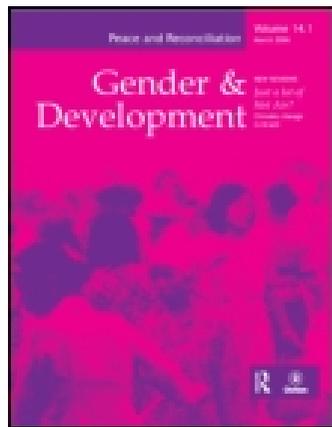


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Building capacity to measure long-term impact on women's empowerment: CARE's Women's Empowerment Impact Measurement Initiative

Nidal Karim, Mary Picard, Sarah Gillingham and Leah Berkowitz

From 2010 to 2012, CARE USA implemented the Women's Empowerment Impact Measurement Initiative (WEIMI) to develop the necessary capacity, tools, guidance, and practice to measure and demonstrate the impact of its work on women's empowerment. The lessons and experiences from this initiative have been transformed into an online guidance tool being utilised throughout CARE to inform the process of developing robust theories of change and impact measurement systems for women's empowerment programmes. The WEIMI experience has contributed significantly to CARE's understanding of gender inequality and its implications for achieving broader impact. This article highlights key lessons learned and good practices that emerged in addressing the challenge of developing organisational impact measurement systems for women's empowerment long-term programmes.

De 2010 a 2012, care usa implementó la Iniciativa de Medición del Impacto del Empoderamiento de las Mujeres (weimi) con el fin de desarrollar la capacidad, las herramientas, la orientación y la práctica necesarias, a partir de las cuales medir y demostrar el impacto del trabajo que dicha organización desarrolla en el ámbito del empoderamiento de las mujeres. Los aprendizajes y las vivencias surgidos de esta iniciativa fueron transformados en una herramienta de orientación en línea que es utilizada en toda la organización para guiar el proceso de elaboración de teorías robustas en torno al cambio y de sistemas de medición del impacto de los programas orientados al empoderamiento de mujeres. Los aprendizajes obtenidos de la weimi han contribuido significativamente a la comprensión del trabajo realizado por care respecto a la desigualdad de género y a sus implicaciones a la hora de intentar lograr un impacto más amplio. El presente artículo destaca los aprendizajes conseguidos y las buenas prácticas surgidas al hacer frente al reto que significó para la organización desarrollar sistemas de medición del impacto a largo plazo de los programas orientados al empoderamiento de las mujeres.

De 2010 à 2012, CARE USA a mis en œuvre la Women's Empowerment Impact Measurement Initiative (WEIMI) afin de développer les capacités, outils, conseils et pratiques nécessaires pour mesurer et démontrer l'impact de son travail en matière d'autonomisation des femmes. Les enseignements et les expériences de cette initiative ont été transformés en outil d'orientation en ligne qui est utilisé à tous les niveaux de CARE pour façonner le processus de développement de théories du changement et de systèmes de mesure de l'impact robustes pour les programmes d'autonomisation des femmes. L'expérience de la WEIMI a apporté une contribution considérable à la manière dont CARE comprend l'inégalité entre les sexes et ses implications afin de parvenir à un impact plus large. Cet article met en relief les enseignements clés et les bonnes pratiques qui se sont dégagés lors des efforts en vue de relever le défi de l'élaboration de systèmes de mesure de l'impact organisationnel pour les programmes à long terme en faveur de l'autonomisation des femmes.

Keywords: gender; theory of change; impact measurement; impact groups; social change

Background

CARE,¹ with its organisational commitment to women's empowerment and gender equality, has engaged in various efforts around the measurement of women's empowerment and gender equality. In 2010, CARE USA launched the Women's Empowerment Impact Measurement Initiative (WEIMI) as a way to respond to one of the organisation's key strategic priorities to demonstrate impact. This priority evolved from two critical processes that CARE had engaged in – a Strategic Impact Inquiry (SII) on women's empowerment; and a re-orientation in its programming to long-term programmes (LTPs) as the core of its country office development strategy.² The SII was a multi-year, multi-country study from 2004 to 2009 whose results showed that CARE as an organisation needed to improve its capacity to demonstrate long-term, sustainable change in the lives of women and girls.³ In the latter instance, the shift to LTPs set in motion a process of organisational change to absorb projects or short-term initiatives into a coherent programme of 10–15 years whose goal aligned with a specific impact group. While country offices were not required to focus on women and girls, their own inquiries, in the process of developing new programmes, led most of them to prioritise women and/or girls as their 'impact groups' – that is, social groups whose lives they wished to change.

WEIMI was implemented from 2010 to 2012 with a small set of country offices which had prioritised women and/or girls for one or more of their LTPs and were still in the design stage, developing a theory of change (TOC) as the basis for planning, implementing, monitoring, and evaluation. WEIMI's focus was to build capacity to measure change; however, the initiative also aimed to highlight the strategies that

could be used in a successful empowerment approach, as well as deepen the experience in gender transformative programming to addressing poverty. In the process of engaging with country teams, it became apparent that working with key women's empowerment and gender-sensitive indicators in the country context of LTPs required assistance to country teams so they could develop coherent and robust theories of change. Lessons about best practice were harvested from the experiences of this group of country offices and used to create guidance for other country offices. The online guidance tool developed from this process is available at <http://gendertoolkit.care.org/weimi/introduction.aspx> (last checked by the authors January 2014).

In the larger context of the international development field, what CARE attempted through WEIMI was ground-breaking and innovative, and generated considerable learning. In this article, we will present some of the good practices and lessons learned in proceeding from the phase of conceptualising theories of change to a new phase of developing the basic elements of an impact measurement system for LTPs, focused on women's empowerment and gender equality.

First, though, we offer some definitions of terms which we used throughout this work, and discuss in this paper.

Good practices

The country offices which participated in WEIMI were at different stages of developing their LTPs at the time this initiative got under way. The documentation and sharing of experiences within and between technical staff in country offices and headquarters, and consultants providing support to country offices, gave shape to the guidance document which consolidated three principal stages of measuring impact – developing the TOC, developing the impact measurement system, and testing the TOC.

Development of the TOC

In the process of conceptualising LTPs, country office teams had only recently been introduced to the concepts defined in [Table 1](#), such as *domains of change*, *pathways of change*, *breakthroughs*, and *strategic hypotheses* as components of a TOC. Because these concepts were unfamiliar, this stage of the process involved a larger-than-expected share of the time and resources the WEIMI technical team had allocated for capacity-building. However, this substantial investment of time and resources generated considerable lessons for CARE on the process of developing robust theories of change for women's empowerment programmes pursuing long-term, sustainable change.

Table 1: Definitions

<p>Theory of change</p>	<p>Generically, a set of hypotheses (if-then statements) and critical assumptions and risks underpinning the design for how the programme goal will be achieved. In the context of a programme, this generic definition is represented by the pathways of change which flow from domains of change and are marked by breakthroughs.^a</p>
<p>Domains of change</p>	<p>Areas in which change is essential to achieving an impact goal. A goal may have a corresponding set of two to four domains of change. Domains of change can be seen as critical preconditions, or major outcomes, required to be in place for the impact goal to be achieved.^a</p>
<p>Pathways of change</p>	<p>The conditions necessary for achieving a domain of change(s) and the assumptions that support these conditions. Together, they 'tell the story' of how you expect the change to happen. These assumptions are the causal links between conditions.^b</p>
<p>Breakthroughs</p>	<p>A change that represents a significant leap forward that is not easily reversed. It represents a change that affects both the breadth of impact (increasing impact on many more people in our impact group) and the depth of impact (increasing the level of well-being or transformation in the lives of our impact group). The change resulting from a breakthrough is reflected in the lives of people in the impact group, as well as people in the impact group outside the programme's operational areas.^a</p>
<p>Strategic hypotheses</p>	<p>Hypotheses that are vital to the success of achieving the programme goal and for which no empirical evidence exists to date. Their results will inform the programme strategy and possibly result in a refinement of the theory of change.^c</p>
<p>Impact group</p>	<p>The specific population group upon which the programme (CARE and its partners) aims to have a positive impact with a long-term commitment to overcome their underlying causes of poverty and social injustice. The scale of the impact on this group is at least at the national level.^a</p>

Table 1: Continued

Sub-impact group	One of the disaggregated groups that share the characteristics of the impact group but also has other unique characteristics that differ from those of the impact group as a whole. Specific programme initiatives that form part of an overarching programme may need to focus on a subset population. ^a
Target group	Those who will be consistently targeted and will require a target strategy for behaviour change. This can be done either through direct investment or an influencing strategy. ^a Typically, target groups for women's empowerment programmes will include men and boys, religious leaders, civil society actors, political leaders, and government organisations, all of which have to be empirically defined.
Stakeholder group	Those who may affect or be affected by the programme and are recognised for their importance in co-operating or collaborating with the programme; but they are not necessarily targeted by the programme activities. ^a

^aDuring the shift to a programme approach in CARE, a set of guidance notes was developed to facilitate the change process across CARE. Brief No. 5: Designing Programmes was on designing long-term programmes and included some basic definitions to accompany the p-shift process, such as theory of change, domain of change, and breakthrough. The brief can be found at: http://p-shift.care2share.wikispaces.net/file/view/Brief%236_Designing%20programs_14%20Sept2009.pdf (last checked 14 January 2014). The definition provided in the brief for 'theory of change' matches with the original conceptualisation presented by Carol Weiss (1995) and how it was further elaborated by Anderson (2004). The terms 'domains of change' and 'breakthroughs' as defined in the brief, were coined by the authors of the brief (Michael Drinkwater and Mary Picard).

^bThe term 'pathway of change' was used somewhat loosely during the programme shift and this definition was proposed during the WEIMI support process as a working definition by Mary Picard. For more details, see the WEIMI guidance tool at: <http://gendertoolkit.care.org/weimi/introduction.aspx> (last checked 14 January 2014).

^cThe term 'strategic hypothesis' came about during the WEIMI support process, in the work with CARE Tanzania, to aid the country office in moving from the conceptual to the practical: that is, to prioritise the critical hypothesis to be tested in the immediate term.

From the WEIMI experience, several critical features of a good TOC for women's empowerment emerged:

- The conceptualising of the TOC must be led by the ultimate aim of gender equality and must not narrowly conceive working exclusively with women and girls as the path because structural and social changes necessary for gender equality requires that everyone in society, including men and boys, change their behaviours and attitudes.
- Based on the premise that achieving gender equality is not a zero-sum game, it is essential to contextualise empowerment of women and girls through sound

analysis that incorporates and elevates the perspectives of women and girls, without ignoring those of men and boys.⁴

- It is also critically important to include stakeholders from a broad spectrum in the discussion of the TOC and its validation. In the case of women and girls belonging to the impact group, it is best to solicit their input as source material for the TOC, as most country offices did.
- Both short-term and long-term change occurs as a result of any planned development intervention, and this should be kept in mind. This means short-term results in particular should be seen in perspective. Some gains will be achieved more quickly, while others, such as changes in harmful social norms, will take longer and will require an investment in relationships with those who share the vision of the TOC and can help bring about broader and longer-term change.
- There is an imperative to go beyond project or programme-level goals to achieve gender-equitable behaviours among individuals to programming that aims at larger gender-equitable social norms, systems, policies, and structures.

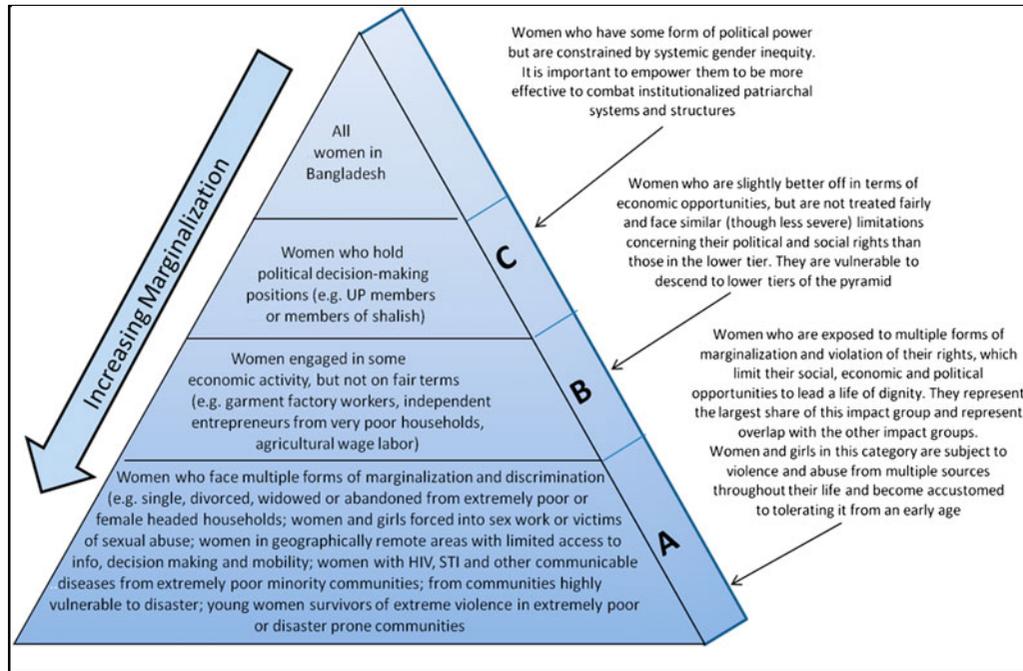
In addition, some *key good practices* emerged from the country office experiences on how to ensure the quality and robustness of TOCs for women's empowerment programmes.

1. Carry out a *vulnerability analysis*, which includes a gender as part of analysis.

This involves examining the causes of vulnerability specific to women and girls (and as distinct from men and boys) in a country-specific context. *All* women have vulnerabilities, that are specific to phases of the life cycle (prenatal–infancy–childhood–adolescence–adulthood), such as those associated with sexual and reproductive health problems or with gender-based violence. Additionally, dimensions such as wealth category, socio-cultural context, livelihood security, and ethnic or religious affiliation overlap with the life-cycle dimension to explain vulnerabilities that affect women differently *over their whole life cycle*. This kind of vulnerability analysis includes an articulation of the physical, social, economic, and psychological manifestations of vulnerability for women and girls.

Example: CARE Bangladesh did a Causes and Consequences tree exercise as part of a vulnerability analysis. The team first identified the underlying causes of vulnerability for women and girls as distinct from those of men and boys. They then articulated the physical, psychological, social, economic, and political manifestations of vulnerability, marginalisation, or exploitation. And as a third step, they identified the groups of women and girls for whom the vulnerabilities applied.⁵ Based on the findings of their analysis, they were then able to generate an understanding of degrees of marginalisation of women (see [Figure 1](#)).

Figure 1. CARE Bangladesh: 'women' differentiated by degree of marginalisation.



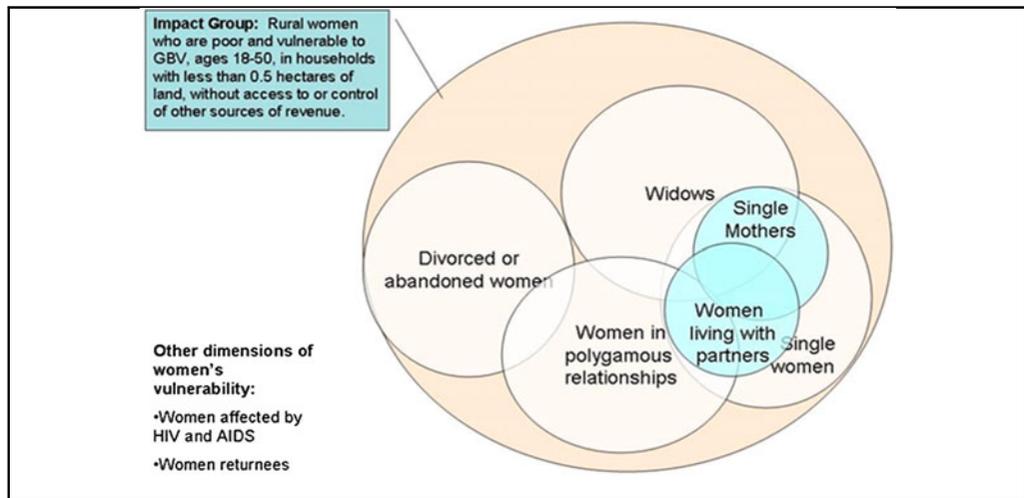
2. Have clear definitions of *impact* and *sub-impact groups*.

This is important because they determine what changes amongst whom must be measured, i.e. the unit of analysis and sampling frame (see Table 1 for definitions).

Clear identification of sub-impact groups helps build an advocacy agenda around a social justice issue pertaining to a specific population group. The findings of the vulnerability analysis provide guidance for drawing boundaries around the impact group and then prioritising which population groups to select as *sub-impact groups*. Grounding impact group definitions in analysis in this way is a core good practice. Those country offices that began this way found that their process was smoother, because it anchored decision-making in a transparent process, so that over time, questions about the impact group (its characteristics and delineation) would always revert back to the analysis and not be susceptible to individual perspectives of who the impact group is or should be.

Example: Figure 2 illustrates CARE Burundi's analysis of impact and sub-impact groups. The latter are not always discrete sub-population groups. Yet, one proceeds

Figure 2. CARE Burundi's analysis of impact and sub-impact groups.



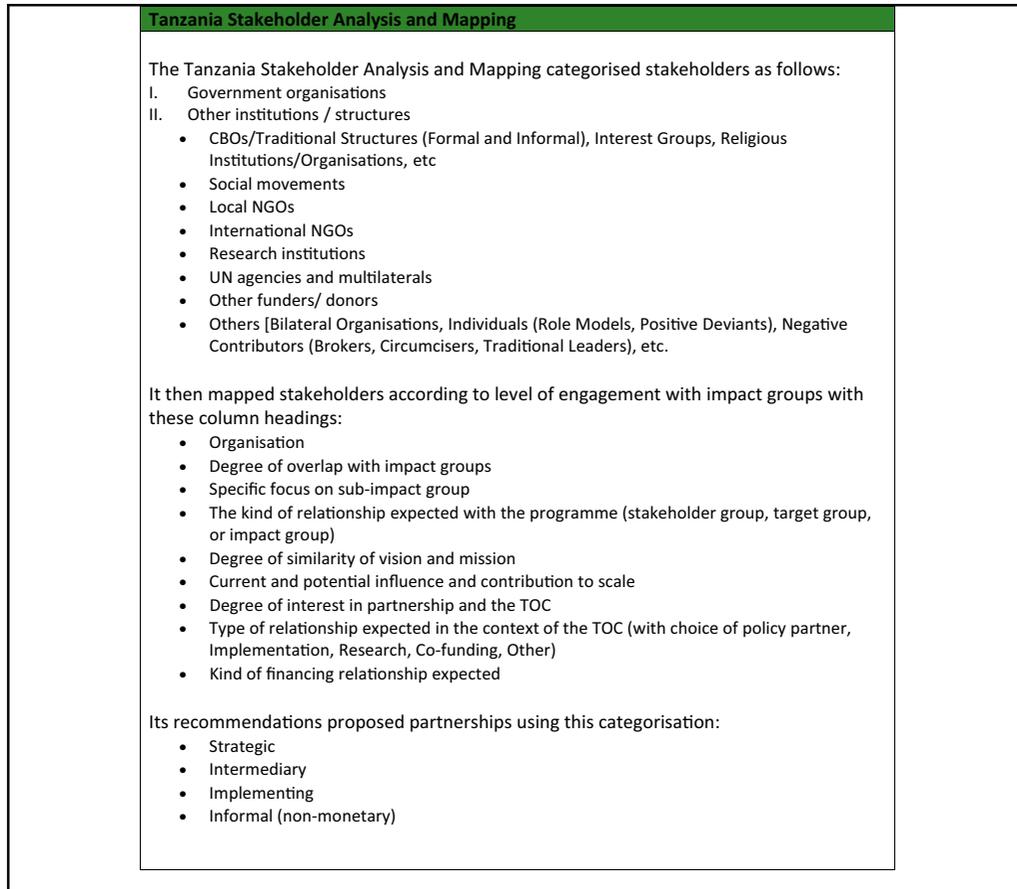
from analysis to a decision on the strategy to address the needs of sub-impact groups or to prioritise them for programming.

3. Engage in a systematic process to identify *target groups* and *stakeholder groups* (see [Table 1](#) for definitions).

Knowledge about the behaviours and positioning of both is important for deciding which groups to target or influence and with which groups a programme should be developing strategic relations. Most of the WEIMI country offices identified broad target groups as a starting point, such as men and boys, religious leaders, political leaders, civil society actors, and government organisations. However, they then had to go beyond general categories to empirical specificity – which civil society organisations, which men, which community leaders, and so on. While CARE has often worked in alliance with different stakeholders and target groups, the LTPs pushed country offices to understand more deeply how different target groups and stakeholders contribute to impact goals and how to work collaboratively towards these shared goals, with a focus on strategic – rather than instrumental – engagement.

Example: CARE Tanzania carried out a stakeholder analysis for their Women's Empowerment Long Term Programme as part of a partnership strategy. The resulting document lists organisations key to the achievement of breakthrough points, major risks/threats of each organisation to the TOC, and proposed mitigation measures. [Figure 3](#) illustrates the steps included in their stakeholder analysis.

Figure 3. Tanzania stakeholder analysis and mapping.



4. Invite diverse stakeholders to review the team's holistic analysis and to solicit their expert advice.

This can be done periodically, from the first draft of a problem tree or a vulnerability analysis underlying the selection of impact groups, and at other points during the development of the TOC and the measurement tools.

For example, in the case of the development of the TOC for CARE Egypt's programme, the team clarified the value of diverse perspectives. They systematically gathered input from their impact group to inform the TOC exercise. Women's organisations and activists provided a legal and rights approach; United Nations (UN) agencies offered an institutional and policy perspective; peer international non-

government organisations (NGOs) contributed to the quality and thoroughness of the approach and presented possibilities for strategic partnerships in areas of common interest; and donors and community-based organisations ensured relevance of the TOC to the lives of women in local communities. Inviting the perspective of a relevant ministry (e.g. the Ministry of Women and Children) was also important to ensure harmonisation with a government plan or strategy for gender and development.

5. Think strategically and proactively about relationship building with other civil society actors, groups, and other fora at different levels.

This will encourage social activism and an emergent social movement advocating for equal rights fulfilment. Critical reflection is needed on the supportive role a programme plays to build the confidence of impact group members and their allies to lead, and to advocate for, the changes they desire in their lives. Challenging unequal gender power relations means confronting rights abuses and forms of discrimination. The programme's role as a powerbroker and in stimulating, facilitating, or supporting a social movement depends considerably on how it manages its relations with others.

For example, CARE Egypt was aware of its positioning amongst civil society actors, which offered it an opportunity to promote women's rights. The country team invited activists, practitioners, UN agencies and other players to validate its TOC, and foster links to enable it to collaborate routinely with other actors on all initiatives. One of CARE's tactics was to build on its membership in the Network of Women's Rights Organisations with the German governmental aid agency GTZ (Deutsche Gesellschaft für Internationale Zusammenarbeit or the German Organisation for Technical Cooperation). This made it possible for CARE to participate in presenting a Shadow Report to the UN Committee, and, with the National Council for Women, to be part of a broader coalition monitoring the Egyptian government's performance against CEDAW (the 1979 international Convention on the Elimination of Discrimination Against Women) that addresses women's economic and social rights. Prior to submitting the Shadow Report, CARE conducted awareness training with 30 civil society organisations, including media and religious leaders, in relation to CEDAW. This concluded in their making a commitment to work on promoting women's rights with a focus on the anti-gender-based violence law and Personal Status Law.⁶

According to the CARE Egypt team, the networking and joint planning efforts enabled community organisations to build and develop their networks of community members, increasing their reach. CARE found that the village savings and loans associations (VSLAs) provided a vehicle at grassroots level for women's voices. Other organisations such as Plan Egypt, an international NGO working to fulfil the rights of children, began building on joint work to amend the Personal Status Law and make other policy changes. CARE Egypt's LTP continues to identify a more comprehensive

set of actors with whom to collaborate in the future to achieve broader changes for women and girls.

6. Recognise that social change is not linear and not all conditions that account for change can be predicted.

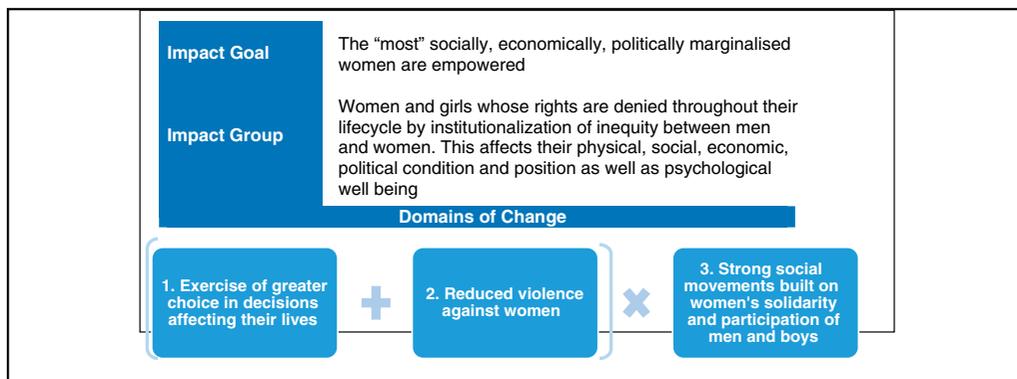
Formulating a TOC is about making explicit assumptions about the social change process over a projected period of time. As new evidence arises while a development programme runs, the TOC can be re-validated and refined. Country offices constructing a TOC found that a key step was to develop the expected outcomes contributing to their programmes' impact goals, i.e. the *domains of change* (DOCs).

Example: Figure 4 shows part of the TOC from CARE Bangladesh for their Women's Empowerment LTP and illustrates how they created DOCs linked to their impact goal.

7. Make sure pathways of change, which are cause-effect assumptions that represent the critical hypotheses for achieving one or more DOCs, are accompanied by a clear justification and explanation, reflecting the team's current state of knowledge.

They must also be specific about *whose* behaviours or roles need to change in order to attain the highest level result of a pathway. Based on the WEIMI experiences, the number of pathways should not exceed 12, across three to four DOCs.

Figure 4. CARE Bangladesh DOCs and impact goal.



Developing an impact measurement system

The next stage of the process – developing the impact measurement system – was initiated once the TOC for the women’s empowerment LTP was complete, recognising that *pathways of change* would continue to be refined and substantiated. Elements of the impact measurement system at this stage consisted of indicators at several levels, *strategic hypotheses*, *breakthroughs*, and monitoring of trends, risks, and assumptions.

A few of the good practices from this stage that have wider relevance are:

1. Ensure a comprehensive definition of ‘impact’ in the context of women’s empowerment.

The WEIMI country offices used CARE’s definition of women’s empowerment which is based on CARE’s SII research and the broader literature, as well as work that CARE Norway undertook to consider women’s empowerment indicators beyond those identified through the Millennium Development Goals and Indicators (MDGs/MDIs). The definition conceptualises women’s empowerment as the sum total of the changes needed for a woman to realise her full human rights with the changes being an interplay of her own aspirations and capabilities (agency), the power relations through which she must navigate (relations), and the environment that surrounds and conditions her choices (structure).⁷ In the context of this definition, ‘impact’ as such is the attainment of rights, occurring over a longer-term time horizon, to reflect the slow pace of much social change. This means that if gains made by women and girls under a programme are incremental (e.g. improvements in rates of girls’ retention in school) but not sustained by deeper social change that is grounded in changing power relations, then the programme impact goals of rights attainment will be elusive.

An example is CARE Burundi’s impact goal: by 2025, poor women, aged from 18 to 50, vulnerable to gender-based violence, from rural households with less than 0.5 hectares of land property, without access or control over other sources of income, have regained their dignity and fully enjoy their basic rights.

2. Develop a diverse set of indicators that are reflective of the multidimensionality of women’s empowerment and is responsive to the local context. Country teams were encouraged (but not required) to choose from a proposed standard menu of the MDI indicators, each with a grouping of outcome-level indicators (corresponding to the domain of change level). Across the WEIMI countries, the most frequently used indicators were:
 - percentage of men and women reporting meaningful participation of women in the public sphere;

- percentage of men and women with changed attitudes towards gender-based violence;
- percentage of households with access to secure land tenure, by sex of the head of household;
- percentage of men and women reporting ability of women to control productive assets effectively;
- percentage of women reporting meaningful participation in decision-making at household level in a domain previously reserved for men;
- percentage of households with capacity to cope with environmental shocks without depleting assets, by sex of the head of household.

The span of the six indicators reflects and affirms the multi-dimensional nature of women's empowerment. Most of these indicators refer to issues which are fundamental to changes in conditions across the domains of CARE's women's empowerment framework – agency, relations, and structure.⁸ However, while some success was attained in standardising measures of women's empowerment, the experience of the WEIMI country offices as they put these indicators into use showed that they had to be further adapted to the contexts and specific population groups.

3. Expect the design of indicators and hypotheses to be iterative, resulting in a final round of refinement of the TOC so that it is specific enough for measurement purposes.
Typically, this process produces more 'sense-making' in the group until agreement is reached on the most feasible and priority indicators and hypotheses.
4. Guide the process of developing elements of the measurement system with a set of filter questions that remind the team of important principles and good measurement practice.

Examples of the filter questions CARE used are listed below; some will need to be adapted for other organisations. It is good to pause and reflect on these from time to time.

- Gender disaggregation: are you designing your measurement systems with the capacity to disaggregate all data by sex (comparing males to females)?
- CARE's empowerment framework: do the measurement elements altogether capture changes across multiple levels? The WEIMI country offices utilised the categories of agency, structure, and relations from CARE's empowerment framework and it has been especially important to measure change in structure and relations (i.e. not to privilege agency above the other two).

- Inclusion of men and boys: are you including men and boys in measurement of behaviour change at the target group level?
 - Impact: are you capturing both breadth (scale) and depth of impact?
 - Unexpected outcomes: are there any expected changes in the overall TOC that are not being captured and may actually be slipping through the measurement cracks?
5. Make sure to identify and measure pathway indicators in addition to impact and outcome indicators.

This ensures that the impact measurement system is able to document not only whether there are changes but also ‘how’ the changes are happening. A practice that most WEIMI country offices found useful was to map individual projects to pathways at an early stage, before finalising the measurement system. Making the link between the conceptual and the ‘real world’ provides an opportunity for teams to bring their programmatic knowledge to bear on formulating pathway indicators. This process also provides a mechanism to map projects from multiple sectors on to particular women’s empowerment-focused outcome and impact goals.

Progress after WEIMI

Although WEIMI came to an end as a specific initiative in 2012, the fruits of CARE’s investment did not end then. Most of the WEIMI country offices continued to make progress on their own and many other country offices have used the guidance developed under WEIMI to inform their processes of developing impact measurement systems for women’s empowerment programmes. Experiences of progress to date by some of the country offices (both WEIMI and non-WEIMI) that were reported at a convening in late 2013 are shared below.

CARE Bangladesh staff highlighted several current core practices that have emerged as a result of their WEIMI engagement. These included:

- the ongoing consistent use of tools and techniques developed from WEIMI;
- observance of a standard evaluation policy and research framework;
- establishment of linkages for sharing and drawing learning within and beyond the CARE world across a range of topics such as women’s empowerment, climate change, food security, governance, and engaging men and boys, amongst others;
- development of wide-reaching partnerships with both national (e.g. the International Centre for Diarrhoeal Disease Research, Bangladesh) and international research and academic institutions;
- the establishment of a monitoring and evaluation working group, consisting of staff from multiple levels and programmatic areas, that comes together to share

learning and decide on areas that need to be explored in terms of testing hypotheses or carrying out analyses.

CARE Tanzania is strengthening its country office data inflow subsystem specifically around LTP indicators, focusing on data collection and management processes. Staff in Tanzania are also focusing more on 'impact monitoring' – tracking the contribution of CARE projects towards processes of social change, rather than being focused on indicator data alone.

CARE West Bank Gaza, a non-WEIMI country, used the WEIMI guidance for ideas on indicators and tools for its Gender and Empowerment LTP, and reported that the country office was accordingly able to benefit from the embedded lessons learned and the tools and examples identified there. Staff reported addressing a few of the lessons learned from WEIMI in the following ways:

- developing their impact measurement system at the country office level rather than at the LTP level;
- developing areas of inquiry that span across their LTPs and monitoring indicators within each area (e.g. to what extent are advocacy activities influencing policies, promoting change in social norms, and increasing democratic space?);
- incorporating forward accountability mechanisms into their measurement system.

CARE Uganda has also drawn on the WEIMI guidance to map all of its existing projects into one of four LTPs, which required refocusing the goals of some of the projects. They also consistently use the TOCs for their LTPs as a frame of reference for all new funding opportunities, so that new projects are in alignment with their LTPs and can provide opportunities to test potential pathways to empowerment and hypotheses about it in their TOCs. As the country office has progressed in the development of its LTPs, staff there are continuing to readjust and pilot new forms of relationships with partners, and systems of accountability to partners and community members, as well as working to ensure that staff provide cross-functional support to projects within their LTPs for women's empowerment (as opposed to project-only functions), and convening quarterly programme quality and learning meetings to ensure continuing organisational learning.

Key lessons learned

WEIMI was a ground-breaking and innovative initiative for CARE, which highlighted a number of challenges and resulted in the identification of some critical lessons regarding the development and operationalisation of impact measurement systems to

capture the long-term, sustainable, and transformative changes in women's lives. Key lessons learned from the WEIMI experience are outlined below.

Timelines for transformative organisational change

Although WEIMI was originally intended to take country offices through the full process of development of TOCs and measurement systems to testing different parts of the TOCs, the two-year timeline of the initiative was too short. WEIMI was happening on the heels of the shift to a long-term 'programme' approach in CARE, which entailed significant changes in organisational thinking and work routines.⁹ At the start of WEIMI, the country offices involved were at different stages of development of their TOCs. The offices needed to manage the work of their on-going project activities at the same time as stepping back to undertake the broader gender, vulnerability, and stakeholder mapping analyses required for the development of their TOCs. At the same time, they needed to build new and different relationships with stakeholders. These multiple requirements proved very demanding. As a result, the WEIMI country offices found it a challenge to get to the point of testing their TOCs over the timeframe of the initiative. One of the critical lessons that emerged from this experience is the need to dedicate human resources to the task of completing the TOC and developing the measurement system, ideally as part of a country office annual operational plan with distributed responsibility.

Linking project-level monitoring and evaluation to long-term programme impact measurement systems

The experience of WEIMI also highlighted the need for country offices to link the impact measurement work with existing projects and programming initiatives so that responsibility for delivery of the TOC outcomes became owned and driven by those project initiatives. While some of the WEIMI country offices mapped their projects on to the long-term programme's TOC, the teams struggled more with the practical process of linking individual project monitoring and evaluation systems to the programme measurement system. This was a reflection of individual projects having their own dedicated monitoring and evaluation databases, systems, and indicators. The technical practicalities of creating the knowledge management infrastructure to link data across multiple projects needed to be consciously prioritised and addressed as early as possible by developing a higher (that is, programme-level) impact measurement system.

Where the 'perfect' becomes the enemy

As WEIMI was essentially breaking new ground and seeking to learn from the group of country offices involved, there was no prescribed path to be followed for the

development of their impact measurement systems for their women's empowerment programmes. This created situations in which some country offices got stuck in the first stage of the process, wanting to create a 'perfect' TOC, before moving on to create the infrastructure for their measurement systems and start finding opportunities to collect data.

A critical lesson learned from the experiences of these country offices was the need to enable programme staff to not let the 'perfect' be the enemy of the 'practical', and to see the different phases of the process as parallel and iterative, rather than linear.

Conclusions

For CARE, WEIMI has embodied a significant learning opportunity on women's empowerment, gender equality, vulnerability, and impact measurement. While the short length of the initiative posed a major challenge, it was able to set the wheels in motion for changes well beyond its duration and to generate learning grounded in the experiences of country office teams that has benefited many who were not directly involved.

Through WEIMI, country office teams were able to explore the complexity of TOCs focused on women's empowerment, and deepen their understanding on how to programme towards the long-term impact goal of gender equality. Country offices were also pushed to expand their understanding of impact groups and have a much more nuanced appreciation of the different levels of marginalisation faced by different groups of women. Altogether, this has contributed to country offices being able to think strategically about, design, and link new projects across different sectors, to contribute to gender-equality goals.

Additionally, amidst the complexity that the process and concept of women's empowerment embodies, CARE was better able to recognise that the long-term goal of gender equality can only be achieved through collective efforts to support gender justice and change for women, across diverse sectors and stakeholders. Hence, the significant emphasis placed through WEIMI on building new relationships, and engaging more diverse stakeholders, helped country offices expand who they partner with and how they partner.

As the broader development field continues to make progress in integrating gender issues into its understandings and analyses of the causes and solutions to poverty and marginalisation, the lessons which come out of initiatives like WEIMI provide critical insights into how to think about women's empowerment and gender equality as overarching goals for all our work. The learning from WEIMI also underlines that we need more initiatives to build the capacity of development policymakers and practitioners to monitor progress, at the same time as generating learning on how to hasten this progress.

Nidal Karim et al.

Nidal Karim is Gender and Empowerment Impact Measurement Senior Advisor at CARE USA. Postal address: 151 Ellis Street NE, Atlanta, GA 30303-2440, USA. Email: nkarim@care.org

Mary Picard is an independent Evaluation Consultant. Postal address: 5718 Clark Street, Montreal, Quebec H2T 2V4, Canada. Email: picardm2002@yahoo.com

Sarah Gillingham is an independent Social Development Consultant. Postal address: 72 Marlborough Road, Grandpont, Oxford OX 1 4LR, UK. Email: sarah.gillingham@hotmail.co.uk

Leah Berkowitz is an independent Social Development Consultant. Postal address: 703 Hillside Village, 9th Street, Killarney, Johannesburg 2198, South Africa. Email: Leah.nchabeleng@gmail.com

Notes

- 1 Cooperative for Assistance and Relief Everywhere (CARE) was founded in 1945, and is a leading humanitarian organisation fighting global poverty. In the fiscal year 2013, CARE worked in 86 countries, supporting 927 poverty-fighting development and humanitarian aid projects to reach more than 97 million people. CARE USA is a national member of CARE International, a global confederation of 13 National Members and one Affiliate Member with the common goal of fighting global poverty. Each CARE Member is an autonomous NGO and implements programme, advocacy, fundraising, and communications activities in its own country and in developing countries where CARE has programmes. For more information on CARE USA, see www.CARE.org, and for more information on CARE International, see www.care-international.org.
- 2 LTPs are made up of a coherent set of initiatives that include externally funded projects. Each programme has a focused and long-term commitment (10–15 years) to a specific marginalised and vulnerable group to achieve lasting impact at a broad scale for the designated impact group through addressing underlying causes of poverty and social injustice. This was a key shift in CARE's programmatic approach, that traditionally began with a three to five-year project designed with a sectoral lens to a *programme approach* that began with a holistic analysis of the underlying causes of poverty, marginalisation, and social injustice affecting the lives of a chosen impact group. For more information on CARE's conceptualisation of LTPs, see *Brief No.1: What is a Program Approach* which can be found at: http://p-shift.care2share.wikispaces.net/file/view/Brief%20No.1_What%20is%20a%20program%20approach.pdf (last checked by the authors April 2014).
- 3 A multi-year study across 400 projects and 24 countries and drew key insights about women's empowerment work. What was really 'key' about the process was that over 350 staff from around the globe participated and this participatory approach was instrumental to transforming our work globally with a stronger and more robust approach to women's empowerment. Details of the study can be found at: <http://pqdl.care.org/sii/default.aspx> (last checked by the authors January 2014).
- 4 We recognise that alternative conceptualisations of gender equality as a zero-sum game or as a process with benefits for both sexes are a source of much debate in development

practice. CARE's stand on this issue is that gender equality will be of collective benefit for all. Instead of viewing men and women as oppositional groups with power transferred from one to the other, CARE recognises the importance of creating new structures and changing attitudes that foster interdependent, mutually supportive relationships, within the context of household, community, and society as a whole. In many contexts this involves challenging and changing existing power relations, challenging how gender roles are shaped and practised for all genders, and recognising that men and boys can also lose out from oppressive gender stereotypes; for example, if aspects of their own identity run counter to hegemonic concepts of masculinity, and when they wish to take on new roles and ways of being in support of gender equality. We recognise that social rules and configurations of masculinity often trap men within a rigid set of what is considered socially acceptable behaviour that may be harmful to themselves and others. Engaging men and boys in gender-equality programming ensures that everyone is making necessary changes and is involved in the process of creating new, more equitably beneficial social structures. The experiences of the CARE country offices participating in WEIMI consistently highlighted the dangers of ignoring the attitudes, behaviours, and needs of men and boys in programming to address gender issues, and the importance of promoting positive masculinity as a mechanism for working to promote gender equality. For a detailed explanation on CARE's focus on gender equality see the *Explanatory Note on CARE's Gender Focus* at: www.careacademy.org/cheops/Documents/22.%20Explanatory%20Note%20on%20CAREs%20Gender%20Focus.pdf (last checked by the authors April 2014).

- 5 The details of this exercise can be found on CARE's Gender Toolkit at: <http://gendertoolkit.care.org/pages/Mapping%20Drivers%20of%20Poverty.aspx> (last checked by the authors April 2014).
- 6 The Personal Status Law in Egypt, Law no. 25, has undergone several amendments since its first codification in 1920. The law regulates matters of marriage, divorce, and child custody, and is governed by Islamic law or Sharia. In the post-revolution period, women's rights activists have been concerned about threats to repeal reforms made to the Personal Status Law on grounds they contradict Sharia. This would pertain to the reform in 2000 on *khula*, allowing a female spouse to initiate a divorce process without spousal consent, and reforms in 2004 such as the establishment of family courts and new child custody laws. For an up-to-date description of the Personal Status Law, see www2.gtz.de/dokumente/bib-2010/gtz2010-0139en-faq-personal-status-law-egypt.pdf (last checked by the authors April 2014). See the Egypt Government's Services Portal for reference to the actual laws in Arabic: www.egypt.gov.eg/english/laws/ (last checked by the authors April 2014).
- 7 Based on CARE's women's empowerment framework, empowerment is conceptualised as the sum total of changes needed for a woman to realise her full human rights and involves the interplay of changes in agency (her own aspirations and capabilities), relations (the power relations through which she must negotiate her path), and structure (the environment that surrounds and conditions her choices). For more details on CARE's women's empowerment framework, see <http://pqdl.care.org/sii/Pages/Women%20Empowerment%20SII%20Framework.aspx> (last checked by the authors April 2014).

- 8 See note 7.
- 9 Shifting to a programme approach required a major shift in mindsets, organisational structure, how and what kind of funding is pursued, who CARE partners with, and how CARE works with different stakeholders. For example, one of the major changes needed for such a shift to work included CARE acting in close collaboration with others, particularly social movements and networks that can pursue rights-based agendas, and CARE seeing itself as one player amongst a multitude of other actors in society, many of whom are far better placed to push a social change agenda. This meant CARE had to embrace greater humility and consciousness to insert itself as a catalyst without always being in the lead and to act responsively when others take the lead. For more details of the changes that had to be pursued to make the programme shift, see *Brief No. 5: Designing Programmes* at: http://p-shift.care2share.wikispaces.net/file/view/Brief%205_Designing%20programs_14%20Sept2009.pdf (last checked by the authors January 2014).

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