WHY INCLUSIVE GOVERNANCE?

Weak and undemocratic governance harms poor and vulnerable people the most. People living in deprived areas rely most on public services, yet these people are most likely to have under-funded and poor quality services. To live a life of dignity and to fulfil their potential, people need access to equitable and high quality services, such as nutrition, education and health. To break the cycle of poverty and injustice, people need access to rights, such as labour rights, freedom of information and association, and the right to political representation. Yet women and girls and other groups that face discrimination are excluded from or under-represented in decision-making in all sectors and at all levels. This means they have the least say in society over how public money is allocated and how public services are managed.

CARE believes that we cannot overcome poverty and injustice unless governance systems are inclusive, equitable and accountable. We believe inclusive and sustainable humanitarian and development outcomes can only be achieved when marginalised people are able to influence decisions that affect their lives and hold governments to account. This is why Inclusive Governance (IG) is at the heart of the CARE approach to all our programmes, advocacy and partnerships, alongside Gender Equality and Women’s Voice, and Resilience.

OUR THEORY OF CHANGE

CARE’s Governance Programming Framework (GPF) outlines CARE’s central theory of change for inclusive governance. If marginalised organised and/or citizens are empowered (Domain 1), if power-holders are effective, accountable and responsive (Domain 2), and if spaces for negotiation are created, expanded, effective and inclusive (Domain 3), then sustainable and equitable development can be achieved, particularly for marginalised women and girls. CARE believes that change needs to take place and be sustained in all three domains to achieve this impact.
WHAT DOES CARE DO?

Working to strengthen inclusive governance is not only about what we do, but also how we work. CARE has four main programmatic areas for our Inclusive Governance work (what), and five key ways of working (how):

PROGRAMMATIC AREAS

Local Participatory Planning and Budgeting, so that poor and marginalised people have more influence over how decisions are made and public resources are spent: In Ghana, through the design of Community Action Plans (CAPs) CARE has helped ensure District Assemblies’ Medium Term Development Plans better reflect citizens’ priorities. In Bangladesh, the Journey for Advancement in Transparency, Representation and Accountability (JATRA) project has also helped ensure that poor and extreme poor women are better able to participate and present their priorities in local government budgeting.

Social Accountability, so that poor and marginalised people have more influence over how services are delivered: In Ethiopia, Malawi, Rwanda, and Tanzania, CARE’s Community Score Card© (CSC) approach has contributed to strengthening service provision and community-state relations in the health, food security, water and sanitation and education sectors. In the Maternal Health Alliance Project, for example, CARE’s cluster-randomized control evaluation revealed that compared with communities where the CSC was not implemented, women’s satisfaction with health services significantly increased.

Institutional Responsiveness, so that public authorities and service providers are responsive to the needs and rights of all: In Egypt, citizens’ charters have been used to improve communication with service providers and increase measures taken to address issues raised by service users in the education and infrastructure sector. In Afghanistan, CARE has also supported the implementation of the Institutional Maturity Index, a tool developed by Government to assess the capacity and the maturity level of the Community Development Councils.

Women’s Political Empowerment, so that women have voice, leadership and influence in public...
life and decision-making. CARE programmes help women and adolescent girls to develop confidence and skills, to access leadership positions and to organise with others to better advocate for their rights, entitlements and services. In Montenegro, CARE supported Romani women to form a coalition to successfully advocate for the inclusion of a gender perspective in the National Action Plans for Women, Peace and Security. In Niger, nearly half of the women elected to local government in CARE’s programme areas have participated in village loan and saving associations. CARE’s advocacy work in Bolivia, Ecuador and Peru supported a movement of domestic workers to lobby for the Ratification of ILO Convention 189 on decent work for domestic workers.

WAYS OF WORKING

Context Matters - Thinking and working politically to shift power: CARE uses political economy (PEA), power, and conflict analysis tools to ensure power and politics (with a small p!) are embedded in our actions. In the last few years, CARE has conducted tailored analyses in Kenya, India, Bangladesh, Pakistan, Zambia and Afghanistan across a wide variety of sectors (e.g. education and health) and government levels.

Aid Transparency and Accountability – Listening to our stakeholders: CARE works to embed Feedback Mechanisms (FM) and other elements of CARE’s accountability framework throughout our programming. For example, in Bangladesh, Ghana, Nepal, Tanzania and Zambia we are working in collaboration with Keystone Accountability to experiment with a new performance-focused methodology called Constituent Voice (CV). The aim of the CV model is to make feedback from impact populations and partners routine and as easy to use as possible.

Digitalisation - Scaling up through ICTs: CARE uses Information and Communication Technology (ICT) solutions to enable greater horizontal (across facilities) and vertical (from local to national) scale in CARE’s accountability work. For example, the Everyone Counts initiative proposes to collect and aggregate data generated by CSC at local level (citizen-generated data) and use them at scale to influence national-level planning and budgeting processes.

Measuring Impact – Applying innovative methods to capture CARE’s contribution to change: CARE is experimenting with various theory-based methodologies such as outcome mapping and contribution tracing to better understand how we are influencing more complex change processes. For example, in Ghana and Bangladesh CARE is working in partnership with Pamoja Evaluation Services to pilot Contribution Tracing, which combines Process Tracing and Bayesian Updating to rigorously test claims around our influence.

Adaptive Management - Embracing complexity: Integrating more politically smart analysis, constituent feedback and theory-based Monitoring & Evaluation (M&E) to help CARE adapt our programming to the challenges of a complex and changing world.

WHAT HAVE WE LEARNED?

Here are five key recommendations for how to have more effective IG programs at scale:

1. Effective use of power analysis: There is increasing demand for politically-smart context analysis; but these assessments are not always used in a smart way. Political economy and conflict analyses often generate a wealth of information. But, to make this useful we found that we need to pose clearer questions and link them explicitly to a theory of change. The process also works best if the analysis is at a local level to address a specific problem, and
when it is done in a more participatory way it is more likely to be taken on board by CARE staff.

2. **Thinking and working politically:** We should find the appropriate mix of “bottom up” and “top down” strategies. We need to both strengthen citizens’ voice and work with power-holders to make them more inclusive. We need to go from working “tactically”, using off-the-shelf tools and pre-made models, to “strategically” embedding our action into the existing context. We need to better understand powerful actors’ incentives, work through existing institutions to make them more responsive, and use existing decision-making spaces to ensure sustainability beyond the project’s life.

3. **Vertical integration – from local to national:** Social accountability tools like CSC are good at supporting communities to address problems that can be resolved locally, but tend to get stuck in this “lower accountability trap”. When the issues are more systemic (e.g. budget or staff allocations), we need to go beyond the community level, use the evidence generated to link the community action to sub national and national policy and budget influencing, engaging a broader range of stakeholders.

4. **Actively support women to influence public and political decision-making:** Women face different barriers to participation in public and political decision-making processes and actual influence within them. Programme design must take account of both to increase women’s power over decisions that affect their lives.

5. **Effective use of ICTs:** ICTs have great potential to “take citizens’ voice to scale”. We can use ICTs to aggregate citizen data across districts (horizontal integration), and to support citizen mobilisation up to the national level by using the data to influence higher level decision-making processes (vertical integration). However, ICTs are not the silver bullet and no one makes citizens active by just giving them a mobile phone. ICTs can become a multiplier by building upon existing civic action, and by not being extractive. It is important to close the feedback loop, demonstrating to citizens what the information is used for and what they are contributing to.

**WANT MORE INFORMATION?**

For more information on IG programming and resources, see the [Inclusive Governance Guidance Note](#) and the Inclusive Governance wiki, or contact Hayley Capp, Inclusive Governance Knowledge Management and Learning Officer.