INCLUSIVE GOVERNANCE

GUIDANCE NOTE

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Contents

INTRODUCTION

CARE 2020 PROGRAM STRATEGY

"At its root, poverty is caused by **unequal power relations** that result in the inequitable distribution of resources and opportunities, between women and men, between power-holders and marginalised communities, and between countries. CARE believes that poverty cannot be overcome without addressing those underlying power imbalances."

Promoting inclusive governance is at the core of CARE's approach to "addressing the underlying causes of poverty and social injustice":

"We promote good governance in three key areas of change: a) empowering poor people to know and act on their rights and represent their interests; b) influencing those in power, such as governments, traditional leaders and the private sector, to be more responsible, responsive and accountable; and c) brokering linkages and convening spaces which enable effective and inclusive relations and negotiation between the two."

The CARE 2020 Program Strategy outlines three elements of CARE's core approach: strengthening gender equality and women's voice; promoting inclusive governance; and increasing resilience. These address three critical underlying causes of poverty and social injustice that are found, in different manifestations and dynamics, in all the different contexts where CARE works: gender inequality, poor governance, and the increasing frequency and impact of humanitarian crises due to climate change, environmental fragility and conflict. **The promotion of inclusive governance is a core part of how CARE works everywhere**, in fragile and conflict-affected states and least developed countries, as well as in middle income countries and the global North, in order to achieve the intended impacts in the four priority outcome areas in the CARE 2020 Program Strategy: humanitarian response; the right to sexual, reproductive and maternal health (SRMH) and a life free from violence; food and nutrition security (FNS) and climate change resilience; and women's access to and control of economic resources.

The purpose of this guidance document is to provide CARE and partner staff with direction for integrating inclusive governance into their work, by explaining:

- the importance of inclusive governance for CARE
- our Theory of Change
- how inclusive governance will be integrated into our humanitarian and development work within the Program Strategy
- the main inclusive governance models and innovations that we will scale up across the organisation, adapted to different local contexts
- how inclusive governance can be applied, across the programming cycle.

The document is one of three guidance documents developed to outline how to integrate the three elements of the CARE approach in CARE's work. It builds from and links to previous CARE guidance materials, particularly those related to the CARE Governance Programming Framework, as well as to many examples documented by CARE programmes around the world.

1. THE IMPORTANCE OF INCLUSIVE GOVERNANCE FOR CARE

CARE's work on governance has grown considerably over the last 15 years, following the adoption of a rights-based approach to development, and with more and more CARE offices identifying poor governance as an underlying cause of poverty and social injustice. This reflects a shift in the development community to recognise that 'poverty is man-made' and determined by how, and by whom, public decisions are made and resources collected, made accessible and allocated. CARE recognises that poverty is created and sustained through unequal power relations and the resulting unjust distribution of resources and opportunities, often with a damaging and disproportionate effect on women and girls. For this reason, the CARE 2020 Program Strategy argues that **poverty *is* injustice**.

Underlying this unjust distribution of power is poor governance. As noted by Acemoglu and Robinson in their 2012 book on *Why Nations Fail:* "Poor countries are poor because those who have power make choices that create poverty. They get it wrong not by mistake or ignorance but on purpose. To understand this, you have to … study how decisions actually get made, who gets to make them, and why those people decide to do what they do."[1]

This applies at the global level, where global systems, rules and climate space restrict policy options for countries from the global South, as well as at national and local levels in the countries where CARE seeks an impact.

Business as usual in development and humanitarian work runs considerable risks. As the ODI (Overseas Development Institute) shows in its report *Adapting development: Improving services to the poor,* on current trends, it will take five generations (or 150 years) for Kenya to reach universal sanitation coverage, 70 years to achieve 100% primary completion for the poorest girls in rural areas in sub-Saharan countries, and 85 years for citizens living in Lesotho, Burundi and Rwanda to achieve universal access to improved water sources.[2] These trends demonstrate that technical solutions alone don't cut it – instead, a radical change in the way we work is needed. In conflict-affected contexts, while multiple and complex causes need to be addressed for a transition out of fragility, there is broad international consensus that establishing inclusive governance institutions is considered essential. Challenging the root causes

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[1]   Acemoglu, D, and Robinson, J (2012) Why Nations Fail: The origins of power, prosperity and poverty, p68.
[2]   Wild, L, et al (2015) Adapting development: Improving services to the poor, ODI, pp 7 and 9.

of poverty and social injustice, at all levels, therefore requires efforts to promote good governance[3] – that is, **the effective, participatory, transparent, equitable and accountable management of public affairs.**

CARE's programmatic evolution also reflects this general transition towards more rights-based and politically conscious programming. CARE adopted a **Rights-Based Approach** in 1999, and later developed the **Unifying Framework**, which drew attention to the importance of the enabling environment as one of the main underlying causes of poverty. CARE's **Humanitarian Accountability Framework** and subsequent **Accountability Framework** reflect CARE's increased commitment to its own organisational accountability. This journey laid the foundations for the participatory design of the Governance Programming Framework in 2011, followed by a series of guidance notes as part of a programming pack: a Political Economy Analysis Guidance Note, the Inclusive Governance M&E Guidance Note and the Civil Society Guidance Note. There is increasing recognition across CARE of the critical importance of inclusive governance to all our work, both in long-term development programmes and within humanitarian programmes. Inclusive governance to CARE is both a means and an end: given our mandate to fight poverty and social injustice, inclusive governance is both functional to the achievement of CARE's social and economic, humanitarian and development programmatic goals, including the four priority outcome areas of the Program Strategy, but also fundamental in its own right.

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[3] This message is echoed in USAID's democracy, human rights and governance strategy promoting the mainstreaming of governanc in sectors, the World Bank's book on the contextual drivers of social accountability, and the Sustainable Development Goals (in particular, Goal 16).

2. THEORY OF CHANGE

CARE's Governance Programming Framework ([GPF](#)) was developed to provide a framework to assist CARE staff in conceptualising and planning governance work. The GPF built on existing CARE frameworks and tools, and was developed and validated in CARE programmes in 12 different contexts around the world, with support from the Institute for Development Studies (IDS). CARE's central Theory of Change for inclusive governance work is that outlined in the GPF: **if marginalised[4] organised and/or individual citizens[5] are empowered** (Domain 1), **if power-holders are effective, accountable and responsive** (Domain 2)**, and if spaces for negotiation are created, expanded, effective and inclusive** (Domain 3)**, then sustainable and equitable development can be achieved**, particularly for marginalised women and girls. CARE believes that **change needs to take place and be sustained in all three domains** to achieve this impact. While the Theory of Change highlights empowered citizens, we recognise that civil society organisations, 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 also [CARE's resource on civil society](#)).

The three domains are in turn based on the following hypotheses:

1. If poor and marginalised people increase their political and civic consciousness, get organised and undertake collective action, then they will be able to engage more effectively in governance spaces and influence decisions that affect their lives;

2. If public authorities and other power-holders are capable, accountable and responsive to poor and marginalised people, then trust in public institutions will increase, public authorities will gain legitimacy and credibility in the

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[4] CARE tends to work with organised citizens through supporting and/or partnering with CBOs, CSOs and NGOs. CARE emphasises marginalised citizens here, as our experience shows that without a deliberate focus on the poorest and most marginalised, spaces for negotiation will be captured by elites and their allies, without real improvements in resource distribution or service delivery. As part of these efforts, we have to engage with local elites and existing civil society organisations or traditional institutions, who are often not at all representative of the most poor – as otherwise they may boycott new processes or ensure decisions continue through parallel, elite-controlled informal structures – but we do so as a means to ensuring greater collective awareness, organisation and influencing by the most marginalised.

[5] By citizens we mean legal citizens of a country, as well as those without legal documents, including refugees and labour migrants; we use the term 'citizen' to reflect their inalienable rights to citizenship, regardless of whether these are being fulfilled.

eyes of citizens, public resources will be more transparently and equitably allocated and these groups will have access to better quality services and other public goods;

3. If formal and informal spaces are expanded, inclusive and effective, and if cross-domain coalitions for change are built, then decisions will better reflect the interests of the poor and marginalised and resources will be allocated on a more equitable basis.
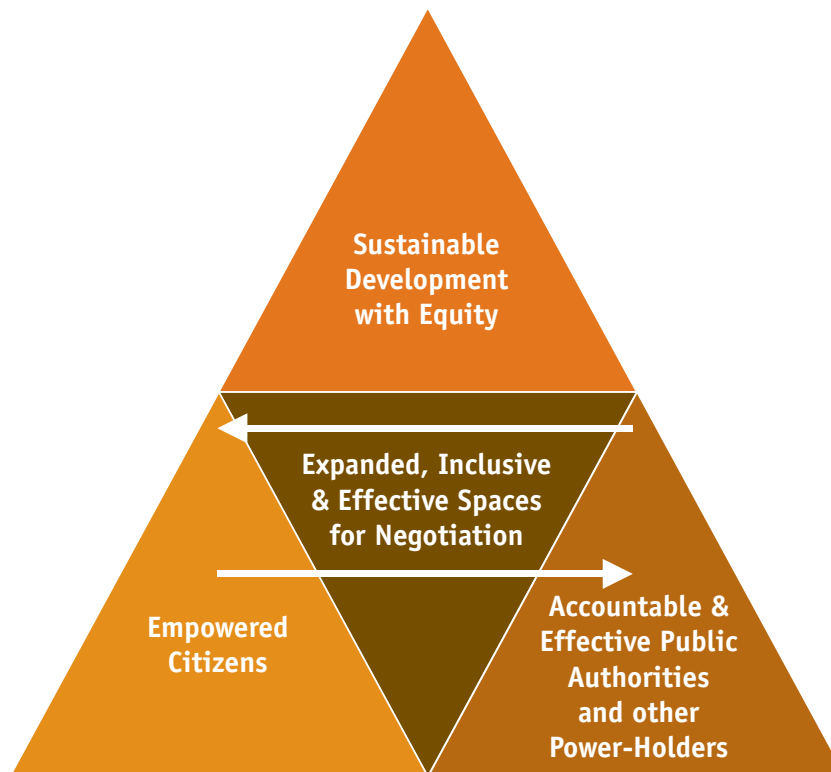
The **first domain** is concerned with enabling[6] the poor and marginalised, particularly women and girls, to be aware of their rights and to have a stronger voice to demand change, by organising and acting collectively. In short, the aim is to enable poor people to increase their agency and get organised to put forward their demands, at all levels (community, local, and national or above). The **second domain** entails working with a range of power-holders, including the state, the private sector and traditional leaders, to improve their ability to fulfil their obligations and be more responsive and accountable to marginalised citizens. This includes working not only with formal institutions and structures, but also engaging with informal institutions that are not shaped and influenced by formal power and authority. CARE also recognises that it acts often as a power holder itself, and so takes action to promote its own accountability and responsiveness. The **third domain** is the product of interactions between the other two and involves facilitating the opening up or strengthening of spaces for engagement and negotiation between citizens and their organisations and power-holders, at all levels. The aim is to set up multi-stakeholder platforms where competing agendas can be negotiated, and to create pro-accountability coalitions across citizens, civil society and the state (or other power-holders) to take forward progressive agendas that promote the rights of the most marginalised.

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6   CARE's role across these three domains will vary, depending on the local context, our reputation, legitimacy, capacity and experience, the space we have to act and our appetite for risk. Further examples of the roles we can play are provided in the GPF main guidance note.

3. INTEGRATING INCLUSIVE GOVERNANCE ACROSS CARE'S PROGRAMMES

The 2020 Program Strategy outlines CARE's belief that inclusive governance is one of three elements of CARE's approach to addressing underlying causes of poverty and tackling social injustice, along with strengthening gender equality and women's voice, and increasing resilience. While efforts are currently starting to bring together the frameworks for these three elements of the CARE approach under one common Theory of Change, these frameworks already have strong connections. This section highlights the main ways in which inclusive governance is connected with or applies to the different elements of the CARE approach and the three CARE roles (humanitarian action; promoting lasting change and innovative solutions; and multiplying impact). Further details on how inclusive governance can be integrated across the four priority outcome areas can be found in Annex 1, and in some of the highlighted examples under Section 4 below on core models and innovations.

Gender and governance are both fundamentally about power relations, ensuring that people of all genders across life stages have equal rights and opportunities to live a life of their choosing. Both the GPF and the Gender Equality Framework[7] emphasise the need to work on individual and collective agency and empowerment, relations between groups and power-holders, and the broader structure and enabling environment. Both frameworks highlight the need to work on informal institutions, such as social norms, as well as formal institutions. Given women's marginalisation from public decision-making roles in most contexts where we work, our governance work particularly (but not exclusively) focuses on women's voice and collective capacity to negotiate and claim their rights.[8] Including diverse women and men in public planning and decision-making adds value to informing services that are more responsive, draws from the knowledge, perspectives and ideas of diverse communities, and ultimately helps meet needs more effectively for a broader set of people. Particular attention needs to be paid in our work in gender transformative inclusive governance to: a) diverse forms of marginalisation (or 'intersectionality', where women experience gender inequality in different ways depending on their class, ethnicity, age, or able-bodiedness, amongst other aspects);

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[7] The Women's Empowerment Framework has recently been updated into the Gender Equality Framework (see more in the gender equality and women's voice guidance).

[8] Learning from the Strategic Impact Inquiry outlines four approaches used by CARE and partners to support women's organising: 1: Organising women as recipients of knowledge, goods and services; 2: Working with women in groups to promote economic development (particularly Village Savings and Loan Associations); 3: Leveraging groups to raise demands for gender equity; and 4: Supporting women's groups to mobilise for women's rights.

b) the challenge of backlash at household, community, and other public levels, in response to women moving increasingly into public spaces;[9] and c) the need to take into account women and girls' time poverty, engaging households to ensure that increased meaningful participation in governance spaces does not add to the care burden faced by girls or women.

Increasing **resilience** focuses on supporting communities and marginalised households to cope, adapt and transform in response to adverse changes and shocks, arising from disasters, conflict, climate change, or political or economic stresses. CARE is still in the process of developing an institutional framework and Theory of Change for resilience, drawing together thinking on disaster risk reduction, climate change adaptation and conflict sensitivity. Inclusive governance, and gender equality, will be central pillars to CARE's resilience approach. This will include strengthening civil society and citizens' capacities and collective voice on issues of resilience (such as disaster risk reduction or climate change adaptation), expanding spaces for negotiation and decision-making on these issues (from local to national and international levels), and promoting more accountable, transparent and effective public authorities, institutions and other power-holders. Given rising risks and shocks related to climate change, natural disasters and conflict nearly everywhere that CARE works, this also requires incorporating a 'resilience lens' into all of our governance work. This means that work to strengthen the capacities of marginalised people to channel their collective demands on a specific issue, or the responsiveness of power-holders to those demands, needs to consider how shocks and stresses are changing the vulnerabilities of these groups in relation to that issue, and how they are able to cope, adapt and transform in the face of these changes they are experiencing.

Inclusive governance will be integrated into CARE's **humanitarian action**, as well as all other programmes. During emergency response work, CARE takes a prominent role in delivering aid, directly or through partners, and so engagement with affected communities and governments is crucial to establish responsive and accountable humanitarian action that works through the existing system, without creating parallel systems. In our disaster response work, CARE and partners also work with organised marginalised citizens to influence government, donor and NGO response plans and decisions, with a particular focus on gender in emergencies. Promoting organisational accountability[10] for our own humanitarian work is another key area of overlap, and is a central principal of CARE's humanitarian response work, within its commitments under the Humanitarian Accountability Framework and the Core Humanitarian Standard on Quality and Accountability (CHS). The CHS, whose development was supported in part by CARE, emphasises actions that fit clearly with CARE's inclusive governance approach, including participation, strengthening local capacities, awareness of rights and entitlements, transparency and feedback, and coordination. CARE's disaster risk reduction work also integrates inclusive governance, working in collaboration with governments and local communities to help create a system that is better prepared to respond to disasters in ways that are inclusive of the specific assets, knowledge and needs of diverse groups.

Integrating inclusive governance is also essential for CARE's role to promote **lasting change and innovative solutions**. For change to be lasting, CARE believes that the institutions and structures that support change need to be enabling, and stakeholders (from the public sector, private sector, and civil society) need the capacities and incentives to sustain change, as well as to adapt to future changes and shocks. Equally, innovative approaches across all CARE programming areas are developed with a view to future scaling up, and so involving key stakeholders is essential for creating their ownership and support for the institutionalisation of proven models. As an international NGO, we also believe that a critical role for CARE is to work with partners to test new ways of addressing critical problems of poverty and social injustice, learning from our experience around the world and adapting approaches to different contexts. We therefore need to focus on innovation in the area of inclusive governance (see further details in Section 4 below).

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9   Given the critical importance of ensuring CARE's inclusive governance work is also gender transformative, some of the key tools and approaches related to the gender equality and women's voice component of the CARE approach are also recommended, such as the Inner Spaces Outer Faces Initiative, social analysis and action, and gender equity and diversity manuals – see also the gender equality and women's voice guidance document.

10   See more on organisational accountability as a core model, under Section 4 below.

There is also a strong overlap between CARE's strategies to **multiply impact** and our work to promote inclusive governance. As noted above, scaling up requires that key stakeholders actively engage to support the adaptation, replication or expansion of proven approaches. Where we promote innovative approaches in our inclusive governance programming, we also need to apply strategies to multiply impact to enable these innovations to be taken to greater scale. Advocacy and policy influencing are core strategies both to promote inclusive governance and to multiply impact, and so require teams working on advocacy and governance to work closely together, at national and international levels. CARE's global advocacy work, both directly and together with organisations representing marginalised voices, is a critical strategy for addressing the global power imbalances between countries (see for example CARE's advocacy work on climate change[11]). CARE's Advocacy Handbook provides important guidance for developing, implementing, monitoring and evaluating advocacy strategies, as well as managing the risks that are inherent in influencing – and much of our governance work.

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[11] Southern Voices, for example, is strengthening partner networks in the global South to advocate for climate change policies benefiting poor and marginalised people.

4. CORE MODELS AND INNOVATIONS

The core models,[12] or evidence-based examples of how CARE promotes inclusive governance, can be grouped in five main programmatic areas:

A. **Social Accountability**
B. **Local participatory development**
C. **Voice and advocacy**
D. **Capability, accountability and responsiveness of the state and other power-holders**
E. **Organisational accountability**

Social Accountability

Social Accountability[13] (SA) can be defined as citizen-driven accountability, i.e. an approach that relies on civic engagement to exact accountability. The aim is to strengthen citizens' mobilisation and voice, support the generation of citizen-generated information and provide spaces for organised citizens to engage with service providers and other power-holders to influence decision making and hold them accountable, usually around commitments to allocate resources and improve service delivery. Evidence for the impact of SA is still mixed, however an influential meta-analysis from Jonathan Fox suggests that a 'strategic approach'[14] to SA is effective in empowering citizens, changing behaviour in service providers, building trust between service providers and users, and in improving the access and quality of service delivery. Common mechanisms used by CARE include 1) Community Score Cards, 2) Social Audits, 3) Citizens' Charters, and 4) Participatory budget monitoring. Examples include:

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[12] A model is understood as a distinctive approach to social change, with clear advantages over other approaches, demonstrable cost-effectiveness and added value that is recognised by others – see in particular page 17 of Michael Drinkwater's document on operationalising programme approaches, *Seeing and acting in the world differently*. Models can be developed by CARE and partners, or developed by others and adapted by CARE to different contexts. A model should have evidence of its effectiveness, while innovations are new approaches being tested, around which evidence has not yet been developed.

[13] See further details and discussion in the Social Accountability section of the CARE Governance wiki. CARE is a global partner in the World Bank's Global Partnership for Social Accountability (GPSA) and is the largest single recipient of GPSA funding with three grants (Malawi, Bangladesh and Morocco).

[14] Strategic approach (versus tactical/tool-based approach) refers to the engagement with the supply side through multiple methodologies at different levels. Fox, J (2014) Social Accountability: What does the evidence really say? GPSA Working Paper.

COMMUNITY SCORE CARDS

Community Score Cards (CSCs) is an approach that brings together service users and providers to score service delivered against a set of indicators. The results are discussed in an interface meeting and a plan of action to address identified issues is agreed. More details are given in the CARE CSC toolkit. Developed initially in **Malawi** in 2002 for a health project, CSCs have increasingly been adapted to different sectors (SRMH, gender-based violence, FNS, education, water and sanitation, etc.) and in many other contexts, including **Cambodia**, **Cote d'Ivoire**, **DRC**, **Ethiopia**, **Egypt**, **Rwanda**, **Sierra Leone** and **Tanzania**. Since their creation, CSCs have also been adopted by many other agencies, including World Vision, Action Aid, Plan, and the World Bank.

CSC APPLIED TO THE SRMH OUTCOME AREA

CARE's SRMH team has extensive experience in applying CSC to monitor the availability, access and quality of SRMH services. Results are encouraging. A study from a Randomised Control Trial in Malawi (M-HAP) show evidence of average per cent increases in a range of indicators (compared to control areas): 37% increase in the relationship between health workers and communities; 32% increase in the level of youth involvement; 22% increase in the availability and accessibility of health information; and 14% increase in the availability of drugs and supplies.

Research by ODI into CARE's experience in Ethiopia, Malawi, Rwanda, and Tanzania revealed that CSCs contributed to strengthening service provision and community-state relations through: improved trust and mutual respect (between service users and providers); changed attitudes and behaviours (of users and providers); altered working practices of frontline providers; improved performance and discipline of frontline providers; reduced corruption; changes in resource allocation; and infrastructure construction and rehabilitation. However, the study also found that in different ways, impacts are often 'stuck' at the local level (lower accountability traps) and have only translated into national level impacts ('vertical integration') where they have plugged into existing accountability and performance assessment mechanisms, such as the PPIMA (Public Policy, Monitoring and Advocacy) project in **Rwanda**. The ODI report also showed that plugging CSC interventions into existing accountability mechanisms, like the **Imihigo in Rwanda** (district open days), is crucial to get traction and service providers' buy-in. This reiterates the need to link local to national processes, and for 'voice' (civil society) to combine with 'teeth' (state) for a truly strategic approach to social accountability, in what Jonathan Fox refers to as "sandwich accountability".[15]

SOCIAL AUDIT

Social Audit is a process of auditing public official records and assessing whether quality of public constructions correspond to quality standards established in the design and contract, and whether reported expenditures reflect the actual funds spent on the ground. Crucial to this process is access to official documentation and the capacity to analyse technical and financial documents. Results are shared through mass gatherings where community and public authorities come together to discuss the findings. Examples of CARE's implementation of Social Audit include projects in **Bangladesh** and in **Ghana**.

CITIZENS' CHARTER

The Citizens' Charter is a brief public document that provides the essential information that users need to know about the services provided by a public agency, including the quality standards, fees to be charged, and complaint mechanisms available. More details are given in the CARE Citizen Charter manual. CARE has applied the Citizens' Charter to the water sector in **Egypt**, **Bangladesh** and **Sri Lanka**.

PARTICIPATORY BUDGET MONITORING

Commonly perceived as an inaccessible, highly technical document, the public budget is a cornerstone document that translates political decisions into hard numbers. Far from being simply a technical document, the budget is a

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[15] Social Accountability: What Does the Evidence Really Say? As he puts it in a related presentation, "Voice needs teeth to have bite.... but teeth may not bite without voice."

highly political document that reflects the political vision of decision-makers in terms of resource allocation, with impact on wealth distribution across social classes. Influencing the allocation and monitoring the spending of public funds is consequently crucial to hold public authorities to account. The International Budget Partnership is a leading organisation in participatory budget monitoring and information about capacity building and training material can be found in their guides and toolkits. This is still an incipient area of work for CARE, however we have a growing programme, with examples of participatory budget monitoring and gender budgeting models, in **Nepal**, **Egypt** and **Bangladesh**, building the capacity of rural communities, particularly women, to have a say in the allocation of local budgets and monitor the use of various decentralised funding sources.

INNOVATION AROUND SA APPROACHES

Innovation around SA approaches focuses on integrating technology into the traditional way of operating to scale up and reach a wider population (crowd sourcing). Specific innovations being developed include:

- in **Malawi** a customised Mobile Teacher Absenteeism Reporting System that enables students, head teachers and school management committee members to submit reports on teacher attendance via text message, and have this fed into the CSC process;
- the use of mobile phones to enable communities to monitor illegal logging in **Uganda**;
- in **Ghana** (the Strengthening Accountability Mechanisms project), CARE and partners established a citizen monitoring e-platform to monitor the performance of capital development projects using e-monitoring equipment (hand-held Internet-enabled devices like iPads) to send SMS, still pictures, video and voice recording, etc.

Local participatory development

Local participatory development involves working with government and local civil society to design and implement participatory local development plans that reflect priorities and demands put forward by poor and excluded social groups. Such programmes involve supporting groups of citizens (e.g. women, people with disabilities, people living with HIV, etc.) to get organised and put forward their specific demands in local institutionalised spaces where decisions around development priorities and funds allocation are made. In contexts where (inclusive) institutions are not well established, it involves creating these mechanisms and supporting local authorities and citizens to engage in dialogue and participatory decision making. The final aim is to promote inter- and intra-community problem-solving and resource-sharing, in order to generate development, state-building and peacebuilding outcomes. Examples include:

COMMUNITY-DRIVEN DEVELOPMENT (CDD) OR COMMUNITY-DRIVEN RECONSTRUCTION (CDR) PROGRAMMES

This model[16] gives control over planning decisions and investment resources for local development projects to community groups. Through CDD or CDR, poor citizens get organised to identify community priorities and address local problems by working in partnership with local governments and other supportive institutions. CARE has extensive experience to support the establishment of Community or Village Development Councils (CDCs or VDCs) as platforms for marginalised citizens to plan and implement their own development priorities, with funding from the central government and/or external donors. In the context of fragile states, CDCs/VDCs provide spaces for citizens to engage for the first time in planning mechanisms and start building a sense of citizenship and social contract. Examples include the National Solidarity Programme in **Afghanistan**, the Governance and Peacebuilding Consortium in **Somalia**, and the Tuungane CDR project in **DRC**.

COMMUNITY ACTION PLAN

The Community Action Plan is a model for engaging marginalised citizens to identify and prioritise their collective needs and devise action plans aimed at influencing local development planning. In **Ghana**, CARE helps ensure District Assemblies' Medium Term Development Plans better reflect citizens' priorities; in **Cote d'Ivoire**, CARE is strengthening the Community Development Committees in cocoa-growing communities; and in **Haiti**, CARE is working with the Neighbourhood Improvement Project to strengthen the relationship between communities and local authorities. In **Bangladesh**, CARE and partners' work to strengthen inclusive decision-making spaces at local level, supporting both

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[16] A model developed by others, in particular the World Bank (see CDD site, and impact evaluation summary).

ultra-poor women to voice their demands and local government to engage in participatory processes to devise their plans and budgets, is another example.

Voice and advocacy

This involves supporting civil society from grassroots community organisations to national level networks to influence decision-making processes aimed at both generating new legislation or policy and closing the implementation gap. As formal participation spaces are not always available or accessible to marginalised citizens (e.g. women, girls and indigenous or lower caste persons, disabled people, sex workers, etc.), this includes social mobilisation efforts to create new spaces so that their interests and needs may be represented and their rights expressed and defended. The CARE International Advocacy Handbook has many more details on CARE's approach to developing and implementing advocacy strategies, with different case studies included. CARE has a long track record, especially at local level, in supporting women's organisations to advocate for their agenda (e.g. **Afghan** Women's Network; natural leaders in **Bangladesh**; the **Great Lakes** Advocacy Initiative; etc.). The challenge is to scale up at national level, and work with and through civil society coalitions in influencing national actors, including relevant ministries or the parliament (e.g. in **Sri Lanka**, CARE's engagement with the Women's Parliamentary Caucus).

VOICE IN THE FNS OUTCOME AREA

Though the Child Nutrition Initiative in Peru, CARE and other partners advocated for the establishment of a national coordinating mechanism overseeing the development and implementation of a national nutrition strategy. After 10 years of almost no change in stunting rates in children under 5 across the country, these more than halved, from 28.5% to 14.2%. CARE and partners' work contributed to more than 430,000 children not being stunted who would have been had there been no change, a significant multiplication of our impact.

## Capability, accountability and responsiveness of the state and other power-holders

This means working with a range of power-holders, including the state, private sector and traditional leaders, to improve their ability to fulfil their obligations and be more responsive, transparent, and accountable to marginalised groups, particularly women. This follows the UK Department for International Development/IDS CAR model (Capabilities, Accountabilities and Responsiveness). Examples include much of CARE and partners' work to strengthen technical capacities and/or accountability systems within **service providers**. For example, in **Bangladesh** CARE has been training district-level officials on good governance, including on participatory planning and inclusive budgeting; in **Zambia** CARE is building capacities of providers to support survivors of gender-based violence.

ACCOUNTABILITY AND RESPONSIVENESS IN THE WOMEN'S ECONOMIC EMPOWERMENT OUTCOME AREA

Given that in some contexts the **private sector** is equally or even more powerful than the state itself, there is particular attention to promoting greater responsiveness and accountability of companies, at all levels in value chains. Mondelez included the requirement for Community Action Plans, based on the Community Development Committee model developed by CARE and partners in Cote D'Ivoire. In Sri Lanka, tea plantation workers, trade unions and tea estate managers established Community Development Forums, a space that proved effective in promoting dialogue and greater responsiveness of private sector actors working in marginalised communities, as well as a positive social and economic return on investment.

Organisational accountability

An organisation promoting accountability needs to 'walk the talk', and so CARE promotes its own organisational accountability,[17] within the framework of CARE's Humanitarian Accountability Framework[18] and the more recent Accountability Framework. This includes **forward accountability** to the impact groups CARE works for and with, **lateral accountability** to our partners and key stakeholders in the countries where we work, **internal accountability** within our teams and offices, as well as **upward accountability** to donors who support our work and governments who regulate our operations.
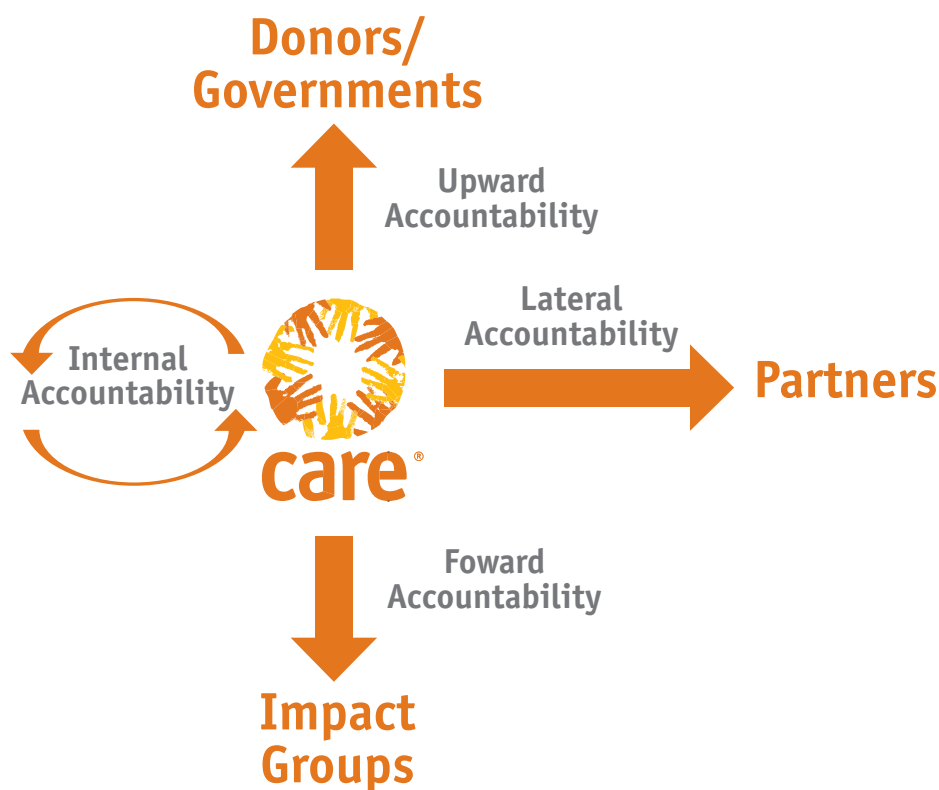
Examples include the accountability system to the community in **Peru**, community score boards in **Nepal**, beneficiaries' feedback in **Ghana and Sierra Leone** and **Haiti**, and forward accountability mechanisms in **Ethiopia**. In **Rwanda**, CARE is using a management score card to provide a formal avenue for gathering and responding to staff feedback on management decisions (performance quality) on set priorities and directions for the country programme.

Further details of how CARE integrates inclusive governance across the four priority outcome areas can be found in the strategies for each area and in Annex 1, including many more examples from CARE's programmes across the world.

How to apply inclusive governance in different contexts

While the specific context will determine the most appropriate strategy for inclusive governance, and the combination of the models mentioned here that would best apply, there are two main considerations that should shape the type of intervention: 1) the extent of the openness to state-citizen engagement, and 2) the capacity of the state apparatus to respond to citizens' demands. For example, in conflict or post-conflict contexts there may be varying degrees of space for engagement between states and citizens due to the degree of civil society organisation and the commitment of the government to respond, but there is also a varying degree of bureaucratic and technical capacity to deliver quality services, even if the government is committed to respond to citizens' demands. Table 1 illustrates examples of initiatives that would appear to fit these typologies.

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17   See further resources at the Internal Accountability section of the CARE Governance wiki.
18   For more information check CARE's Humanitarian Accountability Framework, tools and resources.

Table 1: Openness to state-citizen engagement, and state capacity

Dimension/level	High capacity	Low capacity
	Bureaucrats have high levels of administrative and technical capacity to deliver public goods NGOs and CSOs have high technical and political capability	Bureaucrats have low levels of administrative and technical capacity to deliver public goods NGOs and CSOs have low technical and political capability
High openness Elected representatives and bureaucrats willing to engage and listen Civil society is cooperative	Voice and advocacy* e.g. SUN Nutrition Alliance (Peru)	Local participatory development e.g. Community Action Planning (Northern Ghana), National Solidarity Programme (Afghanistan)
Low openness Elected representatives and bureaucrats typically ignore the views of citizens and civil society organisations Civil society is fragmented and non-cooperative	Social Accountability e.g. Citizen Charters (Egypt)	Capability and responsiveness e.g. Community-Driven Reconstruction (DRC)

In the global North, emphasis will be more on voice and advocacy, with governments, international institutions and company headquarters.

5. APPLYING INCLUSIVE GOVERNANCE ACROSS THE PROGRAMME CYCLE

The figure opposite outlines how CARE long-term programmes and projects can incorporate inclusive governance across the programme cycle. CARE member, country office and partner teams need to be working together to integrate inclusive governance across programmes and projects, including:
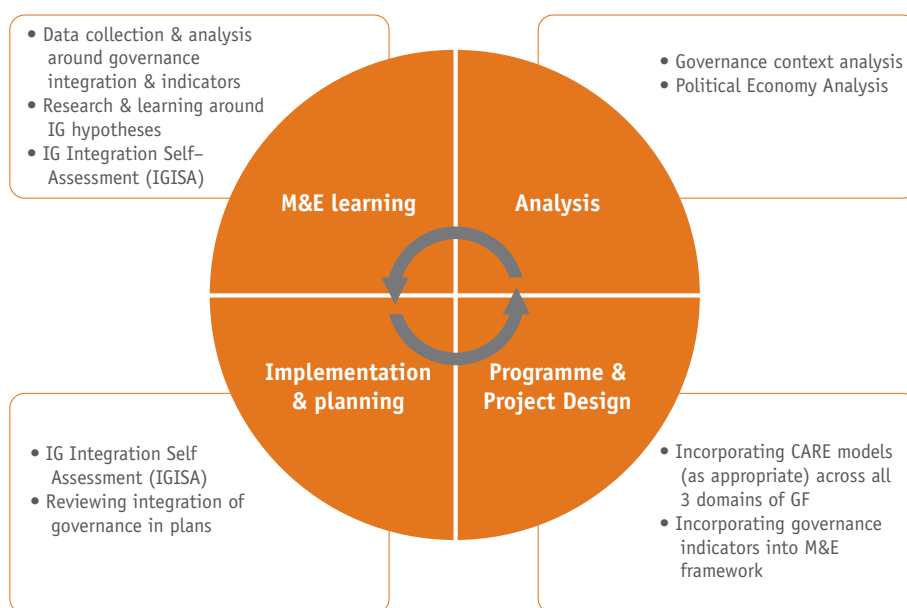
Context analysis

All projects and programmes should integrate inclusive governance into their assessment and analysis, including Political Economy Analysis and a deep understanding of structures, formal and informal institutions and stakeholders operating in any specific context. CARE's governance context analysis guidance provides further direction to teams to conduct a governance context analysis as part of this process, in combination with gender analysis and other tools.

Design

Include strategies and activities across all three domains of the GPF, adapting and applying the priority CARE models (from Section 4 above) as appropriate – including how we will promote our own organisational accountability. This should also include developing advocacy strategies (using the CARE Advocacy Handbook) and selecting partners willing and capable of taking up governance work, along with strategies to strengthen their capacities (see Civil Society resource). Programmes and projects should, where feasible, incorporate the priority global indicators related to inclusive governance in their M&E systems:

- # and % of women and men who have meaningfully participated in formal and informal decision-making spaces
- # of new or amended policies, legislation and programmes responsive to women's and men's vulnerabilities and rights
- # of effective and inclusive accountability spaces and processes established in which citizens can negotiate with service providers and public authorities
- # and % of actions taken by public authorities to address issues raised by women and men, from agreements made in targeted formal and informal spaces
- # of feedback mechanisms and reviews of CARE responses reporting timely, adequate and inclusive decision-making with clear roles and accountabilities.

Integrating inclusive governance across the programme cycle

- Data collection & analysis around governance integration & indicators
- Research & learning around IG hypotheses
- IG Integration Self–Assessment (IGISA)

- Governance context analysis
- Political Economy Analysis

M&E learning

Analysis

Implementation & planning

Programme & Project Design

- IG Integration Self Assessment (IGISA)
- Reviewing integration of governance in plans

- Incorporating CARE models (as appropriate) across all 3 domains of GF
- Incorporating governance indicators into M&E framework

Implementation

An Inclusive Governance Marker is being developed to measure the level of integration of inclusive governance into the programme.

M&E and learning

CARE's guidance on M&E of inclusive governance work can help teams as they define their overall M&E systems and tools. The Inclusive Governance Integration Self-Assessment Tool (IGISA – see Annex 2) is designed to enable a team (whether at country office, programme, project or CARE member level) to reflect on their progress in integrating inclusive governance, and where and how this could be strengthened, across two levels: inclusive governance strategies and outcomes across the three domains of the GPF, and the team's own capacities and systems. This tool is designed to feed into regular review and planning processes. Both the IGISA and the Governance Marker help to feed into global reporting systems (such as PIIRS).

All of these require **internal capacities and systems** within CARE and partner teams, including to carry out governance and political economy analysis, facilitate cross-sectoral alliances, and trusted relations with stakeholders in civil society and power-holders. Section II of the IGISA can help teams reflect on these.

Further details of how CARE will support its teams in the integration of inclusive governance are outlined in Annex 2.