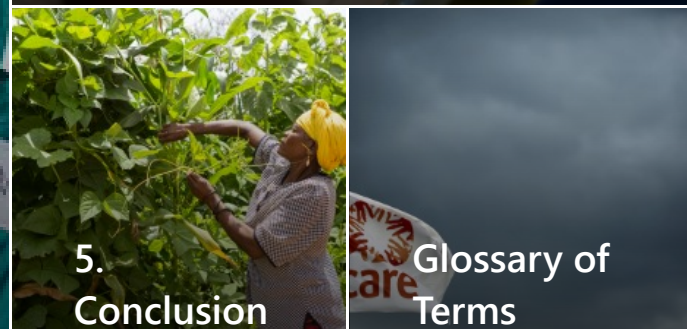# CARE's Vision 2030 Program Strategy Resource Manual

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Introduction

Learn more →

1. Strategy

2. Program Frameworks

3. Program and Project Design and Implementation

Learn more →

4. Monitoring, Evaluation, Accountability, and Learning

5. Conclusion

Glossary of Terms
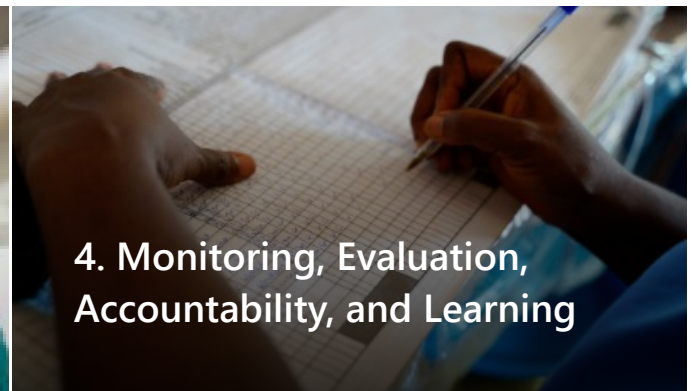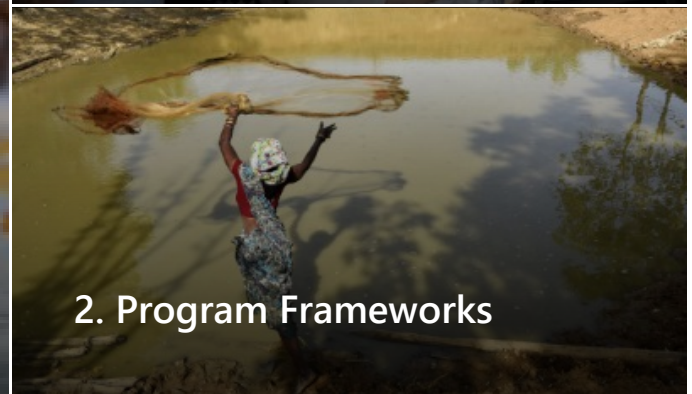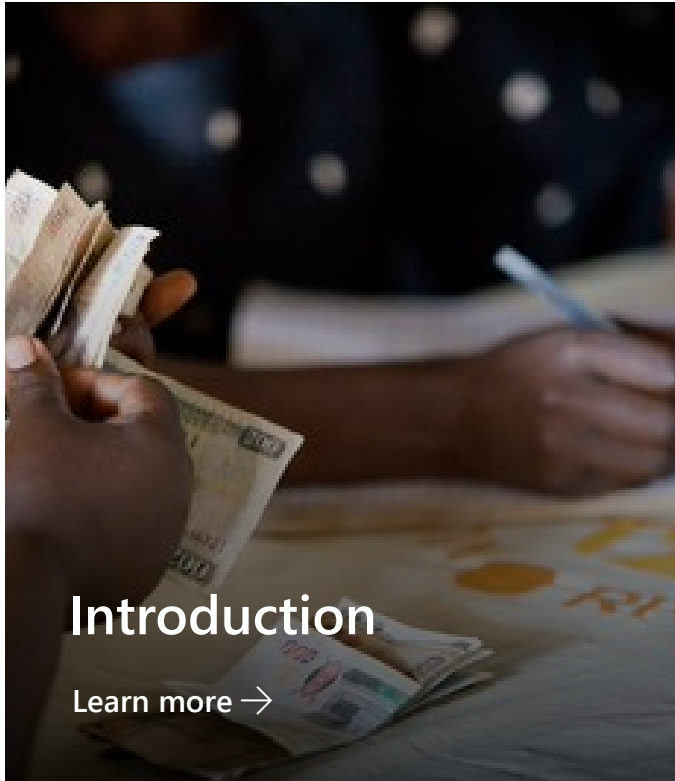
Program Strategy Lead

Burden, Allison
Program Director

Site Owner

Goulden, Jay
Knowledge Management Learning Coordinator

What's new?

The most recent changes (September 2021) include:

- Updating content and links from CARE 2020 to Vision 2030 throughout, including its Theory of Change and indicators, and an update on how CARE's programming frameworks have evolved
- Updated list and contacts for those leading Vision 2030 areas
- Updated list of core documents that everyone should be familiar with
- New sections on Program Quality, Adaptive Management and Feedback & Accountability Mechanisms

Introduction

Introduction

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

It is particularly focused around the programmatic pillar of CARE's global strategic framework, Vision 2030, which outlines our collective ambitions and priorities, for CARE International to contribute most significantly to the challenge of fighting the social injustice of poverty.

This manual draws on and links to guidance documents from different teams, Country Offices and Members in CARE International, and will be constantly updated, as new materials and guidance are developed.

Part 1 explains the highlights of the Vision 2030, and how strategies of Country Offices and CARE Members should be aligned with this, while Part 2 covers the core principles and standards and program frameworks that guide CARE's work, and how these have evolved over recent years. Part 3 covers the design and implementation of Long-Term Programs and Projects, and Part 4 covers Monitoring, Evaluation, Accountability and Learning in CARE.
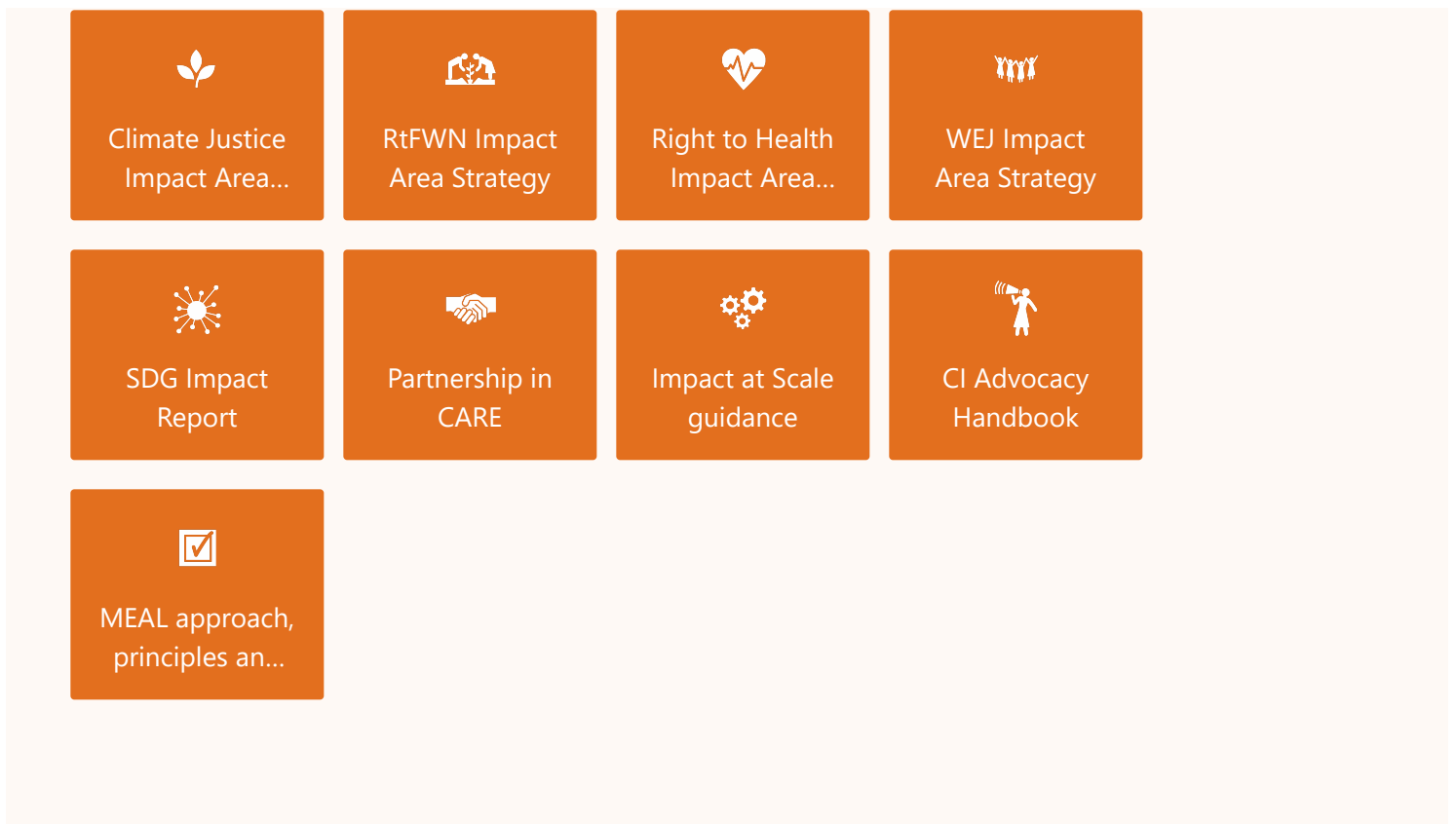
Core documents that everyone should be familiar with

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

- CARE Vision 2030 - Arabic, English, French, Spanish
- Guidelines for Gender Equality & Women's Voice (GEWV) - English, French, Spanish
- Strategies for the Impact Areas:
  - Gender Equality - Arabic, English, French, Spanish
  - Humanitarian - English
  - Climate Justice - Arabic, English, French, Spanish
  - Right to Food, Water and Nutrition (RtFWN) - Arabic, English, French, Spanish
  - Right to Health - Arabic, English, French, Spanish
  - Women's Economic Justice (WEJ) - Arabic, English, French, Spanish
- CARE and the SDGs: Impact and Learning Analysis 2015-2020 (English, French, Spanish)
- CARE's Partnership Paper (Arabic, English, French, Spanish)
- CARE's Impact at Scale Guidance (English, French)
- CARE International Advocacy handbook (Arabic, English, French, Spanish)
- CARE International guidance for Monitoring, Evaluation, Accountability & Learning (English, Spanish)

Links to core documents:

| Vision 2030 | GEWV Guidance Note | Gender Impact Area Strategy | Humanitarian Impact Area... |

Climate Justice Impact Area...	RtFWN Impact Area Strategy	Right to Health Impact Area...	WEJ Impact Area Strategy
SDG Impact Report	Partnership in CARE	Impact at Scale guidance	CI Advocacy Handbook
MEAL approach, principles an...			

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

1. Strategy

1. Strategy 🔗

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

1.1 CARE's Vision and Mission

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

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

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

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

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

1.2 CARE's Program Strategy

Building on CARE's first ever global program strategy, the CARE 2020 Program Strategy (2014-2020), Vision 2030 outlines our collective ambitions for the 2020-2030 period, in terms of three areas:

- the **impact** we seek to contribute towards, through solidarity, partnership and influencing for impact at scale;
- the **organization** we need to be, by developing a more diverse, inclusive and effective CARE network; and
- the **resources** we need and how they are deployed, by diversifying our resources, engaging supporters and placing resources closer to our impact

Impact Goals

CARE contributes to lasting impact at scale in poverty eradication and social justice, in support of the Sustainable Development Goals (SDGs). Gender equality (SDG 5) sits at the heart of our programmatic ambitions and radiates through all of our work. By 2030, we will measurably change lives across multiple impact areas.

Our 2030 overall contribution: CARE and our partners support **200 million people** from the most vulnerable and excluded communities to overcome poverty and social injustice. This will be achieved across six, interconnected impact areas:

- **Gender Equality**: 50 million people of all genders experience greater gender equality (particularly eliminating GBV, and increasing women and girls' voice, leadership and education);
- **Humanitarian Action:** CARE provides quality, gender-focused and localized humanitarian assistance to 10% of those affected in major crises, reaching at least 50 million people by 2030;
- **Right to Food, Water and Nutrition:** 75 million people, the majority of them women and girls, increase their fulfilment of their right to adequate food, water and nutrition;
- **Right to Health:** 50 million people increase the fulfilment of their right to health, and 30 million women their right to sexual and reproductive health.;
- **Women's Economic Justice:** 50 million women have more equitable access to and control over economic resources and opportunities;
- **Climate Justice:** 25 million poor and marginalized people, particularly women and girls, have strengthened their resilience and adaptive capacities to the effects of climate change and are contributing to the energy transition.

See this 38 minute video introduction to CARE's Impact Area strategies


38 minute video introduction

Theory of change

There are no quick fixes to poverty and injustice. CARE believes that in order to make meaningful and lasting impact at scale, we must tackle underlying causes of poverty and injustice. Gender inequality is a key driver of poverty as well as one of the most widespread forms of injustice, which is why we put gender at the center of our work. Based on a decade of experience using this framework to advance gender equality, this can only be done through working at three levels: **Agency**, **Relations** and **Structures** (see Section 2.2a for further details). We most effectively contribute to changes in gender equality, and other impact areas, through working in partnership and through six inter-connected pathways to impact at scale.

Impact at scale:

CARE seeks to influence change beyond the communities where we work directly. Based on our experience and learning of effective strategies , the following **pathways** are central for contributing to impact at scale:

- **Scaling up and adapting proven models**, both directly through CARE and our partners, and indirectly with governments or other allies. Examples of proven models are Village Savings and Loans Associations (VSLA), Community Score Cards (CSC), Rapid Gender Analysis (RGA), and Social Analysis and Action (SAA).
- **Advocacy** to influence changes to the policies, programs and budgets of governments and other power holders, and how those are implemented. See this summary of the Vision 2030 advocacy priorities, and the impact area advocacy frameworks.
- **Systems strengthening and social accountability**, to increase the capacities of institutions to provide inclusive and effective services and fulfil their obligations to the rights of the poor.
- **Supporting social movements** and other representative organizations of excluded groups in line with our vision and mission to contribute change through their collective actions, as conveners, allies, resource partners and amplifiers.
- **Promoting norms change** by addressing harmful norms in the economic, social and political spheres, through community dialogue and other norms-shifting interventions, as well as through broad media campaigns.
- **Inclusive market-based approaches** that mobilize the power of markets to contribute to broad scale change in ways that are economically and

environmentally sustainable, uphold labor rights and are inclusive of the poor and marginalized.
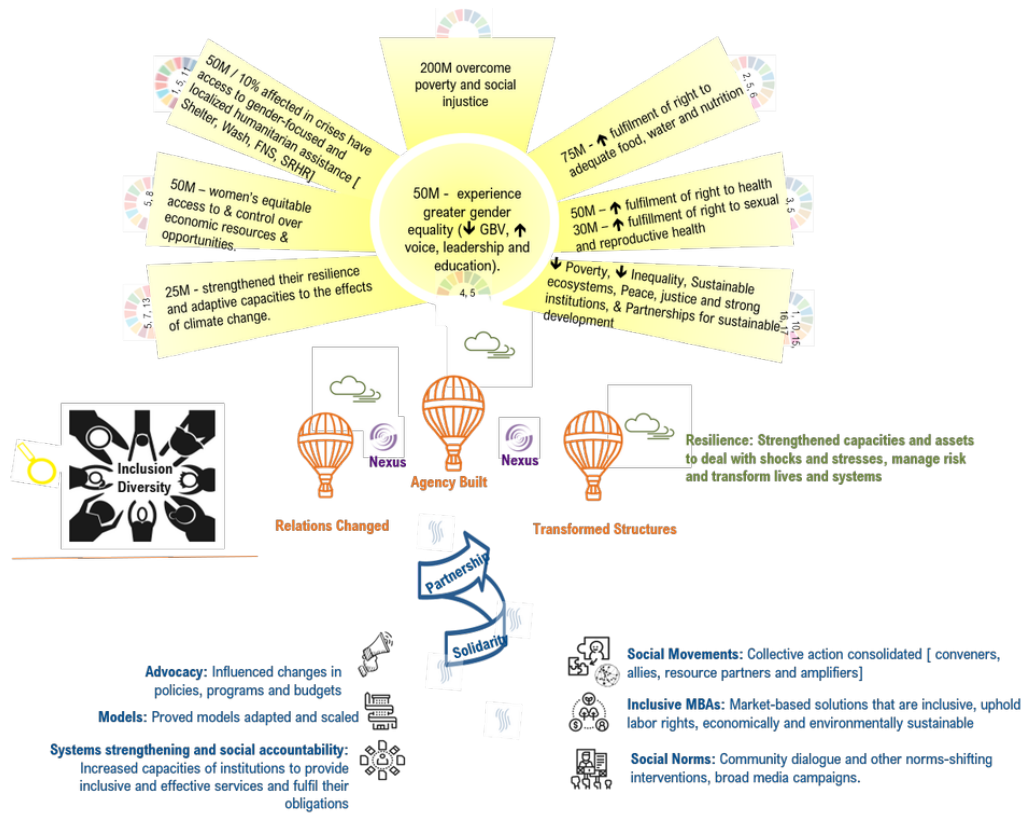
Partnership

We aim to be a 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. In partnership we can collectively achieve more, have greater impact and do so in inclusive, cost-effective and sustainable ways.

CARE's Partnership Paper (Arabic, English, French, Spanish) provides a unified CARE International definition of partnership and proposes an overarching framework and recommendations to enable CARE to partner with new and diverse organisations in new and diverse ways in-line with our Vision 2030. The aim is to turn CARE into a 'fit-for partnering' agency at all levels.

Definition of Partnership: At the heart of all partnerships for CARE is our goal of addressing poverty and social injustice (particular gender inequality and unequal power dynamics). Partnerships are purposeful relationships based on mutual trust, equality and learning, with an agreed vision, clear accountability for all parties, and

which engage the complementary strengths of the actors involved to collaborate on specific objectives, challenges or opportunities in ways that achieve greater impact than they could achieve alone.

CARE works with different organizations in different ways, in informal and formal relationships. This includes the following broad types of relationships: Design and Implementation; Impact Measurement and Learning; Advocacy/Influencing and Accountability; Funding or Resource Mobilization; and Capacity Strengthening.

See this video for a description of priority work underway across CARE, around 6 streams of partnership work. See also the 2021 CI Partner Funding Agreement policy (English, Spanish).

See this video for a 6-minute overview of the impact we seek in Vision 2030:

CARE global teams, at a glance

To support the implementation of our Vision 2030 program ambitions, different global Program Teams lead on the Impact Area and other priorities, on behalf of the

entire Confederation:

Impact Areas:

- **Gender Equality:** CARE USA leads, in collaboration with the CARE International Secretariat and CARE Norge.
    - GBV: Chrysalis (Sri Lanka) leads on Gender Based Violence, with the support of the CI Secretariat, and with CARE USA leading on advocacy. CARE Egypt leads on GBV in Emergencies (GBViE)
    - Education: CARE USA leads
    - Women's Voice and Leadership: CARE UK leads
- **Humanitarian assistance:** the CARE Emergencies Group (CEG) in the CI Secretariat leads overall on coordination, and on Gender in Emergencies (GiE) as a central element of our response (with additional support for GiE from CARE Norge and CARE USA). Specific sectoral teams for core humanitarian sectors are led by different Members: CARE Australia for Humanitarian Water & Sanitation & Hygiene (WASH); CARE UK for Shelter; and CARE USA for Humanitarian Food & Nutrition Security (FNS), and Sexual & Reproductive Health in Emergencies (SRHiE), with the leads of these sector teams also considered part of CEG. CARE Canada manages the Rapid Response Team (RRT), to provide surge support for humanitarian response, with support from CEG
- **Right to Health:** CARE India and CARE USA co-lead
- **Right to Food, Water & Nutrition:** CARE USA leads, with co-leads for specific areas (CARE Peru for water-based ecosystems; the WASH and FNS humanitarian teams (see above); the Southern Africa/ECSA region for Women smallholders' economic empowerment; the MENA applied economic empowerment hub for Access to markets in fragile contexts; and CARE Caucasus for rural development)
- **Climate Justice:** the Climate Change & Resilience Platform (CCRP) is led by CARE Nederland, in collaboration with four other Members (Danmark, Deutschland, France & UK)
- **Women's Economic Justice (WEJ):** CARE UK leads, with the MENA applied economic empowerment hub leading on WEJ in fragile contexts

Pathways to impact at scale:

- **Scaling models:** CARE USA leads

- **Advocacy:** The CI Secretariat coordinates overall, with leadership for advocacy priorities within each impact area led by the teams that coordinate each impact area
- **Systems strengthening and social accountability:** There is not currently a lead for systems strengthening, and CARE UK Inclusive Governance team leads on social accountability.
- **Social movements:** A working group coordinated by CARE Norge leads
- **Social norms:** CARE USA leads
- **Inclusive market based approaches:** CARE USA leads, including on Village Savings & Loans Associations (VSLAs) and Cash & Voucher Assistance (CVA)

For the Global Impact Area Teams, there is an agreed set of common minimum functions for their Global Responsibilities, around five main roles (Lead, Support, Advocate & Influence, Develop, and Learn). Links with further information for these teams are listed in the sections below, and contact details within each team can be found here. Specific objectives and division of responsibilities for global advocacy work are outlined in the Impact Area advocacy frameworks.

Impact Areas

Gender Equality

Recognizing that CARE can add most value by working with others to contribute to transformative social change, we will focus on the rights of women, adolescent girls, and marginalized groups in three areas critical to achieving gender equality: eliminating gender-based violence, increasing women's and girls' voice and leadership, and equal access to quality education. The Gender Equality Impact Area Strategy has two main programmatic axes:

- **Standalone gender equality approaches** or programs that have gender equality as their primary objective and are the bedrock of the Gender Equality Strategy;
- **Integrated gender equality approaches** or programs that incorporate gender equality, often as a secondary objective, to achieve the primary sectoral objectives.

Our efforts to advance gender equality are grounded in CARE's Gender Equality Framework (GEF), which is the Theory of Change for Vision 2030, and the tools and approaches we have developed to implement and assess our impact. We will need to adapt and scale proven models for gender transformation and to iterate and evaluate new and adapted approaches with our partners.

See the Gender Equality Impact Area Strategy (Arabic, English, French, Spanish), and the Education and Adolescent Empowerment strategy here (and in summary). Further information is available in the Guidelines for Gender Equality & Women's Voice (English, French, Spanish), and tools for integration of gender into program design, including for gender analysis, can be found in the CARE Gender, Power & Justice Primer, and on Insights. The CARE Gender Marker is an essential tool for analysing the degree of integration of Gender Equality across all our programming, on a scale of 0-4 (Harmful to Transformative).

Humanitarian

Building on our 2020 Strategy achievements, CARE and partners will prepare for and respond rapidly, and at scale, to sudden onset natural disasters, protracted and complex crises (as well as shocks within them), and public health emergencies and their secondary impacts. Our programming will be: Gender responsive and intersectional; Conflict sensitive and safe; Inclusive; and Locally-led.

CARE and partner programming will provide immediate life-saving assistance and protection while supporting people's dignity and advancing gender equality. Our focus will be on emergency response in the areas of: Food security; Shelter; Water, sanitation and hygiene; Sexual and reproductive health and rights. CARE and partner programming will mitigate, prevent, and respond to gender-based violence. We will implement through modalities best suited for the task at hand, including through market-based programming and the use of cash and voucher assistance.

CARE programming models like Women Lead in Emergencies (WLiE) bring together different elements of CARE's gender in emergencies work and will be applied by CARE and partners to transform social and gender norms in humanitarian action and across the Humanitarian Development and Peace Nexus. Various models (e.g., Rapid Gender Analysis, Village Savings Lending Associations in Emergencies, gender-sensitive cash and voucher assistance, etc.) that empower women and girls in emergencies, address gender based violence in crises, engage men and boys, and

promote broad community support for gender equality are a critical part of all of CARE's humanitarian programming.

See the Humanitarian Impact Area Strategy (English). Further details can be found in the CARE Emergency Toolkit and on CARE Shares.

Right to Food, Water and Nutrition

In the upcoming 3 years, CARE intends to support at least 25 million people (at least 55% of them women), to produce more and more healthy food, have better access to water and sanitation, and improve the nutrition. This will include women small-scale food producers, women and girls living in water scarcity or water stressed areas, and refugees and internally displaced people.

CARE will achieve this goal by building the agency of food and water insecure women and girls, changing inequitable power relations, and supporting the transformation of structures that sustain inequality and discrimination. The strategy is based on an integrated model (She Feeds the World) involving 8 inter-related pathways of change: 1. Improved water resources management and ecosystems protection; 2. Reduced food loss and waste; 3. Improved nutrition; 4. Improved access to water, sanitation, and hygiene; 5. Strengthened social protection for all in need; 6. Women's access to inclusive markets; 7. Increased women's access to and control of sustainable productive resources; 8. Diversified livelihoods and rural development.

CARE's work in food and water systems adheres to the principles of sustainability, productivity, equity, and resilience (SuPER), which aim to address the needs of today's world, and future generations.

See the Right to Food, Water and Nutrition Impact Area strategy (Arabic, English, French, Spanish) for further details, and on CARE Shares. A bi-monthly FNS newsletter can be signed up for here.

Right to Health

CARE's Right to Health Strategy catalyzes three interrelated domains of change. We seek to:

- Build assets and agency of women, girls, and other groups facing injustice.
- Change the power relations to enable collective voice and well being
- Transform health systems and structures to enable universal access to health

CARE's Right to Health Strategy has four thematic areas of focus:
- Strengthen local health systems and community-based organizations
- Support marginalized population groups, especially adolescents, to exercise their right to health
- Increase access to quality health services, including sexual and reproductive health and rights services, in humanitarian and fragile settings
- Prepare and respond to public health emergency preparedness

See the Right to Health Impact Area strategy (Arabic, English, French, Spanish) for further details, and on CARE Shares.

Climate Justice

For CARE, Climate Justice is about a future in which the poorest and most marginalized people, particularly women and girls, have improved their well-being significantly and can enjoy their human rights due to increased resilience to climate change, increased equality and a global temperature rise that is limited to 1.5°C. To achieve this, CARE will work on three interconnected pathways of change:
- Increased **capacities and assets** for people of all genders
- Improved **enabling environment** through policies and actions by power holders in the Global North and the Global South
- Strengthened **collective voice and action** of the civil society, including social movements.

CARE will become a climate neutral organization as soon as possible by adopting emission reduction targets across the organization as well as a confederation-wide environmental policy. In addition, we will ensure that we only cooperate with and accept funding from those private-sector actors who positively influence local, national, and international climate-related policy decision making processes.

See the Climate Justice Impact Area strategy (Arabic, English, French, Spanish) for further details, as well as the CARE Climate Change site, and on CARE Shares. The CARE resilience and climate change orientation pack (English, French, Spanish) offers links to key policies, strategies, knowledge management platforms and communities

of practice across CARE International, and the Climate Change & Resilience newsletter can be signed up for here.

Women's Economic Justice

CARE will work with economically marginalized women who have no or limited access to and control over economic rights, resources and opportunities. Within this, our sub-impact groups include workers, entrepreneurs and smallscale producers, as well as Village Savings and Loans Associations (VSLA) members. This includes young women and women living in fragile or conflict-affected contexts (including women who have been displaced). CARE's Women's Economic Justice Strategy is based on our Gender Equality Framework:

- **Agency:** Strengthen women's aspirations, their awareness of their rights, and their knowledge, skills and capabilities.
- **Relations:** Support women's collectives and movements, support space for women's voice and leadership, and engage men and boys.
- **Structures:** Promoting positive norms and practices, and influencing market and government actors, policies and institutions.

The strategy will build on our successes and capabilities from the 2020 women's economic empowerment strategy. This includes work on dignified work, financial inclusion (with a focus on VSLAs and a growing focus on VSLA in Emergencies) and entrepreneurship. We will also build on recent advocacy successes related to the ratification of ILO Convention 190 on Violence and Harassment in the World of Work and the Economic Justice and Rights Action Coalition.

See the Women's Economic Justice Impact Area strategy (Arabic, English, French, Spanish) for further details, as well as CARE Shares. A Women's Economic Justice newsletter can be signed up for here.

CARE also continues to work in other programmatic areas, beyond these six priority impact areas, in terms of both cross-cutting approaches such as Inclusive Governance or Resilience (see Other approaches, in Section 2.2), or thematic areas such as Peacebuilding or Psychosocial programming.

1.3 Country, Regional and CARE Member strategies

Different CARE Members, Candidates and Affiliates have developed strategies to align with Vision 2030 (see links on the main Vision 2030 page). Strategies and plans are also being updated at country and regional levels, outlining contributions at these levels towards Vision 2030:

- **Regions:** regional strategies, roadmaps or programmatic priorities are being developed, building on the experience of Impact Growth Strategies or other regional priorities over the last five years (Equal Value, Equal Rights in Latin America & Caribbean; Her Harvest, Our Future in Southern Africa; Made by Women in Asia/Pacific; Power! in the Great Lakes; Women on the Move in West Africa)
- **Countries:** guidance for countries to develop and align their strategies has been developed, outlining a flexible and adaptable set of tools in 4 modules, that can be applied in ways that fit the local context and degree of programmatic strategizing that exists in each country (Context analysis, including underlying cause of poverty analysis; CARE's intended impact and theory of change; Accountability; and the Form our presence takes).

2. Program Frameworks

2. Program Frameworks

Part 2 of this manual covers the core principles, standards and program frameworks that guide CARE's work, and how these have evolved over recent years. It provides further details on CARE's Gender Equality Framework, the core Theory of Change for Vision 2030. It also outlines other approaches used in CARE (Resilience and Inclusive Governance), as well as the Program Approach, that underpins the development of Long-Term and Humanitarian Programs in CARE. It also provides links to the standards and policies that guide CARE's programmatic work.

2.1. Programming Principles

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

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

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

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

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

Principle 5: Seek Sustainable Results: As we address underlying causes of poverty and rights denial, we develop and use approaches that result in lasting and fundamental improvements in the lives of the people we serve, particularly women and girls. We work to influence changes that are environmentally, socially and institutionally sustainable.
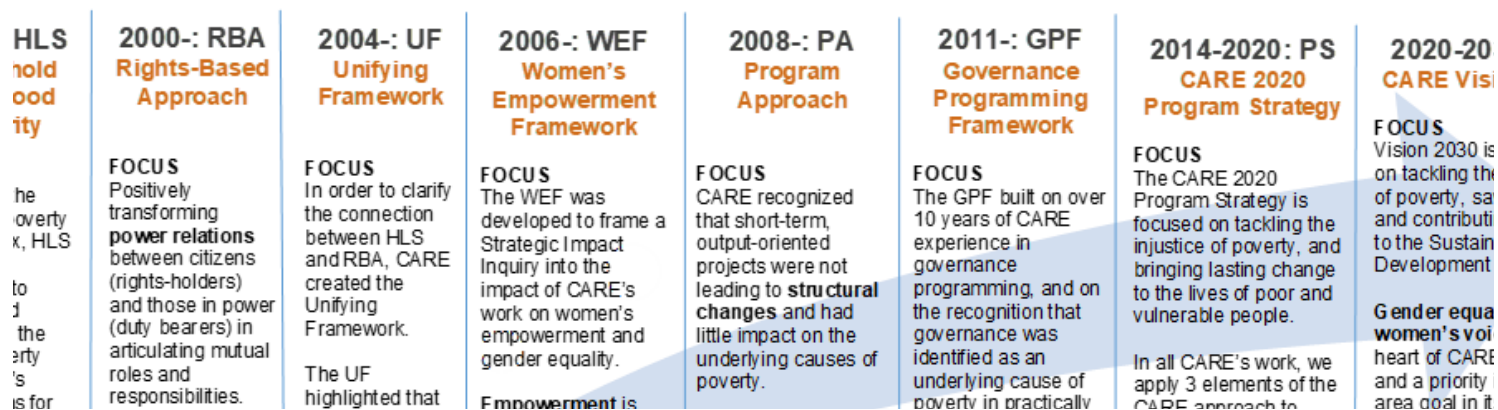
Principle 6: Do No Harm: We analyse the intended and unintended impacts of our programmes, encourage honest learning, and take action to prevent and respond to any unintended harms. We place special focus on preventing and addressing gender-based violence in all of our programmes.

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

2.2 Evolution of CARE's programming frameworks

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

The different approaches have built off each other, with the Women's Empowerment Framework, for example, responding to the fact that the Household Livelihood Security framework could often be applied in with a gender-blind focus at the household level, without understanding the dynamics, access and decision making power within households. The Program Approach was developed in response to the learning from the Strategic Impact Inquiry (SII) on Women's Empowerment, and some of the limitations the SII demonstrated on CARE's impact to date. These different frameworks influenced and came together in the CARE 2020 Program Strategy, with its focus on dignity & rights, the three elements of the CARE Approach (gender, governance & resilience), and the three roles (humanitarian, innovation and multiplying impact). Further reflection on the centrality of Gender Equality and Partnership to all our work, and on the different pathways to Impact at Scale (in relation to the Innovation and Multiplying impact roles in CARE 2020) further evolved this into the three underpinning frameworks for Vision 2030: Gender Equality (as the central Theory of Change for Vision 2030); Partnership; and Impact at Scale.

HLS hold ood ity	2000-: RBA **Rights-Based Approach**	2004-: UF **Unifying Framework**	2006-: WEF **Women's Empowerment Framework**	2008-: PA **Program Approach**	2011-: GPF **Governance Programming Framework**	2014-2020: PS **CARE 2020 Program Strategy**	2020-20 **CARE Visi**
he overty x, HLS to the erty 's s for	**FOCUS** Positively transforming **power relations** between citizens (rights-holders) and those in power (duty bearers) in articulating mutual roles and responsibilities.	**FOCUS** In order to clarify the connection between HLS and RBA, CARE created the Unifying Framework. The UF highlighted that	**FOCUS** The WEF was developed to frame a Strategic Impact Inquiry into the impact of CARE's work on women's empowerment and gender equality. **Empowerment is**	**FOCUS** CARE recognized that short-term, output-oriented projects were not leading to **structural changes** and had little impact on the underlying causes of poverty.	**FOCUS** The GPF built on over 10 years of CARE experience in governance programming, and on the recognition that governance was identified as an underlying cause of poverty in practically	**FOCUS** The CARE 2020 Program Strategy is focused on tackling the injustice of poverty, and bringing lasting change to the lives of poor and vulnerable people. In all CARE's work, we apply 3 elements of the CARE approach to	**FOCUS** Vision 2030 is on tackling th of poverty, sa and contributi to the Sustain Development **Gender equa women's voi** heart of CARE and a priority area goal in it

The CARE International **Programming Principles**, adopted in 2003, formalized the commitment to RBA, around 6 Principles (**empowerment, partnership, accountability**, tackling **discrimination, conflict** resolution and **sustainable results**).

we must work at 3 levels to have a lasting impact on underlying causes of poverty and social injustice: **human conditions, social positions** and the **enabling environment.**

Empowerment is conceived of as both **process** and **outcome**, comprising three inter-related dimensions: **agency, structure,** and **relations**.

CARE International also adopted the **Gender Policy** in 2009, formalizing its commitment to supporting gender equality, including 4 common standards.

In addition to adapting our conceptual program framework, CARE also needed to change **the way we work**. The PA was developed as the primary vehicle to implement our programming frameworks. Projects became **building blocks** of programs, all contributing towards the same **long term program impact goal.**

poverty in practically all countries where CARE worked.

The GPF outlines 3 domains in which change must happen, to achieve sustainable development with equity: **Empowered citizens; Accountable and effective public authorities & other power-holders;** and **Expanded, inclusive and effective spaces for negotiation.**

CARE approach to address the underlying causes of poverty and injustice: Strengthening **gender equality & women's voice;** Promoting **inclusive governance;** and Increasing **resilience.**

The PS highlights the 3 three main roles CARE plays in our efforts to achieve lasting impact at scale; **Humanitarian action;** Promoting **lasting change & innovative solutions;** and **Multiplying impact.**

Vision 2030 a highlights the of more equal **partnerships** collective amt

Finally, Vision outlines **6 pat impact at sca** innovative mo Advocacy; Sy strengthening accountability Supporting so movements; S norms change Inclusive mar approaches

Further details on these different frameworks can be found in:
- [Gender Equality](#) Framework ([English](#), [French](#), [Spanish](#)). Further information is available on the CARE [Gender, Power & Justice Primer](#).
- [Partnership](#) ([Arabic](#), [English](#), [French](#), [Spanish](#))
- Impact at Scale ([English](#), [French](#))
- Resilience ([English](#), [French](#), [Spanish](#))
- Governance Programming Framework ([GPF](#)) and Guidelines for Inclusive Governance ([Arabic](#), [English](#), [French](#), [Spanish](#))
- Unifying Framework ([2005](#), 26 pp)
- Rights Based Approach guidance, from CARE Denmark ([2009](#), 19 pp), CARE UK (**[2005](#)**, 48 pp) and CARE USA ([2002](#), 35 pp)
- Household Livelihood Security ([2002](#), 92 pages)

Given the centrality of Gender Equality in CARE's programming, this is described in further detail here below (see [section 1.2](#) for further details on [Partnership](#) and [Impact at scale](#)):
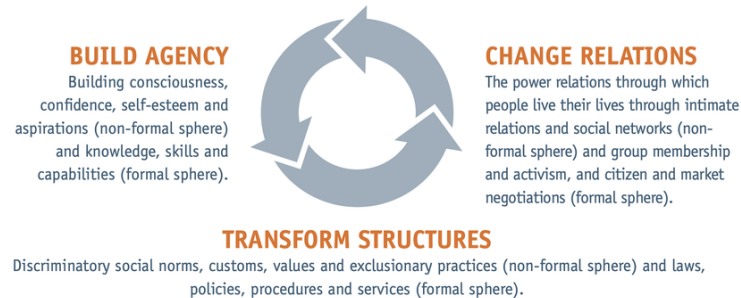
2.3 Gender Equality Framework

CARE's Gender Equality Framework (GEF) was developed to assist CARE staff in conceptualising and planning gender equality work. The GEF updates CARE's previous Women's Empowerment Framework to capture learning that our women and girls' empowerment approaches must be synchronised with and complementary to how we engage men and boys and people of all/diverse genders for gender equality. CARE's experience is that achieving gender equality requires transformative change, which needs to take place and be sustained in all three domains of **agency**, **relations** and **structures**, in both private and public spaces (i.e. at individual, household, community, and societal level):
- **Build agency:** CARE works with individuals to raise the consciousness, self-esteem, confidence, and aspirations to change their world, and the knowledge, skills, and capabilities to do so.
- **Change relations:** Change is more likely to stick if the people around us support it. CARE works to address inequality that persists in intimate relations, family, social and political networks, marketplaces, and community or citizen groups.
- **Transform structures:** Discrimination and exclusion can be perpetuated through laws and policies as well as through social norms and customs that affect how people of different genders

are expected to behave and participate in social, economic and political spheres. CARE advocates against discriminatory laws and for new laws and policies to reduce discrimination and works with communities and power holders to critically reflect on and transform the norms and practices that perpetuate injustice.

Figure 1: CARE's Gender Equality Framework

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

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

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

In practice, this means that CARE's work always seeks to be three-dimensional and informed by context-specific power dynamics. For a small-scale woman farmer, that means we equip her with the best farming techniques (agency), we organize collectives to negotiate fair prices in the marketplace (relations), and we advocate and hold power holders to account for protecting her rights to land tenure in national laws (structures).

In order to achieve gender equality, we must therefore understand the governance institutions and networks of power (formal and informal) and transform their responsiveness to all citizens to ensure effective and sustainable change. We must also include men and boys as well as women and girls, so that everyone is making necessary changes and is involved in the process of creating more equitable and inclusive societies.

Without all three dimensions of change, the injustice of poverty and gender inequality persists and the vulnerability to crisis worsens.

2.4 Other approaches

2.4a Resilience

The concept of resilience is already well established in certain areas of CARE's work, such as climate change adaptation and disaster risk reduction. However, it is also relevant in every field of CARE's work. A focus on increasing resilience for poor people enables CARE to better integrate its approach across all sectors, including CARE's key outcome areas. In the face of escalating shocks, stresses and an uncertain future, increasing the resilience of communities and individuals goes hand in hand with gender equality and inclusive governance as the pathway out of poverty and to life with dignity.

Increasing resilience is not an outcome that can be achieved within a specific time frame, but an ongoing process. CARE's approach to increasing resilience, developed through a consultative process

and based on past CARE work, can be summarised as follows: If the capacities and assets to deal with various shocks, stresses and uncertainty are built and supported and if drivers of risk are reduced and if these actions are supported by an enabling environment, then resilience is increased. Change needs to take place and be sustained in all three areas to achieve this impact.
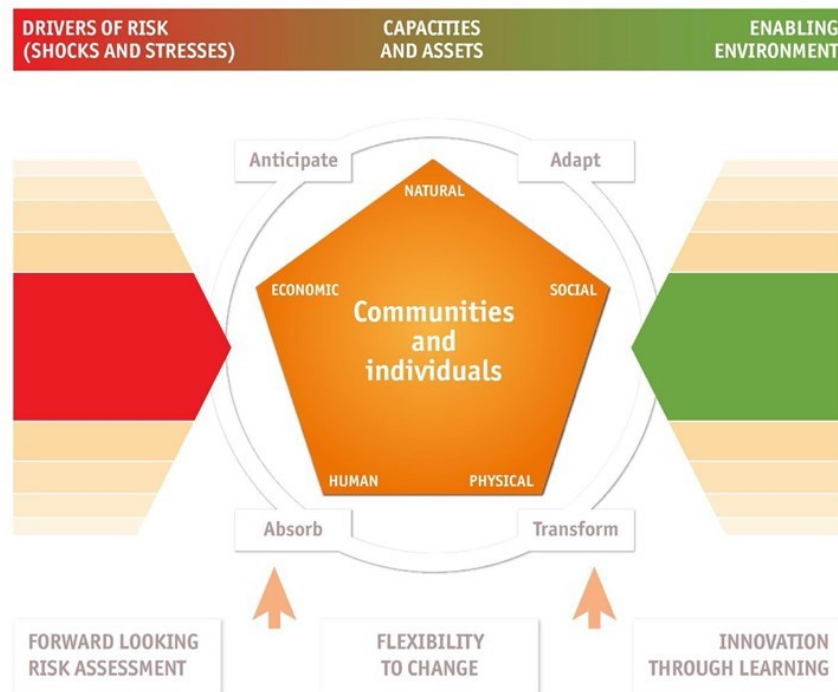

The CARE resilience and climate change orientation pack (English, French, Spanish) offers links to key policies, strategies, knowledge management platforms and communities of practice across CARE International. The CARE Resilience Marker (2018) is a tool for analysing the degree of integration of Inclusive Governance across all our programming, on a scale of 0-4 (No resilience integration to Excellent resilience integration).The Resilience Handbook developed by CARE Nederland and partners in the Reaching Resilience consortium (2013, 127 pp), the Adaptation Learning Partnership's brief on Community Based Adaptation and resilience (2015, 8 pp), and CARE's Climate Vulnerability and Capacity Assessment (CVCA) manual all provide further guidance and tools. The Climate Change & Resilience newsletter can be signed up for here.

2.4b Inclusive Governance Framework

CARE's Governance Programming Framework (GPF) was developed to provide a framework to assist CARE staff in conceptualizing and planning governance work. The GPF built on existing CARE frameworks and tools, in particular the Rights Based Approach, the Unifying Framework and the Women's Empowerment Framework. CARE's central Theory of Change for inclusive governance work is

that outlined in the GPF: if marginalized organised and/or individual citizens are empowered (Domain 1), if power-holders are effective, accountable and responsive (Domain 2), and if spaces for negotiation are created, expanded, effective and inclusive (Domain 3), then sustainable and equitable development

can be achieved, particularly for marginalized women and girls. CARE believes that change needs to take place and be sustained in all three domains to achieve this impact.

While the Theory of Change highlights empowered citizens, we recognize that civil society organizations, particularly where these are genuinely representative, are critical vehicles for channelling collective voice and demands, and so much of our work in this domain is focused on strengthening civil society partners - see further guidance in the CARE Civil Society resource and tools and a position paper on working with Social Movements.
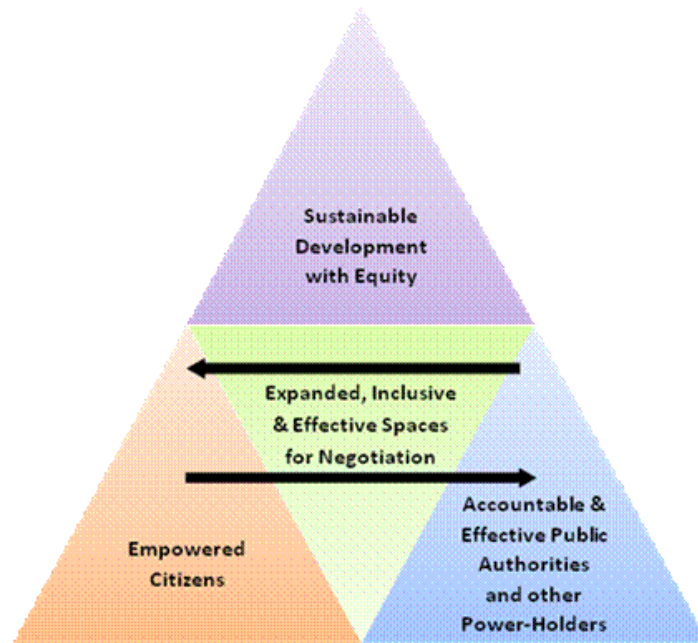
CARE Governance Programming Framework (GPF)

The CARE Governance Marker (2016) is a tool for analysing the degree of integration of Inclusive Governance across all our programming, on a scale of 0-4 (Unaware to Transformational). Information and tools for integration of governance into program design can be found in the Guidelines for Inclusive Governance (Arabic, English, French, Spanish), and CARE Shares.

2.5 Program Approach

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

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

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

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**.

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

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

Further guidance on Long-Term Programs can be found in the Guidelines for Designing and Managing Long-Term Programs in CARE (2015), and in the Country Presence strategy and planning guidance.

2.6 Program Quality

A definition and characteristics of Program Quality for CARE are currently being finalized, along with tools for measuring and reflecting on Program Quality, across the program cycle, from country to regional to global levels (such as the program quality markers). See here for the latest draft version (and tools), and please contact us with any comments or feedback.

2.7 Standards and Policies

CARE's programming is also carried out within key organizational policies and standards (see here for full CI Code and approved policies). These include:

- The 2021 CI Partner Funding Agreement policy (English, Spanish)
- The 2020 CARE International Safeguarding Policy on Protection from Sexual Harassment, Exploitation and Abuse, and Child Abuse (Arabic, English, French, Portuguese, Spanish)
- The 2020 CARE International Policy in response to Counter-Terrorism Regulations (English, French, Spanish)
- The 2018 CARE International Gender Policy (Arabic, English, French, Spanish) - see also the annexes on Background, rationale and definitions (Arabic, English, French, Spanish) and on Accountability and reporting (Arabic, English, French, Spanish)
- The 2018 CARE International Policy on Fraud and Corruption – Awareness, Prevention, Reporting and Response (Arabic, English, French, Portuguese, Spanish)
- The 2017 Monitoring, Evaluation, Accountability and Learning (MEAL) standards (English, Spanish)
- The 2013 CARE International Safety & Security Standards (Arabic, English, French, Spanish)
- The 2012 Functions, Performance Standards and Measures of Success for CARE International Country Presence (English);
- The CARE International Accountability Framework (Arabic, English, French, Spanish)
- The 2011 CARE International Secretariat Complaints Policy (English)
- The 2008 CARE International Evaluation policy (English, French, Spanish). All project evaluations are to be available through the CARE Electronic Evaluation Library (EEL)
- The 2002 CARE International Project standards (English)

CARE is also signatory to various standards and commitments related to humanitarian or development work, including: the Charter for Change on localization; the Core Humanitarian Standards (CHS); the Grand Bargain; the Gender Equality Forum (GEF); and the Sphere standards.

3. Program and Project Design and Implementation

3. Program and Project Design and Implementation

Part 3 of this Manual covers the design and implementation of Long-Term Programs and Projects. It outlines the approach for developing long-term programs, ensuring these are aligned with Vision 2030. It also covers how CARE develops projects and ensures their alignment, with links to further guidance material developed around Project Cycle Management and adaptive management.

3.1 Designing Programs

Within the [Program Approach](#), CARE's work in the countries where we seek to impact should be conceived within the frameworks of Long-Term Development, Humanitarian or Nexus Programs. Designing Long-Term Programs is more an art than a science. Embracing the complexity of social change, shifting our mind-sets from "What can CARE do?" to "What is the change in society (impact) that we wish to catalyse?", and considering all the actors on the ground (state, civil society, private sector, citizens) who also have an interest in contributing to the change we seek, forces us to widen our horizons and to move from the "project bubble world" to the real world. While one size does not fit all, program design needs to include:

- Context analysis (including gender & power analysis, stakeholder mapping, scenario and risk analysis, and raising and listening to the voices of women and girls and other marginalized groups)
- Analysis of underlying causes of poverty (UCP) and social injustice
- Development of a theory of change, outlining how transformational change is expected to happen for CARE's priority impact populations, and how CARE

and partners can most significantly contribute to those changes

Further details are to be found in the Guidelines for Designing and Managing Long-Term Programs in CARE (2015), and in the modules on context analysis, underlying causes of poverty analysis, and theory of change in the Country Presence strategy and planning guidance. Other materials that are useful for program design include:

- CARE's Gender Toolkit
- Theory of change MEAL Module
- Gender and Political Economy Analysis guidance
- The East & Central Africa region Situation Analysis Compendium
- Impact at Scale guidance note (English, French)
- The CARE International Advocacy Handbook (English, English, Spanish)

3.2 Project Design

The Program Approach does not mean that we stop implementing projects. In fact, projects remain the primary way that CARE's programmatic work is organized, funded and managed. It is not that short-term projects per se 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 will therefore continue to exist, and constitute the primary building blocks of Long-Term Programs. All projects in a Long-Term Program should contribute towards the same Impact Goal, applying the priority strategies for CARE and partners outlined in the Theory of Change, rather than solely trying to achieve their own specific short-term project goals.

At the same time, projects also need to be developed responding to the needs and priorities of donors, and finding this balance is not always easy or simple. However, in the light of Vision 2030, there are a number of principals and lessons that apply to project design that should be highlighted:

- Project designs should be based on appropriate, in-depth poverty, vulnerability and gender analysis, usually within the framework of context and UCP analysis carried out in developing Long-Term Programs
- Project designs should be developed in partnership with local (and where appropriate, international) actors, from civil society, government and/or private sector

- Project designs should outline how they <u>contribute</u> to Vision 2030, as well as to country or regional Long-Term Programs.
- Project designs are generally developed by country program teams, with their local partners. Where funding is provided through a CARE member, that CARE member also has <u>accountabilities</u> under the <u>CI Code</u> for the quality of the project, and obligations to support the country team in ensuring the design is to a high standard, and aligned as far as possible with Vision 2030
- <u>Appraisal</u> processes to review project designs, whether at country or CARE Member Partner level, should include a review of the level of contribution to Vision 2030, including integration of Gender Equality (through the <u>Gender Marker</u>), incorporation of pathways to impact at scale, partnership, and the contribution towards the Vision 2030 Impact Areas (and application of the strategies and learning in those areas);
- Project designs should seek to draw on <u>lessons</u> from other projects, whether from the same country or drawing on CARE experience from other countries, particularly in relation to the Vision 2030 Impact Areas. CARE <u>thematic focal points</u> have a key role to play in distilling strategy, practice and lessons from CARE's global experience, and making this available to country teams and CARE Members.
- Project <u>Monitoring, Evaluation and Learning</u> (MEL) systems should be developed at the design stage, with sufficient resources assigned in project budgets. At least one CARE global indicator (see <u>Section 4.2</u> below) should <u>always</u> be included in project logical frameworks or theories of change, except in rare circumstances where this proves impossible.

Six questions for reviewing project designs, for impact at scale:

1. **Models:** What is the exact model being scaled, the evidence for its impact, its current and proposed scale, and the optimum level of complexity and cost for maximum impact? Who can help scale out, beyond just CARE and our direct partners?
2. **Advocacy:** What need or potential is there to influence policies, programs & budgets of government or other power holders (e.g. private sector), to address negative policy constraints, close the implementation gap, or to incorporate proven approaches into national programs or strategies?
3. **Social norms:** What dialogue or communication strategies can help address negative social norms that effect the impact populations in whom we seek to promote change?

4. **Systems strengthening:** What approaches are needed to strengthen the capacities, resources or systems of Government or other service providers? How can social accountability strategies be included, at scale, to ensure services are more accountable and responsive?

5. **Social movements:** What social movements or other representative organizations can we work with and strengthen, to promote wider change or serve as channels for project participants to claim their rights?

6. **Market based approaches:** How can we influence how markets and market systems work to be more inclusive of the impact populations we are working with and the changes they are seeking?

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

- CARE USA's Key resources for project managers (2009, 6 guides of around 50 pp each) – this is a series of Guides for new and experienced project managers, providing key information needed to deliver successful CARE projects that result in lasting changes, as well as promoting consistently high quality project management to ensure that costs are minimized and resources are optimized

- The CARE UK Programme Management manual (2012, 47 pp) - developed for CARE Member Partner in charge of projects, as a training and reference tool for staff to ensure understanding and adherence to the roles and responsibilities of a "project lead" managing CARE International UK's development projects

- The CARE Australia Program Quality Framework (PQF, 2014) – the PQF, and accompanying guidance and tools, are designed to ensure more consistent approaches and better guidance for staff implementing projects – helping to reinforce good practice. The framework looks at the three stages of the project cycle (design, implementation and review) and for each stage outlines key consultation and programming processes, mandatory steps including roles and responsibilities as well as tools and guidance to assist these processes

- The CARE International Advocacy Handbook (English, French, Spanish – 2014, 50 pp) – this manual is structured around an eight-step advocacy planning cycle. It is designed for CARE staff in Country Offices or CARE Member Partners, and can be used to plan an initiative from start to finish, or dipped into at any point during the process

- CARE International Guidelines for Designing and Managing Long-Term Programs in CARE ([2015](#))
- CARE International Global Guidelines on Engagement with the Private Sector ([English](#), [French](#) - 2017) and Due Diligence [format](#)
- CARE USA's Institutional Funding Unit ([IFU](#)) guides and resources
- The [Gender Marker](#), [Governance Marker](#) and [Resilience Marker](#) tools, to foster critical thinking on integration of gender, governance and resilience

3.3 Program and Project Implementation

More detailed materials have been developed by different CARE Members to support the implementation of projects and programs in CARE (see links below). In the light of Vision 2030, CARE teams need to work together across the different key steps of project implementation:

- Inception phase: to ensure that all players are familiar with design, approach, MEL framework, policy requirements, including how the project will contribute to Vision 2030
- Baseline survey: to establish a point from where change can be measured, incorporating CARE's priority indicators (see [Part 4](#)) where possible
- Induction processes: for project and partner staff, including covering the Vision 2030 and how the project contributes to this
- Periodic reflection and annual planning: working with Country Teams, partners and CARE Member Partners (as appropriate), including on contributions to Vision 2030, and how learning can be contributed towards, or captured from, global teams working on the Impact Areas, partnership or Pathways to scale. This should include reviewing the [Gender Marker](#) for the project or program to analyse gender integration and to define actions to include in annual plans to further or deepen this (and similarly for the [Governance](#) and [Resilience](#) Markers, if applied)
- M&E and learning processes (see [Part 4](#)).

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

- CARE USA's Key resources for project managers ([2009](#) – 6 guides of around 50 pp each) – this is a series of Guides for new and experienced project managers, providing key information needed to deliver successful CARE projects that result in lasting changes, as well as promoting consistently high

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- The CARE International Advocacy Handbook (English, French, Spanish – 2014, 50 pp)
- CARE International Guidelines for Designing and Managing Long-Term Programs in CARE (2015 - see Part 3)
- CARE Gender Orientation Pack (English, French, Spanish) - 2016, 4 pp) includes links to the Gender Equity and Diversity (GED) training manuals, a comprehensive resource to support training of staff and partners in gender equality, diversity, women's empowerment, engaging men and boys and training of facilitators
- CI Communications Handbook (2020 - 34 pp) is a reference guide for all CARE staff engaging in public or private communications activities, and provides links to existing CARE communications materials and resources, policies, trainings, tools, and protocols.
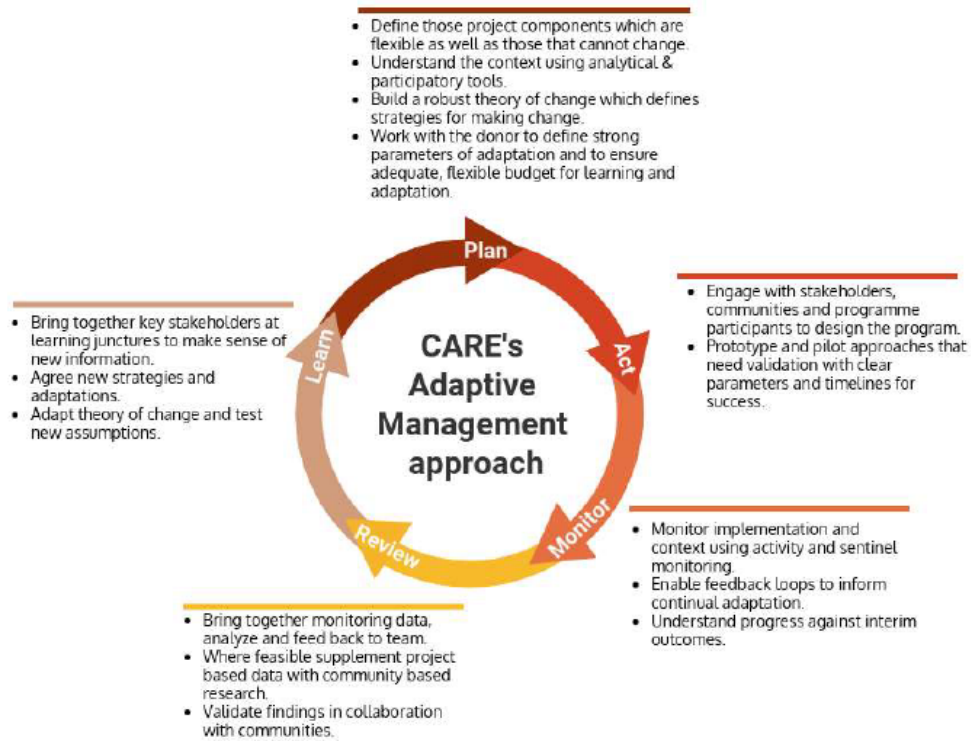
3.4 Adaptive Management

CARE's approach to adaptive management focuses on building in mechanisms for continuing learning and evidence-based adaptation throughout the program cycle as part of a thoughtful program design. This should go beyond experimenting, piloting and scaling to base adaptation on:

- Shifting contexts and changing needs of communities

- Changing power dynamics—especially gender power dynamics and other forms of exclusion
- Developing knowledge about what is (and is not) working in this environment and why

See further materials on the adaptive management site on CARE Shares

CARE's approach to adaptive management

4. Monitoring, Evaluation, Accountability, and Learning

4. Monitoring, Evaluation, Accountability, and Learning

Part 4 of the Manual covers Monitoring, Evaluation, Accountability and Learning (MEAL) in CARE, including our overall approach to MEAL, the global indicators that are used to measure the contributions of our work to Vision 2030, and our organizational Project Impact and Information Reporting System (PIIRS).

4.1 Overall approach to MEAL in CARE

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

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

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

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

CARE's global impact evidencing system combines:

1. Tracking of global indicators related to changes in the impact areas and pathways to scale in Vision 2030
2. Providing customizable visualizations of CARE's annual participants reached and impacted data
3. Using evaluation questions and qualitative learning to understand the most effective strategies contributing to impact, and to test CARE's roles and its potential to influence broader change and impact at scale

See here for further details on CARE's MEAL Approach, Standards and Principles.
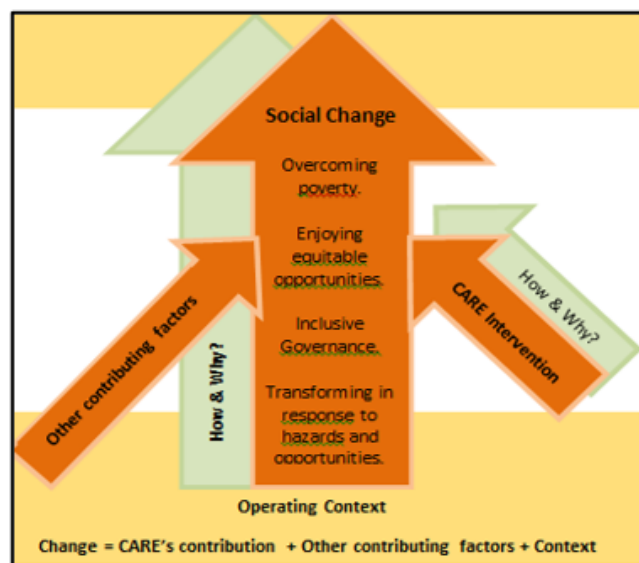
Explaining social change

Reach and Impact

For CARE, "**reach**" refers to all those individuals that a project/initiative connects with as it implements its activities and delivers outputs (whether directly or indirectly).

"**Impact**" refers to all those individuals who, as a result of the materialization of the goals of a project or initiative, experience lasting change (impact or outcomes).

See further details in this description of how CARE calculates direct and indirect participants reached and impacted in different types of programs.

The following MEAL modules are available for training staff and partners in key aspects of MEAL in CARE (in Arabic, English, French and Spanish):

Level 1. The Foundations of MEAL	• Introducing MEAL • MEAL Capacity Assessr • Gender-Transformative • Theories of Change • Developing a Theory o
Level 2. Building a MEAL System	• MEAL Design and Plan • Feedback & Accountat • Managing Evaluations • MEAL for Advocacy
Level 3. Managing & Communicating Data for MEAL	• Responsible Data Mana • Data Analysis • Data Visualization • Effective Communicatic • Adaptive Management

4.2 Indicators for Vision 2030

The table below shows the indicators that have been selected for measuring CARE's global impact and outcomes, within Vision 2030. Information for all of the proposed indicators will be disaggregated primarily by sex and age, as well as by income quintile, and urban/rural (wherever possible and disaggregated data is available or can

be gathered). Where possible, we have chosen Sustainable Development Goal (SDG) indicators, or other internationally agreed measures, to enable CARE to use the evidence from its work to contribute to global and national debates around effective achievement of the SDGs. Additional supplementary indicators have also been defined for each area, as optional "good choice" indicators that are recommended.

All new projects are expected to incorporate 1 or 2 indicators related to Gender Equality, at least one indicator from one or more of the Impact Areas, and any of the Poverty and Pathways indicators where relevant, based on the focus of the project and its work on scaling. Detailed guidance on indicators is available on the MEAL for Vision 2030 page.

Gender Equality Framing indicators
The framing indicators are 3 "umbrella" indicators that will help us consolidate/aggregate impact data from all programs, projects, and initiatives along the lines of the Gender Equality Framework. For example, a project may measure the indicator 22 below, related to women's ability to make decisions around contraceptive use. Since this is an indicator related to women's "agency", once this project reports impact data, this data will feed into the overall 'framing indicator' for agency.   **Programs/projects/initiatives are not required to adopt these indicators in their MEAL systems. These framing indicators feed from the 30 impact/outcome indicators below. It is just important for all projects and initiatives to understand that the data they collect on the indicators below feed a larger story of impact across all CARE and looking at the three dimensions of the Gender Equality Framework (agency, relations, structures).**

# and % of women and girls and other marginalized groups who have increased their **agency** in ways that contribute to gender equality	# and % of people of all genders who experience more equitable **gender and power relations** (formal and informal)	# of examples of transformed **structures** (formal and/or informal) for greater gender equality (and where available, the # & % of people of all genders experiencing actual/potential impacts from those)

WOMEN'S VOICE AND LEADERSHIP

1. % of women and girls who report confidence in their own negotiation and communication skills.

[14 WVL] # and % of women and girls who have actively participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces.

[17 WVL] # of new, amended or better implemented policies, legislation, multilateral agreements, programs, and/or budgets influenced by the voices of or actions taken by women and girls.

ENDING GENDER-BASED VIOLENCE

2. % of people of all genders who reject intimate partner violence.

3. % of women and girls aged 15 years and older subjected to gender-based violence in the last 12 months by form of violence and age [SDG indicators 5.2.1 and 5.2.2].

4. # and % women and girls who access GBV response services.

EDUCATION

5. % of students with improved learning outcomes.

INCOME POVERTY

10. Proportion of the population below the international or national poverty line [SDG indicators 1.1.1 and 1.2.1].

INCLUSIVE MARKET BASED APPROACHES

11. # and % of people supported through/by CARE who obtained gender sensitive assistance in the form of cash/vouchers.

12. # and % of women who are active users of financial services (disaggregated by informal and formal services).

SOCIAL NORMS

13. % of people supported through/by CARE who report on the GEM scale a score of at least 24 (or an appropriate threshold value for your context).

SOCIAL MOVEMENTS / SYSTEMS STRENGTHENING & SOCIAL ACCOUNTABILITY

14. # and % of people of all genders who have actively participated in formal (government-led) and informal

SYSTEMS STRENGTHENING & SOCIAL ACCOUNTABILITY

15. Proportion of people of all genders satisfied with their last engagement with service providers [SDG indicator 16.6.2].

SOCIAL MOVEMENTS / SYSTEMS STRENGTHENING & SOCIAL ACCOUNTABILITY / SOCIAL NORMS

STRUCTURAL CHANGE - INFORMAL

16. # and description of positive shifts in informal structures (social norms, culture, beliefs, etc.) as defined and influenced by movements and/or activists supported by CARE.

ADVOCACY AND INFLUENCING

STRUCTURAL CHANGE - FORMAL

17. # of new, amended or better implemented policies, legislation, multilateral agreements, programs, and/or budgets

6. % of girls participating in girl-led advocacy to address issues affecting girls and adolescents.

7. # of girls and boys benefitting from the implementation of School Improvement Plans addressing gender issues.

OTHER GENDER

8. % of individuals reporting high self-efficacy

9. % of individuals reporting that they could work collectively with others in the community to achieve a common goal.

(civil society-led, private sector-led) decision-making spaces.

responsive to the rights, needs and demands of people of all genders.

DIGITAL LITERACY

18. Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill [SDG indicator 4.4.1]

HUMANITARIAN ACTION	RIGHT TO HEALTH	CLIMATE JUSTICE
19. # and % people satisfied with safety, adequacy, inclusiveness, and accountability of humanitarian assistance and/or protection services provided by CARE and partners. **20.** # and % people (as % of People in Need where applicable) who obtained (directly/indirectly) humanitarian support and/or protection services provided by/with support from CARE and partners in line with global standards of lifesaving & quality assistance. **20.1.** # people who obtained access to life-saving GBV prevention and response services supported by CARE	**22.** Births attended by skilled health personnel (%) [SDG Indicator 3.1.2]. **23.** Women of reproductive age who have their need for family planning satisfied with a modern contraceptive method (%) [SDG Indicator 3.7.1]. **24.** Children aged 12-59 months who have received three doses of the combined diphtheria, tetanus toxoid and pertussis vaccine DPT3 as a percentage of all children aged 12-59 months (%) [Linked to SDG Indicator 3.b.1]	**28.** # and % of people of all genders that have used their increased capacities for resilience and adaptation to the effects of climate change. [linked to SDG indicator 13.1] Since there is no one single metrics that allows measuring increase capacities for resilience and adaptation, these are the operational indicators that can be used in relation to indicator 28: **28.1.** Climate-resilient livelihoods: # and % of

and partners pursuant to relevant standards assistance.

20.2. # people who obtained access to protection services (different from GBV) supported by CARE and partners pursuant to relevant standards.

20.3. # people who obtained humanitarian education support from CARE and partners pursuant to relevant standards.

20.4. # people who obtained food support from CARE and partners pursuant to relevant standards.

20.5. # people who obtained nutrition support from CARE and partners pursuant to relevant standards.

20.6. # people who access and safely use drinking water with support from CARE and partners pursuant to relevant standards.

20.7. # people who access and safely use sanitation facilities with support from CARE and partners pursuant to relevant standards.

20.8. # people who adequately use hygiene materials and practices provided with support from CARE and partners pursuant to relevant standards.

20.9. # people who obtained health (including SRHiE) support from CARE

[17 R2H] # of new, amended or better implemented policies, legislation, multilateral agreements, programs and/or budgets leading to an increase in coverage of essential health services.

RIGHT TO FOOD, WATER AND NUTRITION

25. % of people with moderate or severe food insecurity, based on the Food Insecurity Experience Scale [SDG indicator 2.1.2].

26. % of children 0-59 months experiencing malnutrition: stunting, wasting or overweight [SDG indicators 2.2.1 and 2.2.2].

27. # and % of people using at least basic drinking water and/or basic sanitation services.

[14 FWN] # and % of women who have actively participated in household decision-making in (a) agricultural production (b) use of household income.

[17 FWN] # of new or amended policies, legislation, public programs, and/or budgets responsive to the food, water, and nutrition rights, needs, and demands of people of all genders.

people of all genders that have applied at least 3 practices to protect their livelihoods from negative impacts of climate related shocks and stresses.

28.2. Climate information: # and % of people of all genders that have applied climate knowledge and information services to inform their adaptation strategies.

28.3. Financial services: # and % of people of all genders that have used formal and informal financial services in ways that actively support climate resilience.

28.4. Dwellings: # and % of people of all genders that took at least 3 steps to protect their dwellings and direct surroundings from the negative impacts of climate related shocks and stresses.

28.5. Sustainable energy: # and % of people of all genders that have used affordable, reliable, and sustainable energy services.

and partners pursuant to relevant standards.

20.10. # people who occupy safe and dignified emergency shelter with support from CARE and partners pursuant to relevant standards.

20.11. # people who occupy secure housing, with support from CARE and partners pursuant to relevant standards.

20.12. # people who obtained livelihood recovery (good, assets, income opportunities) support from CARE and partners pursuant to relevant standards.

21. # and % of people whose humanitarian and protection needs (esp. GBV, SHEA, civic rights, livelihood, access to basic services) have been addressed/covered/reduced as a result of CARE and partners' influencing of humanitarian systems, structures and programs (ref: Humanitarian Response Plans, where appropriate and available).

[14 HUM] # women (through women led organizations or women rights organizations) represented and actively participating in humanitarian decisions, leadership, and coordination.

WOMEN'S ECONOMIC JUSTICE

30. # and % of women who have increased capability to participate equitably in economic activities (AGENCY).

[14 WEJ] # and % of women who have actively participated in economic decision-making in (a) the household and/or (b) their workplace/community (RELATIONS).

[17 WEJ] # of new or amended policies, legislation, public programmes and/or budgets which impact women's equitable access to and control over economic resources (STRUCTURES).

28.6. **[14 CJ]** Formal/informal decision-making: # and % of people of all genders who have actively participated in formal and informal climate-relevant decision-making spaces.

28.7. **[14 CJ]** Household decision-making: # and % of people of all genders who have actively participated in climate-relevant decision-making at household level.

29. # of formal and informal groups, organizations and/or movements that have influenced formal and informal climate-relevant decision-making by channeling or amplifying the priorities of the poorest and most marginalized people vulnerable to climate change.

[17CJ] # of new/amended or better implemented ambitious climate-relevant policies, legislation, multilateral agreements, programs, and/or budgets which increase people of all genders' ability to adapt to the effects of climate

		change, foster climate resilience and/or low greenhouse gas emissions development. [Linked to SDG indicator 13.2.1]

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

4.3 Program and project MEAL

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

- Terms of Reference for Evaluations (English, French)
- Evaluation report templates (English, French, Spanish)
- The Long-Term Programs Guidance Manual (2015 - Part 4)
- CARE USA's Key resources for project managers (2009 – 6 guides of around 50 pp each)
- The CARE UK Programme Management manual (2012 – 47 pp)
- The CARE Australia Program Quality Framework guidance on project MEL standards (2014 – 4 pp)
- The CARE International MEL for Advocacy Guidance (2018 – 31 pp), including the CARE Advocacy & Influencing Impact Reporting (AIIR) tool (Arabic, English, French, Spanish);
- The KM Framework (2018), KM for Vision 2030 (5), Description of successful KM at CARE (2017) and the 12 Rules for Knowledge Management (English, French - 2018)
- The PMERL (Participatory Monitoring, Evaluation, Reflection & Learning) Manual (2014 – 52 pp) – designed to help practitioners to measure, monitor and

evaluate changes in local adaptive capacity, for better decision-making in Community-Based Adaptation activities;

- The Adaptation Learning Partnership's Community Digital Storytelling (CDST) guide (32 pp) – provides guidelines for how to create CDST videos for participatory monitoring and evaluation and advocacy purposes.

4.4 Feedback and Accountability Mechanisms

CARE is committed to accountable development and humanitarian programming that advances and upholds the rights of the most vulnerable and excluded communities around the world, especially women and girls. CARE believes that, at its root, poverty is caused by unequal power relations that result in the inequitable distribution of resources and opportunities between women and men, and between powerholders and marginalised communities. In our work to overcome poverty, social injustice and humanitarian crises, we recognise that CARE (as an international organisation) and our partners (through their association with us) hold power derived from our resources, influence and connections. The difference in power between ourselves and our project participants can deter those in vulnerable positions from **holding us to account**. It takes courage to speak truth to power, but we are committed to systematically understanding and removing obstacles in the way of our accountability.

We recognise that our project participants are always the best experts in their condition, context and societies. Their **feedback is essential to improve our interventions**, to make them more effective and sustainable, to maximize positive outcomes and prevent harm. We always welcome their expertise and the opportunity to do better through their feedback. The people whose lives are affected by our work, including women, children and other vulnerable groups **have a right not only to voice their opinions** and raise complaints, they also have a right to be involved in shaping our interventions and in determining the channels we use to communicate with them.

CARE's FAM guidance and standards were launched in January 2020, are applicable to both development and humanitarian projects and programmes and include a range of resources to help us create, manage and continually learn and improve from our accountability practices. A number of these resources are available in **different languages**. The CARE FAM app is designed to help us improve our practice and to review and assess how a project/programme is doing against our standards. The app produces individualised recommendations for steps to take to align individual FAMs to

our standards, suggesting a range of CARE and external resources, tools, templates and examples specifically selected for the needs of each project/programme. See further details on the FAM CARE Shares site.

4.5 Project & Program Information & Impact Reporting

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

The system collects basic project and program information, as well as information on alignment with impact areas and pathways to scale in Vision 2030, along with other priorities and commitments (such as the Gender or Safeguarding Policies, or partnership).

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

The online database is at https://piirs.care.org/, with data and reports available here. The annual data collection forms will be slightly modified from year to year, as the system evolves, but Financial Year 2021 forms and instructions can be found on CARE Shares, in English, French and Spanish. All project evaluations should be uploaded and made available through the CARE Electronic Evaluation Library (EEL), except in exceptional circumstances where they need to be kept confidential.

5. Conclusion

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Vision 2030 outlines for CARE both the changes in the world we want to see and how we can contribute to those changes, but also the changes we need to introduce in our organization, and how we capture, manage and deploy the resources we bring to these efforts. Across CARE, there has been great momentum and inspiration for implementing Vision 2030, and it has provided a great opportunity to unite and galvanize around a clear purpose. By working together through programs and projects which are more focused and oriented towards impact at scale, and drawing more effectively on our comparative strengths and knowledge, CARE hopes to achieve ever greater relevance and impact.

This Vision 2030 Program Strategy Resource Manual has been developed to enable staff across the organization, whether they have just joined CARE or been with us over many years, to access the resources, advice and guidance that has been developed across the organization, on different aspects and areas of programming. It aims to support alignment throughout the organization with Vision 2030, drawing on our best learning and practical experience. The Resource Manual also serves as an invitation to staff, wherever they work, to continue to adapt our organizational learning to their local contexts, and to share their learning with the different teams leading on the various impact areas within Vision 2030. Continuing to innovate with our partners, and documenting our learning, will help strengthen our practice and the impact of our work.

The resources in this Manual provide essential guidance for CARE staff in being able to achieve the ambition outlined in Vision 2030, our collective struggle against poverty and social injustice, and ultimately our vision of a world of hope, inclusion and social justice, where poverty has been overcome, and people live in dignity and

security. As we adapt to the changes in the world and the contexts in which we work, some of our collective priorities may change, and new resources will be developed to support newer areas of work, or updated to reflect recent innovations and learnings from across CARE's global programming. Please let us know if you see important areas where resources need updating, so these can be incorporated into future versions.

Glossary of Terms

Advocacy	The deliberate process of influencing those who make decisic poverty and achieve social justice
Direct participants	Individuals who are directly involved in activities implemented or other, from CARE or partners
Domains of Change	The main areas where we think change must happen in order potential" to address the underlying causes of poverty and vu leverage broad social change
Evidence	Proof from an external (3rd-party) evaluation or study, based programming. Different audiences will require different levels
Hypotheses	Assumptions made about how we believe change happens, a
Impact	Sustainable, significant and measurable changes in the well-b in long lasting changes on poverty and social injustice condit as those directly addressed by CARE's work
Impact at scale	Achieving sustainable, systemic change through external path deliver accelerated and gender-equitable growth of impact in targeted problem
Impact Goal	The enduring large-scale social change we would like to see a
Impact Group	The particular marginalized and vulnerable group in a specific measurable, lasting and significant improvement
Indirect participants	Individuals who are not directly involved in activities impleme

	outputs resulting from those activities (depending on the mo... include family members or wider community members, or tho... other institutions that CARE and partners have influenced)
Influencing	Being a compelling force on or producing effects on the actio...
Long-Term	Programs seek to contribute to transformational social chang...
Model (or solution)	An approach, strategy, or set of practices aimed at social char... other approaches, with demonstrated cost-effectiveness and ...
Pathways (to Impact at Scale)	The different routes through which impact at scale can happe... changes to policies, etc.). Pathways to scale represent non-mu... impact. A single innovation or group of innovations may trave... time or in a staged manner
Pathways of Change	A road map, or steps, of the different changes we think need ... They include several breakthroughs, which are changes that r... ultimately lead to the desired Impact Goal
Program approach	A conscious, thought out approach to making real long term ... and rooted in a thorough contextual understanding of the un...
Programs / Long-Term Programs	A program is a coherent set of initiatives, including humanita... commitment to specific marginalized and vulnerable groups t... and social and gender injustice. This goes beyond the scope ... positions and in the enabling environment
Program Strategies	The main roles that CARE will play, with our partners, to contr... our capacities, experience and positioning
Projects (or Program Initiatives)	The building blocks of programs, contributing towards the Im...
Target groups	Groups that have an influence on the Impact Group, which CA... reach and positively impact the lives of the Impact Group, rat...
Theory of Change	A set of hypotheses about the changes we think are required ... to each other

See here for the latest list of acronyms commonly used in CARE