerment Framework**



**Figure 7: CARE's Governance Programming Framework**



CARE's **governance** framework (Figure 7) is based on the hypotheses that *if citizens are empowered, if power holders are effective, accountable and responsive, and if spaces for negotiation are expanded, effective and inclusive, then sustainable and equitable development can be achieved*. Change needs to take place and be sustained in all three domains to achieve such impact. This requires including strategies to strengthen awareness of rights and capacities to organize and negotiate amongst the Impact Groups, as well as capacities and incentives amongst power holders, such as Government, traditional leaders and the private sector, for greater accountability and responsibility to the Impact Groups. Equally importantly, it requires opening or strengthening spaces that bring together power holders and Impact Groups, to negotiate and agree on improved support, services or policies that impact on their lives. CARE can play an important brokering role here, as a trusted and valued partner to multiple actors. Further information and tools for integration of governance into program design can be found at <http://governance.care2share.wikispaces.net/GPF>.

As noted under principal three above, Long-Term Programs also need to include an explicit focus on increasing **resilience**, vital in contexts that are vulnerable to climate change and prone to disasters. This requires a clear focus on strengthening capacities among the Impact Group and their communities to absorb and adapt to shocks, manage risks, and reduce their vulnerability.

Finally, the Long-Term Program strategy should include the CARE roles from the 2020 Program Strategy:

- **Humanitarian action** is a core part of CARE's mandate;



- **Promoting lasting change and innovative solutions**, highlights the important role of an International Non-Governmental Confederation, such as CARE, to test, adapt and validate innovative approaches that address the underlying causes of poverty and social injustice, for the Impact Groups;
- **Multiplying Impact** is also essential, if CARE and partners are to leverage change at a broad scale, beyond the level of the communities or districts where they work directly. This involves advocacy, strengthening social movements, support to others to adapt and scale up good practices, and broad mobilization, dissemination and application of knowledge and learning.

Now that we are clear on these key principles, let's look at each step of the Long-Term Program design process.

## 2.2 Step 1: Prepare for change

Embracing the Program Approach is a large-scale transformation for CARE. It influences what we do, how we do it, who we partner with, and the systems we use. It also influences how we see the world and how we act in it. In one word, the change is substantial.

The role of inspired leaders in preparing for such a large-scale change so that it can be implemented successfully is therefore extremely important. In their book *The Heart of Change*<sup>9</sup>, authors John Kotter and Dan Cohen, two renowned leadership and change experts, argue that successful large-scale change happens in eight stages. The central challenge in all eight stages is ensuring leadership is in place that is focused on changing the *behavior* of people, and which recognizes that behavior change happens mostly by speaking to people's *feelings*:

1. **Increase urgency**: Raise a feeling of urgency so that people say "let's go", making a change effort well positioned for launch;
2. **Build the Guiding Team**: Help form a group that has the capability – in membership and in method of operating – to guide a very difficult process;
3. **Get the Vision Right**: Create the right vision and strategies to guide action in all of the remaining stages of change;
4. **Communicate for buy-in**: Communicate change visions and strategies effectively so as to create both understanding and gut-level commitment;
5. **Empower Action**: Deal effectively with obstacles that block action, especially disempowering bosses, lack of information, the wrong performance measurement and reward systems, and lack of self-confidence;
6. **Create Short-Term Wins**: Produces sufficient short-term wins, sufficiently fast, to energize the change helpers, enlighten the pessimists, defuse the cynics, and build momentum for the effort;
7. **Don't Let Up**: Continue with wave after wave of change, not stopping until the vision is a reality, despite seemingly intractable problems;
8. **Make Change Stick**: Be sure the changes are embedded in the very culture of the enterprise so that the new way of operating becomes the new normal.

Interestingly, the eight steps of the Kotter and Cohen change process, as well as what works and what does not work, correlate very strongly with the lessons learned and the recommendations expressed by respondents of the country and regional offices Program Approach survey, covered in Section 1.5 above).

This reinforces the key message that the authors are conveying in their book: *"In highly successful change efforts, people find ways to help others see the problems or solutions in ways that influence emotions, not just thought. Feelings then alter behavior sufficiently to overcome all the many barriers to sensible large-scale change. Conversely, in less successful cases, this seeing-feeling-changing pattern is found less often, if at all."* Annex 6 gives further details on the eight different phases of this model, and includes examples of how each step has been implemented across CARE in developing Long-Term Programs.

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<sup>9</sup> Kotter, J.; Cohen, D., 2012, *The Heart of Change, Real-Life Stories of How People Change their Organisations*, 2012



## 2.3 Step 2: Analysis of underlying causes of poverty & vulnerability

The next step involves conducting an analysis of underlying causes of poverty and vulnerability (UCPV) in the country or region or global theme for which the Long-Term Program is being developed, at macro, meso and micro levels. This will be further refined when conducting the situational analysis of the chosen Impact Groups (in Step 4). As noted above under Characteristic # 2, CARE's main conceptual frameworks (Women's Empowerment, Governance and Resilience, as well as the Unifying Framework) provide the overall guidance for the analysis of root causes. For an example, if you are carrying out gender analysis, you would need to look at immediate causes (human conditions) of gender inequality, and assess the causes (immediate and underlying) embedded within the social positions and enabling environment).

The different tools that can be part of this overall analysis of underlying causes include:

- Context analysis or Governance Context Analysis<sup>10</sup>
- Analysis of the underlying causes of poverty and social injustice<sup>11</sup>
- Analysis of the challenges and barriers to achieving the MDGs or national goals<sup>12</sup>
- Gender analysis<sup>13</sup>
- Power analysis<sup>14</sup>
- PESTLE analysis (of Political, Economic, Social, Technological, Legal and Environmental factors or trends)<sup>15</sup>
- Political Economy Analysis<sup>16</sup>
- Disaster risk reduction (DRR) analysis or Conflict Analysis<sup>17</sup>

These analyses should not each correspond to separate studies, although the manner in which the research is undertaken is likely to incorporate multiple inquiries and involve multiple stakeholders as researchers and participants. There may also be existing studies recently carried out by others that can be used, and supplemented where there are particular gaps.

The overall analysis should be synthesized and summarized, highlighting the principal underlying causes of poverty and social injustice that the Long-Term Program would need to tackle. This can be in the form of a table, relating to the three causes of poverty (immediate, intermediate and underlying) and the three levels of the Unifying Framework (human conditions, social positions and enabling environment), as outlined under Characteristic # 2 above, or as a graphic showing the main Underlying Causes of Poverty and Vulnerability. Annex 7 includes two such examples, from CARE Ethiopia and CARE Haiti. Other Long-Term Programs present this as part of their overall Theory of Change graphic (see examples in Annex 9).

## 2.4 Step 3: Define Impact Groups

Addressing Underlying Causes of Poverty and Vulnerability (UCPVs) requires a long-term time horizon. To be effective in overcoming underlying causes we should narrow our focus by careful reflection on which population groups are the most marginalized and vulnerable. This process of defining the Impact Group and any Sub-Groups (see Characteristic # 1, above) is iterative. While we may begin with a broad macro-understanding of the UCPVs,

<sup>10</sup> See links at <http://governance.care2share.wikispaces.net/Context+Analysis>

<sup>11</sup> See links at [http://p-shift.care2share.wikispaces.net/Analysis\\_Design+Compendium](http://p-shift.care2share.wikispaces.net/Analysis_Design+Compendium) and <http://p-shift.care2share.wikispaces.net/A2+Analysis>

<sup>12</sup> Using existing national reports (from <http://www.undp.org/content/undp/en/home/librarypage/mdg/mdg-reports.html>), or see CARE Latin America example at <http://p-shift.care2share.wikispaces.net/file/view/Case%20study%20-%20LAC%20region.doc>

<sup>13</sup> See tools at <http://gendertoolkit.care.org/default.aspx>

<sup>14</sup> See description and links at <http://gendertoolkit.care.org/pages/frameworks.aspx>

<sup>15</sup> See this and other analysis tools from the CARE International Advocacy Handbook, at <http://www.care-international.org/UploadDocument/files/CI%20Global%20Advocacy%20Handbook.pdf>

<sup>16</sup> See <http://governance.care2share.wikispaces.net/Political+Economy+Analysis>

<sup>17</sup> For example, [http://www.preventionweb.net/files/1066\\_toolsformainstreamingDRR.pdf](http://www.preventionweb.net/files/1066_toolsformainstreamingDRR.pdf), [http://insights.careinternational.org.uk/media/k2/attachments/6602\\_HowToGuide\\_CSF\\_PRINT.pdf](http://insights.careinternational.org.uk/media/k2/attachments/6602_HowToGuide_CSF_PRINT.pdf) or [http://insights.careinternational.org.uk/media/k2/attachments/CARE\\_International\\_DME\\_for\\_Peacebuilding.pdf](http://insights.careinternational.org.uk/media/k2/attachments/CARE_International_DME_for_Peacebuilding.pdf).

we will still need to go back and forth between defining the Impact Groups and the more detailed analysis of their situations, which also helps clarify the Impact Sub-Groups.

In delineating the Impact Group, CARE and partners analyze which groups are particularly vulnerable, related to various factors, including:

- Aspects related to their social condition, such as exclusion or discrimination and correlated factors, such as gender;
- Aspects related to their location, for example: climate, remoteness, natural resources, or severe environmental health or other risk factors. For example, the landless, slum dwellers, those severely affected by natural disasters;
- Their activities, occupation or livelihoods; and
- Their rights issues, and which groups are furthest from seeing their rights realized.

As we select the Impact Group for the Program, it is important to find the right balance: too vague, and we miss the point; too narrow, and there is no impact at large scale. It is also important to consider CARE and our partners' experience in working with the specific Impact Groups or Sub-Groups, to ensure we have the capacity and legitimacy to work with them as part of the Long-Term Program.

## 2.5 Step 4: Conduct a thorough situational analysis of Impact Groups

Once the Impact Groups have been prioritized, the initial analysis around underlying causes of poverty and vulnerability will need further deepening and refining<sup>18</sup>. This may include further field research, with Impact Groups and their representatives, as well as building on already existing analysis carried out by other actors. Critical factors to explore as part of this situational analysis of the Impact Groups and Sub-Groups would include<sup>19</sup>:

- Specific vulnerabilities of the Impact Groups;
- Capacities, survival strategies and opportunities;
- Gender equality and power relations;
- Evolution of vulnerability over the past 10-20 years.

This is also an important point in the design process to reflect on **How Change Happens**, in relation to the Impact Group. As we construct a Theory of Change for how we want change to happen in the future, it is critical to reflect on how positive change has happened in the past for the Impact Groups, as well as how CARE and partners imagine and assume that change could happen in the future.

Once the area of and specific desired change for the Long-Term Program has been agreed, CARE and partners should review how change has happened in the previous 10-20 years (where that has happened), and how change is likely to occur in the future, given the team's reflections and analysis on:

- Power relations and dynamics;
- Incentives and space for action of political and technical elites;
- Current and potential coalitions, across sectors, that might push for change;
- Critical junctions or windows of opportunity that could be exploited;
- What has failed in the past, and can be learned from; and so
- What combination of theories for how change happens is most likely to explain how change might happen in the given context in which CARE seeks to work?<sup>20</sup>

<sup>18</sup> Steps 2 and 4 are part of the same overall process of analysing the situation that the Long-Term Program is designed to address, based on secondary data - and primary analysis to fill gaps – once the decision has been made on the specific Impact Groups that Long-Term Program will focus on (Step 3).

<sup>19</sup> Many of the links in Step 2, above, provide tools and frameworks for exploring these dimensions.

<sup>20</sup> In addition to the CARE Women's Empowerment Framework and Governance Programming Framework (see Principle 4 above, in the introduction to this chapter), useful references for such reflections on How Change Happens include: Sarah Stachowiak, in [6 Theories about How Policy Change Happens](#), with three Global Theories (Large leaps, Coalitions, and Policy Windows) and three theories related to tactics

## 2.6 Step 5: Develop a Theory of Change

### Definition of the Theory of Change and its elements

At the heart of CARE's Program Approach is the Theory of Change (ToC). As described in chapter 1, a ToC is a set of hypotheses about the changes we think are required to achieve the desired Impact Goal of the Long-Term 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;
- Engage in better learning that brings together theory and action. As already noted, to do so we will continually reflect upon and adapt the ToC, to ensure it remains effective and relevant.

There are two main methodologies to develop a Theory of Change that have been used in CARE over recent years, with many elements in common, but a few small differences. One method is based on the Program Design Brief developed by CARE USA in 2009 (Option A), whereas the other evolved from CARE's practice in developing Long-Term Programs in Latin America & the Caribbean from 2006 onwards (Option B). The main elements of a Theory of Change are outlined in the table below.

Annex 8 shows how these two approaches are summarized in Graphic form, while 0 includes examples of Theories of Change from different offices, applying the two methodologies.

The principal differences between the two approaches are that Option A includes Pathways of change, breakthroughs, and a list of stakeholders, while Option B focuses on the actions expected from stakeholders as the critical drivers of change in society, and also outlines CARE's Program Strategies that will contribute most significantly to the desired Impact.

Whatever methodology used to develop it, a theory of change is adequate when:

- It provides a logical and coherent explanation of how the major underlying causes of poverty or barriers to change are to be addressed;
- It specifies the major required areas of change, paying special attention to the structural dimension;
- A theory of change should also be easily understood and verifiable by all those stakeholders, so they can use it to guide their interventions and learning processes.

Further, because a theory of change should be tested and adapted over time, it is not:

- A framework that everyone is 100% in agreement with. Nuances and differences in opinion are very welcome in theories of change;
- A set of hypotheses and assumptions written in stone that cannot change. It is rather something that is evolving permanently;
- Something that is reviewed only as part of an evaluation or other after action reviews;

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(Messaging, Power Politics, and Grassroots or community organizing); Duncan Green of Oxfam's blogs on [Theories of How Change Happens](#) and [Power and Change](#), which overlaps with much of Stachowiak's ideas, but also suggests a further three frames for change: Democracy works, Market-based development and Conflict vs cooperation; and Ben Ramalingham's work on complexity and systems thinking ([Aid on the Edge of Chaos](#) (Ramalingham, 2013)). It would be useful also to include a reflection of the role of the aid system in supporting change, given recent thinking from academics and practitioners on the need for "Doing Development Differently" or "Thinking and Working Politically", summarized in a recent ODI [report](#) building as six factors that explain success in what they call "politically smart, locally led development": 1. Iterative problem-solving; 2. Brokering relationships; 3. Politically smart; 4. Local leadership; 5. Flexible, strategic funding; and 6. A long-term commitment.

- A framework that is so complex that no one except for the author(s) can understand it. People involved in the work should be able to think about the theory of change on a daily basis as they carry out their activities.

**Table 1 – Definition of the elements composing a theory of change<sup>21</sup>**

1	1	Current situation & underlying causes	The ToC includes a statement that summarizes the current situation or problem experienced by the prioritized impact group, and the underlying causes that lead to this. It is built on the findings of assessments of the Underlying Causes of Poverty & Vulnerability, and situational analysis of the Impact Group and Sub-Groups.
2	2	Impact Goal	The Impact Goal represents the enduring impact we would like to see achieved in the lives of the Impact Group. The Impact Goal must be a large-scale social change that can take up to 10-15 years to materialize.
3	3	Domains of change	The Domains of Change are the main areas where we think change must happen in order for the impact goal to be reached. They are areas 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. Usually a long-term program will have two to four Domains of Change.
4		Pathways of change	The pathways of change represent 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 a significant leaps forward that are not easily reversed <sup>22</sup> , which will ultimately lead to the desired Impact Goal. The pathways are the changes that <i>should</i> happen for the Impact Goal to be reached, not only the changes that CARE and its partners will contribute to.
	4	Stakeholder actions	Societal level change will be driven by key actors in that society. The ToC identifies the main stakeholders that must be involved in order for the changes in the Domains of Change and Impact Goal to happen, and what are the critical actions they should be undertaking. Stakeholders can include actors from community to local, national and international levels, from civil society, government, private sector and others.
5		Stakeholders	The ToC identifies the critical stakeholders that must be involved in order for the changes identified in the pathways and Domain of Change to happen. Stakeholders can include specific groups in communities, government agencies at different levels, national and international NGOs, donors, and international financial institutions.
	5	Program strategies	The Program Strategies outline the main roles that CARE will play, with our partners, to contribute to the desired social changes. This is based on an analysis of how CARE can contribute most significantly to the work of the main stakeholders in achieving the desired change, given our capacities, experience and positioning.
6	6	Indicators related to Domains of Change and Impact Goal	The ToC includes indicators that allow us to recognize and measure success at each step in the process of change. Indicators should be defined for each Domain of Change, and the long-term Impact Goal, as well as for the breakthroughs on the pathways of change (Option A). We will also use these indicators to review and test our theory of change.
7	7	Assumptions and hypotheses	The ToC is a <i>theory</i> , based on assumptions we have made about how we believe change happens, why certain Domains of Change are critical for achieving the desired Impact Goal, and why certain strategies will be the most effective way of contributing to those changes. These hypotheses need to be spelled out, and tested.

<sup>21</sup> The number in the orange circle relates to Option A, while the number in the green circle refers to Option B.

<sup>22</sup> Further discussion on breakthroughs is included in Annex 1.

## A suggested method to develop a theory of change

Formulating a theory of change might initially seem like a daunting task, but taking it one part at a time makes it much more manageable. Further details on the different steps in the table above is presented below. The methodology based on the CARE USA guidance is referred to as Option A, while that based on the CARE LAC experience is Option B.

Please find in Annex 13 two example agendas for Theory of Change workshops: a one-week program design workshop conducted by CARE Mozambique to develop its theory of change in February 2012 (Option A), and a two-day workshop conducted by CARE Haiti with partners in February 2015 (Option B).

### 1: Consolidate the situational analysis findings

If not already done, consolidate the UCPV analysis and situational analysis findings in matrix or graphic form. Doing so will help the design team to transition from the situational analysis to the theory of change, as the list of underlying causes of poverty will be the foundation of the design of the theory of change (see Annex 7 for examples).

### 2: Draft the Impact Goal

A useful way to do this is to carry out a visioning exercise that will help the design team to come up with a draft Impact Goal. Guiding questions include:

- What are the aspirations of the Impact Group in 10-15 years from now?
- Imagine a deeply satisfying future. What is different and what is the same in the lives of the Impact Group?
- What would be the top three accomplishments, or “big wins”, of the Long-Term Program?
- Imagine there was a feature article about the Long-Term Program success. What does the headline say?
- What difference is the Long-Term Program making in the lives of the Impact Group?

### 3: Define the Domains of Change

Once we have drafted the Impact Goal of the Long-Term Program, we can move and define the Domains of Change, i.e. the main areas where change must happen in order for the Impact Goal to be reached. The three following points must be taken into careful consideration when defining the Domains of Change:

- **Making choices:** The underlying causes of poverty of the Impact Group have been clearly identified (point 1, above). Since the Long-Term Program cannot have an impact on every single one of them, we have to make choices and decide which ones to focus on. To do so, we can ask ourselves the two following strategic questions: From all the underlying causes of poverty and vulnerability, which ones have the highest “transformative potential”? Which ones should we try to influence for broad social change to be leveraged? If we manage to influence the critical underlying causes of poverty and vulnerability positively, they will have a ripple effect on the intermediate and immediate causes of poverty as well, and the overall change we seek to contribute to is then likely to happen. In order to make the most strategic choices in choosing the Domains of Change, we also need to consider the collective capacity of all stakeholders involved to realistically influence the underlying causes of poverty and vulnerability. When designing their theories of change, most country offices have chosen to focus on two to four Domains of Change in each of their Long-Term Programs.
- **Ensuring immediate causes of poverty are addressed:** In our efforts to design Long-Term Programs focused on the underlying causes of poverty and vulnerability, we must be careful not to forget that the Impact Groups have immediate needs that require our attention as well. The Theory of Change should reflect this reality and include attention to unmet basic needs as well.
- **Alignment to national priorities:** In countries with poverty reduction plans or national strategies relevant to the Impact Groups, we also need to reflect on the extent to which the Theory of Change is contributing to or



aligned with such plans, or other key developmental policies that international organizations are being held accountable for by host governments.

Examples of Domains of Change from different CARE programs are included in Annex 11.

#### **4 & 5: Define the pathways and stakeholders (Option A)**

Once we have defined the Domains of Change, we can identify the Pathways of change, which are maps that illustrate the series of major breakthroughs and related incremental changes that are needed within a Domain of Change in order to reach the desired long-term goal. In fact, these steps often overlap between Domains, so the pathways of a Long-Term Program are not straight – they often look like noodles.

There are usually two main challenges in defining the pathways:

1. **Temptation to go directly into detailed activity planning:** Jumping into detailed and concrete planning of initiatives is tempting, but we need to remain at high level interventions at this stage of the process. The detailed planning will be done later when devising the Program Strategy.
2. **Limiting ourselves to only to what CARE will do:** It is important to remember that a Theory of Change is not what CARE will do, but what we believe needs to happen overall for the Impact Goal to be achieved. CARE will therefore make a *contribution* to the Theory of Change.

Pathways are defined as the conditions necessary for achieving one or more Domain(s) of Change, and the assumptions that support these conditions. Together, they “tell the story” of how you expect the change to happen. Pathways should answer the question of “how” the Domain of Change (DoC) will be achieved. Each pathway may have a label (e.g., changed social norms relating to the practice of child marriage) for the chosen route to getting to the DoC.

When defining pathways, we need to consider the contributions of all actors involved (CARE and other stakeholders), to design pathways that can be realistically achieve taking into account the interests and capacities of each stakeholder. Pathways need to be ambitious, but also achievable. One useful way of doing that is to ask ourselves what our contribution to the Theory of Change will be. This will allow us to identify gaps or pathways and potentially entire Domains of Change that CARE is not well positioned to contribute to, and then ask ourselves if other stakeholders can fill these gaps.

Doing so will also generate an initial list of **key actors** that we will need to engage with in subsequent steps. This analysis should be deepened through a stakeholder analysis (see tools for this in Annex 12). If we realize that too many pathways are unlikely to be implemented because there are no qualified actors to do so, we may want to reconsider our theory. Describing stakeholder roles entails that we clearly articulate CARE’s own roles and contributions to the Theory of Change. We need to be clear about where our contribution starts and where it ends, particularly in the case where CARE joins an already existing Program that was designed and that is led by another stakeholder. Again, it is important to remember that a Theory of Change is not what CARE will do, but what we believe needs to happen, by CARE and others, for the Impact Goal to be achieved. It is therefore important to clearly describe what CARE will do, as well as our strategy to bring other stakeholders’ contributions on board. In some cases, it will not be up to us to “coordinate” these different contributions, hence the importance of clearly describing the different roles of the different actors and the relationships between them.

#### **4 & 5: Define the stakeholder actions and CARE Program Strategies (Option B)**

The type of large-scale change expected from a Long-Term Program, at significant scale - rather than just in a relatively small number of communities, where CARE works directly - can only come from the collective efforts of key stakeholders in society. CARE can and will contribute to those changes, but the key actions that need to be supported are those of actors at all levels of society, from Government, civil society, the private sector, academics, and others.

The first part is to identify the groups of key actors (community groups, organizations of the Impact Groups, private sector, parliamentarians, national and local government, the media, NGOs, donors, etc.), and group them, where similar. Then for each group of actors, identify what are the 3-5 key actions that would be required of those actors, to contribute towards the Impact Goal and the Domains of Change.

Based on that analysis, the next part of this stage is to identify 3-5 Program Strategies for CARE and our partners, which will enable us to contribute most significantly to the Impact Goal, the Domains of Change and the expected actions of the key stakeholders, given our experience, positioning and capacities. It is important to focus here not solely on actions at local level, but strategies that will enable significant contributions to impact at scale. These are likely to be related to the three CARE strategies in CARE 2020 Program Strategy (Humanitarian action, Innovative solutions, and Multiplying impact), amongst other approaches. CARE's [advocacy handbook](#) covers an 8-step cycle for developing an advocacy strategy (see Annex 15), essential guidance for developing policy influencing strategies as part of a Long-Term Program Strategy. CARE Australia also has a useful guidance note on [advocacy in the context of Program Approaches](#).

Other guidance materials, for example, on scale-up strategies<sup>23</sup>, can be useful at this point, as well as reflections on How Change Happens (see Section 2.5, above). There will also be relevant approaches or strategies to include from the Strategy Documents for the Priority Outcome areas, developed by teams leading on these areas within CARE.

## 6: Develop impact indicators

Indicators tell the story of how success will be recognized at each step in the process of change. Indicators should be defined for each Domain of Change, as well as the long-term Impact Goal. A useful intermediate step here is to define the principal areas of impact (thematic, sectoral or cross-cutting) where we would expect to be able to see evidence of impact for the Impact Groups.

Well formulated indicators are crucial for proper monitoring, evaluation and adjustment of Long-Term Programs. Indicators should be limited in numbers (ideally not more than two or three per Domain of Change and area of Impact) and operational. By operational we mean that they include enough detail for us to be able to measure them.

The chosen indicators need also to be able to cover the Impact Group at a national scale, which means in general that we should be selecting indicators collected by others, particularly Government and the UN agencies, within the framework of global priorities, such as the Sustainable Development Goals (SDGs). Priority indicators will also be set within the Strategy Documents of the Priority Outcome areas for the CARE 2020 Program Strategy, so there may be indicators to select from these.

While we may be tempted to define more specific indicators that seem more appropriate or relevant to the Impact Goals and Domains of Change we have defined, this is not advisable. We will unlikely be able to use these to measure change for the Impact Group overall, as we are rarely in a position to be able to mobilize sufficient resources to carry out statistically valid surveys that represent the whole Impact Group, applying indicators we have developed ourselves. See more on indicators in Section 3.5 below.

## 7: Defining Assumptions and Hypotheses

Finally, as the ToC is a *theory*, we need to spell out the assumptions made about the change process, and check these over time. These can be assumptions about:

- How positive social change happens in the context where we are working, for the Impact Groups;
- Why the prioritized domains of change have been selected as critical for contributing to the desired impact goal;
- Why we believe that certain Pathways or Program Strategies will be the most effective way of contributing to those changes.

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<sup>23</sup> Such as the Nesta [manual](#), or the Expandnet [manuals and tools](#).

These assumptions or hypotheses are usually best expressed in the form of *if X, then Y*. For example, the CARE Governance Programming Framework is based on the hypotheses that: *if citizens are empowered, if power holders are effective, accountable and responsive, and if spaces for negotiation are expanded, effective and inclusive, then sustainable and equitable development can be achieved.*

Once we have finalized Domains of Change, Pathways/Program Strategies and indicators, we need to go back to the draft of the Long-Term Program Impact Goal and reflect whether the Theory of Change is well aligned with the goal. This sometimes leads to refining the formulation of the Impact Goal.

### Summarizing the Theory of Change in Graphic form

At the end of the process, it is useful to be able to have a Graphic representation of the overall Theory of Change. Some Programs have found it useful to highlight the Domains of Change, in a mathematical formula, whereby one domain (to which the multiplication sign applies) is considered to have particular capacity to leverage greater impact.



Other Programs have used different formats to summarize their Theories of Change, and some examples are included in Annex 8.

## 2.7 Step 6: Develop a Long-Term Program Strategy document

Now that we have identified the Impact Groups, carried out a thorough situational analysis, developed a robust Theory of Change, one final step remains to finalize the design of Long-Term Programs: developing and finalizing the Long-Term Program Strategy document.

The Long-Term Program Strategy is *the* place where all the different elements of the design process come together and where we start articulating the “models” inside the Theory of Change that we will need to implement. Developing the Long-Term Program Strategy is the step that takes us from the rather theoretic and abstract process of designing to thinking in terms of operationalization and priorities.

The Long-Term Program strategy will mainly be used by two types of stakeholders:

- **All staff and partners:** The Long-Term Program Strategy document will ensure that everyone has a similar understanding of the Long-Term Program and its components. It will also provide clarity about each of the stakeholders' roles and contributions to the Theory of Change. A critical element of the Long-Term Program Strategy is therefore to articulate clearly these different roles, as staff and partners will use the document to develop detailed Implementation plans, budgets, partnership agreements, Memorandum of Understanding, etc.
- **Donors and government counterparts:** A high quality Long-Term Program Strategy document can also be an essential tool to mobilize resources for the Long-Term Program. It will be extremely useful for engagement with donors, who will have an opportunity to learn about CARE and our partners' thinking about fighting poverty and social injustice on the long-term, beyond any particular initiatives we are working on with their support. It is

even possible to develop detailed concept notes for specific models or approaches within the strategy, and to use them when responding to calls for proposals or submitting unsolicited proposals.

Consolidating all pieces of research and analysis in one place is extremely important. When not properly documented, decisions made during Long-Term Program initial design process may seem arbitrary. With staff turnover, it can become difficult to justify certain decisions and Offices can be challenged to articulate and justify their decisions. The summary of the design process into an overall Strategy document helps to avoid this. The Strategy document will answer questions such as: What needs to get done? What needs to happen first? Where? At what level? What is required in terms of knowledge, expertise, resources, support structures, etc.? The Long-Term Program Strategy document gets us moving us much more into the operational level. We have to be careful, however, as the Long-Term Program Strategy is not a detailed implementation plan (which is why it is called a “strategy”) but it will form the basis of future detailed implementation plans.

The critical elements of such a Strategy document are included in the box on the following page. A variety of different formats have been used in CARE for Long-Term Program Strategy documents. This suggested format pulls together different elements of those into one overall approach, which can be adapted as necessary by the team leading the process for any given Long-Term Program.

To be effective, the Long-Term Program Strategy document should include the following elements at a minimum:

1. **Background:** introduction to document and the process of transition to a Program Approach in the Country/Region
2. **Process:** explanation of the process used to develop the Long-Term Program Strategy, including the UCPV & situational analysis, selection of Impact Groups, Theory of Change, and development of Program Strategy document
3. **Impact groups & underlying causes of poverty and vulnerability:** Description of the Impact Groups and any Sub-Groups, including statistics and underlying causes, from the UCPV and situational analysis. This section should also include a short summary of CARE (and key partners') experience to date in working for the selected Impact Group (& Sub-Groups)
4. **Theory of Change:**
  - Impact Goal
  - Domains of Change – and hypotheses behind their selection
  - Stakeholders and their contributions
  - Pathways & breakthroughs/CARE Program Strategies<sup>24</sup> – and hypotheses behind their selection
5. **Strategy Implementation:** providing further details and guidance on how CARE and partners will put the strategy into practice, including:
  - Operational models and innovations - highlight the main innovations or models the Long-Term Program will develop and scale up
  - Advocacy and multiplying impact strategy – main priority issues and alliances for influencing in the Program
  - Main sectoral “sub-strategies” - outline any sectoral priorities, and main strategies for these
  - Portfolio mapping - how current projects contribute to achieving the Domains of Change, and implementing the Pathways/Program Strategies - & actions that could be incorporated into projects in the future
  - Integrating humanitarian perspectives in the Long-Term Program
  - Core programming approaches, such as gender equality, governance, accountability, partnership, DRR or climate change, etc.
  - Geographical focus – priority geographical areas, within the country/region, where the Long-Term Program will work, and why these have been selected
  - Alignment with the CARE 2020 Program Strategy – how the Long-Term Program is aligned with and will contribute to the CARE 2020 Program Strategy, and other organizational priorities
6. **Program management:** how the Long-Term Program will be managed and supported:
  - Staffing and teams – how the Program will be managed, and how the team(s) that will implement the Program will be structured
  - Strategic partnerships – identify the most important Partners that the Program will work with, and the approach for mutual capacity-building
  - Resource mobilization – the current and future opportunities for mobilizing funds for the Program
  - SWOT analysis – an initial analysis of the capacity of the Country/Regional Team to carry out the roles/strategies outlined in the Long-Term Program
  - Competencies: current and desired competencies in staff, and strategies for strengthening and filling any gaps
  - Communication – how regular internal and external communication will be promoted
7. **Monitoring, Evaluation & Learning:** how success will be tracked and measured, and the Knowledge Management & Learning (KML) system that will be put in place to support the program;
8. **Initial priorities:** outline specific priority areas for the first 2-3 years of the program: the specific innovations and models to be developed, or supported to be scaled up, advocacy initiatives (with specific policy change priorities), specific knowledge products or processes under knowledge management and learning, resource mobilization priorities, etc.

<sup>24</sup> Depending on which Methodology used (Option A or Option B).

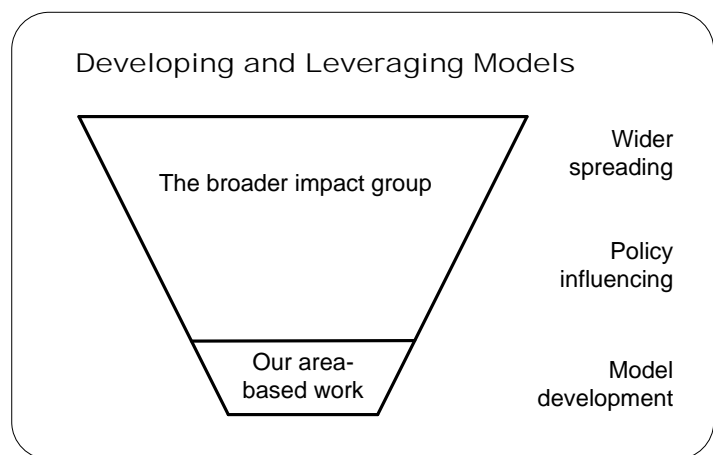
Many of these elements have been covered in the earlier steps in this section. Below, we provide further details on some of the other elements in the proposed format.

### Operational models and innovations

To some extent, the pathways or the CARE Program Strategies in the Theory of Change give an idea of very high level interventions, but more details are needed to operationalize the Long-Term Program. The Long-Term Program strategy will unpack the Theory of Change further, unpacking Pathways/Program Strategies in particular into more “high level activities”, and will describe operational models, as well as the relations and linkages across Domains of Change. For example, if a CO has a focus on pastoralist girls, it could describe its model around girls' leadership. What evidence does the CO have for this model, and what is the strategy to influence the Ministry of Education's policies nationally and get this model rolled out more widely?

Having direct impact in communities is important in a Long-Term Program, but contributing to impact at scale requires developing and validating new approaches, to address the prioritized underlying causes of poverty. This changes how we view our community-level work in our projects, from ends in themselves, to approaches for model testing, to demonstrate something worthwhile is being achieved. As outlined in Figure 8, really significant impact will only occur once it starts to happen beyond the locales of specific projects. This means that CARE will need gradually to broaden the ownership of its interventions and models, so that in time they exist ‘in society’, rather than as just constructions of CARE, within a somewhat artificial “project bubble”. That means that we need to involve those who could potentially scale up models and innovations in the future, particularly from Government, in the validation process, in order to ensure ownership and commitment to the new approaches, and make future scale-up or related policy changes more likely. Further discussion on models is included in Annex 14.

**Figure 8: Models for impact at Scale**



In terms of linkages across Domains of Change, we also should explain how work is linked within and across the Domains of Change. For example, how is health systems strengthening in Domain X linked with work on men's engagement in Domain Y, to eventually lead to a reduction of maternal mortality? How are Village Savings and Loans Associations (VSLAs) linked to work to change social norms, and ultimately impact on Gender-Based Violence (GBV) awareness? How is support to decentralized local governments linked to women's decision making power at home?

### Advocacy

Sound Long-Term Program design includes policy analysis of issues that were identified as critical during the situational analysis process. This section should present the key issues and themes for policy advocacy in the Long-Term Program and describes what these themes are (e.g. land tenure systems in dry lands, women's inheritance rights, etc.) and how they link with the situational analysis findings on the main underlying causes of poverty and vulnerability that we are trying to address through our Theory of Change. This section should also show how these policy advocacy themes have influenced choices and decisions around partnerships. Depending on the extent of the policy analysis prior to writing the Long-Term Program Strategy document, this section may also include a description of the advocacy strategy for the priority themes. The [CARE Advocacy Manual](#) provides more detailed guidance for developing an Advocacy strategy (see also Annex 15).

### Main sectoral “sub-strategies”



Besides articulating models, the Long-Term Program Strategy should also describe the major sectoral “sub-strategies” that the Long-Term Program will use to contribute to change. For example, a Country Office may need to develop a natural resource management sub-strategy, or a sexual reproductive health sub-strategy, as areas of specific organizational expertise and effort within the Long-Term Program. We need to describe these at least briefly and explain how they will work together.

## Portfolio mapping

A critical step between the high-level strategizing and thinking of the Theory of Change and putting this into practice is to map in detail how our current projects, and the work of our main partners, is already contributing to achieving the Domains of Change, and implementing the Pathways/CARE Program Strategies in the Theory of Change. This section can also identify initial actions that could be incorporated into projects to contribute further to the Long-Term Program in the future. This is really where “the rubber hits the road”, and the Long-Term Program strategy starts feeling real to staff. The portfolio analysis helps highlight where we have relevant experience and expertise that can be a valuable contribution to the Long-Term Program, or models that have been tested and that can be scaled-up quickly.

This can best be summarized in matrix form, for current actions and future actions, with projects and key partners on one axis, and Domains of Change and Pathways/Program Strategies on the other, as in the table below:

### Existing work to build off:

	Domains of Change			Pathways/CARE Program Strategies		
Project/Partner	1	2	3	A	B	C
Project 1						
Project 2						
Partner A						
Partner B						

### Priorities for future:

	Domains of Change			Pathways/CARE Program Strategies		
Project/Partner	1	2	3	A	B	C
Project 1						
Project 2						
Partner A						
Partner B						

## Integrating humanitarian perspectives in the long-term program

When devising the Long-Term Program strategy, it is essential to describe explicitly how humanitarian perspectives will be integrated in the Long-Term Program. The following guiding questions can be helpful to do this:

- **Which pre-emptive measures is the Long-Term Program taking to help Impact Groups avoid emergencies and become better equipped so that the impact of disasters are reduced?** In other words, what are the Disaster Risk Reduction (DRR) priorities of the Long-Term Program? Is DRR integrated as a cross-cutting issue or as a component in its own right? Is the Long-Term Program using a gender-based approach to analyze DRR? Is DRR an integral part of the Monitoring, Evaluation & Learning plan?
- **What are the emergency initiatives planned by the Long-Term Program? What are the concrete links between the emergency and the development initiatives planned in the Long-Term Program?** How exactly do the emergency initiatives build on the development initiatives of the Long-Term Program? How do the emergency initiatives protect the development gains made by the Long-Term Program?
- **How does the Long-Term Program intend to withdraw its emergency initiatives while ensuring the achievements of the Long-Term Program are not jeopardized and that progress toward the Impact Goal**

**continue?** Will the Long-Term Program development initiatives continue to support disaster-affected members of the Impact Groups? If yes, how?

- In accordance with CARE's humanitarian mandate, we might decide to respond to an emergency affecting other groups than our Long-Term Program Impact Groups. **What would be our exit strategy in doing so? How do we ensure that the emergency response does not become de facto another Long-Term Program?**
- **Will the theory of change be reviewed if a major disaster significantly affects the Impact Groups of the Long-Term Programs?** If yes, under which conditions and how?

Looking at these questions carefully will ensure that humanitarian perspectives are highly integrated in Long-Term Programs and will allow CARE to enhance its contribution to meaningful and sustainable change.

### Core programming approaches

The Long-Term Program Strategy should also describe the major approaches that will be applied in our Program, including the three core elements of the CARE approach (gender equality, inclusive governance and resilience), or other cross-cutting approaches (such as accountability, rights based approach (RBA), partnership, or climate change, etc.). Where strategy documents for these approaches have already been developed, provide a short summary of how we will ensure that they are put into practice in the Program. The CARE Australia [guidance on incorporating a women's empowerment lens](#) into Long-Term Programming can be useful here.

### Geographical focus

The document should outline initial thinking or decisions on geography, and any priority areas within the country/region where we will focus our efforts. This needs to explain how we came to this geographic focus, and based on which criteria. We should explain how the proposed geographic focus supported by existing poverty and vulnerability data in general, as well as the analysis of the Impact Groups in particular.

### Alignment with the CARE 2020 Program Strategy

As the guiding document for CARE's programming globally, it is essential to explain how the Long-Term Program is aligned with and will contribute to the CARE 2020 Program Strategy. This should include outlining how the Program is applying the three elements of the CARE approach (Strengthening gender equality and women's voice, Promoting inclusive governance, and Increasing resilience), and the three CARE Strategies (Humanitarian action, Promoting lasting change and innovative solutions, and Multiplying impact). It should also explain any contributions to the four priority outcomes (Humanitarian assistance, Sexual Reproductive & Maternal Health & Gender Based Violence, Food & nutrition security & climate change resilience, and Women's economic empowerment).

This section can also be used to explain how the program contributes to other organizational priorities and strategies (for example, those of CARE Member Partners, as appropriate).

### Staffing and teams

This section should outline how the Program will be managed. Which roles will lead or contribute technically? What team structures will be set up, for planning and learning, at national or subnational levels? What is the expected role of Project Managers, or technical advisors? What are the roles of the finance and program support departments (procurement, logistics, audits, etc.) in Long-Term Program implementation? What becomes the role of subnational offices, given the role of partners?

### Strategic partnerships

Ultimately, a Program Approach means that we are looking for key actors with whom to co-develop strategic initiatives: real partners, not cheaper, local implementing partners of something we or donors have designed. This means identifying the key actors with whom we can develop - or who already have - initiatives in line with the strategic intentions of the Long-Term Program, and then supporting those actors and working alongside them to do this.

The Long-Term Program Strategy document should therefore describe the key partners we will work with in the Long-Term Program, drawing from the findings of the stakeholder analysis and our own portfolio analysis. This section should as possible identify the main (3-5) key partners, and their roles and contributions to the program, as well as the types of relationships that will need to be developed between them and between them and CARE. It should outline where there are opportunities for capacity strengthening of CARE from the partners, as well as the approaches to strengthening partner capacity, and in what areas, that will be put in place by CARE.

### **Resource mobilization**

The Strategy should outline funding opportunities that are currently being prepared for or explored that are aligned with the Long-Term Program and its Theory of Change. It can also highlight potential donors to approach in the future, as well as the opportunities to mobilize different types of resources for the program, through links with different partners. For example, this could include the potential for obtaining expert resources from academic or private sector partners, or volunteer-sending agencies, to support the strategies in the Program, and how these would be mobilized.

It should also outline how increasingly flexible funds can be mobilized, for investment in strategic initiatives that fall outside of projects, for keeping key staff between projects, as well as more innovative approaches such as social entrepreneurship.

### **SWOT analysis**

A summary of the Strengths, Weaknesses, Opportunities and Threats for CARE and key partners, vis-à-vis the work that will be required under the Long-Term Program, is a good way of focusing attention on windows of opportunity or existing successes to take advantage of, as well as on areas where capacity needs to be strengthened.

### **Competencies**

Related to this, working under a Long-Term Program will require some new or different competencies in staff and partners, such as capacity-strengthening and mentoring, supporting scale-up, advocacy, generating evidence, mobilizing knowledge & learning, communicating with impact, brokering partnerships and alliances, etc. These critical competencies should be described, along with the main strategies to be put in place for strengthening competencies and filling any gaps.

### **Communication**

As noted at in Section 2.2 (Step 1: Preparing for change), regular internal and external communication to reinforce the message and the need for change, as well as existing or early successes to build off, is essential for a successful change process. The Strategy document should explain the principal mechanisms for communication that will be used, and who will be responsible for producing these.

### **Monitoring, Evaluation & Learning**

The Long-Term Program Strategy document should provide a high level description of our strategy for impact tracking and knowledge management and learning, including how we will test the hypotheses in the Theory of Change, how we will update our analysis of the situation, and how we will track change against indicators. It should highlight the evidence needed in the program to contribute to the Multiplying Impact strategies, and how this will be generated. This section should not just focus on indicators but also describe the system(s) that will be established to ensure knowledge gets generated, captured, analyzed and applied to refine models, review and adapt the Theory of Change, improve the Long-Term Program strategy, and contribute to organizational learning. The section will give a snapshot of the Long-Term Program impact tracking and knowledge management systems, highlighting ongoing learning and reflective practice. This is developed in further details in Section 3.4 and 0 of the Guide, below.

## Initial priorities

While the Strategy is not an operational plan, it is useful to outline some specific priority areas for the first two-three years of the Program and its implementation. These should include:

- Specific innovations and models to be developed and validated;
- Proven models or approaches to be supported to be scaled up;
- Multiplying impact initiatives (with specific influencing and policy change priorities, alliances, etc.);
- Specific knowledge products to be generated and disseminated, or knowledge management and learning processes to be put into place;
- Priority areas of the Theory of Change for resource mobilization. For example, the Portfolio Mapping will have shown that we have more work on some Domains of Change or Pathways/CARE Program Strategies than others, and so we may need to put particular attention on relatively neglected areas. Or we may decide to concentrate resources initially around certain parts of the Theory of Change, and only later introduce work related to other parts.

Where these priorities can be incorporated into ongoing work – whether within ongoing projects (under project implementation, or planned studies or evaluation exercises), or supported by more flexible or unrestricted funding – this should be identified to assist with planning and accountability. Annex 16 contains a useful format for such Long-Term Program Operational plans, linking activities to Domains of Change and Strategies/Pathways.

These questions, and many more depending on the context, will need to be answered when developing the Long-Term Program strategy. The Long-Term Program strategy is then not just a writing exercise, but an opportunity to make strategic decisions as to how Long-Term Programs will be operationalized on the ground, and should inform the country office's change management plan.

## Useful resources

- CARE Australia [Guidance on approach to Women's Empowerment Programming](#)
- CARE International [Advocacy Handbook](#)
- CARE USA East & Central Africa Region [Analysis Design Compendium](#)
- Example program strategies – on [Minerva](#)

## Part 3. Operationalizing Long-Term Programs

(Picture covering half page with title “PART 3 – Operationalizing Programs”)

### Summary

This chapter explains how to turn the Long-Term Program design into reality. It provides guidance on how to align the current portfolio of projects and proposals with the Theory of Change of the Long-Term program, including ensuring this thinking is integrated into decisions about all future funding opportunities. It discusses the implications of working within Long-Term Programs for CARE's approach to partnership, as partnerships become more “strategic”, rather than operational or solely focused on implementation. The chapter also outlines how to develop a Long-Term Program Monitoring, Evaluation and Learning (MEL) system, based on six main elements: indicators to track progress; a process of regular review of progress against the Theory of Change; testing key hypotheses and assumptions in the Theory of Change; contribution analysis, to determine the significance of CARE and partners' contributions to the changes achieved; the linkage between project MEL and the long-term program MEL system; and Knowledge Management & Learning.

The chapter also outlines the implications for organizational structural change, with examples of different approaches used by different offices, and explains some of the changes required of Program Support services, such as Finance, Administration and Human Resources, given the change in roles that CARE will play under a program, and the likely needs for different skill sets amongst staff, as we focus more on facilitation, convening and influencing, and away from direct service delivery. The chapter ends with a discussion of accountability and communications, as key elements of implementing a long-term program.

Links to further useful resources are included at the end.

### 3.1 Introduction

At this stage, the Long-Term Programs have been designed. In order to implement them, however, many of our systems and processes need to evolve, as the Program Approach has substantial implications not only on *what* we do, but also *how* we do it. This section provides practical guidance and experience-sharing on key aspects of our work to put these Programs into practice.

### 3.2 Review of current portfolio

The Portfolio Mapping section of the Long-Term Program Strategy provides an initial review of the degree to which current projects are aligned with, or contribute to, the Theory of Change. This will need regular updating, as new projects start and old projects end. Often, one project will contribute to more than one Long-Term Program, although it is likely to “fit” primarily under one more than another. That is not a problem!

The initial review of our portfolio can also be expanded to include current proposals, both those that we are currently working on or preparing for, as well as those pending response from the donor. It may be that this review identifies some current projects or proposals that no longer fit at all well with our priorities under the Long-Term Programs. Here, we need to determine whether they should be phased out (meaning we won’t pursue future funding to continue this work, because of its limited contribution to the ToC), or whether there are opportunities to include strategies or approaches in these initiatives that would enable them to contribute better to a Program, or to position CARE and partners better to carry out strategic work related to the Program. This is definitely more art than science.

Alignment with the Long-Term Program should also be included explicitly as part of the Go/No Go process, to determine whether to respond to funding opportunities that emerge. The CARE Australia [guidance on aligning funding calls with program approaches](#) provides useful advice here.

### 3.3 Implementation

The 10-15 year time horizon of Long Term Programs requires long term thinking, but also more detailed planning over shorter timeframes. Some Country Offices in Asia have developed a methodology to identify CARE’s contributions to long term programs for a five year period. This “unpacking” process helps clarify and define priorities for action by CARE for the first five years of the Long Term Program. A process for this is further described in a CARE Australia [guidance document](#).

The final section under developing a Long-Term Program Strategy document (under the section on developing Initial Priorities) will also have set some priority areas for models and evidence, for advocacy, knowledge management, resource mobilization and partnerships, amongst other areas. The activities agreed here need to be incorporated into project budgets and plans, or Country/Regional Annual Operating Plans (and unrestricted/flexible funding budgets), to ensure they are then implemented. These should then be reviewed, with updated plans developed, on an annual or biannual basis (see more on this in Section 4.3, below).

A useful format for such Long-Term Program Operational plans, linking activities to Domains of Change and Strategies/Pathways, with clearly assigned responsibilities and timeframes, as well as which projects are involved and the amount and source of resources required, is included in Annex 16.

### 3.4 Partnership

One of the major changes of implementing a Long-Term Program is how we work with our partners. This requires building much more equal, horizontal and transparent relationships, very different to the transactional, contracting



relations that have characterized much of CARE's project-specific partnerships in the past. As contributions to the long-term impact goals require collaborative work by multiple actors, CARE needs to build alliances and relations with partners in civil society, government, and the private sector, and work in a way that demonstrates our value addition to these partners, alliances and coalitions.

As noted above in the section on the Long-Term Program Strategy document, programs will have strategic partnerships, with partners with whom we will develop mutual capacity-building, strengthening both CARE's own capacities in what we learn from our partners, as well as seeking to strengthen capacities of our partners in areas where we can add value. A key element of working programmatically is developing new types of relationships or partnerships with other organizations, networks and alliances working on similar changes mapped out in our long term program designs. CARE Australia refers to these as **Strategic, non-resourced based partnerships**<sup>25</sup>, in other words collaborating with different development actors (government, international, local and private sector) engaged in supporting similar impacts for marginalized groups.

These can be seen as partnerships which:

- Are built around shared commitment to specific impacts, or the strategic intent of the program design;
- Operate at the program, or cross-program level, rather than at the project level;
- Are generally about engagement at national level;
- Will often aim to scale up impact, through advocacy initiatives, ownership of models, or expanding reach into areas where CARE is not operational; and
- Generally (but not always!) do not involve a financial relationship.

This also has significant implications on the skill sets of our staff: CARE will require staff who are facilitators and connectors, as opposed to having a majority of staff who are focused on service delivery. Our Human Resource systems, as well as our sub-grant management approaches, need to be adjusted to build these capacities, and these more horizontal forms of relationship. This will involve also changes to our organizational culture, becoming more open to learning from others, and to ceding control and power.

### 3.5 Monitoring, Evaluation & Learning

*"A good Theory of Change is a kind of 'iteration engine', creating space for reflection and learning, and consequent (initially unforeseen) adjustments to the programme"* (Duncan Green, Oxfam – [August, 2014](#)).

Measuring and tracking progress and performance in a Long-Term Program requires a shift in thinking about monitoring and evaluation, compared with approaches used in projects. There are three main differences:

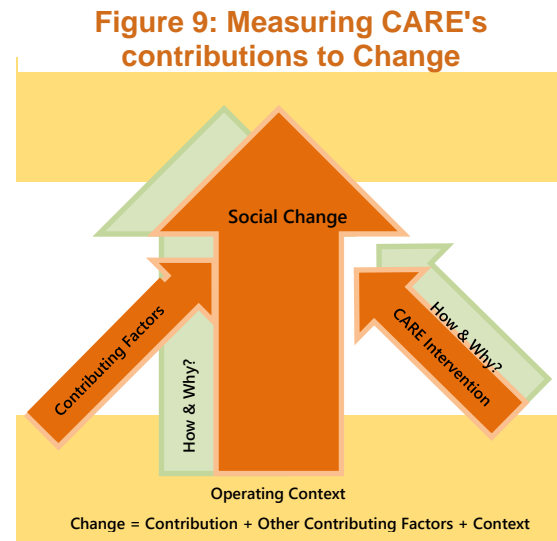
1. The impacts we wish to see are over a much **longer time-frame** – over 10-15 years, rather than the normal three to five years in a project;
2. The changes need to occur at a much **larger scale** - national coverage for an Impact Group, rather than solely in target communities, or groups within them, in a project; and
3. CARE and our partners' work can only ever **contribute** to the impacts, but will never be solely or even primarily responsible. In this sense, it makes more sense to be talking about contribution, not attribution, at least at the level of the Program<sup>26</sup>.

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<sup>25</sup> See document on [Program Approaches and Strategic NRB partnerships](#) (August 2013), and CARE Australia guidance on developing a [partnership development strategy](#) within a long-term program.

<sup>26</sup> In projects that are part of the Long-Term Program, there may still be cases where attributing impact related to a specific intervention is required, especially where we are validating or testing a model, for which we need to generate evidence of impact.

CARE recognizes that life is dynamic and we work in situations where multiple stakeholders interact and influence the projects we implement, and where there are constant changes in social, economic, structural, environmental or other dimensions that we have to be aware of and adapt to. We aim to explain a process of desired social change by making explicit the way we think about the current situation or problem, its underlying causes, the long-term change we contribute to, and what needs to happen in society in order for that change to come about. As outlined in Figure 10, CARE's overall approach to evidencing change through the Program Monitoring, Evaluation and Learning (MEL) system focuses on understanding how the work we implement or support contributes to change, how we can explain and demonstrate the successful strategies that facilitated that change, as well as understand the internal and external factors that make that change possible (contribution).



Further, it is essential in developing the Long-Term Program MEL system that we create something that is manageable, and fit for purpose. There is a tendency when developing such systems to over-design or make too complex, with too many indicators, too many lenses of analysis, and too many processes, so that they are never actually implemented. The majority of the resources that CARE and partners will have for MEL are likely to remain project-focused: project specific baselines or evaluation exercises, M&E staff working full-time on a specific project, or part-time across various projects. The level of additional resources to build, manage and maintain a Program-level MEL system needs to be carefully taken into account, to ensure it generates data and analysis that is useable for the main purposes of:

- Accountability – to Impact Groups and other stakeholders, for the contributions we make;
- Revising Theories of Change – so our strategies are adjusted based on our learning and experience; and
- Evidence to influence policy.

A Program MEL system, therefore, needs six main components:

1. Tracking of Impact and Domain of Change indicators, on an annual or biannual basis, from national statistics wherever possible;
2. Review of progress against the Theory of Change, in relation to the Domains of Change, in implementing the Program Strategies/advancing on the Pathways of Change, and in managing the Program.
3. Testing hypotheses in the Theory of Change, to determine the validity (or not) of the assumptions and hypotheses behind the Theory of Change;
4. Contribution analysis, to determine partners' and other stakeholder's analysis on the significance of CARE's contributions to the broader changes in the lives of the Impact Groups, and advances in relation to the Domains of Change;
5. Ongoing measurement of impact, effects and results within projects, particularly where testing and validating innovations or models that are part of the Program;
6. A Knowledge, Management and Learning (KML) framework and plan for the program, covering the three areas of: Knowledge Management processes & systems, Knowledge Management technologies, and Organizational culture.

We describe each of these six elements in further detail below:

## 1. Indicators

To determine whether we are seeing progress towards the desired Impact Goal, we need to use indicators that cover the Impact Group at a national scale. This means we will largely be using indicators collected by others,

particularly Government and the UN agencies, within the framework of global priorities, such as the Sustainable Development Goals (SDGs<sup>27</sup>), or national plans and strategies. This is for two reasons:

- We want our story of progress under the Long-Term Program to be meaningful to external stakeholders and actors, who we are working with or seeking to influence under the Program. Reporting progress, for example, in household income against the value of household assets (from CARE surveys in a project), rather than against household income or consumption (as measured by Government and donors), would reduce the usefulness and value of the results we want to report;
- CARE will very rarely be able to mobilize sufficient resources to carry out surveys that apply those indicators we develop ourselves and which represent the whole Impact Group in statistically valid ways. We would therefore not be able to measure progress for the Impact Group using such CARE-specific indicators.

Where possible, standard indicators used by CARE should be chosen, especially within the Priority Outcome areas and three elements of the CARE Approach from the CARE 2020 Program Strategy, to enable meaningful sharing of learning and experiences, and some level of global aggregation.

In general, it is recommended that two-three indicators are chosen for each area of impact under the Impact Goal, and for each Domain of Change: fewer than this is usually too restrictive, and a larger number becomes unmanageable and makes it harder to put the MEL system into practice.

There will be cases where there are no globally-used indicators that are valid for the type of Impact or Domains of Change, and where we have no choice but apply our own indicators. In some cases, these can be taken from those that have been validated by relevant CARE global programs (for example, the [Youth leadership index](#) or the [Gender Equity Index](#) that have been developed by the CARE USA Education Team), but at times, new indicators would have to be developed to fit the context and purpose of the Long-Term Program Strategy. This should be the exception, rather than the rule, and ideally even in these cases, relevant stakeholders in Government and civil society who work on the issue can be involved in the choice and validation of indicators.

There are other cases where existing indicators do not cover the specific Impact Group, but rather a broader group (pastoralist school-age girls may well be covered within data related to all school-age girls). In that case, CARE and partners can either use existing data, and any relevant disaggregation available (e.g. by the regions/provinces that have a higher share of pastoralists), and/or seek to advocate to Government and the relevant UN agencies for specific disaggregation to be carried out in future for the Impact Group.

The chosen indicators should also be used, where feasible, as indicators within project logical frameworks, so our project MEL systems contribute information and analysis to the overall Program MEL system. They should be mapped, to determine sources of data and frequency, and tracked on a biannual/annual basis (using, for example, a format similar to that in Annex 17).

## **2. Progress against the Theory of Change**

As well as tracking the areas of Impact and Domains of Change, it is also important to develop and monitor indicators against other elements of the Theory of Change. This includes the Pathways of change (Option A) or the CARE Program Strategies (Option B). Here, one or two indicators per Pathway/Strategy can provide a useful way of determining whether change is moving in the right direction and whether CARE and partners are fulfilling the roles required of them in the Program. Such indicators are likely to be CARE-specific, relating to the way the Pathway/CARE Program Strategy has been described, and will often be qualitative (e.g. “# of innovative models validated by CARE and partners to address inequitable social norms”, or “# of changes in public policies/legislation/practice promoting women’s rights following advocacy by CARE and its partners”). As above, seek where possible to incorporate these indicators into project logical frameworks, to ensure project MEL systems generate data to feed into the Program MEL system.

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<sup>27</sup> Once these have been agreed in late 2015 – the proposed indicators are currently (early 2015) available at <http://unsdsn.org/wp-content/uploads/2015/01/150116-Indicators-and-a-Monitoring-Framework-for-SDGs-working-draft-for-consultation.pdf>.

This element of the MEL system also needs to include a system for regular tracking of changes in the context: the trends, assumptions and risks which could require us to adjust our Theory of Change. This can be an annual or biannual reflection session, or incorporated as a session into other Program or Team planning meetings.

### 3. Testing hypotheses

The Theory of Change will have defined a set of hypotheses, justifying and explaining the links between Domains of Change and the Impact Goal, and between Pathways and Domains of Change (Option A), or between CARE Program Strategies and Domains of Change (Option B). Hypotheses are the central piece to testing the Theory of Change. We need to be vigilant of the causal relations embedded in the ToC which, if investigated and proven false, may be a critical barrier to success. Sometimes the most tacit assumptions are the ones that really need to be tested (e.g., does women's economic empowerment always lead to improved status in the household?). Similarly, improving the quality of the Long-Term Program will depend on what we learn from hypothesis testing. Otherwise, the Theory of Change is nothing more than a conceptual framework that can help guide our work, but is not necessarily subject to questioning and review.

It will not, however, be possible to test the entirety of hypotheses in your Theory of Change, so we must decide on those that are vital to success in achieving the Impact Goal, and for which there is no existing empirical base of evidence. A literature review can help determine which hypotheses that have already been tested. There will also be some priority hypotheses that CARE is seeking to analyze at a global level, under the CARE 2020 Program Strategy, related to the three elements of the CARE Approach and the four priority Outcome Areas. Prioritizing these for a specific Long-Term Program at Country or Regional level can help contribute evidence to these broader processes, as well as take advantage of tools and methodologies that have been developed and can be adapted to the local context of the Program or Project in which the hypothesis will be tested.

### 4. Contribution analysis

As noted earlier, CARE's work under a Long-Term Program will always only be one set of contributions to broader processes of change, within a dynamic and changing context. At a Program level, it will almost never be feasible nor practical to use an experimental evaluation design that could prove that the impact, for the whole Impact Group, was attributable to CARE and partners' work. This is particularly the case for the results of CARE's efforts to Multiply Impact, where changes are the results of the work of many different organizations and processes. But at the same time, simply measuring whether the Impacts and Changes (in the Domains of Change) occurred, and the validity of our assumptions, does not actually show that CARE did anything meaningful to enable these changes. Economic empowerment of young women in Bangladesh or Cambodia, for example, could be shown to have occurred (the Domain of Change), and led to increased intra-household decision-making and reduced violence against women (the hypotheses, leading to the Impact), but have been caused by the work of other organizations or generated primarily by dynamics totally outside our control, influence or engagement (such as massive expansion of the garment industry).

Contribution analysis<sup>28</sup> seeks to assemble a "contribution story", explaining links between our actions and the expected changes and impacts, and to validate that story through evidence from case studies and external stakeholders, to determine the significance of CARE and our partners' contributions to the Impact Goal and Domains of Change.

### 5. Project MEL within Long-Term Programs

As mentioned above, most actual Monitoring, Evaluation and Learning work under a Long-Term Program continues to take place within the framework of a project. Projects will have their own logical or theoretical models, in a Logical Framework or project Theory of Change, and where possible and appropriate, these should include indicators and

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<sup>28</sup> A good introduction to contribution analysis is available at [http://www.cgiar-ilac.org/files/ILAC\\_Brief16\\_Contribution\\_Analysis\\_0.pdf](http://www.cgiar-ilac.org/files/ILAC_Brief16_Contribution_Analysis_0.pdf).

hypotheses from the Long-Term Program(s) to which they contribute. Project studies (baselines, thematic studies and research, evaluations, etc.) can then feed into and contribute to the broader Program MEL systems.

The methodological approaches to project impact measurement that are most appropriate will depend on the purpose of the project, and the proposed use for the evidence that can be generated. For example:

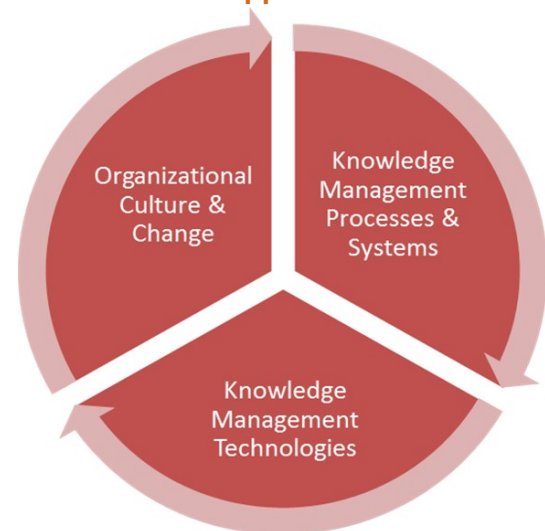
- If the project is seeking to validate a model or innovation, and generate evidence of effectiveness and impact of that innovation, then the evaluation approach needs to be based on the level of rigor that the expected users of that evidence would require. In some cases, this may mean an experimental design, such as a Randomized Control Trial, involving a strong academic partner<sup>29</sup>. In other cases, statistical analysis comparing before and after and comparing different sets of interventions<sup>30</sup>, or with a control group may be sufficient, particularly if policy makers are involved in the design of the evaluation<sup>31</sup>. Case study methods, where decision-makers are jointly involved with other stakeholders in defining research questions and methods, have also proven effective, as for example in the Learning and Practice Alliances as a mechanism for action research in the Global Water Alliance in East Africa<sup>32</sup>;
- If the project MEL system is primarily about showing results and effectiveness to the donor, and the donor does not specify a particular evaluation methodology to use, then CARE has greater freedom in choosing an evaluation approach that is cost-effective and appropriate. If the project is able to validate or generate evidence related to a key hypothesis in the Theory of Change, then this should be included in the evaluation design, applying a Theory Based Evaluation approach;
- In other cases, the evaluation methodology is determined by the donor, or the lead institution in the project (the "Prime"), and CARE may have little choice or influence. Even in such cases, the potential to include prioritized hypotheses or indicators from the Long-Term Program should be explored;
- Advocacy or influencing projects or initiatives within a Long-Term Program also often require different MEL approaches and methodologies (see Step 8 of the CARE International [Advocacy Handbook](#)).

## 6. Knowledge Management & Learning

Creating space for reflection and learning, and ensuring that is captured, shared and applied, to improve programming, adjust theories of change, and influence the practice of others, is essential in a Long-Term Program. CARE's approach to KML highlights the needs to work not only on Knowledge Management processes and systems, such as reflective practice spaces or research or reporting, and on Knowledge Management technologies, such as MIS systems or databases or websites, but also on addressing the organizational cultural barriers to effective and ongoing learning.

A suggested approach is to develop an overall KML framework and plan across all the Long-Term Programs in an Office, specifying critical activities to include under the three components of KML. This should also include an explicit prioritization for each Long-Term Program of the specific knowledge products that will be generated, to share the evidence and learning from the Program. This should identify the knowledge and evidence that is needed to be generated given the influencing goals of the program, along with the key audiences for knowledge products, and how they would be expected to use these, to ensure knowledge and evidence is tailored to the end users.

**Figure 10: the 3 components of CARE's approach to KML**



<sup>29</sup> For example, CARE and Instituto Promundo are carrying out a Randomized Control Trial of the Journeys of Transformation methodology in Burundi, starting in 2014, with results expected in 2017

<sup>30</sup> Smith et al., Admissible Evidence in the Court of Development Evaluation? The Impact of CARE's SHOUHARDO Project on Child Stunting in Bangladesh (2011). IDS Working Paper 376 - <http://www.ids.ac.uk/files/dmfile/Wp376.pdf>.

<sup>31</sup> As for example in the joint CARE-Ministry of Health ex-post evaluation of a maternal health Project in Peru – see <http://www.careevaluations.org/Evaluations/PER%20-%20Femme%20-%20Sp%20-%20Final%20-%20Sep%2006.pdf>.

<sup>32</sup> See [http://www.gwieastafrica.org/media/GWI\\_LPA\\_20141.pdf](http://www.gwieastafrica.org/media/GWI_LPA_20141.pdf).



Analysis of all these six elements of the MEL system, including of the changes in the context, should be fed into a regular process to **review and adjust** the Theory of Change, based on our learning to date and the changes we need to make to respond to the changing context (see Section 4.3, below).

Such an overall Program MEL system will also allow us to be more accountable in more meaningful ways, as we will measure our success not just on our own activities, but in terms of significant and lasting change in the lives of the Impact Group. Our processes will also generate information about impacts and results that we can contribute to government agencies, other stakeholders and networks, improving our accountability and credibility with these groups.

Annex 18 includes summary overviews of Long-Term Program Monitoring, Evaluation & Learning systems that include many of these elements.

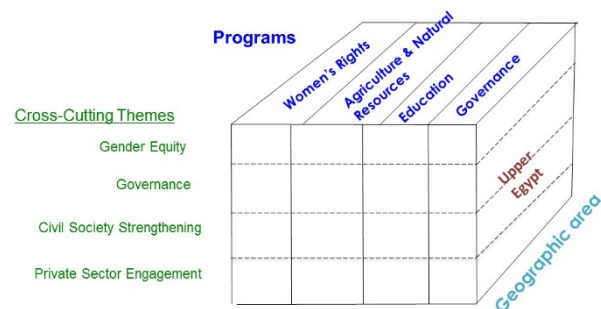
### 3.6 Program-aligned organizational structures

Working under a Long-Term Program, rather than just a collection of projects, will usually require reorienting and aligning organizational structures, as well as policies, work-planning processes, systems and internal relationships. How a Country Office is best structured to manage its Programs depends very much on the local context, the size of portfolios, level of geographical coverage, etc., but most offices have had to find a way of balancing three factors:

- Impact groups;
- Thematic areas or cross-cutting approaches;
- Geographical sub-regions.

One helpful way of illustrating this is through the image of a Rubix Cube, such as the example in Figure 12 from CARE Egypt, showing its four programs, with a geographic focus on Upper Egypt, and four cross-cutting approaches. Further examples of Country Office Rubix Cubes are included in Annex 19.

Figure 11: CARE Egypt "Rubix Cube"



Other important structural decisions involve assigning responsibilities to lead on a particular Program, and convening teams, with members from different projects and partners, as well as from Program Support areas, to serve as the main space for Long-Term Program planning and review. Some Country Offices have found it useful (and feasible) to separate out the role of Program Director, responsible for overall strategic leadership, resource mobilization and external engagement, from that of supervising implementation of the projects that fall under the Program.

### 3.7 Enhancing program support services for the Program Approach

Moving from a project-centered approach to one organized around Long-Term Programs also has important implications for how Program Support services are provided, to ensure greater coherence and coordination between program and program support. For example, this can mean that:

- Human Resource teams need to develop or enhance strategies for talent retention, to keep critical positions covered between projects. They also need to be involved in defining and analyzing the set of competencies required for CARE's evolving role under a Long-Term Program, and develop strategies to support strengthening, building or acquiring these. For example, HR teams will need to work to ensure CARE has staff with strong facilitation, negotiation and communication skills, able to build and sustain partnerships, as well as developing a greater cohesion between program and program support teams;



- The Finance team will be required to carry out new forms of financial analysis, at Program level, rather than solely for individual projects, as well as to help reviewing the levels and use of flexible funds to support critical activities under a Program that are not funded from Projects. They can also play an important role in cost-benefit or cost-effectiveness or Value for Money analysis, especially where we are seeking to demonstrate the value of new models or innovative approaches.

### 3.8 Accountability

Changing relationships under a Long-Term Program requires new forms and practices of accountability, which is why this was specially highlighted as the final Program Characteristic (see Section 1.2, above – Characteristic # 8). This includes:

- Needing to work with a range of stakeholders differently, in a more collaborative manner, and so needing to improve our 360° accountability to program constituents, partners and donors;
- Our allies and partners need to be co-creators of the program, engaging significantly and consistently through all phases of a program management cycle;
- Clarifying specific roles and responsibilities of senior management, CI members, regional quality teams and other relevant actors, and ensuring appropriate internal accountability;
- Careful attention and rapid improvement in “the basics” of project management, reporting and accounting, where possible as part of moving to a program approach.

CARE has adopted a [Humanitarian Accountability Framework](#) (HAF), has a global [complaints mechanism](#) and is finalizing an overall accountability framework<sup>33</sup>. A number of Country Offices have applied accountability mechanisms, such as Community Scorecards or Social Audits or Public Hearings, to their own work. CARE Peru developed an overall accountability system, with four key components: Public information and transparency; Participation and decision-making; Managing grievances, complaints and suggestions; and Quality management<sup>34</sup>.

### 3.9 Communications

As noted in Part 2 of this Guide, regular and effective communication, internally and externally, is a critical strategy to support the change process involved in shifting to Long-Term Programs. This means that:

- External communications to all stakeholders will need to be much more aligned to the knowledge and impact that is being generated through the Programs, rather than focused around individual projects;
- Messages to external audiences need to be kept simple without compromising on quality and meaning of content;
- Internally, concerted efforts need to be made to facilitate staff understanding of the programmatic shift and what it means for their work. The aim is to build a collective understanding of, and identification with, the Long-Term Programs that can counter the previous sole identification individuals have with their Project or Unit Teams. These identities, of course, will not go away, but communication is essential to shift people towards more of a double identity, seeing not only what they are doing in their project or unit, but also how this fits into and contributes towards a broader agenda, within the Long-Term Program;
- Different levels and units of the organization will need to communicate and work together in ways they have not done before.

This is a good opportunity to get creative! Amongst many different examples from Country Offices, CARE Tanzania developed a catchy and innovative way of launching their new strategy, through [video](#).

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<sup>33</sup> See <http://www.care-international.org/accountability>.

<sup>34</sup> Further details are available in the [Guide for the organization of systems of NGO accountability to the community: The experience of CARE Peru](#).

### Useful resources

- CARE Australia [Aligning funding calls with Program Approaches](#), August 2013
- CARE Australia [Partnership Development Strategy](#), April 2011
- CARE Australia [Program Approaches and Strategic NRB partnerships](#), August 2013
- CARE Australia [guidance on identifying Five Year Contribution to Programs](#), September 2014
- CARE International [Humanitarian Accountability Framework](#) (HAF)
- CARE International [draft Accountability Framework](#)
- CARE Peru [guide for NGO accountability systems](#)
- CARE Uganda [Partnership Strategy](#), December 2011
- Tom Barton, Knowledge Management - [a draft guidelines for CARE Country Offices](#)

## **Part 4.      Reviewing, Evaluating, Adjusting and Adapting Programs**

(Picture covering half page with title "PART 4 – Reviewing, Adjusting and Adapting Programs")

### **Summary**

This chapter explains how to put in place the MEL system described above, in order to ensure that progress is reviewed, learning generated, and program design and theory adjusted, based on experience over time, and the changes in the external context. Part of this is a process for annual or biannual program review, comparing progress achieved with plans and the overall Theory of Change, reviewing changes in the context, and making necessary adjustments to plans for the next one or two years.

It also includes a process to test the main hypotheses within the Theory of Change, and make adjustments based on evidence and learning. A Theory of Change, after all, is just a theory. Over the 10-15-year period of a long-term program, much will change within the country or regional context. Much of this change may not be so predictable. This makes it essential that there is in place a process to review and adapt the theory of change on a regular basis, as a result of the changing environment, and based on evidence of the changes occurring within the Impact Group and CARE and partners' analysis of the validity of the assumptions behind the Theory of Change.

The chapter concludes with discussion of evaluating a Long-Term Program, and how to link this to project evaluation exercises or other studies. Further useful resources are linked to at the end.

## 4.1 Introduction

As noted in the earlier section on Program MEL systems, a Theory of Change is not set in stone, but rather has to be managed in a way that creates space for reflection and learning, so that adjustments can be made to the program, based on learning and changes in the context. The types of problems that Long-Term Programs are set up to help resolve are examples of “organized complexity”<sup>35</sup>, where change is non-linear, often unpredictable, and subject to frequent phase transitions. This chimes with much recent work on doing development differently (see box on How Change Happens in Section 2.5), including the need for cycles of adaptation based on learning highlighted in the [World Bank’s 2015 World Development Report](#) (in particular, [Chapter 11](#)).

Regular review and revision of the Long-Term Program, and its Theory of Change, is therefore essential.

## 4.2 Conducting regular program review

One process for doing this is a team workshop, with partners, to review progress against the Theory of Change, and trends in the external context, and adjust operational plans accordingly. One good example in CARE is the Annual Program Performance Review process developed by CARE Ghana, which looks at:

- How are we doing overall compared with our plans? Are there any important changes in our context?
- What progress has been made on our domains of change and desired breakthroughs? Are the hypotheses contained within our Theory of Change still valid? Is there need to review and amend our strategy? Are any of the context changes important for our strategy? Are there any unexpected outcomes?
- What evidence of developments? What is the significance of these changes? Any unexpected outcomes?
- Any strength to be emphasized and built upon in the coming year? Any trends or patterns in our work as partners that could be improved – challenges, missed opportunities, etc.
- What key lessons have emerged about our design and/or implementation work?
- What evidence do we have of important developments in the local context? What significance of these changes? Any unexpected outcomes
- What key lessons have emerged from our reviews, evaluations and research?
- Where do we go from here? What can realistically be targeted for the coming year?
- What are our joint advocacy issues to work on as partners?

The [APPR process](#) is built off a series of self-assessments and analysis, including interviews with the Impact Groups, followed by a 3-day workshop, and follow-on actions. Annual reports at a Program level are also produced (see format, in Annex 20).

## 4.3 Testing the Theory of Change, and updated Plans

A Theory of Change is just a theory. Over a 15-year period of a program, much will change within the country or regional context and depending, partially at least, on the quality of our contextual analysis, much of the change may not be so predictable. We will need to adapt our theory as a result of the changing environment (see Section 4.4, below), but this needs to be based on empirical evidence of the changes occurring within the Impact Group, and our analysis of the validity of the assumptions behind the Theory of Change. Research or evidence from other organizations may also shed light on some of the assumptions in the theory of change, requiring us to modify Domains of Change, or pathways or strategies.

As we cannot test the entire Theory of Change and all the hypotheses behind it all at once, we need to prioritize. If there is a particular hypothesis in the ToC that is really crucial for how the Long-Term Program is conceived (in which case many of the strategies and priority activities are organized around it), but there is currently little evidence

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<sup>35</sup> As described by Ben Ramalingam’s 2013 book, ‘Aid on the Edge of Chaos’.

to prove that this is valid, then testing that hypothesis first would be sensible. We would not want to go ahead with a TOC based around a single hypothesis that remains unverified, nor would we want to invest resources into strategies and activities without knowing the validity of our assumption.

Furthermore, we can be opportunistic in terms of testing the ToC. If there is a planned evaluation for a project, which we are going to conduct anyway and for which there are resources available, we can look into ways to incorporate elements of testing the prioritized hypothesis from the ToC into that evaluation. A set of guiding questions that can be used for different aspects of testing the Theory of Change, from CARE USA's [Women's Empowerment Impact Measurement Initiative \(WEIMI\) guide](#), is included in Annex 21).

## 4.4 Revision of the Theory of Change, and updated Plans

At least every other year, the Program Team and partners should come together to review progress in the Program, trends, and the validity of the Theory of Change, to make adjustments to the Theory of Change and set priorities for the next period. Essentially, this involves updating the process under Step 5 in Section 2 of this guide, as well as the process for setting operational priorities in Section 2.6.

## 4.5 Program Evaluation

Unless a Program is fully funded by a donor, it is unlikely that CARE will have resources for an external evaluation of the overall Program. Instead, we need to combine the review exercises of progress against Indicators and other elements (in the Program MEL system – described in detail, under Section 3.4), with evidence from studies, including project evaluations, where those are able to show contribution to the Program and its Theory of Change. There may also be opportunities to participate in global evaluation exercises, within the framework of CARE's Global Impact Reports, or global studies related to the CARE 2020 Program Strategy priority Outcome Areas.

Program evaluation exercises, then, are more likely to build on the regular processes of review of progress and reflection (see the MEL system outlined in Section 3.4). Gaining a picture of the contribution of a Long-Term Program to social change in a given context is akin to casting a net (the processes in the MEL system), and seeing what emerges from it. Indicators can be key aids in this process – but some may arise a posteriori from the process, rather than have been identified beforehand.

One such example arose from a study that attempted to depict an impact story for CARE Nepal<sup>36</sup>. Staff and partners were asked about what they saw as their main achievements over the last 2-3 years, and to document what information they could around these. In this exercise one achievement listed was an increase in the daily wage income of some 6-7,000 wage laborers that had occurred through successful strike action. Since the overall potential income increase seemed significant, staff were then asked to document this increase more thoroughly, which they did by meeting with all the respective solidarity group associations. The total number of wage laborers involved in this one region turned out to be +13,000, twice the number originally estimated, and the increase in incomes listed as over \$2 million annually. Although not documented in detail, the livelihood benefits to these households were multiple and varied. Moreover, CARE's overall investment into this geographic area was less than \$1 million annually, which immediately starts to allow a very favorable value proposition to be presented to donors. All this from an activity that does not feature at all in CARE Nepal's formal impact measurement system – and there were another 3 or 4 achievements that were significant in terms of scale too, that were not further investigated in this initial study.

In Nepal, the program M&E officer who collated the wage analysis study, has now turned this into a biannual impact monitoring study, that shows the spreading wage income gains that are still taking place, the social and economic benefits accruing to the wage laborers as a result, and the returns to CARE's investment that is resulting in each Village Development Committee area (which could be as high as 1:14, far greater than the initial crude calculation).

<sup>36</sup> Mary Picard, 2010, 'A composite of impact stories relating to CARE Nepal's Women's Empowerment Program'.

### Useful resources

- CARE Australia, [Guidance on Monitoring, Evaluation & Learning Standards](#)
- CARE Ghana [reporting formats and APPR process guides](#)
- CARE International [Building a global MEL approach and system in CARE](#)
- CARE USA [Women's Empowerment Impact Measurement Initiative \(WEIMI\) guide](#)
- Iñigo Retolaza Eguren, [Theory of Change: A Thinking and Action Approach to Navigate in the Complexity of Social Change Processes](#)
- Rick Davies, [Criteria for assessing the evaluability of a Theory of Change](#)



## **Part 5. Conclusion**

– add in reference back to CI PS and alignment

(Picture covering half page with title "PART 5 – Conclusion")

CARE's program approach lies at the heart of the ambition of CARE's 2020 Program Strategy. It is the approach the organization believes is most appropriate to generating the levels of significant impact, over time, that we seek to achieve under the Program Strategy.

In particular, CARE's global Program Strategy: 1) points out the need to broaden the scope of our programmatic work and its impact to sub-regional, regional and global levels, 2) emphasizes the need to align CARE's long-term programs around the theme of gender equity and women empowerment, and 3) highlights the need to leverage CARE's global scale to influence disaster-preparedness policies and practices, increase the resilience of the poor to disasters, and to build national and local capacities to respond effectively to disasters.

These guidelines for developing and managing long-term programs have been developed to help support this alignment with the CARE 2020 strategy, drawing on the immense wealth of learning and practical experience from across the organization over the last decade. The continuation of that process of learning from our peers and from the broader development and humanitarian sector, innovating, and documenting new learning, will surely strengthen our practice, and ultimately our impact, going forward. That is essential for CARE being able to achieve the ambition outlined in the 2020 Program Strategy as the organization's contributions to the 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.

## **Part 6.      Annexes**

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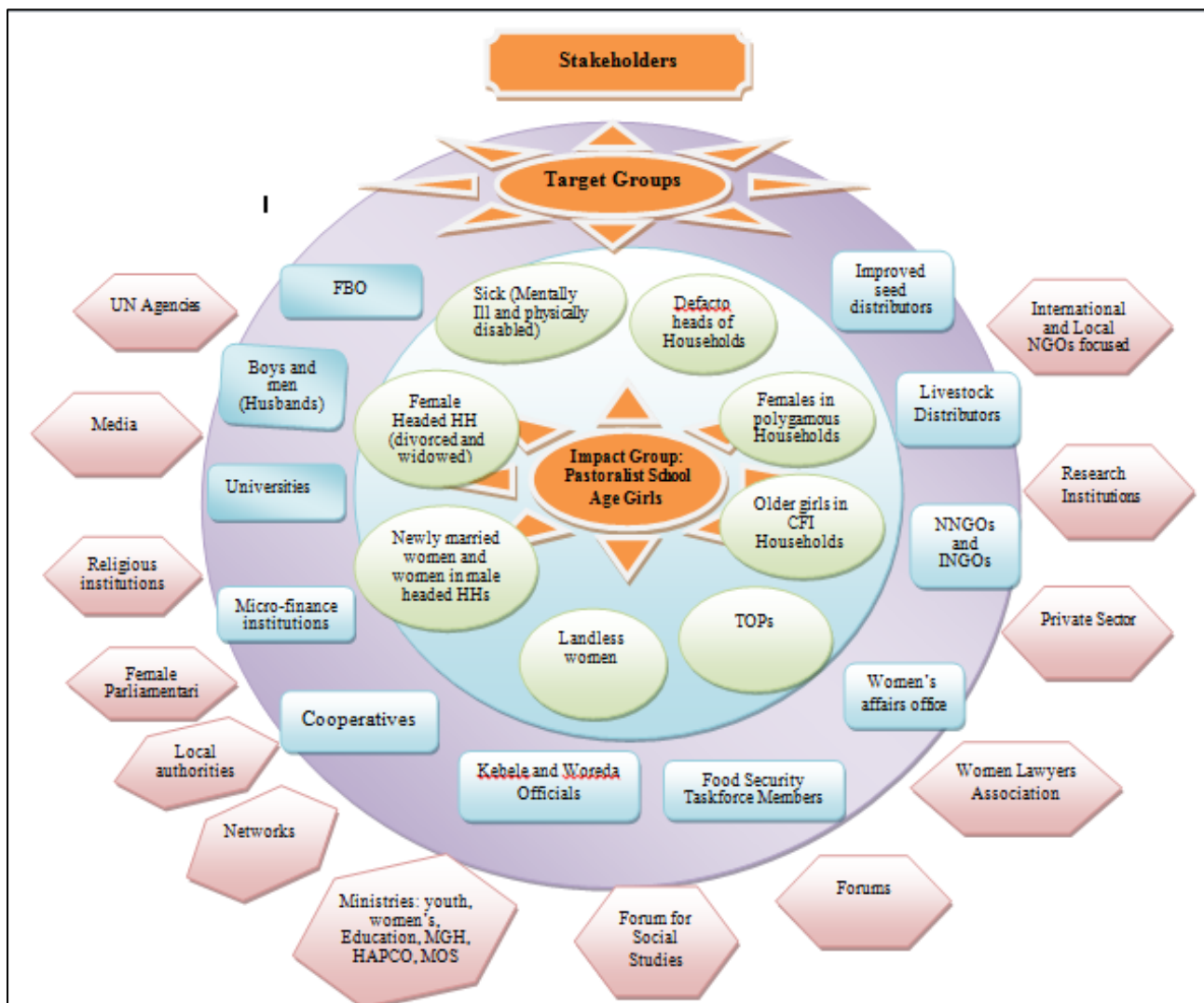
## Annex 1. Terminology

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
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
Influencing	Being a compelling force on or producing effects on the actions, behavior 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 a 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 behavior 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

## Annex 2. Example of Impact Groups, Target Groups and Stakeholders

The diagram below provides a clear illustration of how these different groups are defined in relation to a Long-Term Program in Ethiopia, focusing on the Impact Group of pastoralist school-age girls.



### **Annex 3. Examples of integrating humanitarian and development work, within Long-Term Programs**

#### **Niger: Using clever targeting to support the most vulnerable**

Facing recurrent food crises year after year, CARE Niger decided to use targeting as its key strategy to link its humanitarian and development efforts while shifting to programs in 2009. The idea is simple, yet clever: CARE Niger and its partners try as much as possible to target the same highly vulnerable households for both types of interventions. Here is how it works: in all Long-Term Program operational areas, CARE works with local authorities, partners and communities to conduct a vulnerability assessment. Together they create a single and authoritative vulnerability list that ranks the level of vulnerability of every household in every district. These lists are owned and managed transparently by the local authorities and are used by CARE, its partners and the communities every time they need to select participants for a new humanitarian or development initiative. The lists are also updated after each intervention in order to reflect any resulting changes. The lists are currently in Excel, but CARE Niger is working to transform them into a database that will be accessible by all organisations. Having a single vulnerability list which is constantly updated and which reflects the vulnerability level of every household in real time allows CARE and other organisations to quickly reach the most vulnerable with the right kind of support (relief, recovery or development) according to the situation. It also ensures that the most vulnerable households receive consistent, adapted and holistic support over the years, enabling CARE Niger's efforts to be much more strategic and sustainable.

#### **West Bank and Gaza: Putting the pieces of the puzzle together**

The ongoing Palestinian-Israeli conflict has resulted in a protracted crisis for four millions Palestinians. When shifting to programs in 2012, CARE West Bank and Gaza (WBG) realized that its significant humanitarian focus was not truly responding to the needs of the affected population and was in fact undermining the civil society. The country office decided to review its entire programming and created two Long-Term Programs: 1) Economic empowerment and 2) Gender equality. CARE WBG also decided to focus on partnerships and advocacy. The team identified the different pieces that would lead to economic empowerment and gender equality tailored to the different contexts throughout the occupied Palestinian territories. Some of these pieces are more humanitarian-focused, and others are more development-focused. When a humanitarian or development funding opportunity arises, it is carefully weighed against the two programs: does the opportunity fit into CARE's new role? Does it add a piece to the overall puzzle? Today CARE WBG uses a *contiguum* approach, which includes a range of simultaneous humanitarian, recovery and development initiatives in order to address acute needs and to also contribute to sustainable, social change. This is critical in a context of protracted conflict, where times of relative calm are followed by violent eruptions of violence or where different stages are taking place in one area at the same time.



## **Annex 4. Example of 3 successful transitions to Long-Term Programs**

### **Somalia: Tremendous results in a highly challenging environment**

Adopting the program approach in April 2009 has translated in tremendous results for CARE Somalia, which operates in one of the most challenging and complex environments in the world. When designing their two programs (Rural Women and Urban Youth), the CARE Somalia team decided to completely review its approach, systems, and organizational structure in order to shift mindsets to long-term programs. Very early in the process, the CO restructured its program department in line with the envisaged impact groups and included technical functions working on cross-cutting issues (gender, conflict, governance) into the newly formed program teams. These teams, and particularly the field teams, took the lead in designing and implementing program strategies. The CO also expended its field presence in opening additional offices in remote locations to deepen their understanding and to be closer to the population they serve.

In terms of programming, CARE Somalia has shifted from a focus on basic service delivery to a major emphasis on governance, institutional development and social change. The CO is better prepared for calls for proposals and has increased coherence in their submissions thanks to their alignment with their programs. As a result, CARE Somalia has quadrupled its portfolio in three years – from around 7 million in 2010 to approximately 27 million in 2013. This remarkable increase has also been supported by additional development funding becoming available for Somalia over the last few years.

CARE Somalia has also seen a shift in attitude among Somali field staff towards gender issues. The strategy conversations around its Rural Women Program have helped the CO break through some of the major cultural barriers to social change on gender issues held by its own staff. CARE Somalia has also improved gender balance in its team, as their new focus on rural women gave them an impetus to work on correcting the gender imbalance they had on their team in order to be able to work directly with women in the Somali context. As a result, the CO has moved from around 27% female staff in 2009 to approximately 42% in 2013. The CO also significantly improved its retention of staff due the program structures where employees not only work on one, but on several initiatives at the same time.

Due to both strengthened strategies and a significantly larger presence, external stakeholders, especially government institutions and communities, are now engaging more with CARE. CARE Somalia is becoming a preferred partner for communities as they believe that the new program approach will impact their lives positively. And last but not least, CARE Somalia has reduced the number of security incidents in the areas where its works due to longer-term relationships with communities, reduced staff turnover and investment in conflict sensitive approaches.

### **Caucasus: A new business model**

Before starting to shift to long-term programs in November 2009, CARE International in Caucasus (CIC), which includes offices in Georgia, Armenia and Azerbaijan, was implementing, either directly or through sub-contracted partners, development and humanitarian projects funded by institutional donors. These projects were often donor-driven, had minimal level of clear coherent development vision and synergies, and were primarily accountable to donors.

All this changed when the country office completely redefined itself when developing its theory of change in July 2010 and, most importantly, its strategic plan in November 2011. After conducting a survey targeting 28,000 households to expose the underlying causes of poverty in 2009, CIC understood that the most vulnerable groups of the population were well-positioned to combat social injustice through social entrepreneurship, but were in dire need of outlets and funding for their entrepreneurial ideas. CIC then decided to create an entirely new business model where they would facilitate social change through the identification and investment in social entrepreneurs who develop sustainable initiatives that contribute to greater equality and justice for the rural poor across the region.

To do so, CIC acts like a social venture capital firm. Along with partners, CIC finds social entrepreneurs with innovative ideas which can engender positive social change; select the most promising ones; and

either directly invest in them or funnel them to potential investors. To give each initiative a greater chance of success, CIC also supports entrepreneurs manage their businesses and package their ideas for potential investors, in addition to actively advocate for the removal of policy barriers that negatively impact them.

In order to fund this new business model, CIC plans to secure, in aggregate, at least \$16M in new business by the end of financial year 2018. This means that in FY18 CIC has to almost double its current annual earnings reaching the value of approximately US\$ 4M. By the start of 2019, this will translate in CIC being 100% self-sustaining. It will cover its fixed costs, replace capital and grow without unrestricted funds from its lead member.

CARE CIC has developed an ambitious but realistic plan to achieve this goal, and has devised a four-pronged strategy to finance its new business model:

1. **Leverage development projects as incubators:** CIC only seeks funding for “traditional” development projects if they can clearly serve as incubators for social entrepreneurs.
2. **Partnering with non-traditional donors:** CIC is actively reaching out to non-traditional donors such as social investors looking to achieve a balance between financial returns and social change, private donors looking to effect change on poverty, and corporations engaged as buyers or suppliers of the social enterprises that CIC is supporting.
3. **Pilot an Online Marketplace:** CIC has requested permission to CARE USA to pilot an Online Marketplace, which will be a website that will connect social entrepreneurs and investors. By doing so, CIC would be creating a borderless and scalable space for matching innovative business ideas and potential investors where the only limits would be the size of the market itself. The goal of the initiative is to raise the initial US\$800,000 CIC needs to invest in social enterprises.
4. **Earn revenues form consulting services:** Building on twenty years of experience and extensive knowledge and know-how, CIC offers consultancy services in gender, agriculture and institutional capacity building to NGOs, government agencies and the private sector. As of January 2014, CIC had more than US\$ 400,000 in consulting contracts, which allows the CO’s Monitoring, Evaluation, Analysis, Learning and Sharing unit (MEALS) to be completely financially self-sufficient.

In the first three years of implementing its new business model, CIC plans to operate at a loss as aggressive growth of new products, development of the opportunity network and testing of models will consume earnings. As per their financial projections, accumulated losses will total nearly \$200,000 by the third year of the plan. CIC has however already retained revenues of US\$ 400,000, and their projected losses are covered by operating reserves equaling two times projected losses.

CIC’s plan and vision are ambitious: attract a wide range of new and innovative ideas, diversify CARE’s funding, develop broad and exciting partnerships across the region, and manage investments and CO costs differently. More importantly, this new vision offers a new way for CIC to remain a relevant actor in the region and to contribute to social change in a sustainable manner. A lot of work has still to be done, but beginnings are highly promising. To be continued!

## Peru: A powerful coalition to fight chronic child malnutrition

Peru has been experiencing high chronic child malnutrition rates (stunting) since the 1970s. And while rates improved in the first half of the 1990s, they then remained stubbornly high for a ten year period, particularly in rural areas. In 1996, chronic child malnutrition impacted 25.8% of children at the national level, with striking differences between urban (16.2%) and rural (40.4%) areas. The situation was pretty similar in 2000 (25.4% at national level), with a light improvement in urban areas (13.4%) and no change in rural areas (40.2%). Five years later, in 2005, the overall situation had remained more or less the same: 24.1% at the national level, with 10.1% in urban areas and 39% in rural areas.

Acutely aware of the situation, CARE Peru implemented the USAID-funded 5-year REDESA project in 2001, using an integrated approach (livelihoods, water and sanitation, health-related civil society strengthening) to combat chronic child malnutrition. The project was successful and contributed to reduce chronic malnutrition rates for children under 3 from 42% to 32.1% in the 2,000 communities where the project worked. This was a huge success in itself. But it was not enough, covering less than 5% of the country. CARE Peru decided to capitalize on this success and use key program approach principles (partnerships and advocacy among others) to contribute to an even bigger and more sustainable drop in chronic malnutrition rates for children under 5.

In 2006, CARE Peru took the lead in convening and facilitating a coalition called the Child Nutrition Initiative (CNI). The coalition included donors, national and international NGOs, research institutes and United Nations agencies who worked to promote food security and combat malnutrition. In total, 17 members brought their specific skills, knowledge and influence and combined their efforts to reduce chronic malnutrition rates in a sustainable manner. For example, CARE Peru focused its efforts on educative health programs on the nutritional value of food, promoting access to water and sanitation and advocating for an increase in spending of local government on food security programs while others were improving agricultural production and infrastructure or implementing micro-credit programs.

The CNI soon became a powerful force of change and had a vast documentation on successful initiatives reducing chronic child malnutrition rates. But implementing and documenting successful projects was only the first step of the CNI; influencing national policy was its most important goal. CNI members wanted to bring the issue of chronic child malnutrition at the forefront of Government officials' agendas and ensure the officials' full commitments to fight it.

A key opportunity appeared with the 2006 presidential election. The CNI developed an ambitious lobbying and advocacy strategy, and succeeded in having the ten main presidential candidates sign a pledge and commit to make the fight against malnutrition a national priority if they were to be elected. More specifically, the pledge entailed a simple and catchy '5 by 5 by 5' communications approach, with the candidates committing to reduce chronic malnutrition by 5 per cent in children under five years old in the five years of the next Government. There was also a focus on equity, and a commitment to close the urban-rural gap.

A giant step had been done. But a lot of work was still needed. Alan Garcia was elected as President and the CNI had to convince him to fulfill what he had promised during his campaign. CARE Peru and CNI took on the task of drafting plans to be put in practice within the initial 100 days of Garcia's Government. These efforts paid off: Alan Garcia not only ensured the commitment of his government but also decided to increase the target to a 9 per cent reduction, and to focus on the most vulnerable children under three years old. Moreover, the program was run directly from the office of the Prime Minister.

The Government developed a national nutrition strategy (known as CRECER), in 2007, which established a system of geographical targeting of interventions and coordination across governmental programs to fight malnutrition, and acted as the common results framework for nutrition. Garcia's Government decided to decentralize CRECER to regional and municipal governments, and 12 regional governments signed up formally to the program and built the capacity of 108 municipal governments.

As the results of all these stakeholders' efforts, the national chronic child malnutrition rate dropped to 17.9% in 2010, with reductions mainly occurring in rural areas, which dropped to 31.3% less than five years after the '5 by 5 by 5' initiative.

Such success would not have been possible without the concerted efforts of several stakeholders, and shows how the program approach, with its focus on partnerships and advocacy, can be a powerful tool to significantly contribute to positive, sustainable social change.

## Annex 5. Practical suggestions to integrate DRR in every component of the Program Approach

DRR Components	Preventing hazards and mitigating their impact	Reducing vulnerability to hazards and their impact	Strengthening capacities and resilience
<b>P-shift Component</b>			
<b>Impact groups identification</b>	<ul style="list-style-type: none"> <li>Identify hazards and their characteristics (hazard assessment).</li> <li>Identify most vulnerable groups to specific hazards</li> <li>Ensure vulnerability is used as criterion to select Impact Groups</li> </ul>		<ul style="list-style-type: none"> <li>Conduct vulnerability assessment of the IG</li> <li>Identify IG's resilience and coping mechanisms to specific identified hazards</li> </ul>
<b>Situational analysis of specific Impact Group</b>	<ul style="list-style-type: none"> <li>Threat and vulnerability analysis (social, political, economic and environment vulnerabilities) of the main subset populations within the IG;</li> <li>Identify relationship between threats and IGs, leading to refining IG and prioritization of subset populations;</li> <li>Identify and analyze gender and power relations at community level.</li> </ul>	<ul style="list-style-type: none"> <li>Identify community traditional DRR measures (coping mechanisms) at individual and group level</li> <li>Identify relevant government policies, structures &amp; systems</li> </ul>	<ul style="list-style-type: none"> <li>Vulnerability assessment</li> <li>Identify Impact Groups' resilience characteristics to specific identified hazards</li> <li>Identify coping strategies of livelihood groups within the IGs</li> <li>Complete a comprehensive risk assessment</li> </ul>
<b>Long term Impact Goals</b>	<ul style="list-style-type: none"> <li>Risk estimation; how significant the risk is perceived by communities and Impact Groups</li> <li>Disaster risk evaluation; define acceptable level of risks to long term development goals.</li> <li>Analyze impact of program interventions on vulnerability aspects of Impact Groups</li> </ul>	<ul style="list-style-type: none"> <li>Identify community-based prevention and mitigation measures</li> <li>Increase awareness and educate most vulnerable (target groups) to threats and their impact on their life.</li> <li>Discuss and consider community options to address root causes</li> <li>Identify mitigation measures to reduce harmful impacts of program on Impact Groups and their resilience (do-no-harm)</li> </ul>	<ul style="list-style-type: none"> <li>Specify long term goals that address long term development objectives, root and dynamic causes of vulnerability</li> <li>Goals and objectives address multi-vulnerability factors and threats</li> <li>Early response leads to smooth early recovery and enhancing resilience capacities.</li> </ul>
<b>Theory of change</b>	<ul style="list-style-type: none"> <li>Vulnerability assessment that reveals causes of poverty at all levels and indicates the dynamic relationship between the different layers of causes.</li> <li>Identify a program of action to address causes of vulnerability</li> <li>Ensure active community participation in identifying the theory of change</li> </ul>	<ul style="list-style-type: none"> <li>Understand cause- effect relations between factors of vulnerability</li> <li>Plan and implement interventions that address multiple priority aspects of vulnerability</li> </ul>	<ul style="list-style-type: none"> <li>Establish links between different levels of causes of vulnerability, dynamic relationship).</li> <li>Identify leverage points and address them in long term programs</li> <li>Interventions address multiple causes of vulnerability and threats at various levels</li> </ul>
<b>Program Strategy</b>	<ul style="list-style-type: none"> <li>Disaster risk management plans and response strategies</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate community-based knowledge to reduce risks in program strategy</li> <li>Review and update program strategy to address risks and changes in vulnerability aspects</li> <li>Build in interventions to mitigate risks associated with</li> </ul>	<ul style="list-style-type: none"> <li>Identify existing DRR measures and coping strategies.</li> <li>Plan interventions that address vulnerability and strengthen resilience</li> <li>Strengthen community emergency</li> </ul>

		<p>implementation of CARE's program (do-no-harm)</p> <ul style="list-style-type: none"> <li>• Build in mitigation measures in our programs to reduce impacts of risks on CARE's interventions and program impact</li> </ul>	<p>preparedness and local response capacities.</p> <ul style="list-style-type: none"> <li>• Incorporate preparedness and response in design of program interventions</li> <li>• Clear exit strategy</li> </ul>
<b>Learning and measuring impact</b>	<ul style="list-style-type: none"> <li>• Prevention and mitigation actions from other experiences must be tested and reviewed before applying them.</li> <li>• Involve community in designing, implementing and assessing DRR measures</li> <li>• Coordination and info sharing with other agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Review changes in cause-effect links between causes of vulnerability</li> <li>• Amend theory of change and program interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Assess impact of DRR interventions on causes of vulnerability and power relationships</li> <li>• Draw lessons (internally) and amend interventions accordingly</li> <li>• Draw on lessons from other agencies in country and elsewhere</li> </ul>

## Annex 6. Kotter and Cohen eight-stage process of creating major change, with examples from the CARE world

WHAT WORKS	WHAT DOES NOT WORK	EXAMPLES IN CARE
<b>Step 1: Increase Urgency</b> <i>Raise a feeling of urgency so that people say “let’s go”, making a change effort well positioned for lunch.</i>		
<ul style="list-style-type: none"> <li>Showing others the need for change with a compelling object that they can actually see, touch and feel</li> <li>Showing people valid and from outside the organization that demonstrates that change is required</li> <li>Looking constantly for cheap and easy ways to reduce complacency</li> <li>Never underestimate how much complacency, fear and anger exists, even in good organizations.</li> </ul>	<ul style="list-style-type: none"> <li>Focusing exclusively on building a “rational” business case, getting top management approval, and racing ahead while mostly ignoring all the feelings that are blocking change.</li> <li>Ignoring a lack of urgency and jumping immediately to creating a vision and strategy</li> <li>Believing that without a crisis or burning platform you can go anywhere</li> <li>Thinking that you can do little if you are not the head person</li> </ul>	<ul style="list-style-type: none"> <li>When shifting to programs in 2012, CARE West Bank and Gaza conducted 55 interviews with key stakeholders coming academia, Government, and civil society, and asked them what should be the role of an international NGO in the Palestinian context. The response was unanimous: implement less, advocate more. This was a big wake-up call for the team.</li> </ul>
<b>Step 2: Build the Guiding Team</b> <i>Help form a group that has the capability – in membership and in method of operating – to guide a very difficult process.</i>		
<ul style="list-style-type: none"> <li>Showing enthusiasm and commitment (or helping someone to do so) to help draw the right people into the group</li> <li>Modeling the trust and teamwork needed in the group (or helping someone to do that)</li> <li>Structuring meeting formats for the guiding team so as to minimize frustration and increase trust</li> <li>Putting your energy in step 1 (raising urgency) if you cannot take on the step 2 challenge and is the right people will not</li> </ul>	<ul style="list-style-type: none"> <li>Guiding change with weak task forces, single individuals, complex governance structure, or fragmented top teams</li> <li>Not confronting the situation when momentum and entrenched power centers undermine the creation of the right group</li> <li>Trying to leave out or work around the head of the unit to be changed because he or she is “hopeless”</li> </ul>	<ul style="list-style-type: none"> <li>CARE Morocco established a steering committee composed of program and program support staff to guide its shift to Long-Term Programs.</li> <li>When designing its Long-Term Programs, CARE India created design teams across all levels of the country office, which also included external actors.</li> </ul>
<b>Step 3: Get the Vision Right</b> <i>Create the right vision and strategies to guide action in all of the remaining stages of change.</i>		
<ul style="list-style-type: none"> <li>Trying to see – literally – possible futures</li> <li>Visions that are so clear that they can be articulated in one minute or written up on one page</li> <li>Visions that are moving – such as commitment to serving people</li> <li>Strategies that are bold enough to make bold visions a reality</li> <li>Paying careful attention to the strategic question of how quickly to introduce the change</li> </ul>	<ul style="list-style-type: none"> <li>Assuming that linear or logical plans and budgets alone adequately guide behavior when you are trying to leap into the future</li> <li>Overly analytic, financially-based vision exercises</li> <li>Visions of slashing costs, which can be emotionally depressing and anxiety creating</li> <li>Giving people fifty-four logical reasons why they need to create strategies than they have never created before</li> </ul>	<ul style="list-style-type: none"> <li>While shifting to programs in 2012, CARE Caucasus embraced a new business model for which they had a clear vision: 1) moving away from the traditional NGO model and becoming a broker that connects ideas and social entrepreneurs to investors; 2) becoming 100% financially self-sustaining by 2017.</li> </ul>
<b>Step 4: Communicate for buy-in</b> <i>Communicate change visions and strategies effectively so as to create both understanding and gut-level buy-in</i>		
<ul style="list-style-type: none"> <li>Keeping communication simple and heartfelt, not complex and technocratic</li> <li>Doing your homework before communicating, especially to understand what people are <i>feeling</i></li> </ul>	<ul style="list-style-type: none"> <li>Under communicating, which happens all the time</li> <li>Speaking as though you are only transferring information</li> </ul>	<ul style="list-style-type: none"> <li>CARE Democratic Republic of Congo (DRC) was very careful in identifying and addressing the fears and frustrations of its staff while transitioning to Long-Term</li> </ul>



WHAT WORKS	WHAT DOES NOT WORK	EXAMPLES IN CARE
<ul style="list-style-type: none"> <li>Speaking to anxieties, confusion, anger and distrust</li> <li>Riding communication channels of junk so that important messages can go through</li> <li>Using new technologies to help people see the vision (intranet, satellites, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Accidentally fostering cynicism by not walking the talk</li> </ul>	<p>Programs. They have identified this practice as a key internal enabling factor to effectively implement Long-Term Programs.</p> <ul style="list-style-type: none"> <li>CARE Tanzania developed a catchy and innovative way of launching their new strategy through a <a href="#">video</a>.</li> </ul>

### Step 5: Empower Action

*Deal effectively with obstacles that block action, especially disempowering bosses, lack of information, the wrong performance measurement and reward systems, and lack of self confidence*

<ul style="list-style-type: none"> <li>Finding people with change experience who can bolster people's self-confidence with we-won-you-can-too anecdotes</li> <li>Recognition and reward that inspire, promote optimism, and build self-confidence</li> <li>Feedback that can help people make better vision-related decisions</li> <li>"Retooling" disempowering managers by giving them new jobs that clearly show the need for change</li> </ul>	<ul style="list-style-type: none"> <li>Ignoring bosses who seriously disempower their subordinates</li> <li>Solving the boss problem by taking away their power (making them mad and scared) and giving it to their subordinates</li> <li>Trying to remove all the barriers at once</li> <li>Giving in to your own pessimism and fears</li> </ul>	<ul style="list-style-type: none"> <li>CARE Somalia ensured that its transition to Long-Term Programs was led by program teams and supported by program quality staff (but not the other way around). Today, Long-Term Programs strategies are led by field teams, which has greatly improved leadership and buy-in.</li> </ul>
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### Step 6: Create Short-Term Wins

*Produces sufficient short-term wins, sufficiently fast, to energize the change helpers, enlighten the pessimists, defuse the cynics, and build momentum for the effort.*

<ul style="list-style-type: none"> <li>Early wins that come fast</li> <li>Wins that are as visible as possible to as many people as possible</li> <li>Wins that penetrate emotional defenses by being unambiguous</li> <li>Wins that are meaningful to others – the more deeply meaningful the better</li> <li>Early wins that speak to powerful players whose support you need and do not yet have</li> <li>Wins that can be achieved cheaply and easily, even if they seem small compared to the grand vision</li> </ul>	<ul style="list-style-type: none"> <li>Launching fifty projects all at once</li> <li>Providing the first win too slowly</li> <li>Stretching the truth</li> </ul>	<ul style="list-style-type: none"> <li>The advocacy successes of the Child Nutrition Initiative in Peru (see Annex 4) showed that the Program Approach could deliver significant increases in impact, motivating other Programs to adopt a similar approach in CARE Peru.</li> </ul>
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### Step 7: Don't Let Up

*Continue with wave after wave of change, not stopping until the vision is a reality, despite seemingly intractable problems.*

<ul style="list-style-type: none"> <li>Aggressively ridding yourself of work that wears you down – tasks that were relevant in the past but not now, tasks that can be delegated</li> <li>Looking constantly for ways to keep urgency up</li> <li>Using new situations opportunistically to launch the next wave of change</li> <li>As always – show'em, show'em, show'em</li> </ul>	<ul style="list-style-type: none"> <li>Developing a rigid four-year plan (be more opportunistic)</li> <li>Convincing yourself that you're done when you aren't</li> <li>Convincing yourself that you can get the job done without confronting some of the embedded bureaucratic and political behaviors</li> <li>Working so hard you physically and emotionally collapse (or sacrifice your off-the-job life)</li> </ul>	<ul style="list-style-type: none"> <li>Across CARE, those offices that have been most successful in promoting Long-Term Programs have stuck at this over a long term, through changing priorities or new systems, adapting and adjusting their Programs, but continuing on the path.</li> </ul>
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### Step 8: Make Change Stick

*Be sure the changes are embedded in the very culture of the enterprise so that the new way of operating will stick.*

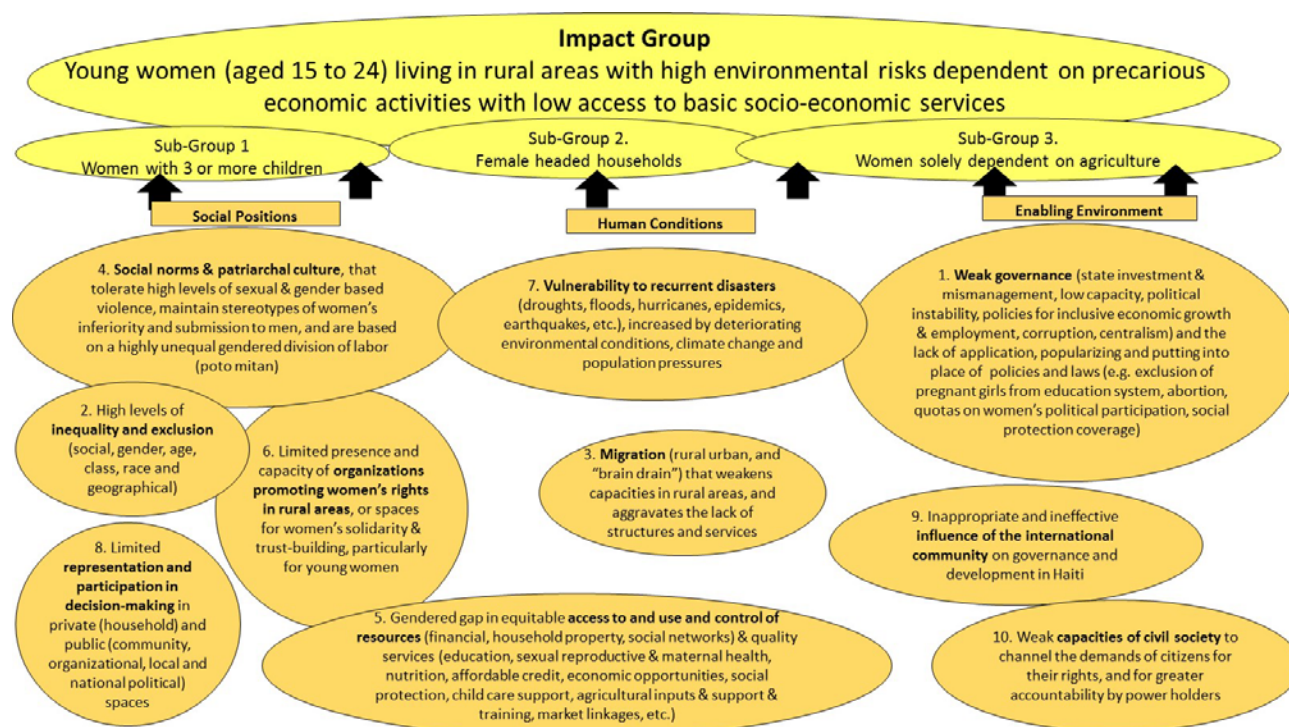
WHAT WORKS	WHAT DOES NOT WORK	EXAMPLES IN CARE
<ul style="list-style-type: none"> <li>• Not stopping at step 7 – it isn't over until the change have roots</li> <li>• Using new employees orientation to compellingly show recruits what the organization really cares about</li> <li>• Using the promotion process to place people who act according to the new norms into influential and visible positions</li> <li>• Telling vivid stories over and over about the new organization, what it does, and why it succeeds</li> <li>• Making absolutely sure you have the continuity of behavior and results that help a new culture grow</li> </ul>	<ul style="list-style-type: none"> <li>• Relying on a boss or a compensation scheme, or anything but culture, to hold a big change in place</li> <li>• Trying to change culture as the first step in the transformation process</li> </ul>	<ul style="list-style-type: none"> <li>• Country Offices have incorporated the Program Approach into their induction processes for staff, and into regular key decision-making processes (planning meetings that feed into an overall Annual Operating Plan, structured around programs, or incorporation into GO/NO GO tools).</li> </ul>

## Annex 7. Examples of Summary Presentation of Underlying Causes of Poverty

The table below, from CARE Ethiopia's Pastoralist School-Aged Girls Long-Term Program, presents an example of how causes of poverty and the Unifying Framework's levels are linked.

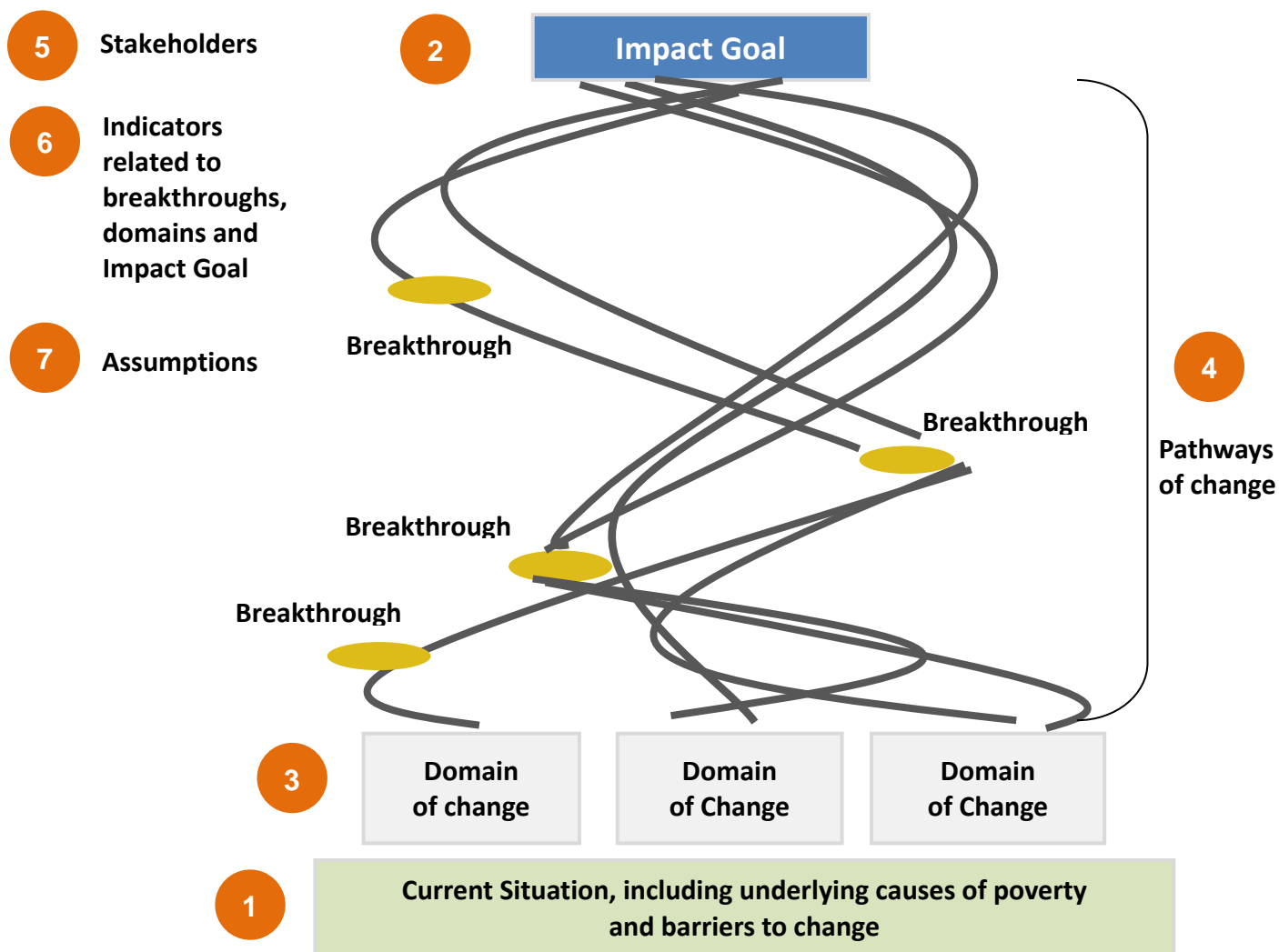
	HUMAN CONDITIONS	SOCIAL POSITION	ENABLING ENVIRONMENT
<b>IMMEDIATE CAUSES</b>	<ul style="list-style-type: none"> <li>Lack of family/ community support for girls' education - <i>though increasing</i></li> <li>Low visibility and support for women's and girls' health issues (e.g. FGC, fistula)</li> </ul>	<ul style="list-style-type: none"> <li>Limited participation of women in policy formulation - though increasing</li> <li>Little relationship between formal or traditional governance institutions and girls</li> <li>Girls have no 'voice' before marriage</li> </ul>	<ul style="list-style-type: none"> <li>Low number and poor quality of education facilities, (distance to 2y schools, low teachers' attendance, poor sanitary facilities)</li> <li>Poor access/ quality of sexual reproductive health and maternal health services</li> </ul>
<b>INTERMEDIATE CAUSES</b>	<ul style="list-style-type: none"> <li>Pastoralists' mobility increases vulnerability of girls (access to education, services, water, info)</li> <li>Low livestock production and productivity</li> <li>Low household income and limited livelihoods alternatives</li> <li>Conflict</li> </ul>	<ul style="list-style-type: none"> <li>Lack of community awareness of the health impact of FGM - <i>though increasing</i></li> <li>Low girls' self-esteem (to challenge norms)</li> <li>Low girls' life skills</li> <li>Lack of knowledge (and acknowledgement) of girls' rights and supporting formal legal frameworks</li> </ul>	<ul style="list-style-type: none"> <li>Education policies and practice not appropriate to mobile lifestyle (location, times, language, content)</li> <li>Lack of mechanisms for women to participate in policy formation - though increasing</li> <li>Poor implementation capacity at kebele/PA level (staff numbers, skills, resources)</li> <li>Woreda Women's Affairs office lacks power and resources</li> </ul>
<b>UNDERLYING CAUSES</b>	<ul style="list-style-type: none"> <li>Rangeland encroachment (farm expansion/privatization of land, <i>prosopis</i>) – <i>all worsening</i></li> <li>Rangeland and resource degradation</li> <li>Arid land and cycles of drought</li> <li>Inherent low resistance to disasters</li> <li>Lack of parents' education (reinforces harmful social and cultural norms)</li> <li>Marginalized, remote land and resources</li> </ul>	<p><b>Cultural &amp; social norms support gender inequity</b></p> <ul style="list-style-type: none"> <li>Unequal allocation of resources (boys vs girls)</li> <li>Girls valued less than boys in the family</li> <li>High value attributed to FGM, laws not enforced</li> <li>Girls valued primarily as an 'asset' (bride price)</li> <li>Fear of girls becoming sexually active and challenging norms</li> </ul> <p><b>Reinforced by traditional laws</b></p> <ul style="list-style-type: none"> <li>'Absuma' marriage system (Afar)</li> <li>Inter-clan marriage system (Borana)</li> <li>Widow/ widower inheritance - reducing</li> <li>Sharia law (perceptions/ confusions re. FGM)</li> <li>No rights to own or inherit property</li> </ul>	<ul style="list-style-type: none"> <li>Historical political marginalization of pastoral areas - <i>though more attention being given by current government</i></li> <li>Poor governance by local government (diversion of community resources, weak supervision of social services by line ministries and woreda offices, lack of accountability)</li> <li>Weakening traditional governance structures (diversion of community resources in some cases, lack of accountability of leaders, loss of authority)</li> <li>Formal legal frameworks related to women and girls (GBV, FGC, inheritance law) are not supported or enforced by customary law</li> <li>Limited social support systems for girls</li> <li>Poor communication &amp; coordination between development actors (INGOs, local NGOs, CBOs, government, private sector)</li> </ul>

The example from a program on young rural women in Haiti shows just the underlying causes of poverty, extracted from the UCPV analysis and Impact Group Situation Analysis exercises.

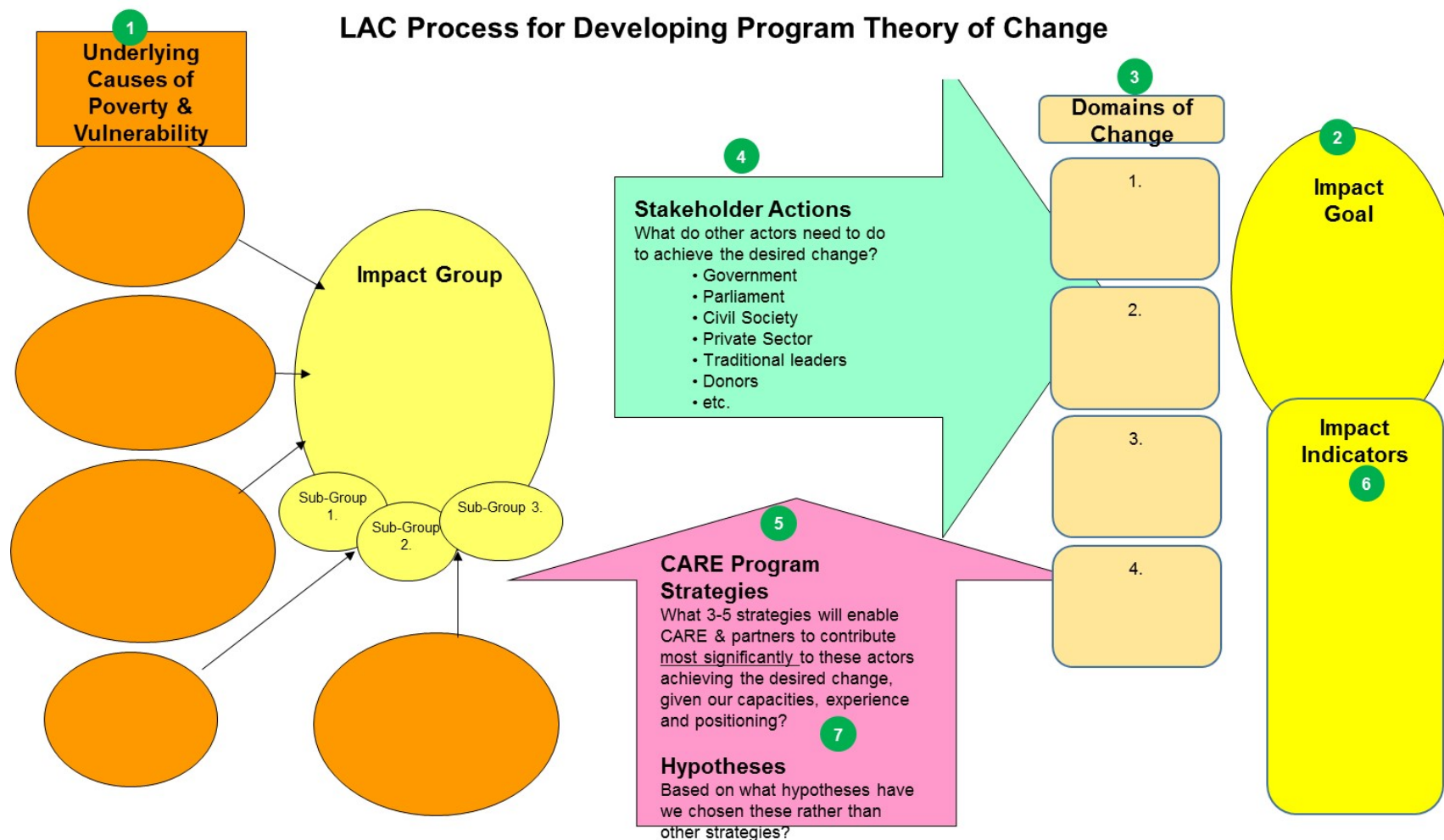


## Annex 8. Examples of Graphic Formats for Theories of Change

### Elements of a theory of change: Option A



## Elements of a theory of change: Option B



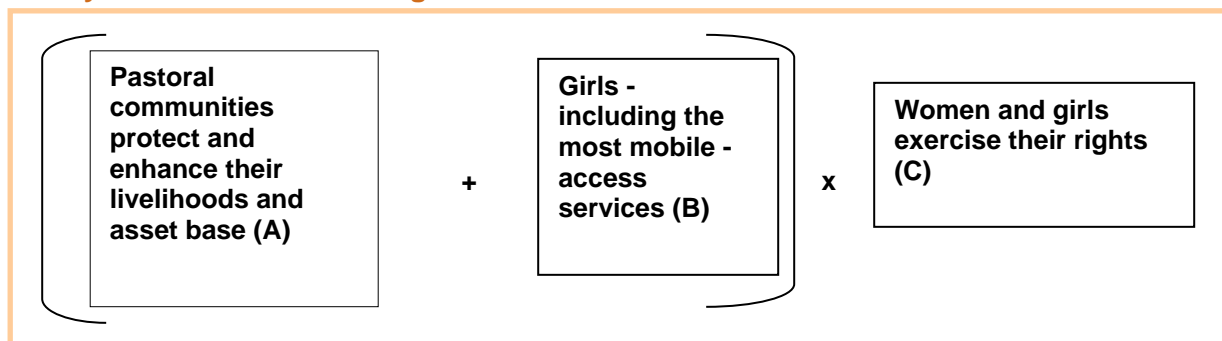


## Annex 9. Examples of Theories of Change from Country Offices

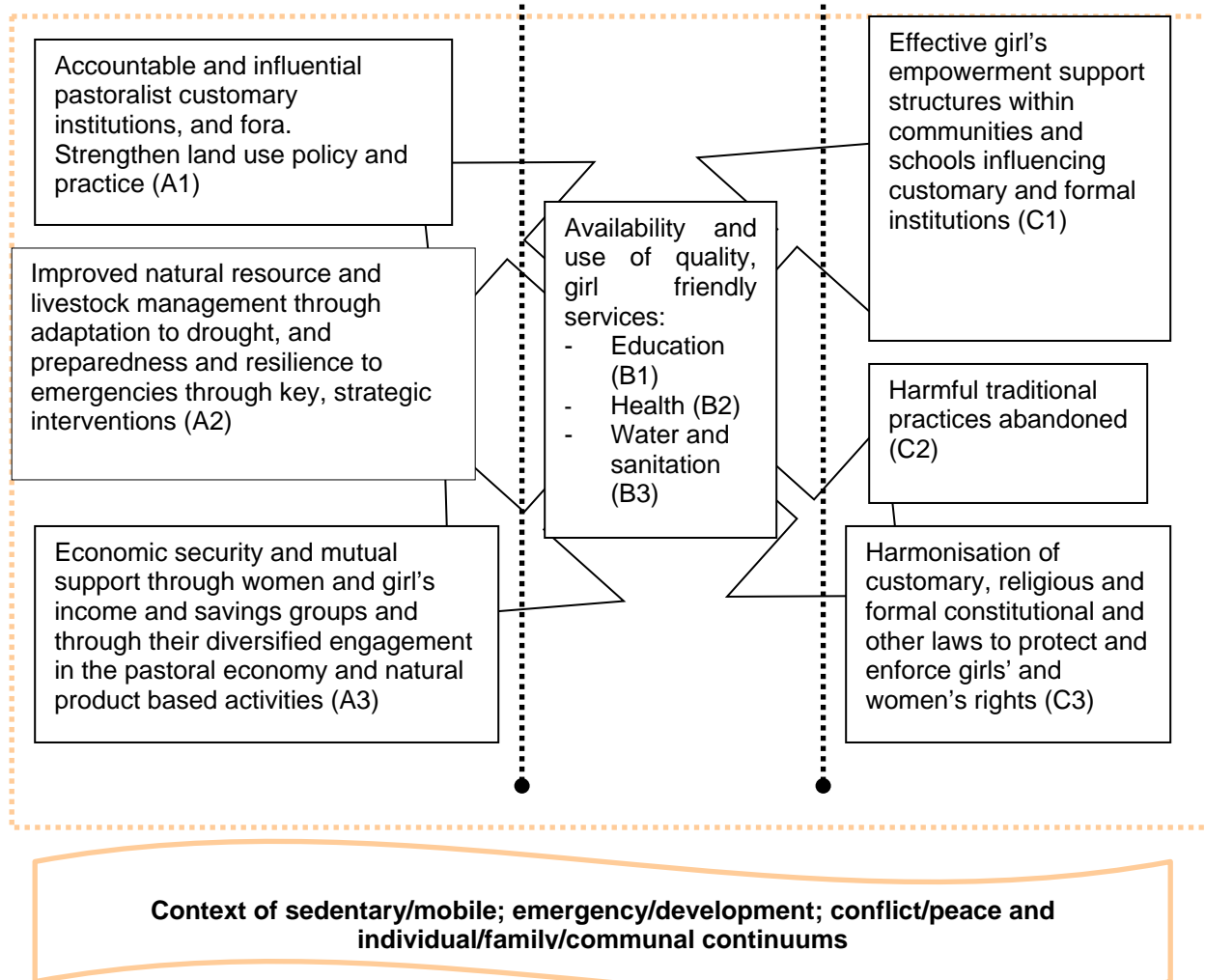
### Theory of change of CARE Ethiopia's Pastoralist School-Aged Girls Long-Term Program

**Goal:** Pastoralist school-aged girls, particularly the most vulnerable, exercise their rights and have an improved sustained quality of life

#### Theory and Domains of Change:



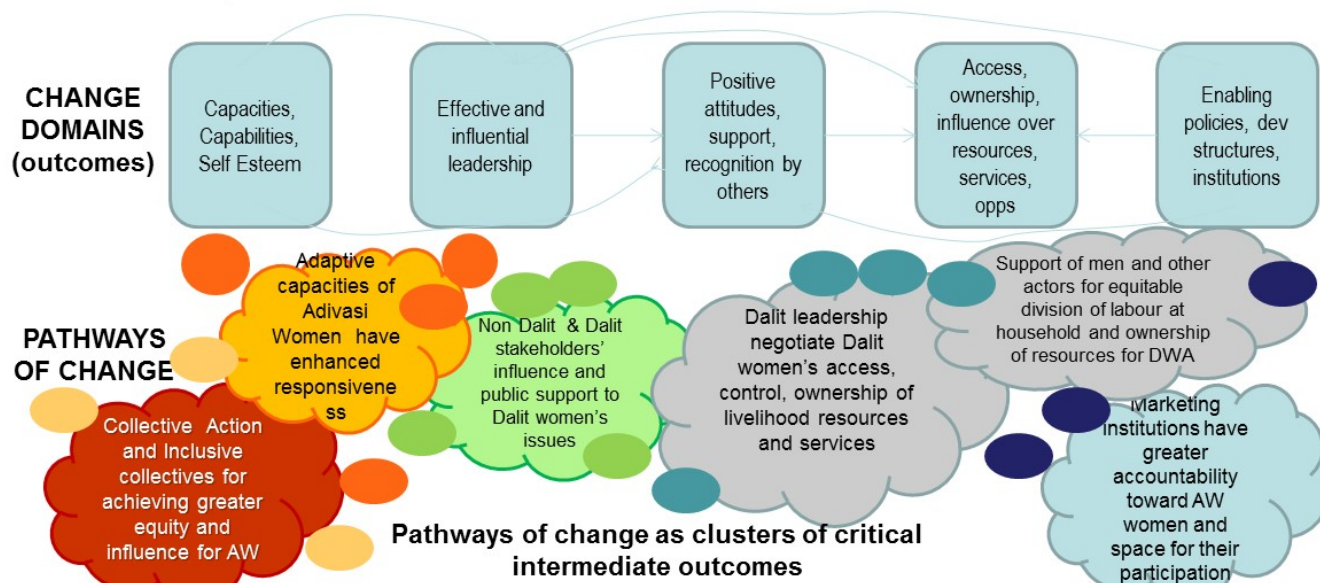
#### Pathways of change:



## CARE India – Adivasi Program Theory of Change

# The Theory of Change

**Goal (Impact- Adivasi):** Women and girls in the most marginalized communities are empowered and have secure and resilient livelihood.



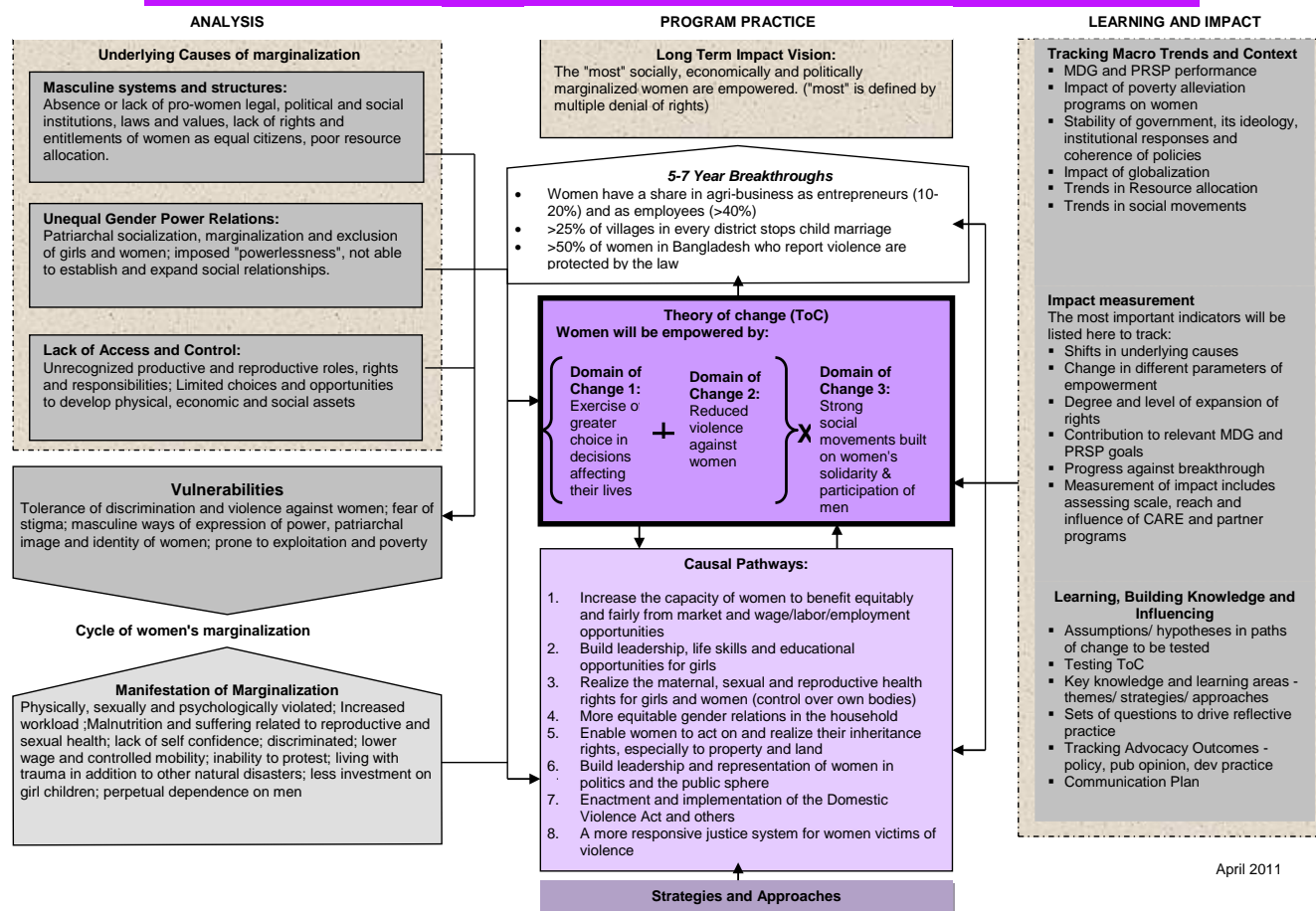
**Underlying Causes of Poverty and Marginalization:** Failure of governance at multiple levels to hold duty bearers accountable to impact groups; Failure of markets to be inclusive and fair; Unequal power relations perpetuating exploitation; Development plans for tribal areas fail to take into account *Adivasi* identity, priorities and worldview.

## CARE Bangladesh

### Impact Statement for "Socially, Economically and Politically Marginalized Women" Analysis, Program Practice and Learning for Impact

#### Description of the Impact Group

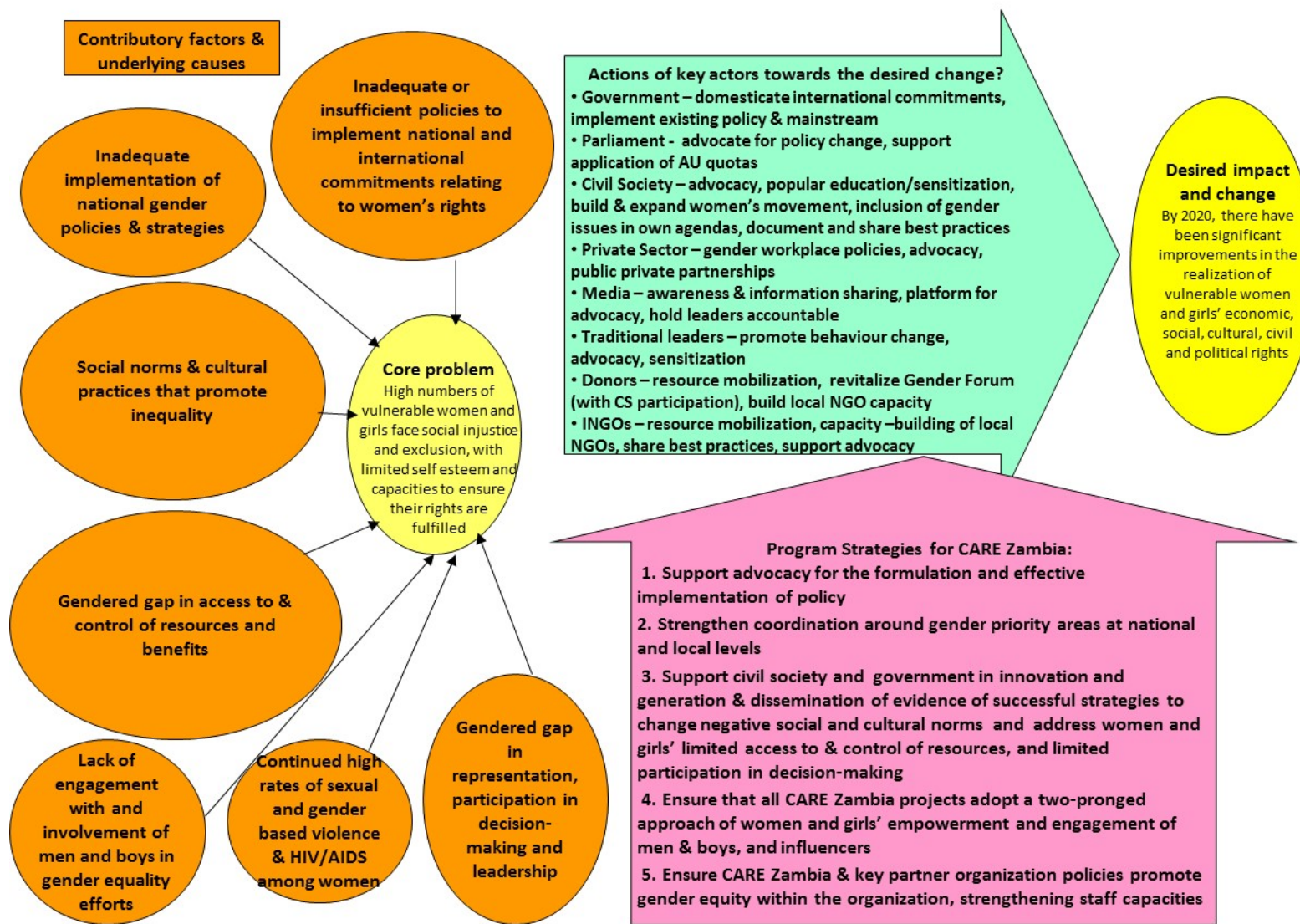
Women, whose rights and entitlements are denied throughout their life cycle by institutionalization of inequity between men and women. This affects their physical, social, economic, political condition and position as well as psychological wellbeing.



April 2011

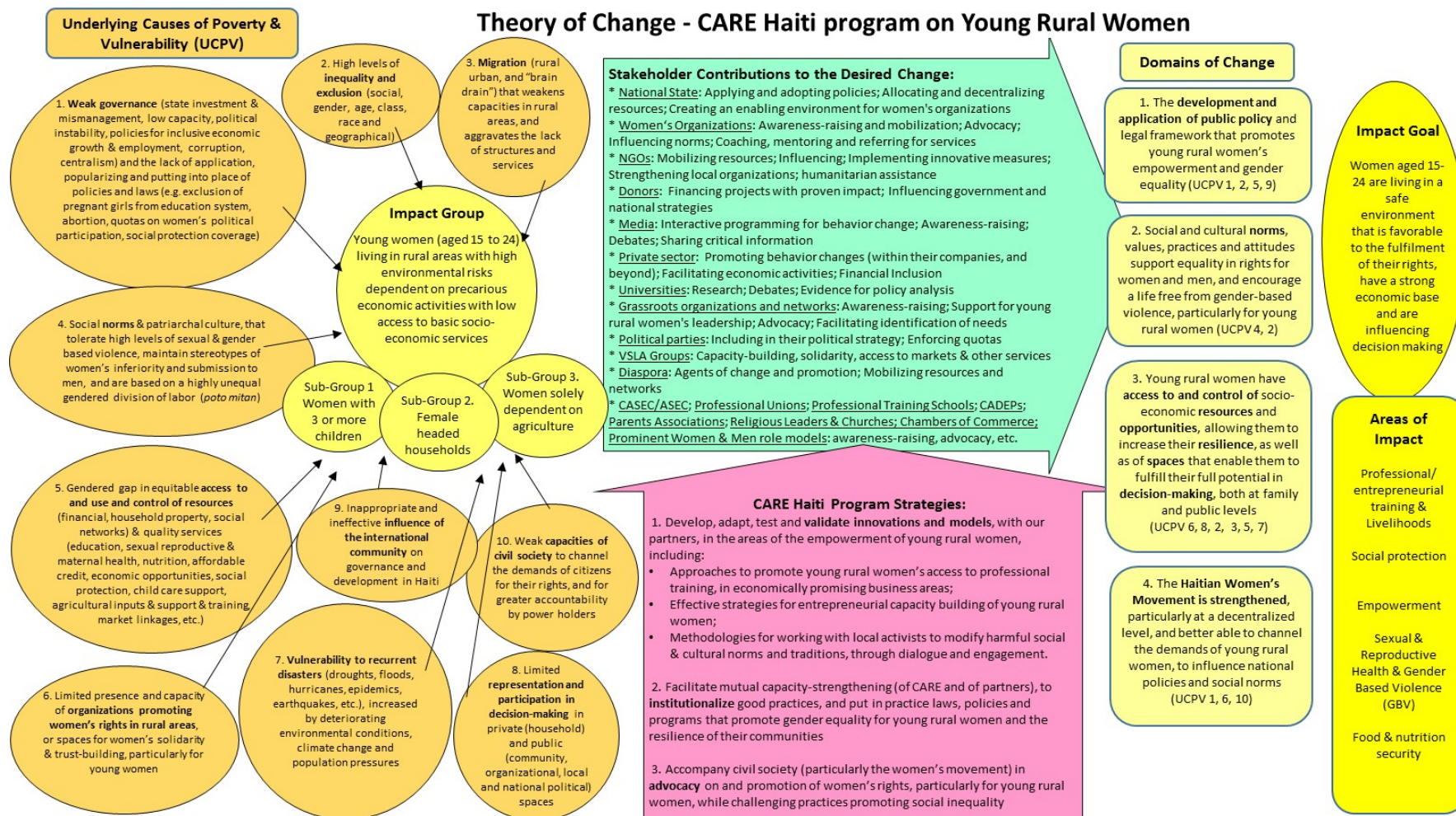
## CARE Zambia

### Theory of Change for CARE Zambia Gender Equality for Vulnerable Women and Girls Program





## CARE Haiti



Further examples of Country Office Theories of Change can also be found at <http://gendertoolkit.care.org/Resources/CO%20TOCs.pdf>.

## Annex 10. Breakthroughs

There have been many questions over the years about what constitutes a breakthrough. This section provides more details on breakthroughs, their scope, how to leverage them and how to look the ones we have not anticipated.

A breakthrough is a change that represents a significant leap forward that is not easily reversed. It could be:

1. **A structural or policy change**

For example, a change in land inheritance policy that opens the possibility for women to inherit land, or a decentralization processes that make it easier for communities to influence state run agricultural programs.

2. **A change that sets precedent**

Something positive that occurs for the first time that sets precedent and that opens the possibility to be replicated multiple times. For example, a women's group running a microenterprise that sells seeds and other agricultural inputs becomes formally linked to agricultural programs operating in a certain region. This inspires recognition of a different role and status of women-run microenterprises. Another example could be the first time a women farmer's group challenges injustice in land allocation practice and wins.

3. **A critical threshold of incremental change**

A breakthrough could be an incremental change that reaches a certain level of threshold from where it will be impossible to go back. For example, in over 70% of communities in our operating area, local authorities involve women's groups in their budgeting process. This means the tide is turning, and a critical mass has been reached. This practice is likely to be normalized soon. Defining the level of threshold will of course be context-specific.

Another feature of a breakthrough is that it represents a change that affects both the **breadth of impact** (increasing impact on many more people in our Impact Group) as well as **depth of impact** (increasing the level of well-being or transformation in the lives of our Impact Group). The occurrence of a breakthrough thus offers opportunities to dramatically increase impact.

Sometimes breakthroughs that we have not planned, or not contributed to directly, will happen. We need to be able to recognize them and act on them. For example, the change in land inheritance policy mentioned above will not necessarily serve as a breakthrough for our Impact Group unless development actors work together to support and monitor compliance of the legislation. Similarly, in the example where a women farmers' group challenges injustice in land allocation practices, the group may win its battle through persistent efforts on their part, but if others do not know of this success and learn from their experience, it is unlikely to have impacts beyond the initial group.

Since breakthroughs have the potential to significantly increase the scale of impact, work around them often requires us to work in public ways in collaboration with actors at different levels, communicating clearly about the importance of the issue at hand for the Impact Groups. Over time the issues associated with breakthroughs that we invest in will begin to define CARE and partners' relevance and identity in the country/region.

For all of these reasons, it is very important to identify breakthroughs and work with others towards achieving them. Breakthroughs may not always be CARE driven – we may identify a critical breakthrough that is being led by another actor for example. However, our recognition of it as a breakthrough will mean that we can contribute to make it happen, together with our partners and Impact Groups.



## Annex 11. Examples of Domains of Change from around CARE

*Domains of change are main areas in which change must occur in order to be able to reach the desired long-term change or Impact Goal. Domains of change are identified based on the underlying causes identified as part of the statement of the current situation of the Impact Group.*

*Domains of change are sometimes called as outcomes at higher level to reach the stated goal.*

### **Governance, policy & civil society:**

- **Institutions** (formal & non-formal) are responsive to women's and girls' priorities & accountable to upholding their rights (Ethiopia, overall CO ToC)
- **Institutions** are responsive to women's priorities and accountable to upholding their rights (Ethiopia, CFIRW<sup>37</sup>)
- More enabling **laws, policies**, development structures, **institutions** (India)
- The development and application of **public policy and legal framework** that promotes women's empowerment and gender equality (Haiti, Young Rural Women)
- Improved implementation of existing **national legislation** related to gender based violence and discrimination of women (Balkans)
- Key actors (Government, private and from the community) have the necessary capacities to play fully their roles at all levels, and assume their responsibilities in the application and coordination of **laws, policies and strategies** focused on guaranteeing the rights of vulnerable children (Haiti, Vulnerable Children)
- Active **engagement** of the Poorest in Local **Governance** and Development Processes (Bangladesh, EP)
- Active **engagement** in urban **governance** processes backed by pro-poor urban **policy** (Bangladesh, Urban)
- Strengthened sustainability of key regional, national and/or local civil society **organizations** and networks promoting gender equality and diversity (Balkans)
- Strengthened **organizational capacity** of vulnerable children and youth, through allowing their true participation in decisions that affect their lives, and through exercising responsible citizenship, as actors of their own development (Haiti, Vulnerable Children)
- Strong **social movements** based on **solidarity** between men and women (Bangladesh, WE)
- The **Haitian Women's Movement is strengthened**, particularly at a decentralized level, and better able to channel the demands of young rural women, to influence national policies and social norms (Haiti, Young Rural Women)

### **Access and control:**

- Resilient pastoralist communities protect and enhance their **livelihoods** in a changing climate (Ethiopia, PSAG)
- Enhanced **life opportunities** for economically and socially deprived women & girls (Balkans)
- Pastoralist girls and women have equal **access** to quality **services, resources** and **economic opportunities** (Ethiopia, PSAG)
- Women and girls have equal **access** to social **services** and **economic opportunities** (Ethiopia, overall CO ToC)
- Women have **access and control** over household assets and **resources** (Ethiopia, overall CO ToC)
- Young rural women have **access to and control of** socio-economic **resources** and **opportunities**, allowing them to increase their **resilience**, as well as of **spaces** that enable them to fulfill their full potential in **decision-making**, both at family and public levels (Haiti, Young Rural Women)
- Women and men attain equal **access and control** over **resources** for expanded and resilient **livelihood** options (Ethiopia, CFIRW)
- Effective **access** and **influence** over the use of productive **resources, services, opportunities** (India)
- Better **Access** to and **Use of Resources** and **Services** (Bangladesh, EP)
- Equitable and distributed **access** and entitlements to **services, resources** and **livelihood opportunities** (Bangladesh, Urban)

<sup>37</sup> CFIRW = Chronically Food Insecure Rural Women, EP = Extreme rural Poor, WE = Women's Empowerment, PSAG = Pastoralist School Aged Girls

- Vulnerable households have sufficient economic resources and capacities of resilience for ensuring the permanent satisfaction of their children's rights (Haiti, Vulnerable Children)

**Capacities & leadership:**

- Women and girls realize and exercise their full **potential (leadership, self-esteem, life skills, civic participation and etc.)** (Ethiopia, overall CO ToC)
- **Capacities, Capabilities, Self Esteem** – Individual & Group (India)
- Girls and young women increase their **confidence** in themselves, and have the **life skills** required for their own empowerment (Haiti, Vulnerable Children)
- Effective and Influential **Leadership** of women and girls (India)
- Exercise of greater **choice** in decisions affecting their lives (Bangladesh, WE)

**Social & cultural norms:**

- **Cultural and social norms and attitudes** support the rights and aspirations of women and girls (Ethiopia, overall CO ToC)
- Changed/Improved **attitudes and behaviors** of relevant communities and government institutions towards gender equality and masculinity (Balkans)
- **Social and cultural norms, values, practices and attitudes** support equality in rights for women and men, and encourage a life free from gender-based violence (Haiti, Young Rural Women)
- **Cultural and Social norms** and systems support women to claim their right (Ethiopia, CFIRW)
- **Cultural, social and traditional norms, values, practices and systems** support the collective protection of children's rights (Haiti, Vulnerable Children)
- Positive **attitudes, support**, recognition of women and girls by others (India)
- Reduced **Exploitation and Dependence** on Others (Bangladesh, EP)
- Increased **social acceptance** and reduced **exploitation** and discrimination (Bangladesh, Urban)

**Others:**

- Women and girls **exercise** their **rights** (Ethiopia, PSAG)
- Reduced **violence against women** (Bangladesh, WE)
- Enhanced **quality and resilience** of living conditions (Bangladesh, Urban)

## Annex 12. Stakeholder Analysis

Conducting a stakeholder analysis is important for two main reasons. Knowing who the key actors are, their knowledge, interests, positions, alliances, and importance related to the Long-Term Program will allow us to interact more effectively with them and increase their support for the Long-Term Program. By carrying out this analysis before starting Long-Term Program implementing we can also detect and act to prevent potential misunderstandings and/ or opposition to the implementation. The Long-Term Program is then more likely to succeed if a stakeholder analysis, along with other key tools, is used to guide its implementation. Conducting a stakeholder analysis will also help us in developing a genuine partnership strategy for our Long-Term Programs.

There is a large body of literature on stakeholder analysis which can be found online (a few examples are guidelines developed by the [World Bank](#), [Business for Social Responsibility](#), or the [United Nations Development Program](#)). The following section attempts to synthesis this literature for best use in CARE's current Long-Term Programming approach. It is offered as guidelines to be built on and enriched not as a blue-print.

### A) Stakeholder identification

The starting point of stakeholder mapping should be the Impact Group and the Impact Goal. To do so, we can ask questions such as: Given the Impact Group and the Impact Goal, who is likely to contribute (positively) to the theory of change? Who is likely to be resisting or opposing to the change process as expressed in the TOC? How should we collaborate with these two different groups? While the focus should be on the Impact Group, it is also useful to consider the Impact Sub-Groups as well.

The value of the exercise increases significantly if it focuses on the non-obvious traditional partners. There are often easily available lists of local and international NGOs for example. In this analysis, more time should be given to move beyond these to look at other partnerships and cast the net wide to include micro-finance institutions, customary institutions, social movements, multilateral organizations, the private sector, donors, as well as elements of the state such as the parliament, judiciary and the police, etc. It is also critical to identify the stakeholders that may have a negative influence on the Long-Term Program, not just the allies. During the initial brainstorming it is useful to consider different programming considerations, e.g. phases of programming, and where different stakeholders operate within the emergency/development continuum.

Type of actor	Local	Regional	Multi-regional and National	Other	Dev/ Emgncy
<b>Governmental</b>					
Stakeholder 1					
Stakeholder 2, etc.					
<b>Non-Governmental</b>					
Stakeholder 1					
Stakeholder 2, etc.					

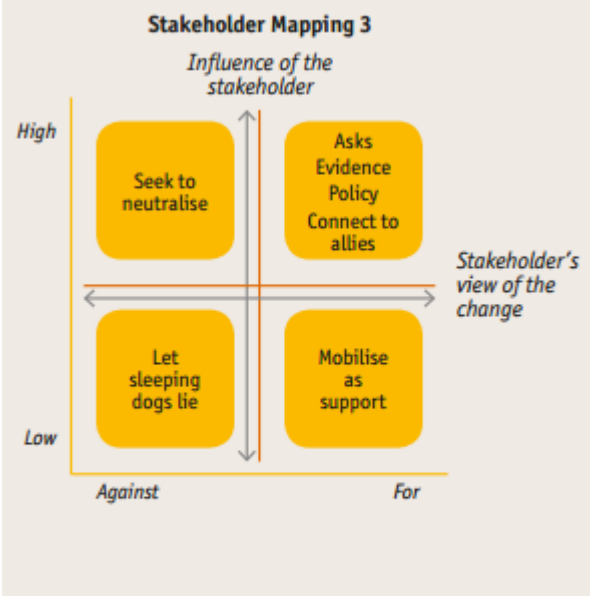
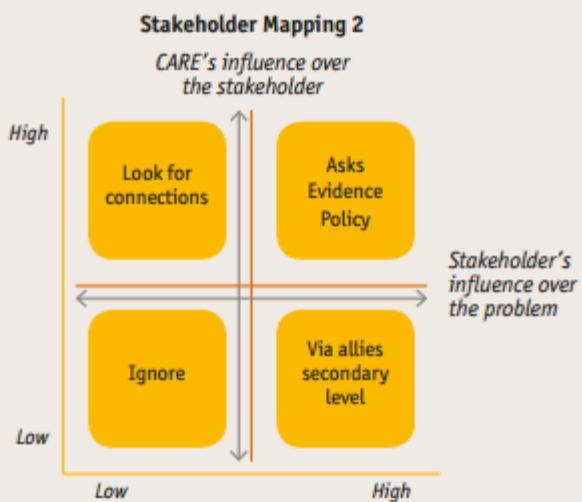
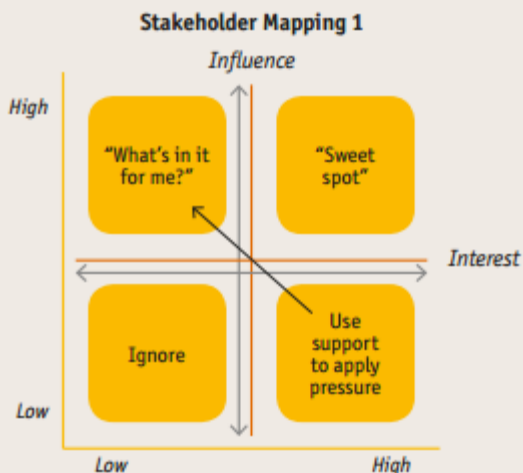
### B) Stakeholder analysis

Once the main stakeholders have been identified, we need to capture their level of engagement with the Impact Group and potential for engagement with or support for the Long-Term Program.

The tables on the following page are taken from the CARE Advocacy Manual, and provide useful frameworks for three types of analysis that it could be useful to carry out.

## TOOL 6: Stakeholder Mapping

Who can make the change? Who can we work with?  
Who may be against us?



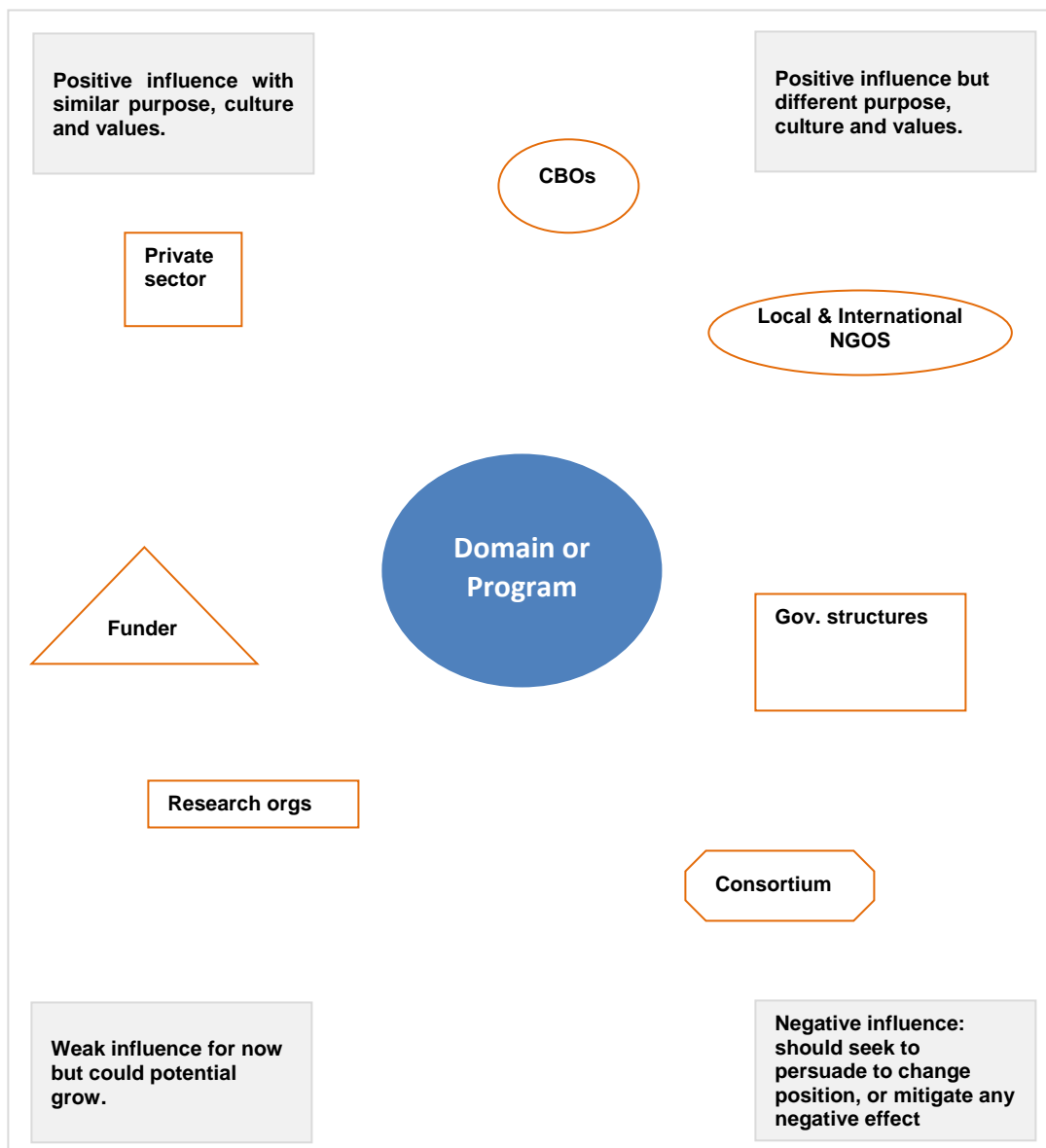
The table on the following page shows how this analysis overall can be synthesized.

Actor	Degree of overlap re: Impact Group	Specific focus on sub-Impact Group	Kind of relationship expected with Long-Term Program	Degree of similarity of vision/ mission	Current and potential influence/ contribution to scale on ToC	Degree of interest in partnership and the ToC	Type of relationship expected in the context of the TOC	Kind of financing relationship expected	Other
	Describe then summarize e.g. full overlap (FO), partial (PO), no overlap with Impact Group but important to a target group (NO)	Specify which if any	As: 1) Stakeholder 2) Target group 3) Impact group	Summarize vision/mission and visually summarize e.g. √ for some √√ for a lot X for not	Summarize and use symbol e.g. √ for some √√ for a lot X for not	Summarize and use symbol e.g. √ for some, e.g. information exchange √√ for a lot e.g. strategic with or without financial implications X for not	Summarize and then use symbols, e.g. P= policy partner I = implementation partner R = research partner F= co-funding partner O= other	Summarize e.g.: Cofunding; Funding of counterpart by CARE; Financing of CARE by counterpart; No direct financial relationship	
<b>Gvt</b>									
Actor 1									
Actor 2									
<b>Non-Gvt</b>									
Actor A									
Actor B									

### C) Mapping the system

Once the analysis has been done, the list of stakeholders should be ordered in terms of how strategic they are to the Long-Term Program. In addition, the most strategic of these partnerships could be summarized diagrammatically, e.g. with systems maps. A stakeholder map for each domain could provide the first level of synthesis and then an overall higher level synthesis drawn out for the program as a whole, as is shown in the example below

:



### D) Determine key stakeholders' fit with the Theory of Change

If not carried out as part of the Theory of Change process (Methodology B), it can be helpful to carry out a more detailed analysis for each stakeholder in relation to the Theory of Change. One way to do so is to complete the table below for each Domain of Change of each program.



Domain of Change	Pathway of Change 1	Pathway of Change 2	Pathway of Change X
<b>Stakeholder 1</b>			
Currently			
Potentially			
<b>Stakeholder 2</b>			
Currently			
Potentially			
<b>Stakeholder X</b>			
Currently			
Potentially			

The first row indicates the current contributions of each key stakeholder to particular Domains of Change and Pathways. The second row highlights each stakeholder's potential contributions, and if possible a breakthrough opportunity that this stakeholder can be critical in achieving. In addition to short narratives, symbols (such as √ or √√ for example) can be useful to illustrate where and how a partner could be contributing more significantly to pathways.

### E) Identify threats and risks

For all key important stakeholders identified above, identify the key potential threats in the partnership and the steps that could be taken to mitigate these.

Stakeholder	Threats/risks in partnership, i.e. how ToC could be affected, power dynamics, M&E capabilities, etc.	Suggested steps to prevent this

### F) Refine the theory of change if needed

After completing the stakeholder analysis, refine the Theory of Change in the light of the findings, if needed.

### Annex 13. Examples of Workshops to develop Theories of Change

1. One-week program design workshop conducted by CARE Mozambique to develop its theory of change (Option A):

	Mon, Feb 20	Tue, Feb 21	Wed, Feb 22	Thu, Feb 23	Fri, Feb 24
08h00-10h30	<b>Opening Introduction Session</b> <ul style="list-style-type: none"> <li>• Welcomes (Rene)</li> <li>• Expectations setting or Icebreaking (Steve &amp; Delphine)</li> <li>• Introductions (Steve)</li> <li>• Where are we coming from in Mozambique? (René)</li> </ul>	<b>Programming Themes</b> <ul style="list-style-type: none"> <li>• Nutrition (under-nutrition) (Isabelle Michaud-Letourneau, nutrition Department Ministerio de Saude)</li> </ul> <b>Civil Society, Rolf, CARE Denmark )</b> <ul style="list-style-type: none"> <li>• Fit with Program Approach</li> <li>• Trends in development aid</li> <li>• CARE Denmark's perspective</li> <li>• Implications</li> </ul>	<b>Theory of Change development</b> <i>Visioning and Impact Goal statement formulation (group work)</i> <ul style="list-style-type: none"> <li>• How do we imagine the future to look in 10-15 years?</li> <li>• Impact group perspective, what has changed?</li> </ul>	<b>Theory of change finalization (plenary presentations and feedback)</b> <ul style="list-style-type: none"> <li>• Validating TOCs</li> <li>• Identification of commonalities and differences in the three theories of change</li> </ul>	<b>Agreeing on our contribution to the theories of change? Crafting our value proposition in Mozambique (plenary)</b> <ul style="list-style-type: none"> <li>• Agreement on sets of ideas about the direction CARE Mozambique could take / our value proposition</li> </ul>
10h30-12h30	<b>CARE's Programming Approach (Delphine)</b> <ul style="list-style-type: none"> <li>• Why and what of the "Program Approach"</li> <li>• CI evolution</li> <li>• What we are trying to accomplish in this workshop</li> </ul>	<b>Impact Groups situation analysis</b> <ul style="list-style-type: none"> <li>• Children (Nic)</li> <li>• Adolescent Girls (Helena)</li> <li>• Women (Monica)</li> </ul> <p>Drivers of poverty and their consequences; trends; opportunities</p>	<b>Theory of change development Formulating Domains of Change</b> <ul style="list-style-type: none"> <li>• Converting the vision into a more measurable statement of results</li> <li>• What changes are necessary to achieve each Impact Group goal?</li> <li>• Points of highest transformation potential</li> <li>• Domains against the most significant drivers of poverty</li> </ul>		<b>Agreeing on our contribution to the theories of change? Crafting our value proposition in Mozambique (plenary)</b> <ul style="list-style-type: none"> <li>• Initiate discussion on implications of value proposition for CARE International in Mozambique (organizational alignment, how we work, core functions, etc.)</li> </ul>
Lunch 12h30-13h30					

13h30-15h30	<b>Programming Themes</b> <ul style="list-style-type: none"> <li>Gender, Equity and Women's Participation (<b>Marianna Bicchieri</b> <b>FAO gender advisor</b>)</li> <li>Land, NRM and extractive industry issues (<b>Claudia Manjate</b> <b>extractive industry CSO network</b> and <b>Peter Bechtel, WWF</b>)</li> </ul>	<b>Workshop Impact Groups</b> <ul style="list-style-type: none"> <li>Refining who they are and where they live and whom we will focus on to achieve impact in Mozambique</li> <li>Mapping the main drivers of poverty and social injustice: the key issues</li> </ul>	<b>Theory of change development Formulating Domains of Change continuation and identifying pathways of change</b> <ul style="list-style-type: none"> <li>Identifying high level interventions</li> <li>Identifying different ways of working</li> <li>Key actors or policies</li> <li>Analyzing TOCs against key poverty eradication and development strategies</li> </ul>	<b>Agreeing on our contribution to the theories of change? Crafting our value proposition in Mozambique (group work)</b> <p><i>Existing Portfolio in relation to TOC</i></p> <ul style="list-style-type: none"> <li>What we do now / comparative advantage</li> <li>What others do (including donors)</li> <li>What should we be doing and why?</li> <li>How does it fit with PARPA and other key policies and strategies?</li> </ul>	<b>Implications and Next Steps</b> <ul style="list-style-type: none"> <li>Development of a process / roadmap for finalizing theories of change and program strategies for Impact Groups and CARE Mozambique's value proposition</li> <li>Developing group mandates and accountabilitys</li> </ul>
15h30-17h30	Governance and accountability (IBIS, Silvestre Baessa Filipe Junior and Joao Pereira from MASC (Mecanismo de apoio a Sociedade Civil).	<b>Impact Groups (2)</b> <ul style="list-style-type: none"> <li>Presentation</li> <li>Identifying common themes</li> <li>Spotting any gaps</li> </ul>			

2. Two-day design workshop conducted by CARE Haiti to develop its theory of change (Option B):

## Agenda for the CARE Haiti Theory of Change Workshop Young Rural Women's Program

5 to 6 2015, Port-au-Prince

### Meeting objectives

- To develop with partners the core components of a Theory of Change for CARE Haiti's program focused on young rural women/vulnerable children
- Agree on ways forward and next steps for finalizing the program and moving to implementation

### Day 1: Thursday 5 February, 2015

Time	Session	Materials
<b>Introduction</b>		
08:30-09:00	1. <u>Welcome and introductions</u> (who, "prouds"), objectives and agenda for the Meeting.	Meeting agenda (CD & facilitator)
<b>Understanding the context within CARE</b> – Outcome: Shared understanding of progress to date in moving to a program approach in CARE Haiti, and the wider organizational context & expectations		
09:00-09:45	2. <u>Progress to date with the Program Approach within CARE Haiti</u> - what a Program Approach is, CARE Haiti's work to date, and expectations from & for partners	Ppt from ACD
09:45-10:00	3. <u>Expectations within CARE</u> – the CARE International Program Strategy, and suggestions for CARE Haiti and partners from internal stakeholders	Ppt from facilitator
10:00-10:15	4. <u>Methodology for developing Theory of Change</u> – outline of process to be followed over next two days	Ppt slide from facilitator
TEA/COFFEE BREAK		
<b>Developing Theory of Change</b> – Outcome: Shared agreement around core components of Theory of Change (Underlying Causes, Desired Impact & Change, Domains of Change, Stakeholder actions, CARE Haiti & partner strategies, Areas of Impact, and Impact & Outcome Indicators)		
10:30-11:00	5. Review of <u>initial summary of Underlying Causes of Poverty and Vulnerability</u> (UCPV) & in-depth group situational analysis	Ppt slide from facilitator
11:00-11:30	6. <u>Groups</u> (4) review and make suggestions for adding, taking away and changing UCPV & situational analysis	Cards for suggestions
11:30-12:15	7. Review of <u>suggestions</u> in plenary – and <u>agreement</u> on revised wording	Inputs from groups
12:15-12:30	8. <u>Impact</u> and <u>Domains of Change</u> – introduction to group work	Ppt slide from facilitator Handout of example domains of change
12:30-13:00	9. <u>Groups</u> (3) review "Desired Impact and Change" and make suggestions for 2-3 <u>Domains of Change</u>	Cards & flipcharts
LUNCH BREAK		
14:00-14:30	10. Groups continue on suggestions for 2-3 <u>Domains of Change</u>	Cards & flipcharts
14:30-15:15	11. Review of suggestions in plenary (grouped by similarity) – and <u>agreement</u> on 3-4 <u>Domains of Change</u>	Inputs from groups
TEA/COFFEE BREAK		

Time	Session	Materials
15:30-15:45	12. Brainstorm in plenary on types of key <u>stakeholders</u> for change (government, private sector, NGOs, etc.)	Flipchart
15:45-16:15	13. Groups (5) take two sets of stakeholders, and brainstorm <u>key actions</u> required for them to contribute to the Impact Goal & Domains of Change – and existing <u>examples of success or transformation</u> to build on	Flipcharts & cards
16:15-16:30	14. Closing Day 1, with thanks to partners	CD

## Day 2: Friday 6 February, 2015

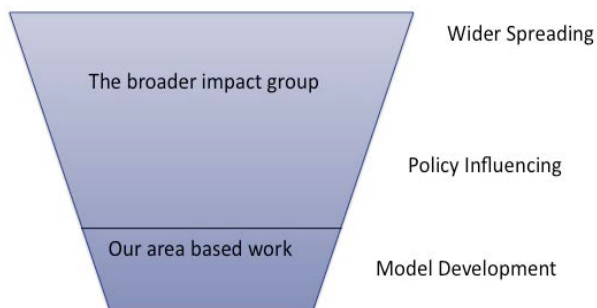
Time	Session	Materials
<b>Developing Theory of Change (cont.)</b>		
08:30-09:00	1. Review of inputs from groups on <u>stakeholders</u> – with suggestions and additions	Flipcharts on walls
09:00-09:15	2. Introduction to session on CARE Haiti strategies – CARE's catalyst/multiplying impact role	Ppt slides from facilitator
09:15-10:15	3. Groups (3) work on <u>strategies for CARE Haiti</u> and <u>hypotheses behind choices</u> – 3-5 highest priority program strategies for CARE Haiti (What is the strategy? Why will this make a significant contribution to the desired impact and change (based on what hypothesis)? Why is this strategy appropriate for CARE Haiti?)	Flipcharts and cards
TEA/COFFEE BREAK		
10:30-11:15	4. Review of <u>suggestions from groups</u> , and agreement on 4-6 Program Strategies	Inputs from groups
11:15-12:00	5. Agreement on <u>hypotheses &amp; assumptions</u> behind finalized strategies – based on inputs from groups	Flipchart
12:00-12:30	6. <u>Models, innovations</u> and <u>successes</u> to build on – Groups to suggest examples of work (past or ongoing) from CARE Haiti and partners that shows how we can put the strategies into practice and work on Domains of Change	Cards
LUNCH BREAK		
13:30-14:00	7. <u>Areas of impact</u> – agreement on 4-6 main areas of impact – discussion in plenary	Flipchart
14:00-15:15	8. Suggested <u>impact indicators</u> and <u>milestones</u> related to domains of change and areas of impact – groups (3) take 1-2 impact areas	Flipcharts – SDG targets document
TEA/COFFEE BREAK		
15:30-16:00	9. Reviewing results from groups, and adding suggestions	Flipcharts on wall
<b>Next Steps</b> – Outcome: Agreement on next steps to fill any gaps and finalize Theory of Change		
16:00-16:30	10. Discussion on critical <u>next steps</u> (action, responsible, timeframe, budget if needed)	Flipchart

## Annex 14. Models

Within a Long-Term Program there will be distinct ‘models’, the development of which will help the Program build its distinct niche and reputation. The diagram below shows the three elements of model development: building: a body of evidence around its effectiveness, using this to influence broader policies and approaches of others, and then leveraging resources to further the spread of the model more broadly, ensuring it is appropriately adapted as this happens to the different local contexts where it will be implemented.

By definition, a model can refer to an approach, strategy, or set of practices, and has the following criteria:

- Addresses key UCPs/ barriers to change;
- Is fundamentally aimed at social change, evidenced by changes in beliefs, behaviors, practices, and relationships;
- Relates to the Domains of Change/Pathways in the program Theory of Change;
- Has ownership that is broader than CARE;
- Refers to a verifiable body of evidence that can articulate the scale (breadth and depth) of the change amongst the Impact Group;
- Involves building evidence, policy influencing, and broader leveraging;
- Offers a clear and unique advantage over other approaches, with demonstrated cost-effectiveness and added value that is recognised by others.



To leverage a model, means that a Long-Term Program must be able to test, adapt and build evidence around the model as well as its contribution toward lasting social change. This evidence base is essential for broader sharing and influencing of policies and practices among government and other institutions. Through this process, key models can be adopted among other actors as their way of working (and adapted by drawing on their experience too), and CARE would play a more strategic role in providing technical support and refining the model based on further experiences of allies and ongoing initiatives.

This process of broadening input into and ownership helps ensure that models can influence a higher reach of key decision-makers across levels of government, including politicians, and may be adopted by others to roll-out rather than only CARE scaling-out from its bases to work in more project areas. Two useful reference guides to scaling up are available at

<http://www.expandnet.net/PDFs/ExpandNetWHO%20Nine%20Step%20Guide%20published.pdf> and [http://www.nesta.org.uk/sites/default/files/making\\_it\\_big-web.pdf](http://www.nesta.org.uk/sites/default/files/making_it_big-web.pdf).



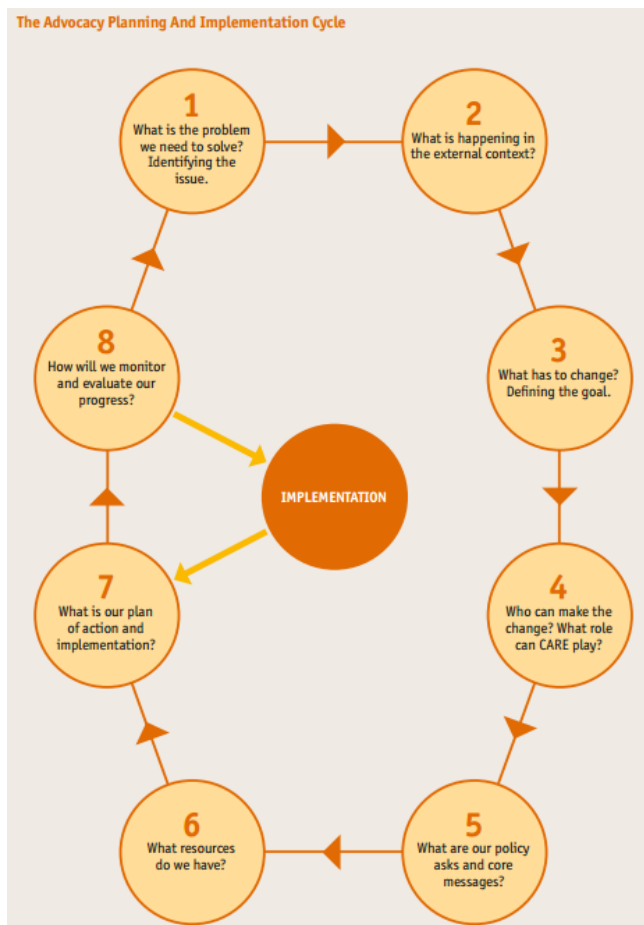
## Annex 15. Advocacy Planning

The planning cycle (see figure to right) and case study below are taken from the CARE International [Advocacy Handbook](#).

### Case Study: SWASH+ Sustaining and scaling school water, sanitation and hygiene plus community impact

Inadequate water and access to sanitation in schools is part of the larger global water and sanitation crisis. The SWASH+ programme has worked to achieve sustainable and national-scale school water, sanitation and hygiene (WASH) in Kenya through applied research and advocacy. A learning pilot in 200 primary schools has since contributed to change in 20,000 schools nationally and the Kenyan Ministry of Education has doubled the yearly budget for water and sanitation in primary schools.

SWASH+ is a five-year programme funded by the Bill and Melinda Gates Foundation and includes CARE, Emory University's Center for Global Safe Water, and Water.org. The research and advocacy efforts focused on improving budgeting for operations and maintenance costs, improving accountability systems with a focus on monitoring and evaluation, and more effectively promoting knowledge of WASH through teacher training and the national curriculum.



Advocacy objectives were developed through Problem Tree and stakeholder analyses. SWASH+ used outcome mapping to track progress against these objectives. Specific advocacy goals were to identify important policy intervention areas, work with policy-makers to update knowledge and identify learning gaps and then act as learning advisers to the relevant ministries.

Lessons learned include:

1. Having a rigorous evidence base creates credibility with policy-makers.
2. Significant time and follow-up are needed as well as having staff with appropriate skills.
3. The 'ripeness' of the external policy environment is crucial and can make or break efforts to affect national scale change. Successful advocacy initiatives avoid being insular, focus on the external policy environment at the outset, assess data needs and stakeholder roles and responsibilities, and set reasonable objectives.

## Annex 16. Long-Term Program Operational Planning format

The following chart is adapted from the format used by CARE Peru for developing Annual or Biannual operating plans for its Long-Term Programs.

Area	Indicator	Activity	Responsible	Support	Projects/Teams involved	Budget (& source)	Year 1				Year 2			
							Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Domains of Change														
Domain of Change 1	Indicator 1.1													
	Indicator 1.2													
Domain of Change 2	Indicator 2.1													
	Indicator 2.2													
Domain of Change 3	Indicator 3.1													
	Indicator 3.2													
CARE Program Strategies <sup>38</sup>														
Strategy 1	Indicator 1													
Strategy 2	Indicator 2													
Strategy 3	Indicator 3													
Operational Priorities (where not covered above)														
Advocacy	# of policy changes													
KML	# of knowledge products generated													
Resource mobilization	# & \$ of proposals submitted (and approved)													
Partnerships	# strategic partnership agreements signed													

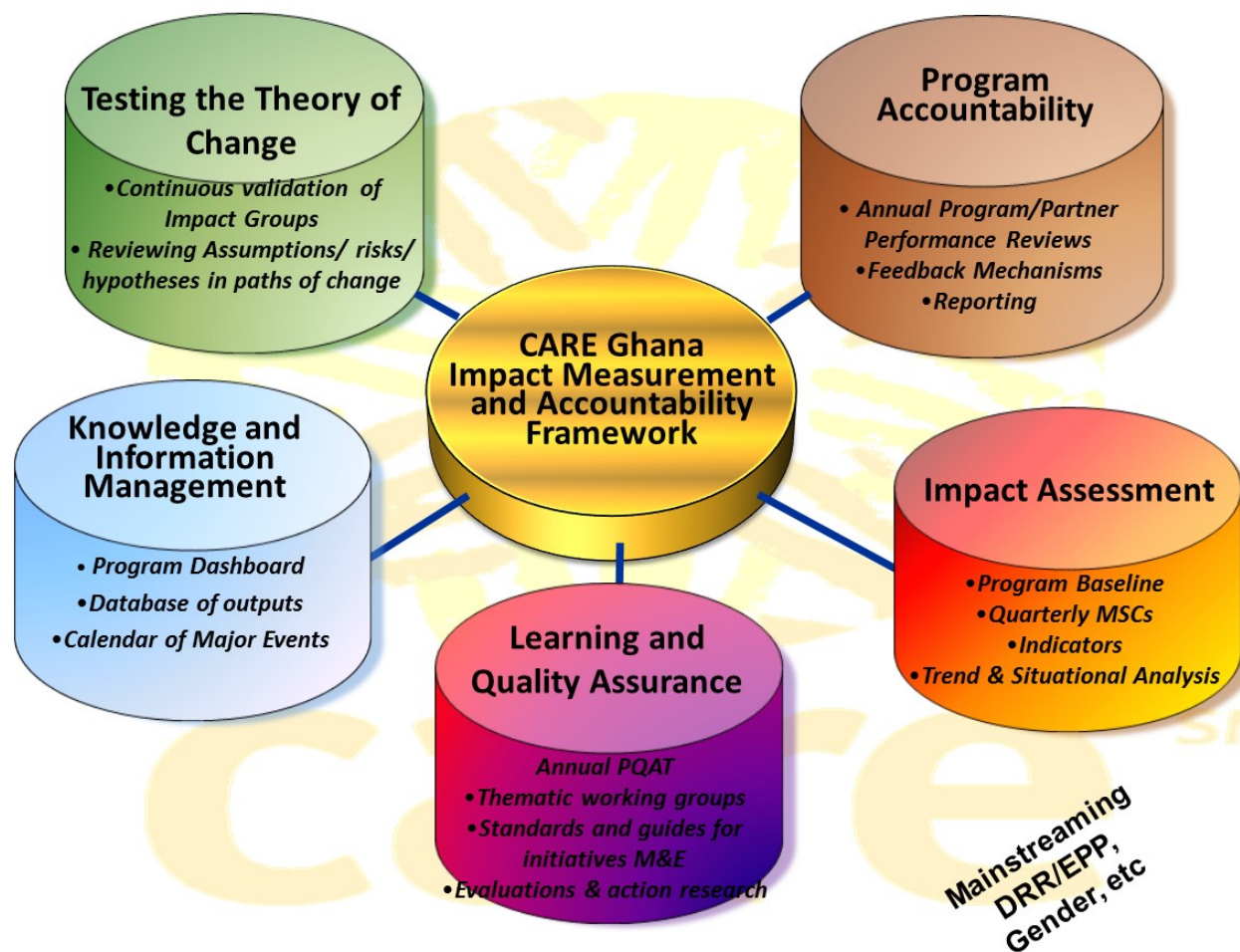
<sup>38</sup> Or Pathways or breakthroughs, if using Option A as the approach for developing Theory of Change

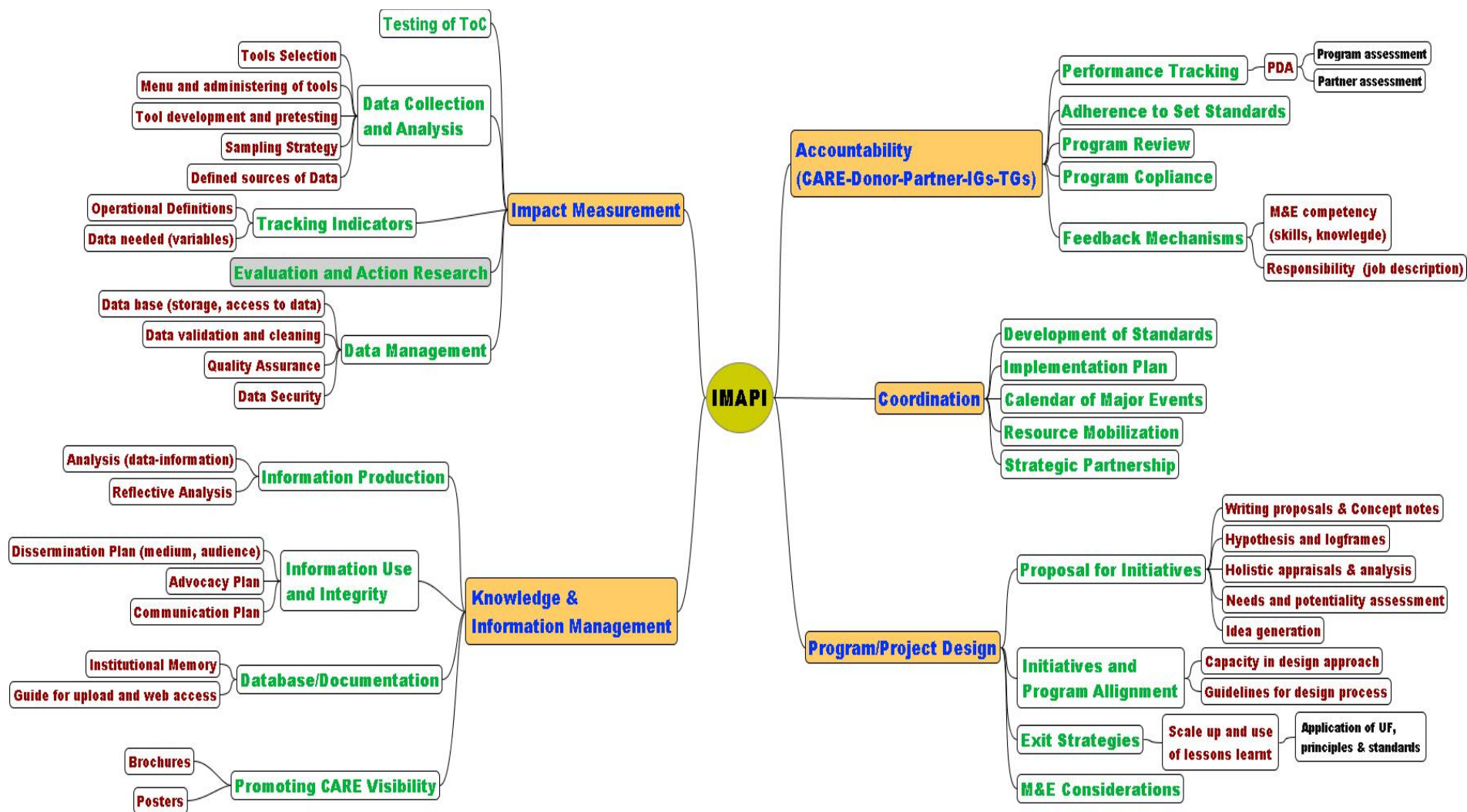
## Annex 17. Program Indicator tracking format

Indicators	Definition of indicator	Source of data	Frequency of collection	Disaggregation available	Responsible	Baseline value	Year 3	Year 5	Target/Breakthrough
Impact Goal:									
Impact area 1									
Indicator 1.1									
Indicator 1.2									
Impact area 2									
Indicator 2.1									
Indicator 2.2									
etc.									
Domains of Change									
DoC 1									
Indicator 1.1									
Indicator 1.2									
DoC 2									
Indicator 2.1									
Indicator 2.2									
etc.									

## Annex 18. Program MEL systems

### CARE Ghana Impact Measurement and Accountability system (IMAPI)



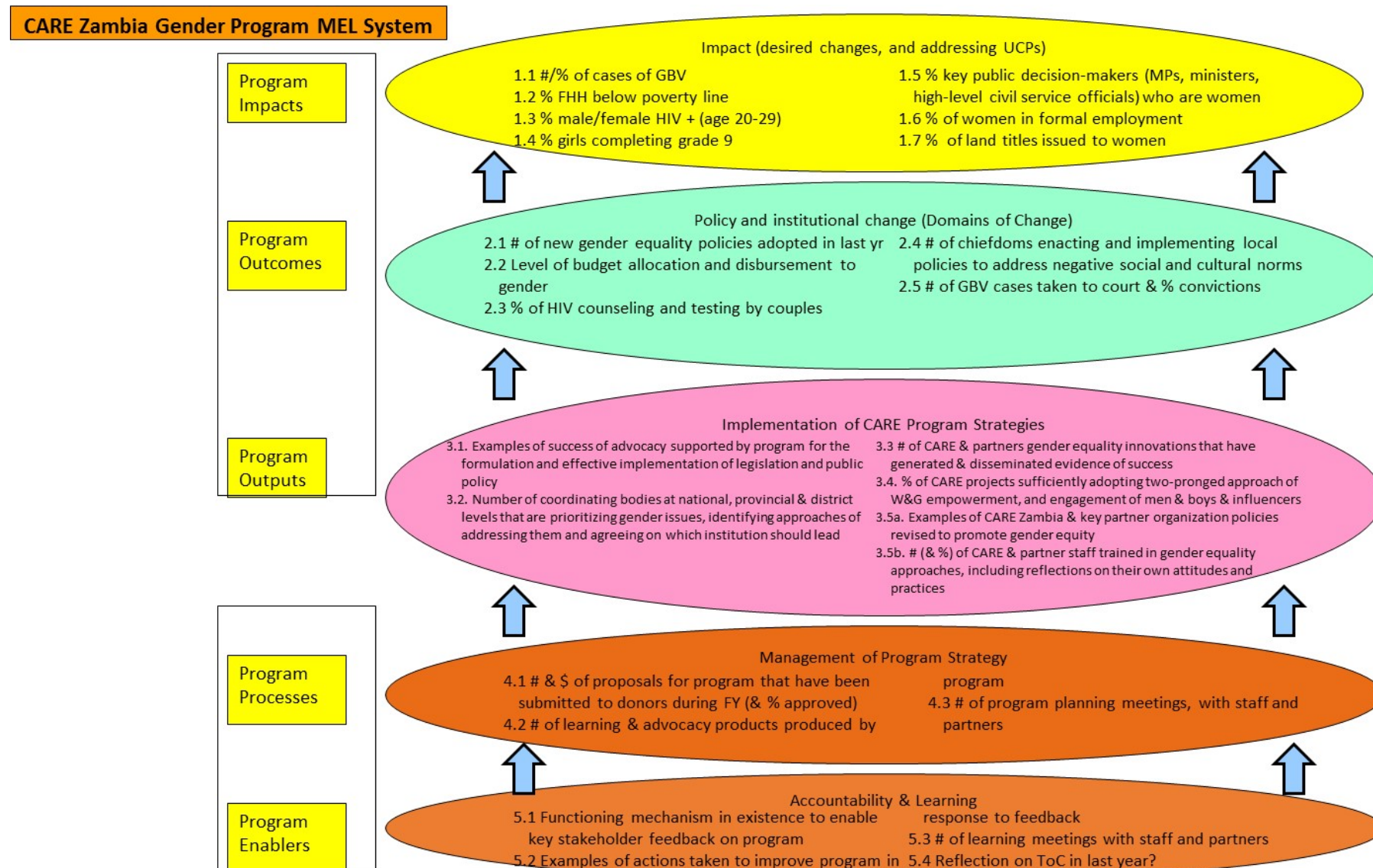


Cross-cutting/Mainstreaming  
DRR/EPP, Gender, etc

KEY	
IMAPI	- Impact Measurement and Accountability Initiative
PDA	- Program Delivery Analysis
DRR	- Disaster Risk Reduction
EPP	- Emergency Preparedness Plan



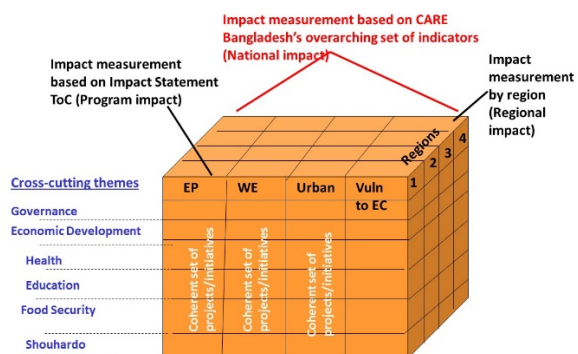
## Zambia Gender Equality Program Indicators



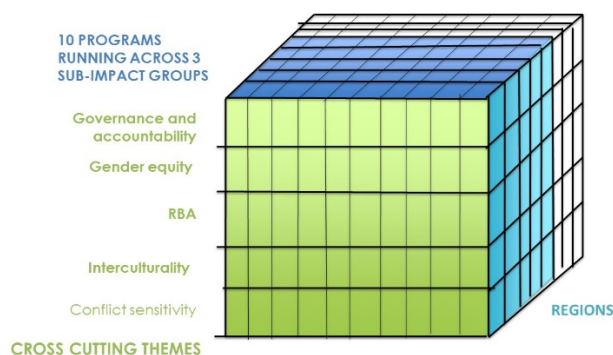
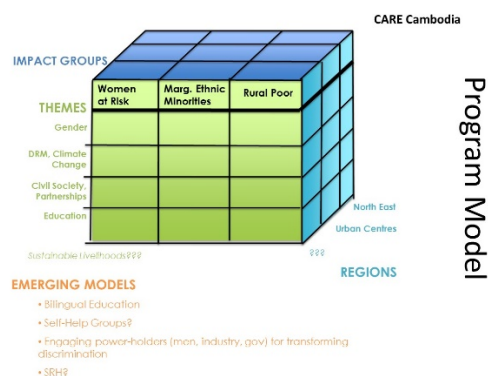
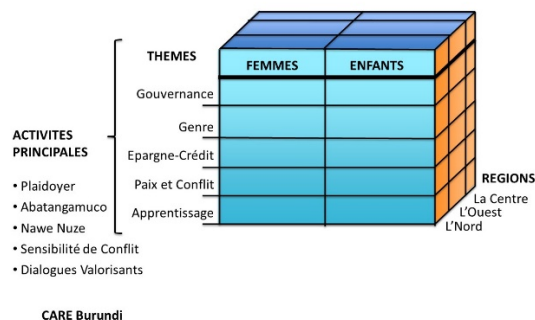


## Annex 19. Examples of Country Office “Rubix Cubes” for the Program Approach

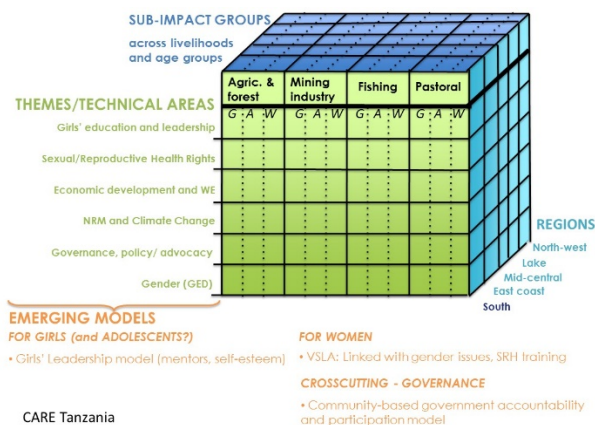
CARE Bangladesh: Program ‘Rubix’ Cube



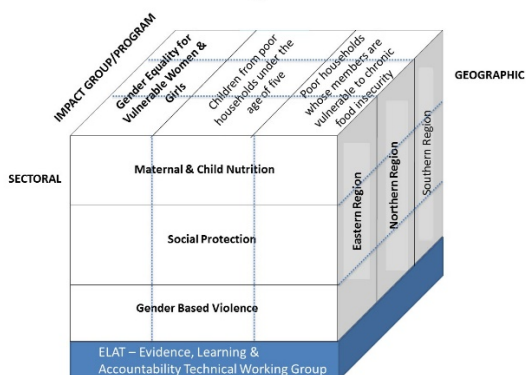
CARE Burundi: P-Bouge



CARE PERU: PROGRAM RUBIX CUBE



CARE Zambia Program Rubix Cube



## Annex 20. CARE Ghana Program Annual Report format

# CARE Ghana Agriculture & Food Security program Annual Programme Report

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## Annex 21. WEIMI questions for validating Theory of Change

The following set of guiding questions builds off of the draft impact measurement strategy for CARE Egypt:

<b>Relating to indicators and breakthroughs:</b>	<ul style="list-style-type: none"> <li>•How are partners contributing to progress?</li> <li>•What is the distribution of impact over geographic area and the impact group population? How can the differences be explained?</li> <li>•Are there rival explanations for the achievement of outcomes that may lie outside the hypotheses and causal relationships in the TOC?</li> </ul>
<b>Relationship between pathways and domains of change:</b>	<ul style="list-style-type: none"> <li>•Were these the right pathways to achieve the domain of change?</li> <li>•How did the pathways contribute to achieving the DOC indicators?</li> <li>•Are the pathways sufficient to achieve domains of change? If not, what else needs to happen?</li> </ul>
<b>Relationship between DOCs and the impact goal:</b>	<ul style="list-style-type: none"> <li>•Are these the right domains of change to focus on in the coming years?</li> <li>•How is the synergy between domains of change shaping progress (or not)?</li> </ul>
<b>Relating to macro-level trends and context:</b>	<ul style="list-style-type: none"> <li>•Are macro-level trends in accord with your expectations? Which assumptions need to be modified and which still hold?</li> <li>•How do contextual changes affect expected changes in the theory of change?</li> <li>•How is the political, social and economic environment affecting the <i>pace</i> of change or possibilities for achieving high-level impact?</li> </ul>
<b>Achieving impact:</b>	<ul style="list-style-type: none"> <li>•How are you collaborating or joining forces with others at regional and national level to achieve impact at population level?</li> <li>•What can you learn from other development actors to spread impact?</li> <li>•Will overlap with other programs in the CO portfolio help to achieve greater and more lasting impact because of synergy?</li> <li>•How well are you doing in scaling up strategies (e.g., what effect is advocacy having)?</li> <li>•In which geographic areas do you need a greater investment?</li> </ul>