



# Women Lead in Emergencies – Guidance Note

## Learn: Monitoring, Evaluation and Learning in Women Lead

*This guidance note explains how monitoring, evaluation and learning in is carried out in Women Lead in Emergencies programming, and why it is important.*

### Why do we Learn as part of Women Lead?

Women Lead in Emergencies is a five-step Model for supporting groups of women directly affected by crisis to participate and lead in emergency preparedness, response and recovery in and beyond their communities.

Learn – including Monitoring, Evaluation and Learning (MEL) – is an important part of Women Lead. It allows CARE, partners and crisis-affected women to learn about how and why change is happening, and to use this learning to improve strategies for change.

A key objective of Learn is to understand **whether and how gender relations and power dynamics have changed or are changing**, both in positive and negative directions, and **what this means for affected women’s meaningful participation and leadership**.

### When does Learn happen in Women Lead?

Learn activities begin with the development of the MEL framework (also referred to as a MEL plan) during the **inception and Co-Create phases** of Women Lead projects (see Co-Create Guidance Note). Women Lead has a **global Theory of Change and MEL framework for Women Lead project teams to use and adapt to their context**. Women Lead project MEL frameworks should include the core Women Lead indicators related to global Women Lead learning objectives. During the **Co-Create phase** of Women Lead projects, women’s groups identify additional indicators based on their own goals, definitions of success and the methods for monitoring progress relevant to each group and their action plans. The MEL plan specifies points in time during implementation when the project team and/or women’s groups will collect data for output and outcome indicators and reflect together on progress.

### Who is involved in Learn?

The **Women Lead Project Manager/Coordinator** is responsible for managing the MEL framework/plan and data collection process for their project, with support from the Country Office MEL Advisor.

Where Women Lead is implemented in collaboration with other CARE project teams and/or by local partners, **focal points** responsible for supporting with the data collection and monitoring processes for Women Lead should also be identified from those teams/organisations.

CARE project teams and/or partners should also support participating **women’s groups** to take on a leadership role in identifying indicators of success for their action plan and reflecting on progress towards them. Participatory methods for doing this are referenced [below](#).

The **Global Women Lead team** is responsible for providing technical support to the development and implementation of the project MEL framework where this is requested/needed, in-person or remotely. Specifically, the Global Women Lead team can help to adapt the Global Women Lead MEL framework/plan

and data collection methods and tools to the specific context of the project. The Global Women Lead team is also responsible for cross-country coordination, evaluation and learning, refining the Women Lead Model and Toolkit based on both project and global learning, and dissemination of global and regional learning.

## What does a Women Lead MEL framework contain?

A Women Lead MEL framework includes indicators of success, definitions of these indicators, data collection methods, tools and frequency, as well as roles and responsibilities for data collection.

### Indicators developed by CARE

Complex changes, such as transforming social norms and structural gender inequalities, are not often fully achieved in the life span of a project. However, CARE needs to be able to understand and report progress made towards those greater changes. To do this, the MEL framework should include output and outcome indicators that allow the project team/women's groups to collect data that is quantitative (can be counted, measured, and expressed using numbers) and qualitative (relates to things which can be described more easily than counted and which looks to understand experiences, frequently of changes in things like attitudes, characteristics and behaviours).

The global MEL framework has suggested output indicators, related to the five steps in the Women Lead in Emergencies Model, and outcomes indicators based on CARE Global Impact Indicators and the Women Lead Theory of Change. This includes indicators to enable CARE to track progress towards our organisational objectives for women's collective action, participation and leadership. Three indicators, based on the CARE Global Impact Indicators, are included in all Women Lead projects to allow some data to be aggregated across projects for cross-organisational learning and reporting purposes (see Box). Other than these three indicators, the Women Lead project team can adjust output and outcome indicators and develop new ones to fit the specific context and approach of their project.

#### CARE Global Impact Indicators for Women Lead

- # and % of women who have meaningfully participated in formal and informal decision-making spaces (#19)
- % of women reporting that they can work collectively with other women in the community to achieve a common goal
- % of women reporting high self-efficacy, e.g. to achieve goals in personal life, to access certain services, to leave house or community without permission

### Indicators developed by women's groups

Women's groups participating in Women Lead also develop their own indicators during the Co-Create stage (see Co-Create Guidance note). These indicators measure changes in behaviours and power relations – within the women's group, community or with power-holders – that the group identifies to be important during their development of their action plans. Women's groups develop these indicators of change – or **progress markers** – with the support of the Women Lead project team and/or partners. Progress markers serve as 'signposts' of progress towards the desired behavioural and relational changes. Progress markers are used as part of the **Outcome Mapping** methodology to plan and specify the actors a project/action plan intends to target, the desired change, and strategies to achieve that change.

A useful approach for **selecting progress markers** is to identify behaviour changes you would 'expect to see', 'like to see', and 'love to see' throughout the project and after the project has ended for each of the action plan outcomes and relevant actors. For example:

- *Expect to see* progress markers: women participate in leadership training and 'expect to see' an increase in their confidence in engaging with service providers.

- *Like to see* progress markers: women's groups would 'like to see' service providers sharing more relevant information with them.
- *Love to see* progress markers: women's groups would 'love to see' service providers proactively consulting and engaging women in the planning and decision-making around service provision.

Women Lead project teams should revisit the progress markers on a regular basis with the women's groups. This enables the women's groups to analyse what progress is being made towards the selected markers, to consider why progress is being made or not, and to adjust the activities and strategies in their action plan accordingly. (See also section below on adaptive programming.)

### Methods of data collection

**Participatory methods** should be used to engage community members and Women Lead women's groups in the data collection process. The women's groups should be supported to play a leadership role in this process of planning and carrying out data collection and reflecting on what the data means. Participatory methods to consider include community mapping, outcome mapping, most significant change via storytelling, observational and listening notes, semi-structured interviews and focus group discussions.

To facilitate **remote data collection**, tablets or mobile phones can be used by the women's groups to collect baseline and endline data, record stories of change, share reflections and updates on activity implementation, among other information. **Observation and listening notes** taken by the Women Lead project teams during meetings with the women's groups are important sources of information. These notes are useful to capture information about group decision-making processes, group interactions and individual members' participation in discussions, as well as additional information related to the outcome indicators and areas for learning around women's voice and leadership.

**Outcome Mapping** is both a monitoring and evaluative approach to measure the changes in behaviours and power relations thought to be needed to achieve the desired outcomes. Outcome Mapping provides tools to identify which actors the project will work directly with to influence behavioural change, to plan strategic influencing approaches, and to monitor and evaluate the progress and outcomes.

### Baseline and endline Data

Baseline data should be collected from the women's groups and the wider community. The Rapid Gender Analysis on Power (see Analyse Guidance Note) can be used as a source of baseline data on community norms, and barriers to and opportunities for women's participation. Additional baseline data should also be collected from each of the women's groups on each of the outcome level indicators. This baseline data is useful for understanding the point from which a project is beginning and to compare to endline data, analysing progress made towards the outcomes by the end of the project.

### Data disaggregation

At a minimum, all data should be disaggregated by **sex and age**. It is important to also ask women in the community, including the most marginalised, what the most relevant forms of discrimination are within their context to be included in the data disaggregation. These may include characteristics or identity groups such as disability, ethnicity, religion, LGBTIQ+ or caste.

### Ethics and mitigation of gender-based violence

Proper attention must be given to monitoring the **risks and backlash** women may face when they participate in Women Lead and become more active in community organising and decision-making. It is important that both women who participate in Women Lead and CARE staff are aware of these risks and that proper measures are taken to mitigate them.

Women Lead project teams should analyse referral pathways for all forms of gender-based violence in collaboration with women's groups. As part of the ongoing monitoring processes, teams should conduct reviews of whether these pathways are working effectively.

As the project advances, backlash may increase and/or change in form as a result of increased women's participation in community and public life. A system for monitoring these risks along with a periodic situational analysis to capture the full picture of changes occurring should be considered.

### Accountability

All CARE projects should have community **feedback and complaint mechanisms** (FCMs). Design of the FCM and the guidance on how to access and use it should be led and/or vetted by community members and the Women Lead women's groups. Information on the FCM should be provided in the language(s) of the community, as well as through images/diagrams to enable access to the FCM for those that are illiterate or who use less common languages/dialects. It is important to build in a review session during the life of the project to reflect on whether the feedback and complaints mechanisms are working, are accessible to all women and girls, and if the submissions are being addressed in a timely and appropriate manner.

### Being adaptative

Being adaptive during the project cycle is a key component of the Women Lead approach. **Adaptive approaches** recognise that activities and strategies may need to change *during* project implementation to achieve desired outcomes. This requires allocating time on a regular basis (i.e. at least monthly) to reflect on the activities implemented during that period and to discuss what went well, what did not, and any changes needed going forward to remain on track. Changes to activities may be needed to stay on track to achieve outcomes because of changes in humanitarian or governance context, learning during the project on what strategies are working or not to achieve desired outcomes and/or the need to mitigate unintended harmful consequences (e.g. increases in GBV or in women's workload). Some flexibility in use of project budget is therefore a pre-requisite for adaptive programme management to enable within-project changes in activities. Women's groups should also participate in assessing project activities, strategies and progress as part of their monitoring of their own action plans.

### Key resources

- CARE Global Approach to MEAL
- CARE Guidance for Gender Based Violence (GBV) Monitoring and Mitigation
- CARE Feedback and Complaints Mechanisms Guidance Note
- CARE's Approach to Adaptive Programme Management
- APWLD – Feminist Participatory Action Research
- KIT – Participatory approaches for measuring women's empowerment
- Outcome Mapping Learning Community – Introduction to Outcome Mapping
- Outcome Mapping Learning Community – Checklist for Progress Markers

### Want more information?

Women Lead in Emergencies is a joint initiative of the CARE Global Gender in Emergencies Team and the Global Inclusive Governance Team. For more information on MEL for Women Lead, email:

- Meave Murphy, Women Lead, Global Monitoring and Evaluation Lead  
[mmurphy@careinternational.org](mailto:mmurphy@careinternational.org)
- Charlotte Heales, Women Lead, Global Learning Lead [heales@careinternational.org](mailto:heales@careinternational.org)

Updated December 2020