

Women's Empowerment Impact Measurement Initiative (WEIMI)

Part III: Developing the Impact Measurement Strategy

Content adapted from: *Picard, M. and Gillingham, S. (2012) Women's Empowerment Impact Measurement Initiative Guidance*



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Introduction: Women's Empowerment Impact Measurement Initiative (WEIMI)

What is WEIMI?

WEIMI was launched by CARE USA and from 2010 to 2012 provided **technical support** to select country offices (COs) to **operationalize key women's empowerment and gender-sensitive high-level indicators**, in the **context** of their **long term programs (LTPs)**. The initiative was designed to build on CARE's [Strategic Impact Inquiry \(SII\)](#) and the [P-Shift](#) efforts. The initiative worked with technical teams in 6 COs to support efforts to **build coherent systems** which **link rigorous initiative-level monitoring and evaluation to impact measurement systems**.



What is the WEIMI Guide?

The WEIMI Guide is a harvesting of the lessons learned and good practices of the WEIMI CO teams. A few important things to note about the content in the WEIMI Guide are:

- In view of the impact groups of the six WEIMI COs, the **experience** presented **relates more to women than to girls**.
- The guide only goes as far as the WEIMI COs progressed by the end of the initiative. Hence, the **experience is richest in Parts I & II**, while **Parts III & IV** draw more on **external sources**.
- The guide **on its own is not sufficient** to enable a CO to create their impact measurement system – it is **simply a tool for COs to reference** when creating an impact measurement system with the **support of individuals with the expertise** to fully support that process.
- The guide provides information on the approach that was taken by the COs as part of the WEIMI initiative and **illustrates one of many ways to approach the development of an impact measurement system** (i.e. it is not "the" guide to creating an impact measurement system for women's and/or girls' empowerment programs).

Who is the WEIMI Guide for?

The target audiences for this guide are:

- **CO teams already engaged in similar work** in women's and/or girls' empowerment or the promotion of gender transformation
- **CO teams that are planning** to develop similar programs
- **Regional teams** working with CO teams to build similar programs

What you will find in the WEIMI Guide?

In the WEIMI Guide you will find the following information organized across four parts:

- **Part I Developing the Theory of Change:** Here you will find the basics of a theory of change (TOC), key considerations for developing a TOC for a women's and/or girls' empowerment program and some tips on how to ensure the quality and robustness of your TOC. This section also includes 3 briefs that illustrate how different CO's approached the development of their LTP; guidance on how to conceptualize impact, sub-impact, target, and stakeholder groups; and how to define domains of change, pathways, assumptions and risks.
- **Part II Defining Measurement Elements of the Theory of Change:** Here you will find ideas on how to conceptualize "impact", the challenges of measurement, areas to focus on for measurement, and key considerations of developing an impact measurement system in the context of women's and/or girls' empowerment programs. This section also includes 3 briefs that provide guidance on defining breakthroughs and indicators; developing hypotheses and monitoring trends, assumptions and risks; and reflection in action.
- **Part III Developing the Impact Measurement Strategy:** Here you will find good practices for measuring your TOC. This section also includes 3 briefs that describe how to map initiatives to pathways; identify and select data sources and partners; and the planning and implementing of a impact measurement strategy.
- **Part IV Testing the Theory Change:** Here you will find lessons from WEIMI COs on testing the TOC. This section also includes 1 brief that speaks to what it means to test your TOC; how to sequence the testing of your TOC; and guiding questions for validating your TOC.

How is the WEIMI Guide Organized?

The WEIMI Guide is organized like a roadmap consisting of 4 Parts with discrete Briefs within each as shown here:



This section of the WEIMI Guide will focus upon **Part III: Developing the Impact Measurement Strategy.**

Part 3: Developing the Impact Measurement Strategy

In this section you will learn about aspects of developing the system for measurement, such as information and knowledge management, partnerships in measurement, and sourcing data.

Measuring the Theory of Change

Systems should align to support the following good practices for measuring the theory of change:

- Focusing attention in evaluations away from merely achieving positive impact to how you are facilitating social change.
- Making use of gender-disaggregation in all measures and this should extend to all programs within the CO. Gender-disaggregated data helps reveal unequal access and control (to opportunities, resources, assets, choice) but should be informed by underlying cause analysis of vulnerability so that the level at which the problem is addressed remains at the deeper level of social change.
- Measuring the changes in behaviors, attitudes and beliefs of a wide array of actors. While measuring impact relates to changes in and for the impact group, other levels of the TOC must be able to capture change amongst other stakeholder groups.
- As old habits die hard, avoiding the tendency to privilege indicators as the "source of all knowledge." Developing a sensitivity to a social change process will require more effort and more focus on reflection processes and the inclusion of methods that capture stories of change at individual and group levels (e.g., processes of social cohesion). Indicators that furnish statistical information are useful but must be complemented by qualitative, narrative data.

An important assumption in this work is, to measure change over time, you must have pre- and post-data collection points. Over a 15-year timeline, you are likely to have a minimum of 4: baseline, year 5, year 10, and year 15.

Aspects for preparing and planning the measurement of your theory of change is discussed in this section. While there is no strict sequencing, the order of the themes generally follows the practice of the WEIMI COs.

Brief 3.1: Mapping Initiatives to Pathways

Mapping Initiatives to Pathways

If you have not already done an exercise to map current initiatives (and those in the pipeline) to pathways, now is a good time to do so. This will help you to decide which initiatives are contributing to which pathways and also which domains of change and breakthroughs. In this way, you will be able to identify which initiatives may be data sources for measuring indicators at pathway, outcome and impact levels as well as for hypothesis testing. This is a useful process because:

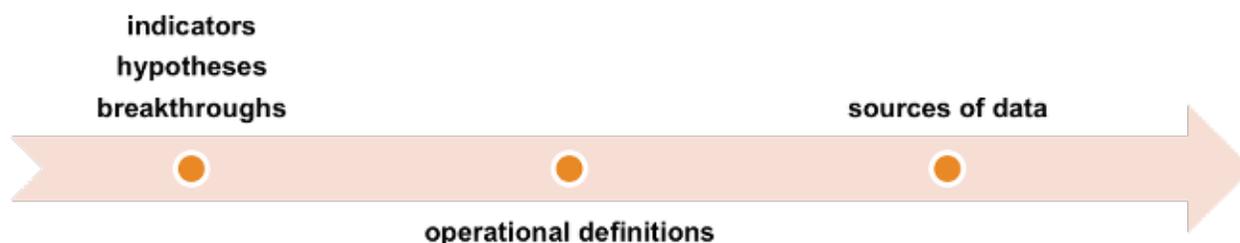
- You may find that you are already measuring indicators for your pathway (or higher level) in existing initiatives or that your initiative indicators closely resemble your program indicators. You may then think about what you can do to bring them into alignment.
- It may tell you which initiatives will provide the strongest evidence for your program indicators and which initiatives have strong relevance to a particular pathway or DOC but lack the indicators to measure this. In this instance, here is where you will want to integrate program level indicators into your initiative M&E system.

To view how other COs mapped initiatives to pathways, see [**Annex A3.1 CO Examples of Mapping Initiatives to Pathways.**](#)

The exercise will also help you to see where the gaps in testing your theory of change lie, leading to decisions on future designs, leveraging resources, and possibly investing in research (for more, see Part IV on Testing the Theory of Change). In time, all your initiatives will be aligned with the program and this will facilitate taking one baseline measure. Meanwhile, you will need to spend some time sourcing existing data.

Brief 3.2 Data Sources and IM Partners

Identifying and Choosing Data Sources



When you did your selection and prioritization of indicators, you may already have considered whether sources of data were available for each indicator. Now is the time to finalize your choice of data sources. This is normal procedure when developing a monitoring & evaluation plan for a program measurement system as it is for a project or initiative. Operational definitions should apply to indicators, hypotheses and breakthroughs.

Most WEIMI countries did seek to identify secondary sources of data first. It is recommended that you take time to thoroughly research potential sources of secondary data that may exist in-country and/or online:

Where to Look

Potential Sources of Data	Generic Types of Data Sources
National statistics	<ul style="list-style-type: none"> • Government Statistics Bureau • Demographic Health Survey • UNDP • PRSP Research • National Progress Reports, laws, policies, census information, statistics (Living Standards, Development) and ministry statistics • Household Budget Surveys • Labor Surveys
Statistics, by country and gender-disaggregated (not all)	<ul style="list-style-type: none"> • OECD • SIGI • UN Human Development Report • UNICEF • <u>UN Dept. of Economic and Social Affairs – The World’s Women Trends and Statistics</u> • UN Women • UNFPA • World Bank Development Report

Brief 3.2: Data Sources and IM Partners

	<ul style="list-style-type: none"> World Bank e-Atlas of Gender Stats
International organizations with special thematic studies	<ul style="list-style-type: none"> <u>Gender and Land Rights Database</u> Population Council on sexual and reproductive health <u>MEASURE Evaluation on gender and health stats</u> UNAIDS <u>UNFAO on the Female Face of Farming Men and women in Agriculture: Closing the Gap</u> <u>Agri-Gender Statistics Toolkit</u> CEDAW CRC Shadow Reports <u>The UN Secretary General's Database on Violence Against Women</u> <u>UN ILO on Employment</u> <u>UN Women on Women and Justice</u> <u>UNESCO on Education</u> <u>UN on Violence Against Women Indicators</u> <u>Violence Against Women Indicators</u> <u>Gender-Based Violence Network</u>
Donor agency reports	<ul style="list-style-type: none"> USAID Gender Assessments DFID publication
In-country academic and research institutions	<ul style="list-style-type: none"> For special studies
Local NGOs	<ul style="list-style-type: none"> For special studies

There are many considerations when relying on secondary sources such as:

- Reliability of the data
- Availability and frequency of data
- Disaggregation to the population group
- Disaggregation by gender
- Disaggregation by administrative unit (per your needs)
- Cost of obtaining it
- The format in which you need the data

After weighing these, you may decide (a) to use the data and supplement or triangulate it with other data; (b) to request the organization that produces the data to include in their surveys supplementary questions; or (c) not to use it at all. If you decide to use secondary data, note the baseline year for the release of the survey data (e.g., the DHS) when you begin using your indicator.

Taking all indicators into account for your theory of change, you will need a balance of both secondary and primary sources of data. For primary sources of data, two options present themselves:

Brief 3.2: Data Sources and IM Partners

1. Conduct a separate baseline and repeat surveys just for your program
2. Integrate program indicators in your initiatives' monitoring & evaluation systems

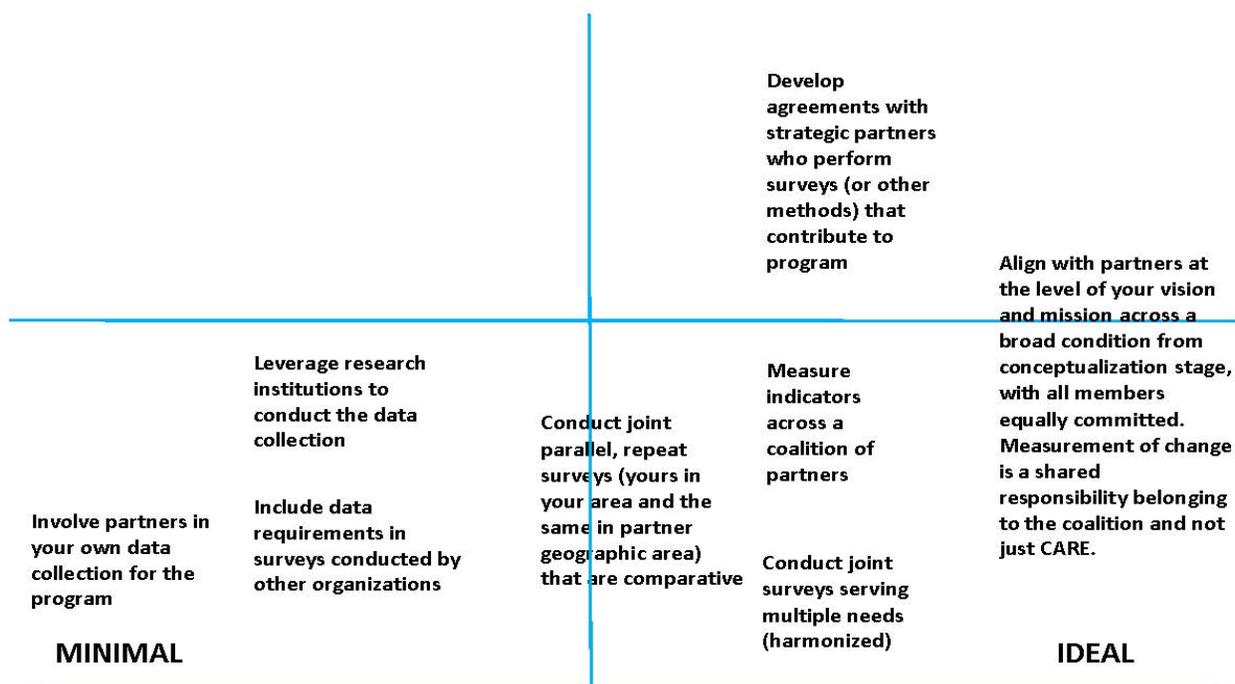
Option two will allow you to measure change over time but will not give you one baseline for your entire population group. This will only be possible once you have a sufficient number of initiatives aligned to the program; then you might want to take a baseline measure in a selected year. ([See Annex A3.2 CARE Egypt- CO Baseline Experiences](#))

An important caveat! When you arrive at this point in developing your impact measurement system: go for what is possible. Do not wait until you have the perfect measurement system in place or the funds for a program-level baseline study. Start using your existing initiatives to measure change so that you can begin to accumulate evidence!

Identifying and Choosing Impact Measurement Partners

CARE is not a research organization and it costs money to collect data. One of the challenges of program impact measurement is that CARE is not accustomed to leveraging resources for impact measurement and yet having partners with similar interests in women's & girls' empowerment should extend to sharing data and the costs of collection / measurement. Demonstrating impact is increasingly about demonstrating your contribution to, and alignment with, shared development goals at national level. The Paris Declaration principles strongly emphasize harmonization of development efforts. Impact measurement is an important aspect of that imperative. Not many lessons can yet be drawn from CARE on this subject, as is the case with WEIMI. ([See Annex A3.3 CARE Tanzania Partnerships for Monitoring and Learning](#))

Consider ways this can be done, from a minimal to ideal effort of involving partners:

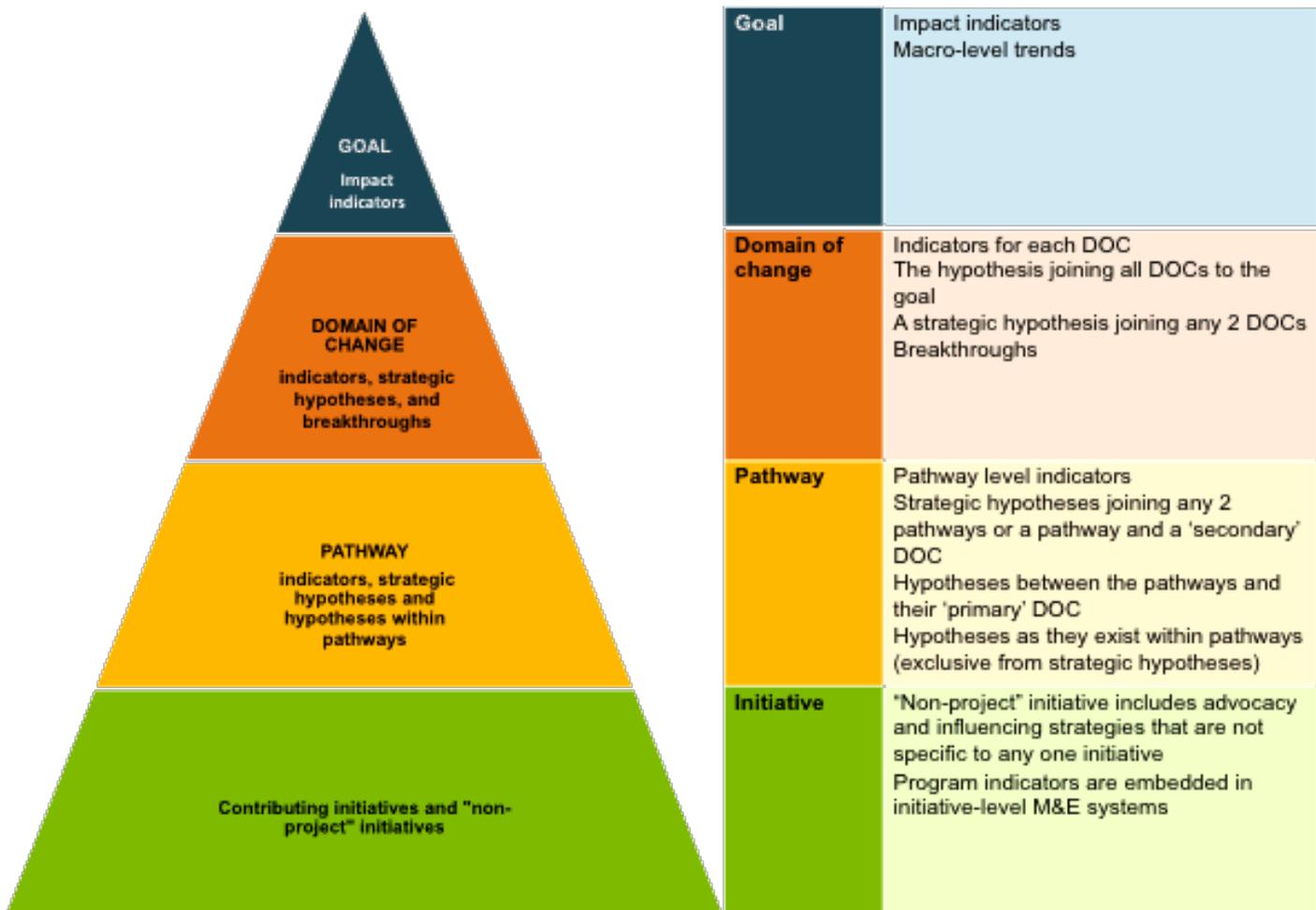


Brief 3.3: Pulling Together an IM Strategy

Components of an Impact Measurement Strategy

An impact measurement strategy will identify the systems, processes, standards, protocols, sub-strategies, plans (with roles and responsibilities) and budget needed to measure change in your program based on the afore-mentioned conceptual elements (indicators, strategic hypotheses, breakthroughs, contextual analysis) and documentation of your reflection sessions.

Let us first look at what it is you will measure, taking the theory of change as a whole:



There may even be a fifth, higher level of how your program is contributing to a CO-level theory of change but this goes beyond the scope of the guidance. It should be noted that this system does not include the initiative-specific indicators being reported to the donor; initiatives are discussed in terms of their contribution to program measurement only.

Brief 3.3: Pulling Together an IM Strategy

For each level of the pyramid, you will need to determine:

- Baselines (year) and frequency of data collection
- Who will be involved in different stages of analysis and learning
[See Annex A3.4 CARE Mali's Measurement Plan](#)
- Methodologies for data collection
 - [Knowledge management \(USAID\)](#)
 - [Guide to Participatory Impact](#)
- Your sampling strategy and sampling frame
 - [C-Norway WE Monitoring Framework](#)
 - [Malhotra, Schuler, & Boender \(2002\) Measuring WE as a variable in International Development](#)
 - [Agri-Gender Statistics Toolkit](#)
 - [Measurement: WE in Agriculture Index](#)
 - [MEASURE Evaluation: Gender and Health](#)
 - [UN VAW Indicators](#)
 - [VAW Indicators](#)
 - [UNESCO on Education](#)
- Your reflection and learning process
 - [Guide for M&E across phases \(in context of adolescent reproductive health\)](#)
- The knowledge products to be shared
- Partnership involvement

An important caveat! Do not think you have to measure every level and every element within each level all at once. Begin incrementally and prioritize. Determine, at a minimum, what you need to do in the coming year. Don't wait until the 5- or 15-year plan is finalized.

For the entire pyramid or impact measurement for the theory of change, you will need:

- A coordination and information management system
- A knowledge management infrastructure that allows you to access the data/ documentation
- Standards and protocols for various stages of managing knowledge
- A systematic process for reflecting and learning at program level (supported by a capacity building strategy)
- Quality check mechanisms
- Knowledge sharing and communication strategy (inc. a timetable for generating knowledge products)
- A set of roles and responsibilities for staff and partners
- A budget and resources

[\(See Annex A3.5 CARE Niger's Sub system on Impact Measurement\)](#)

Each of these is discussed below under the appropriate dimension of an impact measurement strategy.

Is there a particular sequence of steps to build an impact measurement strategy?

The Country Offices which have started to develop a measurement system have drafted a strategy for “impact measurement and knowledge management strategy (IM & KM)” consisting of sub-systems. These vary somewhat from country to country but the recommendations below draw from these experiences and their commonalities. ([See Annex A3.6 WEIMI Country Impact Measurement Strategies](#))

Knowledge Sharing and Communications Strategy

By beginning with a knowledge sharing and communication strategy, the program establishes a vision of what it seeks to do with information converted to knowledge and to broker its knowledge for greater impact. The strategy will identify the knowledge products that you will leverage for this purpose. These products should be associated with the documentation you produce each year (or according to the cycle/frequency you chose). This should be updated every year, as not all knowledge products will be routine; in fact, many are likely to be one-off for a specific purpose and audience. ([See Annex A3.7 Knowledge Sharing and Communications Planning](#))

Planning and Implementing your Monitoring and Evaluation System

The planning and implementation of your program M&E system is obviously a sizable component. There are many guides and manuals already available to assist you with the technical aspects of this work within and outside of CARE (see [CARE’s digital library](#)). Below are a few reminders that are particularly important to impact measurement at program level.

Brief 3.3: Pulling Together an IM Strategy

Capturing the unexpected/unplanned/negative. Your M&E plan identifies your data sources for each indicator, hypothesis and breakthrough. You also need to be vigilant that your monitoring system captures evidence that either:

(a) falls outside your initiatives or data sources in your plan (Much of the influencing work you do, for example, may not be specific to any one initiative; include your meeting notes as a “data source” when it comes time for reflection on the data);

(b) were unplanned or unanticipated, and

(c) Negative impacts which are not uncommon when altering power relations. Your reflection sessions are the site for capturing data that are based on “reflection-in-action.”

For more resources and information see [Reflections for Learning](#), [Brain Boxx- Reflective Practice](#), and [Inner Spaces Outer Faces Initiative, on Reflective Practice](#)

Monitoring context. Make sure your monitoring of context is continuous and that you are capturing/documenting unexpected events and their effects upon your program. Some country teams have made contextual analysis a separate sub-system. You may also want to do this.

Initiative evaluations. Assuming that your initiatives are aligned with a “primary” pathway and possibly other secondary pathways, initiative/project evaluations are a good opportunity to evaluate how the initiative is testing a pathway hypothesis.

Roles and responsibilities. You will need to designate roles and responsibilities for the impact measurement of your program. This is not the job of one M&E officer. Seek the support and involvement of project/initiative M&E officers, the program quality unit, and consultants, if needed, but with the caveat that you do not contract out all M&E work. This does little to encourage learning within the team. ([See Annex A3.8 CARE Mali Division of Responsibilities](#))

Embed reflective practice in ways of working. The [“reflection-in-action” brief](#) in Part II describes an approach which complements the more traditional “reflection-on-practice” whereby data is collected and then reflected on.

Budget and resources planning. Try to plan for the baseline and the subsequent program evaluation (at the 3-5 year interval). Program level budgeting and resource planning will need to rely on a combination of leveraging resources; making use of cost coverage opportunities through joint interest with partners, donors or CI members; sourcing funds/resources from initiatives; and building up cost pools or a basket of funds. To that end, you may want to consider:

- Aligning large and longer-term initiatives with the program that are supported, for example, by CARE Norway/ NORAD, to cover impact measurement costs
- Taking a systematic 3-5% of the budget for any relevant initiative to allocate towards IM (as Niger has done)
- Making sure any cost pool funds include costs for IM or for program M&E staff

Information and Knowledge Management

Building Knowledge through Measurement

The aim of creating knowledge is not only learning (or ‘applying knowledge’) within CARE but sharing the knowledge with others that will inform the theory of change as well as enable good practices and ‘wisdom’ to spread. This can also mean using knowledge for advocacy purposes or to influence others, in order to achieve impact, ultimately, at the scale of the impact group. ‘Wisdom’ is beyond using knowledge for making good decisions (‘intelligence’) to positioning the knowledge within a framework of values and commitment (see [CARE’s Good Practices Framework for Gender Analysis](#)).

Thus, **in the process of measuring impact**, we are essentially **converting data and information to knowledge** that explains how impacts were achieved. Once we ‘know’ what works, we can make intelligent choices and continuously build on the prior stock of knowledge acquired.

For example, if we test the hypothesis:

If women have the capacity for collective action, their social and political status will increase.

We will collect the data, analyze and interpret it, and know (with perhaps a 90-95% confidence level) whether this is true or not.

The same process applies to indicators at pathway, DOC and goal levels. Data must be analyzed and interpreted to give meaning to the information from aggregating data. Understanding the ‘how,’ ‘why,’ ‘where,’ ‘for whom,’ and ‘under what conditions’ are an integral part of creating knowledge, in short, being able to tell a story of change.

To arrive here, where knowledge belongs to a team or an organization (not just the individual), requires a process of reflecting on the data and the analysis together. It is a process of sense-making and validation. The site of knowledge creation is within the team or the group; it is not in the SPSS analysis or a report by a consultant. Simply put, knowledge management is the processes of creating, applying and sharing knowledge.

To succeed at this, the processes must be done systematically and requires managing and storing data / information so that it can be accessed, retrieved and applied. Knowledge use and knowledge sharing requires documenting and also capturing, storing and managing content. For more information refer to [Organizational Learning in NGOs \(Britton\)](#) and [The Knowledge Hierarchy](#).

Coordination

This is a function that will need to be designated within your program. This relates to coordinating the flow of information for aggregating and synthesizing data; the sharing of information within your Country Office; the meetings / workshops to discuss results; and the systematizing of tools, procedures and standards governing the M&E and knowledge management for the program. Depending on resources, this function may be filled by or distributed across the program director, program M&E officer, and the program quality unit, with the support of the IT Unit.

A Knowledge Management Infrastructure

You will need a document management system and a searchable database so that your team (and others) can access the data and the reports for performing impact measurement. This is also important for purposes of designing new initiatives that will contribute to your program. Within the structure should be a place for databases, i.e., the raw data (quantitative or qualitative) collected against your baseline and other surveys. You will need to create architecture to ensure systematic filing of measurement-related material such as:

- Databases
- Questionnaires and surveys
- Tools and methods
- Sampling frames
- Templates for data gathering
- M&E plans
- Reflection meeting notes
- Evaluations
- Various reports produced by program and contributing initiatives

A knowledge management infrastructure should be designed in such a way that it enables organizational learning, knowledge creation, and innovation. To achieve this, your knowledge management strategy should integrate technology, people, and processes in designing the infrastructure, as is strongly recommended by the KM literature. Thus, the technological options should respond to the question: What is it that staff and other potential users seek to know and what is the easiest way for them to access the information?

Standards, protocols, and policies. It may be worth a reminder that a program is a 15-year venture. It is crucially important for evidence building that data collection, storage, and filing are systematized. Standards have not been fully conceived yet by WEIMI COs but there are potentially many to be considered. Here are a few examples:



Quality standards relating to database management



Electronic filing of program-related documents



Acquisition and retention of datasets produced by consultants and others



Archiving



Back up

Brief 3.3: Pulling Together an IM Strategy

This does not include protocols specific to data collection and knowledge sharing as it relates to areas of women's and girls' empowerment. Ethical guidelines relating to data collection processes, research, and publication are essential. For more information refer to web link: [Ethics in Analysis](#).

Quality Assurance and Capacity of Staff and Partners

Ensuring the quality of an impact measurement system requires capabilities at three levels – individual, program and CO. In preparing for the p-shift, CARE has already developed some tools, as shown in the table below. However, there are other mechanisms and practices that can be put in place to continue to build up the skill base and capacity of the organization. These should include mechanisms for accountability towards impact measurement. [\(See Annex A3.9 CARE Burundi: Quality Assurance Mechanisms\)](#)

As the experience of many WEIMI COs show, **partner capacity** is equally important. You may want to do a partner capacity assessment / building strategy as part of your staff capacity building strategy or separately, depending on what partners are expected to accomplish. Ideally, the capacity building is one component within a partnership strategy that includes a section on impact measurement.

Brief 3.3: Pulling Together an IM Strategy

Level	Existing Tools	Suggested Tools, Mechanisms or Processes
Individual staff	<p>Some of those to the right might exist in individual COs but not in CARE as a whole.</p> <p><u>(See Annex A3.10: CARE Burundi’s Competencies Model)</u></p>	<p>Developing a set of competencies for the program approach that include basic skills relating to IM (e.g. reflective practice)</p> <p>An orientation package for new staff</p> <p>Job descriptions that ensure accountability to program IM tasks, as appropriate to the position</p>
Program	<p><u>Program Quality Assessment Tool (POAT)</u> completed annually by each program. It assesses the design and implementation based on the program characteristics and the programming principles. It identifies strengths and areas for improvement, amongst others.</p> <p><u>Portfolio Review and Needs Assessment:</u> A process for assessing how well your programs are integrating gender and sexuality. This is the 2nd section in the Inner Spaces Outer Faces Initiative (ISOFI) Toolkit produced by CARE USA and ICRW (2007).</p> <p>See also <u>other tools on CARE’s Gender Toolkit website</u> for guidelines on conducting research on gender factors affecting marginalized women and girls</p>	<p>Capacity assessment tool – There is no specific tool for assessing staff/ partner capacity in impact measurement at program level nor is there one specific to WE. The <u>IMRA</u> captures in its assessment generic skills which need to be in place even at initiative level.</p>
Country Office	<p><u>The Uhora</u> – a performance review completed twice a year. Of relevance to impact measurement is the assessment of impact report and the support systems – human resources (e.g., talent management and retention) and IT – needed for a program approach.</p> <p><u>The impact measurement readiness assessment (IMRA)</u> which is not mandated by CARE but was developed and conducted (by Tom Barton) by many African COs (includes WEIMI CO Tanzania, Mali, Burundi, and Niger). It provided a roadmap for capacity building.</p>	<p>Information technology audit – to assess support needs for the program approach. For more information see the <u>Knowledge Management Capability Assessment</u> website.</p>

ANNEXES for Brief 3.1 (**Annex A3.1**)

Annex A3.1: CO Examples of Mapping Initiatives to Pathways

CARE Bangladesh

Domain of change: Exercise of greater choice in decision affecting their lives

Indicator: % men and women reporting meaningful participation of women in public sphere.

Associated outcome/ output indicators from existing programs/ projects:

% of women accessing local institutions (SHO-II);

Women obtaining membership in UP/ ward sava (SHO-II);

At least 4% of women are included in local institutions (FSUP);

% of women who hold leadership positions at the dairy producer group (SDVC)

% women involved in community level decision-making (SHO-II);

Participation in Salish and can raise their voice (COVAW);

Women are becoming members of UP (NNPC) and contributing in reducing VAW (COVAW);

% EP men and women participation and influence community level and local governance (SETU);

Women participate in participatory budgeting of UPs in at least 10% of the UPs (FSUP)

Participation in SMC (resulting in increased completion, retention, and achievement)

CARE Egypt

See matrix below for Egypt example.

Egypt: Mapping Initiative Indicators to Pathway and Domains

Note: The acronyms in bold represent different initiatives; this is a sample and does not represent the entire set of indicators.

	Domain 1 CSOs are strong and gender sensitive and are an avenue for building women's leadership and representation of women's needs, rights and interests				Domain 2 Laws protecting women's rights, particularly in the area of personal status, are reformed, passed and implemented			Domain 3 All forms of GBV in the home and society is reduced		Domain 4 Women have increased financial independence and are able to fulfill their potential as productive members of their HH and society		
Pathways	CSOs undertake gender transformative programs	CSOs in form, influence and monitor govt policies and programs that support gender equity and equality	CSOs build, support and reflect a constituency of poor women	CSOs collectively shape an agenda for social change	There is acceptance of gender equity and equality at all levels (HH, community, national)	Women play an active role in mobilizing and protecting their rights	GBV is no longer tolerated or 'normal' in HH and in society	Women and men access services that prevent GBV and support survivors	Laws and procedures support survivors and those who are vulnerable to GBV	Women access a greater variety of profitable economic opportunities	Women access and leverage productive resources for economic activities	Women access financial and social protection mechanisms
Project Level Indicators	Change in women's perception of her social position in the community *1 (BoC)	Improvement in local and national policy maker perception of the role of CSOs in policy and planning (Wesal)	Increase in CSOs that strengthen women's economic rights (WEE)	Partners undertake at least 2 advocacy initiatives jointly with other stakeholders (Wesal)	Communities are more aware of CEDAW and more supportive of women's rights (Eye on C)	Lobby for addressing GBV and passing a law *3 (NWRO)	Increase in community awareness of GBV and recognition of women's rights (Wesal)	An enhanced ability of women to exercise their rights and access services (FFV)		% of group members with positive change in IGA (BoC)	% of members who have invested in productive assets (BoC)	
			Change in women's self esteem *2 (BoC)	Stakeholders working to address GBV adopt advocacy materials developed	Increase in % of community acceptance of women's economic rights	Lobby for influencing policy change on personal status				Increase in the number of economic opportunities for women (WEE)	% of members who have invested in children's education (BoC)	

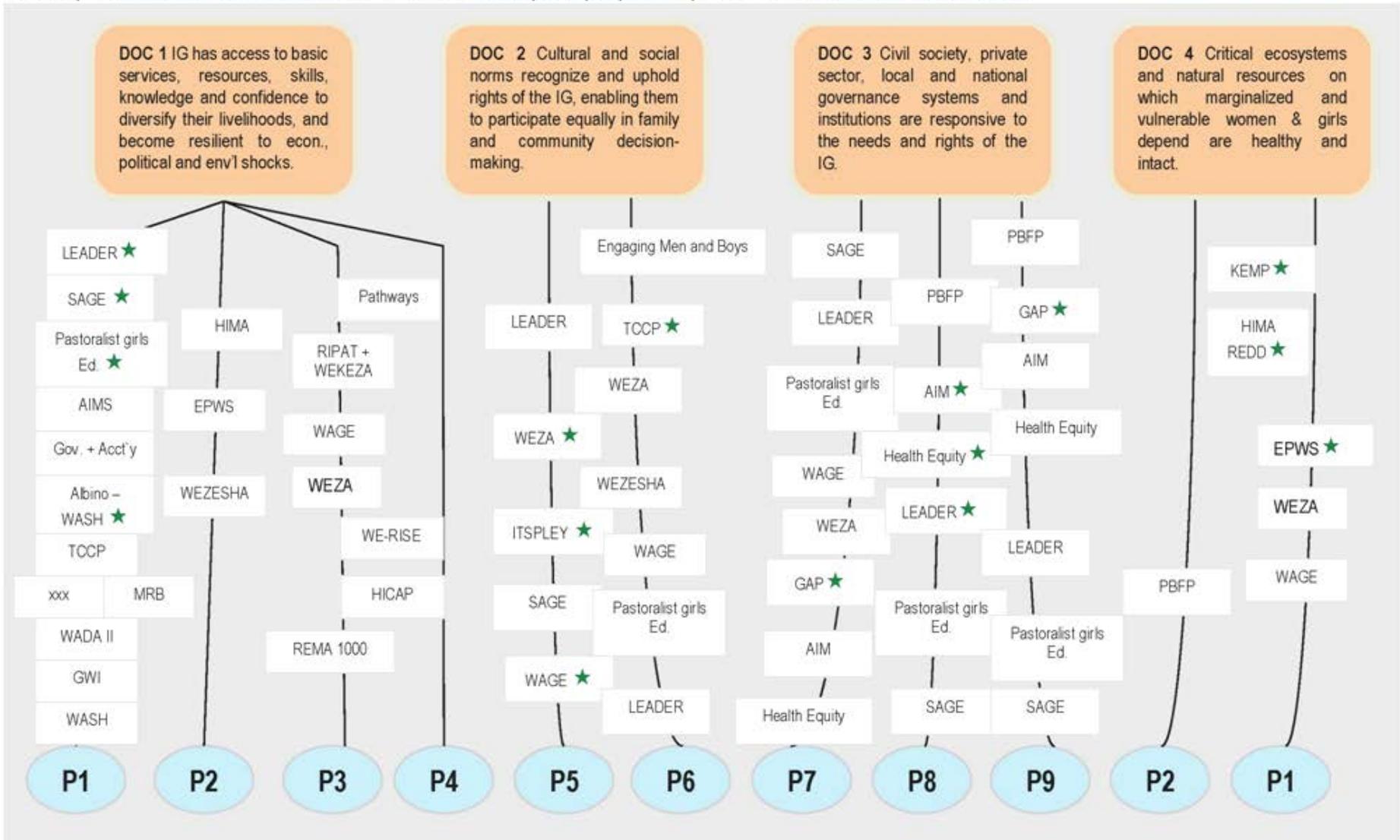
Annexes for Brief 3.1

			by the project (Wesal)	(WEE)	law *4 (NWRO)							
		% of women holding leadership positions at community level (BoC)	A network of CSOs is capable of holding duty bearers accountable for women's rights (Eye on C)	% of women involved in resolving community level disputes (BoC)	The number of initiatives that support and facilitate women's access to economic rights (WEE)					Increase in % of women with access to economic resources and opportunities (WEE)	Women's contribution to HH expenses (BoC)	
			Lobby for addressing GBV and passing a law *3 (NWRO) Lobby for influencing policy change on personal status law *4 (NWRO)		Legislative change and policy dialogue is achieved in an inclusive effort to address GBV (FFV)						Change in women's perception of her position in the community *1 (BoC)	

Annexes for Brief 3.1

Tanzania Maps Initiatives to Pathways

Pathways are shown as P1, P2, etc. The ★ indicates the principal pathway to which the initiative contributes.



Annexes for Brief 3.1

Niger Maps Effect and Impact Indicators to Initiatives

Legend : +++ =very strong contribution ; ++=medium contribution ; +=weak contribution

N°	Indicateurs	Initiatives															
		PDP 1&II	SEMPA II	JPCP	RECAP/D	DEOD	ECB	PGIRE	PEAFEC	IFETE RNA	ALP	PFF	ENGAGIN MEN	PPIND	PARDESA /BC	PROSAN	
1	% ménages vivant en dessous du seuil de pauvreté	XXX	XXX	XXX	XXX	XXX	X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2	changement dans l'efficacité personnelle des femmes		XX	X	X	XX		X	X	XXX	XX	XXX	XXX	X	X	XX	
3	Indice de vulnérabilité alimentaire							X	X			X		X	XX	XX	
4	Proportion de la population ayant accès de façon durable à une source d'eau meilleure, zone urbaine/rurale ; meilleure=robinet, forage, puits protégés	XXX								XXX	XXX						
5	- % des accouchements assistés par un personnel médical qualifié											XXX	XXX	XXX			XXX
6	- Taux de prévalence contraceptive moderne											XXX	XXX	XXX			XXX
7	% des hommes et de femmes déclarant la capacité des femmes à contrôler efficacement les ressources de productivité	X	XX	X	X	XX		X	X	XXX	X	XXX	XX	X	XX	XX	
8	- % des femmes dans les collectivités				XXX							XXX	XXX				
9	% d'hommes et femmes manifestant un changement d'attitude vis-à-vis de la violence basée sur le genre				XX	XXX					XX	XXX	XXX				
10	proportion des OP (faitières) fonctionnelles															XX	XXX

Annexes for Brief 3.1

N°	Indicateurs	Initiatives														
		PDP 1&II	SEMPA II	JPCP	RECAP/D	DEOD	ECB	PGIRE	PEAFEC	IFETE RNA	ALP	PFF	ENGAGIN MEN	PPIND	PARDESA /BC	PROSAN
11	% enfants de moins de 5 ans atteints d'insuffisance pondérale		XX	X								XX		XXX		XXX
12	% ménages avec la capacité de faire face aux chocs environnementaux sans épuiser leurs ressources selon le sexe du CM		XXX	XX				XX	XX	XX	XXX	XXX	XXX	XXX	XXX	XXX
13	% des ménages avec accès à la propriété foncière selon le sexe du chef de ménage		XX	XX	XX					XXX		XX				
14	% d'acteurs locaux avec une participation significative dans la gestion productive des ressources naturelles au niveau communauté, par sexe	XX	XX	XXX	XXX	X		XXX	XXX	XXX	XXX	XX		X	X	XXX
LEFF																
SAN																
GRN/ACC/Conflit																
Legend : +++ =very strong contribution ; ++=medium contribution ; +=weak contribution																

CARE Tanzania Maps Initiatives to Pathways

This was done upon completing the conceptualizing of measurement elements at a workshop with WEIMI in November 2011. See matrix on next page. For the Tanzania team, this exercise had more significance in helping to reveal gaps in operationalizing and where they would like to invest more in the future.

[Click here to Return to Brief 3.1: Mapping Initiatives to Pathways](#)

ANNEXES for Brief 3.2 (**Annexes A3.2-A3.3**)

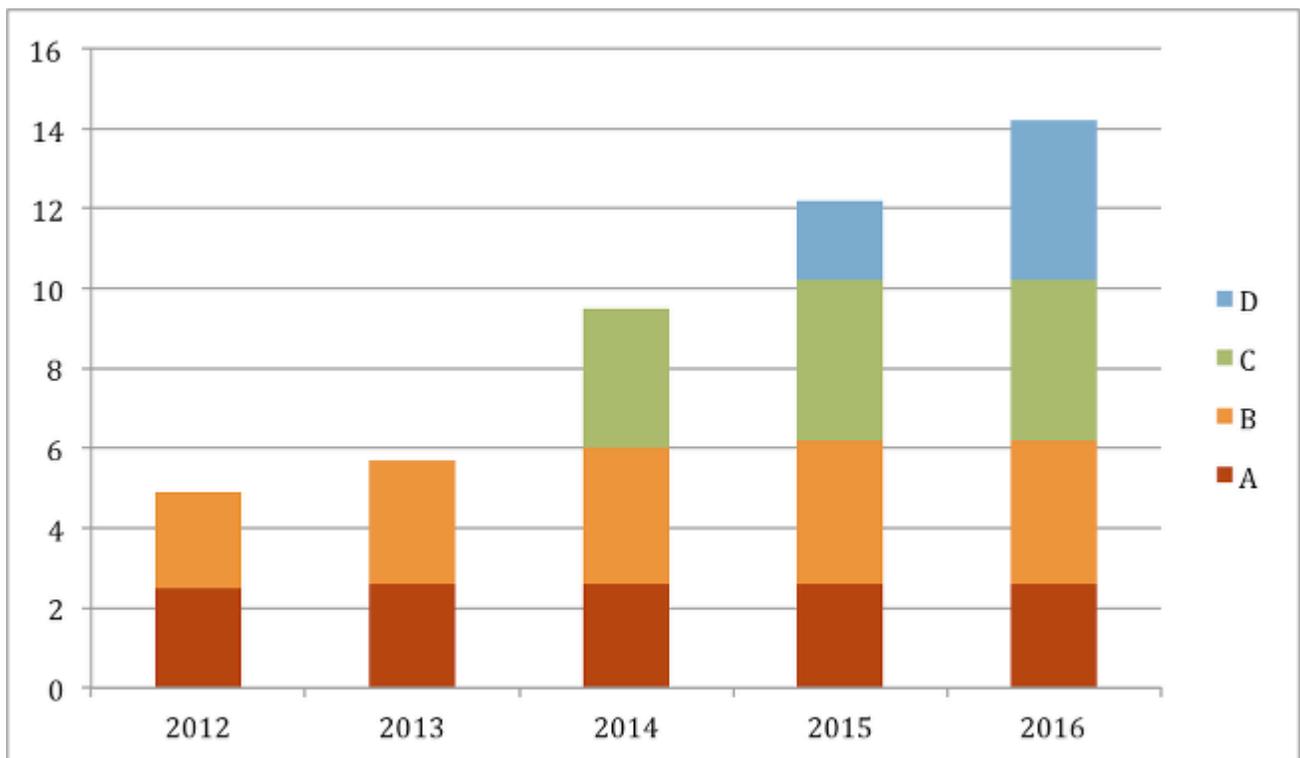
Annex A3.2: CARE Egypt- CO Baseline Experiences

CARE Egypt Approach to Change Measurement

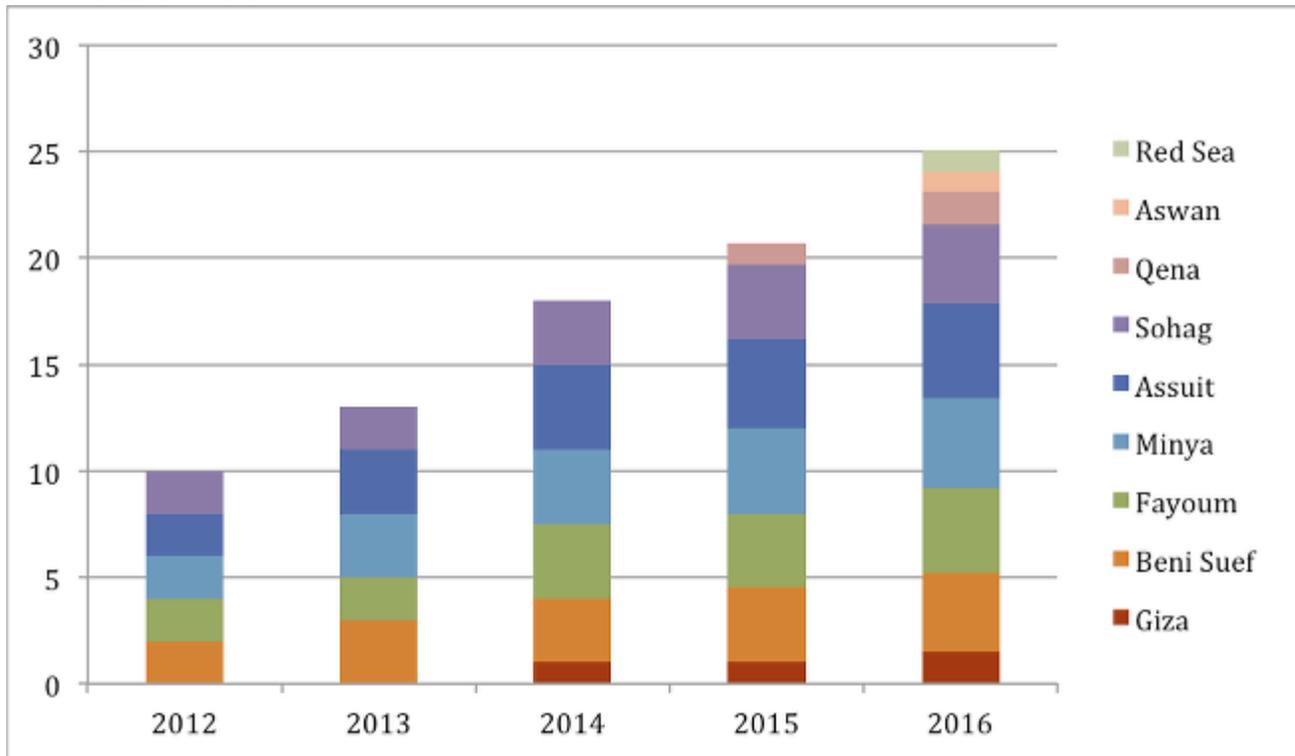
Egypt will soon be testing an approach that measures indicators through current initiatives and, incrementally, new initiatives, as they come on line. The illustration below shows how initiatives or projects would contribute over time to one pathway. However, the issue of how to aggregate the effect in terms of both depth and breadth would have to be resolved in the planning / funding of new initiatives, i.e., will the next initiative be designed to increase depth of impact or breadth (# of people reached)?

The second graph shows how governorates contribute to a pathway change, as spread effects take place.

Illustration of Projects (A, B, C, D) Contributing to one Indicator on a Pathway:



In this scenario, it could be that project A ended in 2013 and project B ended in 2014, but the effect is cumulative and enduring.



Here you are starting to show a spread effect as new governorates are affected.

[Click here to Return to Brief 3.2 Data Sources and IM Partners](#)

Annex A3.3: CARE Tanzania Partnerships for Monitoring and Learning

CARE Tanzania's Partnership Strategy Thinking

The draft strategy addressed various aspects of partnership but had only one reference to joint data collection. Government research institutions that provide specific services form a group of strategic partners. In one instance, the National Institute for Medical Research (NIMRI) and WAMI-RUVU Water Basin Water Board signed MOUs with CARE to provide services in relation to **monitoring indicators for health and nutrition status, and the quality and quantity of water in streams and rivers.**

At the same time, alliances are expected to collaborate on “targeted research and evidence based advocacy with a focus on CARE Tanzania’s theory of change, and in relation to; environment and climate change, gender, governance, and risk management principles.” Alliances with like-minded organizations will be established at national as well as at district level as appropriate for learning and for influencing national and district level policies and practices.

[Click here to Return to Brief 3.2 Data Sources and IM Partners](#)

ANNEXES for Brief 3.3 (Annexes A3.4-A3.10)

Annex 3.4: CARE Mali's Measurement Plan

This was done separately for breakthroughs and indicators at goal and DOC levels. In Mali's case, the team plans to collect their own data, through their various initiatives but will do this in a convergence zone of at least 3 initiatives (to capture synergy). It is also evident that impact measurement (at goal level) will occur less frequently over a 7-year period (year 1, year 4 and year 7 or 8) but indicators at DOC level will be measured every year.

The matrix below is a monitoring and evaluation plan:

Indicators	Operational Definitions of Indicators	Data Source		Data Collection & Analysis			Data Analysis		Frequency of Reporting
				Method	Frequency	Responsible	Frequency	Responsibility	
Goal: By 2015, vulnerable and marginalized women and girls (15-19 years) in the regions of Mopti, Segou, and Timbuktu will have increased their economic power, their socio-political status and participation in decision making while maintaining social cohesion at regional and national levels									
If women and girls who are empowered in their choice and decisions affect the quality and the security of their livelihood	# of women head of households, seasonal laborers, and girl mothers aged 15-49 who freely decide in a responsible way to improve their life conditions linked to education, health, nutrition, participation, and other	Women head of households, seasonal laborers, and girl mothers	Survey with individual women and girls Focused interviews	Baseline, midterm, final	CSEP	Baseline, midterm, and final	CSEP	Baseline, midterm, and final	
Domain 1 (economic power): Women and girls have increased their economic power									
# of vulnerable and marginalized women who control their own means of production	# of women head of households, seasonal laborers who decide on use of means of production: land, inputs, equipment	Households of women headed households, seasonal laborers	Household surveys, individual interviews with women from intervention zones, individual and focused interviews	annual	CSEP	annual	CSEP	annual	

[Click here to Return to Brief 3.3 Pulling together an IM Strategy](#)

Annex A3.5: CARE Niger's Sub-System on Impact Measurement

A sub-system of its impact measurement strategy, impact monitoring includes three processes: (a) collecting data and managing databases, (b) management of outcome and impact indicators and demonstrating impact, and (c) capture and management of knowledge. As the matrix below shows, the frequency, relevant levels of the theory of change, and tasks associated with each process are identified.

Niger's Sub-system on Monitoring Impact

Entry	Process 1	Process 2	Process 3
Process Name:	Collecting data and managing databases	Management of outcome and impact indicators and demonstrating impact	Capture and management of knowledge
Frequency:	Continuous	Annual for outcome indicators; Every quarter for UBORA; Every 2yrs for impact	Annual and depending on the interests identified by CARE and initiatives
Relevant Levels:	Contributing initiatives, DOC, impact	DOC and impact	Contributing initiatives, DOC, impact (quality assessment process conducted on the basis of data produced by initiatives and DOC level)
Tasks:	<ul style="list-style-type: none"> Baseline and detailed implementation plan (DIP) of program initiatives and goals Coordination and implementation of plans for "impact measurement and M&E" (SEAMI) for initiatives, the M&E unit, and the multiyear strategic plan (PSP) Updating of databases, archiving, and security (back up IT) 	<ul style="list-style-type: none"> Baseline and detailed implementation plan (DIP): repository of outcome indicators and impact; development and implementation of plans Coordination and implementation of the SEIMI plan for PSP, Inc. Integrating collection of evidence Coordination plan for collecting, processing, and documenting of evidence (in conjunction with Unit for Advocacy and Communication) Completing UBORE tools, Directory etc. Coordination of thematic studies, evaluations, research activities 	<ul style="list-style-type: none"> Meta thematic evaluations (2-3 yrs on important impact themes for CARE) Study of specific topics and/ or sector reviews Capture of experiences and transformation into knowledge: gourd carrot, workshops on knowledge transfer within initiatives, knowledge sharing Implementation plan for learning and knowledge sharing Documentation and archiving of completed initiatives Coordination of exercises/ knowledge capture workshops

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Annex A3.6: WEIMI Country Impact Measurement Strategies

CARE Niger

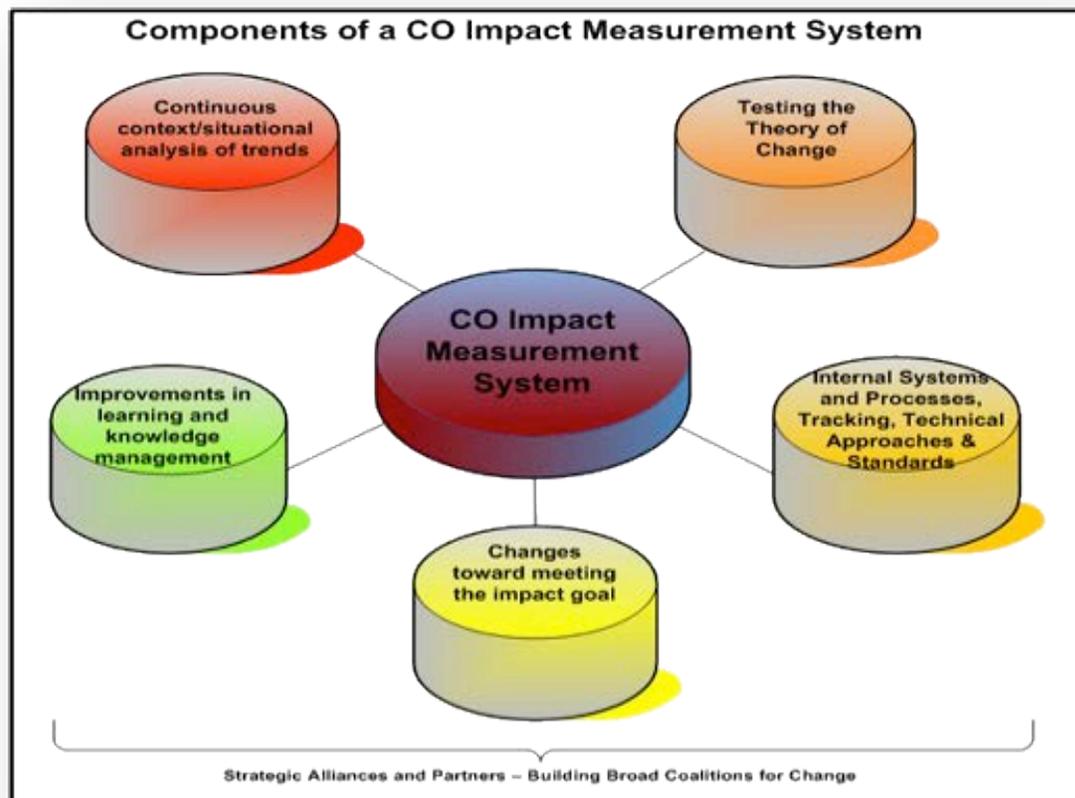
Niger's impact measurement strategy includes 4 sub-systems: (1) coordination and management, (2) impact monitoring, (3) testing the theory of change, and (4) continuous context analysis. This document is only available in French. See CARE Niger for a copy of the document.

CARE Mali

Mali's strategy describes the process for monitoring and measuring breakthroughs, indicators and hypotheses. It includes a section on contextual analysis and on testing the theory of change. This document is only available in French. See CARE Mali for a copy of the document.

CARE Burundi

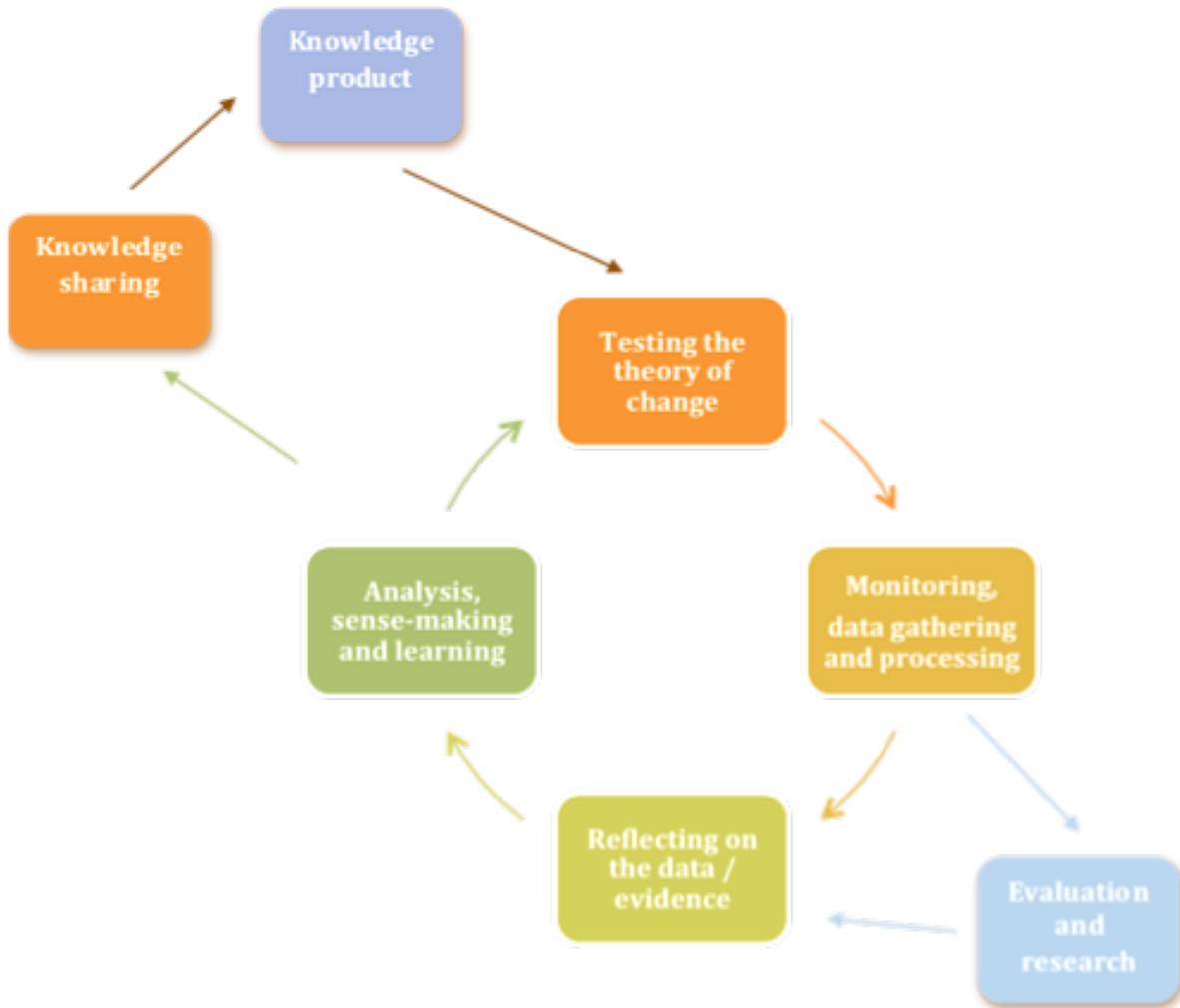
Burundi borrowed from CARE Ethiopia in constructing the components of its impact measurement system, as show in the diagram below. This is still in draft form (in French) and updates should be sought from the CO.



CARE Egypt

Egypt has recently begun this process and has a draft developed with the help of the WEIMI consultant in March 2012. In particular, this approach sought to identify the stages in the process of measuring at pathway, domain of change, and goal levels. This is illustrated by the diagram below. It also identified a series of guiding questions for reflection sessions and a set of templates for impact measurement.

CARE Egypt: The Learning and Knowledge Generation Cycle at Program Level



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Annex A3.7: Knowledge Sharing and Communications Planning

The matrix below illustrates the types of knowledge products you may envision. It is important to be clear about your objective and target audiences. Different formats may be needed for different audiences. Also, consider “format” broadly defined – not only printed matter but films, presentations, video, and various social media. It should be appropriately tailored to the target audience.

“Responsible” may also pertain to more than one person or position. Include here a breakdown of who is responsible for what tasks. Important is who will do the report writing or the presentation. Most likely your M&E plan already stipulates who will do the data collection and analysis. You may want to specify here who has the authority to do the final quality check on the report before it is published. Your communication strategy that would accompany the matrix may also identify audiences you intend to target on a regular basis, with a description of their importance and how you will do this.

Knowledge Product	Objective	Format	Audience	Target Date	Responsible	Language
Case Studies	Share lessons learned on empowerment	See case study format	CARE global	July 2013	Initiative Manager	Local English
Research report on hypothesis “X”	Generate debate and discussion and to inform theory of change	Publishable report; Webinar	CARE and development organizations focused on WE; Government and civil society actors	Dec. 2013	Various – program director, initiative mngrs Consultant for report	Local English
Annual program review	Review results at initiative pathway and DOC level	Workshop report	Internal CARE CO and CI Members	Dec. 2013	Core team	Local English
Special study on “Y”	Advocacy for policy change	Briefing paper; Testimony	Government Ministries	Apr. 2013	Core team	Local
Three-year program evaluation						
Manual						

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Annex A3.8: CARE Mali Division of Responsibilities

Mali explicitly identifies roles for different categories of local agents and levels of staff in impact measurement. Among local agents, the team identifies intermediaries, village agents, change agents, and village facilitators. Thus, for example, the tasks of the facilitators from the village savings networks and the village agents are:

- Responsible for collecting information in their networks and clusters and transmit them to the intermediary
- Analyze the information with the support of junior experts and zone coordinators
- Participate in general meetings relating to programming
- Transmit the information collected and analyzed in their organizations

Example of tasks for Area Coordinator:

- To collect and analyze information for Junior Experts in each circle
- Bring the M&E information to the CSE PEF level
- Produce a report analyzing information from the area
- Ensure the flow of information between different actors (networks, MJT, relay)

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Annex A3.9: CARE Burundi Quality Assurance Mechanisms

Under its sub-system on DME, Burundi identifies an approach and tools to quality assurance for program design, the design of initiatives, program implementation, initiative implementation, program evaluation, initiative evaluation, and assessment of initiatives. All the tools have not yet been developed and this is a work in progress.

Here is an excerpt from this section of its strategy:

Program evaluation

The programs will experience three major evaluations during their life: a basic evaluation, a mid-term and final evaluation every 5 years of the life of the program. Periodic interim evaluations of the effects of interventions on impact population can be achieved through thematic or global studies that are more qualitative than quantitative.

In addition to studies and evaluation during the program cycle, ex-post evaluations may be commissioned at least 5 years following the end of the program.

All these evaluations will use a mix of quantitative and qualitative methods that will help to best highlight the changes produced in the life of the impact population.

Program Quality Assessment Assurance

To ensure the quality of program evaluations, CARE Burundi will refer to the CARE Guidelines on Impact and Assessment Policy. These guidelines and policy will guide those responsible for evaluations from the design of TORs to the validation of the results.

Initiative evaluation

The initiatives will experience two to three major evaluations during their life: a basic evaluation, a mid-term and a final evaluation. The mid-term will depend on the lifetime of the initiative or donor instructions. Periodic interim evaluation of the outcomes of interventions on the beneficiaries of the initiatives can be achieved through thematic or global studies that are more qualitative than quantitative.

In addition to studies and evaluation during the life of the initiatives, ex-post evaluations may be commissioned at least 5 years after the end of the initiative.

All these evaluations use a mix of quantitative and qualitative methods that will allow highlighting the best the changes produced in the life of the impact population.

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Annex A3.10: CARE Burundi's Competencies Model

In its impact measurement strategy, Burundi identifies skills associated with different positions to support the DME Assistant. It also develops a capacity building plan for a newly hired DME assistant, as shown here. The table on competencies follows.

Plan for capacity building for the first six months of the M & E Assistant

CARE Burundi

Burundi borrowed from CARE Ethiopia in constructing the components of its impact measurement system, as shown in the diagram below. This is still in draft form (in French) and updates should be sought from the CO.

Tools: What is to be strengthened?

- Database
- Instruments for data collection
- Monitoring and Evaluation Plan
- Logical Framework
- Reporting Plan
- Reporting Format

b) Skills: Areas to be strengthened

- Analysis and ability to integrate data
- Reporting (writing)
- Techniques for collecting qualitative and quantitative data
- Training of Trainers
- CARE Burundi Program structure
- Approaches: Program, Gender, vulnerable groups, analysis of the root causes of poverty and vulnerability, Conflict, Governance, Advocacy, and so on.

c) Infrastructure

- Laptop
- Digital camera, video camera
- Calculator
- Classification equipment
- Statistical software and computer
- Access to Internet and intranet

d) System

- Administrative oversight with PQL program
- Functional relationship with the Coordinator of the initiative
- Job Description

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