



## **HOW CARE STRENGTHENS SYSTEMS:**

Learning from CARE's Service Systems Strengthening and Social Accountability programs

# LEARNING REVIEW



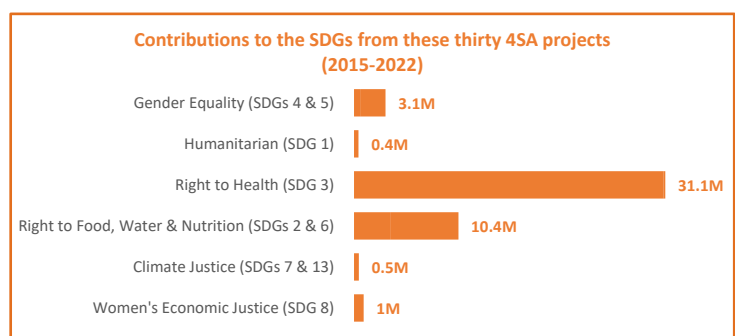
# EXECUTIVE SUMMARY

This learning review of CARE’s Service Systems Strengthening and Social Accountability (4SA) programming for the period 2015-2022 brings together and seeks to unpack the most comprehensive collection of evidence that CARE has thus far reviewed relating to our 4SA work. Spanning 30 projects, it has sought to be representative of CARE’s six [Vision 2030 Impact Areas](#) and to cover all regions. Projects were selected that had: a) evidence of impact towards the Sustainable Development Goals (SDGs), from CARE’s Project and Program Information and Impact Reporting System (PIIRS); b) an impact summary document (such as an impact story, an impact brief, a systems level impact summary report, or a 4SA good practice summary); c) a description in that impact summary document of program activities and results focused on service systems strengthening and/or social accountability. The list of projects was validated with members of the 4SA Leadership Team.

Following a review process undertaken by 14 staff from across CARE that looked at the above learning materials and responding to 17 key questions, this document was developed to tease out themes from across the cohort, unpack the significance of what was observed, and set out recommendations for CARE’s 4SA programming in the future. The document includes: 1) impact data for the period 2015-2022; 2) an overview of the main activities to promote change in each 4SA Building Block (BB); 3) a special look at gender equality; 4) and key over-arching recommendations.

## Key Findings

**Impact:** 4SA programming accounted for **nearly 46 million of CARE and partners’ total impacts towards the SDGs** during 2015-2022, or **26% of our total impact numbers**. The **Right to Health** and **Right to Food, Water & Nutrition** impact areas lead the way in terms of impacts from these 30 4SA programs, however substantial impacts have been identified across all impact areas. **Gender Equality** has been another strong performing impact area during that time.



CARE’s activities in **Building Block (BB) 1, 2, 3 and 6** are the most advanced with these building blocks being the predominant areas of focus for most of CARE’s 4SA work, as well as demonstrating the strongest track record in integrating gender within the intervention strategies.<sup>1</sup> A summary of findings per BB is noted in the below table:

Building Block	Main Findings
<b>1 - People &amp; Skills</b>	<ul style="list-style-type: none"> <li>• Most impactful projects strengthen and augment capacity at multiple levels.</li> <li>• Importance of ensuring relevance of content and methods of capacity strengthening; and working to embed for impact beyond project cycle.</li> <li>• CARE must not forget importance of internal capacity building.</li> </ul>
<b>2 - Information, Adaptation and Accountability</b>	<ul style="list-style-type: none"> <li>• Leveraging of technology or other fresh approaches is a hallmark of some of CARE’s most impactful programmes.</li> <li>• Strategies that combine monitoring, research &amp; analysis, and thoughtful communication strategies have had led to transformational results.</li> <li>• Central role for communities as both providers and users of information; Social Accountability (SA) tools can better enable and support this.</li> </ul>
<b>3 - Institutional Leadership, Governance and Coordination</b>	<ul style="list-style-type: none"> <li>• A plurality of CARE’s most impactful 4SA projects build on pre-existing structures; advocacy ‘inside’ and ‘outside’ supports this.</li> <li>• CARE’s most impressive results rely on work to advance women and girls’ voice and leadership (WVL).</li> <li>• Importance of playing convening and connecting role in systems; 50% of top 10 impact projects place emphasis on improving system coordination.</li> </ul>
<b>4 - Service Delivery, Infrastructure and Resources</b>	<ul style="list-style-type: none"> <li>• One of CARE’s most effective strategies involves co-developing, piloting and then scaling service delivery models based on evidence. At least 30% of the top 10 most impactful projects demonstrate this.</li> <li>• The primary concern of many projects is enhancing focus on the most marginalised within existing services.</li> <li>• When not directly addressing BB4 through specific activities, impactful projects consciously target other building blocks (e.g. BB 1 &amp; 2) to facilitate improved services, infrastructure, and resources; more consistent use of SA tools could better support this.</li> </ul>
<b>5 - Planning &amp; Financing</b>	<ul style="list-style-type: none"> <li>• The building block <i>least addressed</i> amongst the cohort of projects.</li> <li>• Most promising examples display CARE’s niche for providing/strengthening a gendered lens in government budgeting and planning processes.</li> <li>• CARE should consider this block a priority for partnership possibilities.</li> </ul>
<b>6 - Community and Societal Norms</b>	<ul style="list-style-type: none"> <li>• Harnessing the collective strength of community-centric groups the most common strategy in this block. Engenders ownership and builds on existing skills and capacities.</li> <li>• Importance of community dialogue – Social Analysis and Action (SAA) as a toolkit to facilitate this.</li> <li>• Impressive examples of work in norms but patchy across the cohort, some impactful projects showing inadequate or unsophisticated attention to this aspect.</li> </ul>

Other commonly observed themes among CARE’s most impactful 4SA work which provide **important over-arching lessons** are the importance of:

- Working effectively in coalition with others of diverse skills and perspectives.
- Strengthening service systems in a strategic manner informed by rigorous analysis and attention to key leverage points.
- Pursuing constructive engagement with governments.
- Seeing systems strengthening work through a long-term lens.
- Working holistically, intervening in systems at multiple levels and across several building blocks.

<sup>1</sup> According to the review, at least 97% of the 30 projects reviewed intervened in one or more of these blocks, and over two thirds (68%) integrated gender equality principles throughout these activities.

- Utilising adaptive management principles to ensure ongoing relevance and effectiveness, while maximising the ability to capitalise on opportunities or respond to unexpected crises.

Finally, the learning has also surfaced some further aspects that should give CARE and its partners **food for thought**. Examples where our 4SA work has not met desired standards or has missed opportunities for more transformative change featured the following characteristics:

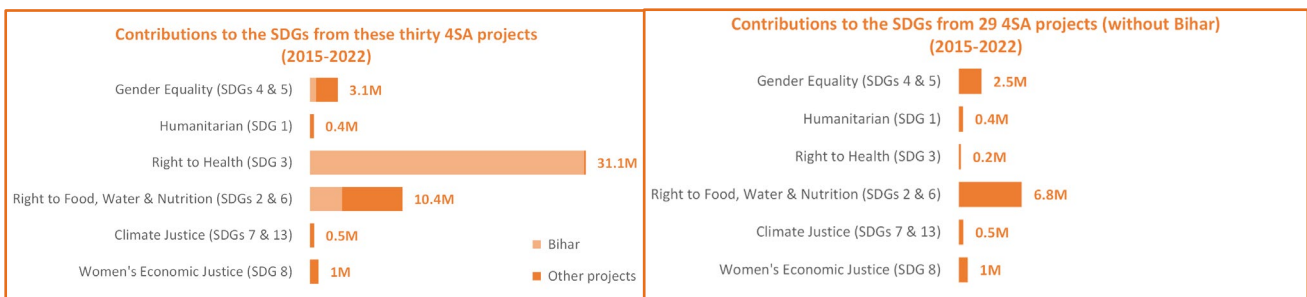
- Insufficient level of sophistication in gender equality work, particularly in addressing norms and promoting women and girls' voice and leadership.
- Failing to work closely enough with governments to influence change.
- Failure to capitalise on opportunities to influence more widespread changes in business practices within market systems.



# 4SA IMPACTS

## The Story in Numbers

These 30 4SA programs accounted for **26% of CARE and partners' total impacts** towards the SDGs during 2015-2022 (45.9M). The Right to Health is the impact area with the highest impact in 4SA, but this is heavily reliant on one large-scale programme – CARE India's Techno-Managerial Support (TMS) programme in Bihar. When removing CARE India's TMS programme in Bihar from the analysis, 4SA programming accounted for 8% of CARE's SDG impacts, and the Right to Food, Water & Nutrition, and Gender Equality Impact Areas have had the most impact towards the SDGs since 2015. As these 29 projects represent less than 2% of the 1,786 projects with impacts towards the SDGs, even without including the Bihar program, they represent an important contribution to CARE's total impacts.



Top 10 Most Impactful Programmes			
	COUNTRY	PROJECT	SDG IMPACTS
1	India	Techno-Managerial support to GoB to improve health system platforms	33,743,531
2	Peru	SABA: Modelo Integral de Proyectos de Saneamiento Básico Rural en Perú	5,800,000
3	Ghana	Ghana's Strengthening Accountability Mechanisms (GSAM)	2,173,600
4	Uganda	Influencing policy and practice on Financial Inclusion	1,356,495

<b>Top 10 Most Impactful Programmes</b>			
	<b>COUNTRY</b>	<b>PROJECT</b>	<b>SDG IMPACTS</b>
		in Uganda	
5	<b>Mali</b>	USAID Nutrition and Hygiene Project	424,327
6	<b>Madagascar</b>	Rural Access to New Opportunities in Water, Sanitation, and Hygiene (RANO WASH) program	351,071
7	<b>Somalia</b>	ESPIG-Education Sector Program Implementation Grant	307,542
8	<b>Bangladesh</b>	Joint Action for Nutrition Outcome (JANO) Project	260,081
9	<b>Bangladesh</b>	Capacity Building on Nutrition & Sensitive program	227,631
10	<b>Cambodia</b>	Implementation of Social Accountability Framework (ISAF) Phase II	208,444





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# BUILDING BLOCKS

As per CARE’s position paper on [4SA](#): “CARE’s service systems strengthening framework is based on ‘building blocks’. Building blocks (BBs) are a simple way of defining the core functions of a service systems system that need to operate effectively, both independently and in relation to all other building blocks, for the service system to deliver its objectives.”



Figure 1 CARE’s Building Blocks Framework, from Position Paper on 4SA.

This chapter summarises the key observations from across the 30 projects that have been reviewed in the development of this learning paper. These projects have been identified as the most impactful of CARE’s 4SA programming. The intervention strategies given most prominence in this paper are

those that have been observed across a plurality of the projects under review and/or in the top 10 most impactful projects. The analysis and positions taken in this chapter are based on the proposition that intervention strategies that appear most often can be considered more effective (as they are more often relied upon by successful projects). The paper has also sought to include a representative sample of examples from across the projects to ensure a balanced reflection of the work being undertaken across the regions. Examples used should therefore be considered indicative rather than a comprehensive reflection of CARE’s work in each building block.

Across the 30 projects reviewed, the Building Blocks that are most commonly addressed in these CARE programs are Community and societal norms (BB6), Leadership Governance and Coordination (BB3), Information, Negotiation and Accountability (BB2) and People and Skills (BB1), followed closely by Service delivery, Infrastructure and Resources (BB4). Fewer – but still over 80% of the cases – worked on Planning and financing (BB5).



Figure 2 % of the 30-Project Cohort that address each 4SA Building Block (as per multi reviewer analysis).

## Building Block 1: People and Skills

**Service users/citizens and duty bearers have the knowledge, skills, and capacities to demand and deliver quality, equitable and accountable services.**

Tackled by:

- 97% of reviewed projects.
  - 81% of projects integrated gender into this work.
- 100% of top 10 most impactful projects.

Key learnings:

- Most impactful projects strengthen and augment capacity at multiple levels.
- Importance of ensuring relevance of content and methods.
- Do not forget importance of internal capacity building.

Across the cohort of projects reviewed in the development of this learning paper, there was a consistently observed pattern in the main activities used to promote change in BB1 of CARE’s 4SA Framework: People & Skills: all projects – perhaps unsurprisingly - undertook some form of capacity support or strengthening as part of their overall intervention strategies.

Within this observed similarity can be found different emphasises placed on which people or skills are targeted for capacity strengthening - with some projects focusing on the community-level, some focusing on civil society, and others focusing on the capacities of local, regional, and national authorities or service providers themselves. The type of skills focused on also varied according to the problem being addressed. A substantial number of projects under review pursued a **multi-stakeholder approach in which more than one group was the focus of support** – with at least 13 working to upskill two groups, and at least 6 of the 30 projects pursuing an intensive strategy of work to support capacity at the community, civil society, and state/service provider level.



**Project Spotlight: Cambodia: Meaningful Civic Engagement by Leveraging Digital Technologies (also called ISAF II)**

As online spaces become increasingly relevant to the day-to-day lives of people – young and old – around the world, what can be done to better leverage this for social justice in the Global South? The ISAF II programme in Cambodia sought to answer this question through the training of youth and other community members in social media and monitoring skills to leverage digital technologies for demanding accountable service delivery.

Providing target groups with fresh yet practical skills can help diversify tools at their disposal to address longstanding challenges. As a result of this approach, ethnic minorities are **4.8 times** more likely to be willing to give digital feedback than before the project. Young people are also **2.6 times** more likely to be willing to give feedback now.

This wide and deep approach to capacity strengthening was used particularly impressively by the Somalia DSIRS programme (Durable Solutions for Returnees and IDPs in Somalia) which focused on durable solutions for Internally Displaced Persons (IDPs) and Returnees which included a broad package of support to strengthen skills of teachers, healthcare staff, community councils and civil servants; promote self-sufficiency of youth and women; develop the competencies of community facilitators in conflict resolution; and to provide training and targeted incentives to ensure better GBV services. As a result of these interventions 44% of VSLAs improved profits; there was a 337% increase in healthcare services access; and 82% satisfaction rating for GBV services.

Of particular importance for CARE, 81% of projects under review ensured that **the work to strengthen capacity of stakeholders was done in a way that integrated gender equality principles**. The way this was done varied considerably. For some projects – as with the SABA programme in Peru (Modelo Integral de Proyectos de Saneamiento Básico Rural en Perú) - the priority was in maximising women’s participation to redress representational deficits. So, while the project’s systemic approach to capacity strengthening targeted staff, management, bureaucrats, community leaders and members (community to sub-national levels), it was done so in a way that boosted women’s participation in community and municipal structures. Elsewhere, projects such as WE GO in Ethiopia (Women

Empowerment Through Gender Transformative Market Opportunities) promote public sector reforms to the administrative bureaucracy by providing technical support to strengthen the Women, Children & Youth Affairs Directorate (WCYAD) both at the institutional level and by prioritizing activities that enabled women to learn by doing. This includes the revision of staff reporting structures and workflow processes, as well as ensuring that every Ministry of Agriculture directorate has clear gender mandates.

While the content or focus of capacity strengthening efforts is of paramount importance, projects under review usefully remind us that the strategy used is also important to consider. **Several projects went beyond training to help stakeholders develop their skills and abilities**, including mentoring and on-the-job coaching in a handful of cases. Mentoring – most often found in health settings, related to the life-or-death nature of this context – was one of the more intensive examples revealed as part of this review. The Techno-Managerial Support (TMS) programme in India included a clinical mentoring approach model for frontline staff which was subsequently scaled. While the TAMANI (Tabora Maternal and Newborn Health) project in Tanzania included mentoring for health workers, as well as training for youth champions and community health workers. Job aids for clinics added further practical support to help service providers perform their duties better.

Beyond technical competency, CARE’s programming also shows a **pragmatic understanding of the simple reality facing many service sector systems – the shortage of financial resources to appropriately staff and support effective services**. The Emergency Project on Mobile Health in South Sudan worked to address this problem with financial support provided for the employment of community health workers. While the Souqona programme in Palestine (West Bank/Gaza) invested in the training and hiring of women extension agents to strengthen the capacity of the local market to produce high quality agricultural products. Both projects show the value of strategic cash injections in specific contexts to build human resources; however, when such injections of cash are dependent on a specific project funded through CARE, there is a need to be clear about how it will be

sustained-- this was not always clear in project documentation.

While we may typically think of external actors being the focus of capacity strengthening efforts, CARE's position paper on 4SA makes it clear that we should also be mindful of areas that we as an organisation would benefit from training or other opportunities for growth. Notably just one project included a reference to **internal capacity strengthening** among the cohort of projects under review – the **RANO WASH project in Madagascar** (Rural Access to New Opportunities in Water, Sanitation, and Hygiene). It may be worth reflecting on why it rarely appears in the learning gathered for this analysis. It may be that it is not an accurate representation of reality, but rather a reflection that we do not draw attention to when evaluating our programming. Alternatively, perhaps it *is* occurring but just not within the confines of distinct projects. However, in any case we should pay greater attention to this and be open to the possibility that this is not happening as much as we might like, and what the implications of this are for CARE's capacity to deliver on its 4SA goals in the long term.

**Project Spotlight: Balkans: YMI II - Young Men Initiative**

This project in the Balkans had a deliberate focus on strengthening the skills, knowledge, and capacities of different stakeholders, to ensure education services supported and nurtured gender equality and promoted a culture of non-violence. A key aspect of this was the development of curricula and integration of this into teacher training. **80%** of students confirmed that to “a great extent” YMI workshops made an influence on them when solving conflict without a fight, talking about safe sex, avoiding alcohol and drugs, and seeking help with problems.

What is evident is that the most impactful projects demonstrate an understanding that the mode of capacity strengthening is almost as – if not more – important than the target of capacity strengthening. While ‘reinventing the wheel’ just for the sake of it can be an unwanted distraction from efficient delivery of a proven successful training package, often participants of varied backgrounds and pre-existing competencies can best be served with more creative, sustained, or institutionalised methods of support and guidance such as the development and integration of curricular on the above **YMI II**. This can be particularly important when complexities such as staff turnover or political upheaval can become a factor in the context of a programme. Doing the additional work to embed capacity strengthening strategies beyond the lifetime of a project is an important way in which the 4SA approach can better differentiate itself from traditional work on the People and Skills Building Block within programming.

## Building Block 2: Information, Adaptation and Accountability

***Inclusive spaces for citizens and power holders to dialogue, feed back and negotiate, to collectively plan and be held accountable based on equitable access to relevant information and analysis.***

Tackled by:

- 97% of reviewed projects.
  - 68% of projects integrated gender into this work.
- 100% of top 10 most impactful projects.

Key learnings:

- Leveraging of technology or other fresh approaches a hallmark of some of CARE’s most impactful programmes.
- Strategies that combine monitoring, research and analysis, and thoughtful communication strategies have had led to transformational results.
- Central role for communities as both providers and users of information; SA tools enable and support this.

BB2 was the building block most addressed across the cohort of projects reviewed during the development of this learningpaper. Intervention strategies most widely pursued within this block can be broadly grouped into three main areas: monitoring, research and analysis, and stakeholder communication strategies. Work to establish and enhance monitoring systems was a very common approach across the cohort of projects under review. Innovative monitoring approaches – whether technology enabled or through other fresh thinking – are the bedrock of some of the most transformative 4SA programmes that CARE has to offer with 11 of the 30 reviewed projects opting for this strategy. The [JANO nutrition project in Bangladesh](#) (Joint Action for Nutrition Outcome) developed an e-MIS (Electronic Management Information System) to facilitate more effective progress monitoring and supervision, which also incorporated data gathered from citizen feedback and community scorecards. The [Nourishing the Future programme implemented in Guatemala, Nicaragua, Honduras and Costa Rica](#), however, placed a greater emphasis on the role of participants in monitoring project progress by training participants in measurement, which enabled closer tracking towards outcomes including milestones on GBV and women’s participation in leadership.

### **Project Spotlight: [India: TMS](#)**

CARE’s Techno-Managerial Support health program in Bihar is the CARE programme with the largest impact in the world, and the leveraging of technology for information tracking and use purposes has been a foundational factor in its success. Two critical methods have been: the development and use of intuitive dashboards showing outputs and outcomes at different levels; and Mobile applications for supporting frontline health workers. The programme has contributed to a near halving of the maternal mortality rate (from **312 to 165 maternal deaths per 100,000 live births**).

In line with the intrinsic priorities of 4SA – *strengthening* systems - was a clear focus on **augmenting the existing capacities of duty bearers** (often together with civil society and communities) **to monitor progress** in efforts to advance service quality and availability. Many of the innovations were integrated into pre-existing structures, while other programmes simply ensured that the fundamentals of effective monitoring were in place. Working from an understanding that new policies are only as good as the way they are implemented, the [Seizing the Moment initiative in Ethiopia](#) worked to strengthen the capacity of the Ministry of Women, Children and Youth to monitor and evaluate the implementation of policies, laws, programs, projects and plans that support the participation of women and youth. This approach included the revision, testing and scaling of a Gender

Levelling Tool<sup>2</sup> developed by UN Women.

Beyond the day-to-day of overseeing effective interventions, some of the more strategic programmes in the cohort under review demonstrated **a purposeful use of evidence to maximise impact and cultivate wider support for their efforts**. This included several programmes undertaking gender analyses. The [multisector protection programme in Ecuador](#) enabled the Latin American Platform of People Who Practice Sex Work (PLAPTERS) to analyse the needs of sex worker, migrant workers and LGBTQI populations including through Rapid Gender Analysis (RGA). Meanwhile, the [HATUTAN education programme in Timor-Leste](#) (Hahán Atu Fó Tulun ho Nutrisaun no Edukasaun – *Continue and support Food for Nutrition and Education*) used a variety of means to ensure that evidence use was at the heart of its strategy. The results from its quasi-experimental evaluation – including at midline stage – in addition to the use of the Community Scorecard (CSC) approach, positioned the programme to robustly demonstrate its achievements, which included the effective mitigation of learning loss during the COVID-19 pandemic.

Unsurprisingly, the pandemic was one of the major challenges faced by the projects under review, with several projects noting strategies used to respond to the unexpected crisis. Those best placed to respond were those that already had pre-existing systems and practices in place that prioritised evidence-based decision making and the regular consideration of adaptations. Building on this point, some of the strongest performing projects demonstrated a sophisticated grasp of how information availability and use can be a game changer for enabling systems to function more effectively for the most marginalised. Such projects utilised a **multi-pronged strategy incorporating elements of monitoring, research and analysis, and stakeholder communication strategies**. [CARE Niger's PROGRES II resilience programme](#) (Programme de Gestion Equitable des Ressources Naturelles et de Renforcement de la Société Civile) placed particular emphasis on the collection and combining of information across diverse stakeholders, including in consulting on participation barriers, and conducting satisfaction surveys, and in the unifying of agriculture advocacy goals which successfully informed policy. This approach was greatly assisted by a partnership among like-minded CSOs. Greater legal and judicial support for pastoralists and land rights in the target area has emerged because of this approach. The [PROJEUNES project in Benin](#) (Prévenir les mariages précoces et forcés au Bénin) worked to improve the knowledge of SRH among adolescent girls and boys while also utilising gender-sensitive community scorecards to enable evidence-based demand for better services. Intergenerational dialogues, research and consultations and youth-based advocacy combined to great effect in contributing to a 23% reduction of child marriages as well as a doubling of access to SRH services, among other notable achievements.

**Project Spotlight: [Sierra Leone: ECRHS II \(Epidemic Control and Reinforced Health\)](#)**

This programme to strengthen the health system (particularly for vulnerable women and girls) in Sierra Leone in the aftermath of the Ebola pandemic utilised information in highly strategic ways. A Community-based Surveillance (CBS) system, building on a pre-existing Community Watch Groups (CWGs) was set up to facilitate disease tracking among the community. This gave project and system stakeholders a vital route to new health threats as they emerged. Meanwhile, supply chain audits were leveraged to improve health care provision. Service providers are now **58%** more likely to have the supplies and equipment they need. While **68%** more health centres are offering basic services.

Availability of information ultimately better positions people and communities to make more informed decisions to improve their life chances. However, the quality of information is only as good as the medium and way it is received – if the message is indecipherable to women and girls then it can be a wasted opportunity. **Several projects in this review displayed intentional communication strategies** that varied the mode in which messages were conveyed or two-way channels were opened. [CARE Togo's Maternal and Child Health Care project](#) provided a range of sources for its impact groups to consume health information: counselling sessions, visits from a community health

<sup>2</sup> Initially developed by UN Women in 2018 to support this gender mainstreaming and institutionalization.



worker, and community information sessions. While multiple projects understood the importance of radio as a medium to reach rural communities with critical information.

Often the projects with the most potential to create transformative impact are those that actively set up systems to learn from and act on other viewpoints – **involving participants in design, monitoring and adaptation of interventions**. An exciting [Sexual and Reproductive Health and Rights \(SRHR\) pilot in Uganda](#) facilitated the active involvement of refugee and host communities from the outset in the co-design and implementation of its project, positioning the project well to solicit and incorporate feedback from women at all stages of the project cycle – maximising the relevance of the intervention and adapting more swiftly to changes deemed necessary to achieve the goals of the pilot. As a result, human rights violations and SRH service gaps have been uncovered and services are improving.

The critical element of the success of the Uganda SRHR pilot was its **central focus on promoting social accountability (SA)** through the establishment of a diverse nine-member Community Council for SRHR (including advocates from the disability and adolescent community) which collects, reviews, and responds to SRHR-related complaints. Efforts to advance social accountability are a critical plank of CARE's overall 4SA strategy and at least 8 out of the 30 projects reviewed for this paper have utilised it in this BB primarily to better *monitor services* in support of quality. The most tried and tested method is the CSC which allows communities to give their feedback on the availability and quality of services in their communities directly to duty bearers. The CSC arguably lends itself best to traditional services such as education and health but has been used across multiple sectors as in the [ISAF II project in Cambodia](#) and the [GSAM project in Ghana](#) (Ghana's Strengthening Accountability Mechanisms(GSAM)).

Finally, and somewhat surprisingly, 32% of the projects reviewed do not appear to have taken an explicitly gender aware approach to efforts around information, adaptation, and accountability. Given that gender equality is at the heart of CARE's Vision 2030, this will need to change. CARE should be leading the integration of gender into all its approaches and there is strong evidence to show that women, girls, and other marginalised groups get left behind when data does not take their experiences into consideration.



## Building Block 3: Institutional Leadership, Governance and Coordination

***Institutions have the policy, regulatory and legislative frameworks; clarity of mandates; coordination and communication mechanisms in place to embed and scale gender transformative approaches that deliver quality, equitable, and accountable services for all.***

Tackled by:

- 97% of reviewed projects.
  - 71% of projects integrated gender into this work.
- 100% of top 10 most impactful projects.

Key learnings:

- A plurality of CARE’s most impactful 4SA projects build on pre-existing structures; advocacy ‘inside’ and ‘outside’ supports this.
- CARE’s most impressive results rely on work to advance women and girls’ voice and leadership (WVL).
- Importance of playing convening and connecting role in systems; 50% of top 10 impact projects place emphasis on improving system coordination.

Implicit in the concept of ‘strengthening’ is the notion of making what is already present better or stronger. Of course, the system one is seeking to strengthen can vary according to the context – it may not always be in the best interests of the women and girls that CARE works with to lend our support to a particular government. Instead, CARE might opt to strengthen local community-based structures or the structures of other non-state actors in contexts where power is contested or transitory. At least 8 of the 30 projects reviewed as part of this study demonstrated **creative, persistent, and effective ways of enhancing what was already present** in the targeted communities. As the previous chapter on BB2: People and Skills demonstrated, often one of the most

**Project Spotlight: Ecuador:**  
**Multisector Protection**

This project developed policies to bolster migrant protections at the local, national, and cross-border levels, emphasizing transgender and workers’ rights. This program strengthened the capacity of National Union of Domestic and Allied Workers (UNTHA) and the Network of Organizations for the Defense of the Rights of Children and Adolescents (RODDNA) to undertake policy advocacy. RODDNA then conducted a consultation of 20,000 children and adolescents in 2020 which informed their policy reforms and political agenda for the protection of migrant children and young people, and strengthened the participation of youth within their own decision making structures.

sought-after modes of providing support to existing structures and institutions can be through the provision of training and other capacity assistance. Such an approach is regularly used in CARE’s programming, but as this review has shown, so are several other strategies. What is evident is that CARE’s 4SA work approaches system problems with a keen awareness that we are not working with a blank slate. While there is not a simple division in the focus of capacity strengthening between BB1 and BB3, a helpful way of understanding the distinction is noting that BB1 has a primary focus on the capacities of actors more directly responsible for *delivering or supporting* services (including community members), while within BB3, capacity strengthening efforts focus on duty bearers and their ability to *administer* services.

In its work to tackle gender-based violence in **Benin, the PACTE project** (Partnership Against Trafficking, Exploitation, and Violence Against Women and Girls) understood the benefits of aligning with the National Policy for Gender Promotion and the Protection of Childhood in terms of securing state buy-in and ensuring consistency of approach and terminology. In doing so the project was positioned well to strengthen prevention and assistance mechanisms for GBV/trafficking survivors.

One of the other of CARE’s pathways to change that is

inextricably linked to effective 4SA work is CARE’s work in advocacy, and nowhere is this more apparent than in the work that CARE’s programmes are doing to address and promote change in BB3. Good advocacy work can take on many forms – **advocacy inside the system, advocacy outside of the system**, individual advocacy or work in coalitions, ad hoc protests or sustained campaigns based on rigorous evidence. Some of CARE’s most impactful 4SA projects use mixed strategies based on an awareness of the changing political landscapes that they often operate in. The **Seizing the Moment project** played a pivotal role in the groundwork and advocacy for Ethiopia’s first ever National Gender Policy. To inform this advocacy, the project reviewed the current National Policy on Ethiopian Women (NPEW) and mobilized funds to capture the impact and the gaps of the NPEW in the lives of women today, to support the Ministry of Women, Children and Youth in the adoption of a new transformative National Gender Policy. Meanwhile, the **GSAM project in Ghana** neatly combined the use of national performance audits which promoted top-down accountability, with advocacy to demand changes in the system based on the evidence that the audits were uncovering. Such a strategy was only made possible due to the trust that CARE had developed with the Ghanaian government.

For CARE, the central aspect of 4SA work is the explicit focus on gender. We seek systems that are gender transformative. Alongside progress on policies and their implementation, **leadership and coordination** are both critical levers in the work to promote good governance that is gender equal. Many of the projects under review as part of this paper are pursuing strategies to increase voice and influence of women at various levels of service systems. The **Integrated Rural Program for Nutrition and Hygiene in Mali** prioritised women’s leadership in its programming, with a focus on the advancement of women in key community projects and structures including in VSLAs. This strategy contributed to the empowerment and increased agency of women in the target areas, as well as to wider project impacts such as improved health and nutrition of children and families. Within governance structures, issues of gender are often underprioritized, even with valuable policies in law, they can suffer from poor implementation due to insufficient internal structures and mechanisms to drive forward the required changes. **CARE Somalia’s Education programming** (incorporating several projects: **ESPIG** (Education Sector Program Implementation Grant), **Horumarinta Elmiga III** (Education for Empowerment through Cohesive and Harmonized System), **SOMGEP-T** (Somali Girls Education Promotion Project Transition) has endeavoured to tackle this challenge in its long-running work there, and the support the programmes have given for the establishment and ongoing running of gender units have contributed to driving forward gender reforms and improvements across the board, including importantly – gender mainstreaming in planning and budgeting. Partly because of this improved governance there has been a marked shift in support for girls’ education among religious leaders, girls’ enrolment has increased from 57% to 74%, and literacy scores have increased by 14% points.

**Project Spotlight:** **Nepal: Samarthya - Promoting Inclusive Governance and Resilience for the Right to Food**

CARE’s partners [Community Self Reliance Centre (CSRC), the National Farmers Groups Federation (NFGF), and the National Land Rights Forum (NLRF)] successfully advocated , and supported, the government to formulate and amend its relevant regulations, policies, and programmes at the federal, provincial, and local levels to better support the rights of landless and small-scale farmers. The project used a range of different insider and outsider advocacy tactics, such as multi-stakeholder dialogues, action planning, mapping of key duty bearers and service providers, developing policy briefs and model acts, petitions and proposals to Government, public campaigns, and demonstrations.

A key impact of this advocacy was to achieve changes in local level policies and programs so that these newly formalized farmers groups had access to subsidized production input seeds and saplings and climate resilient farming technologies from government.

Working to advance Institutional Leadership, Governance and Coordination requires a strategic approach, a macro perspective, and an ability to flexibly perform different roles, approaches, and methodologies according to the shifting needs and demands of the places where CARE works.

Across the projects reviewed there were several examples where **CARE is playing the role of convenor or connector** – bringing together actors with shared goals but different technical competencies and areas of strength within the multi-level and sometimes disparate systems in which we operate. [CARE Bangladesh’s Capacity Building on Nutrition programme in Cox’s Bazar](#) has led to a substantial increase in sectoral harmonisation of approaches, as well as a more diverse pool of actors active in the area. This work also shows the importance of advocacy *within* the humanitarian sector itself to strengthen systems. Also in Bangladesh, the [JANO project](#) is a prime example of one of CARE’s major value adds in this block – that of **strengthening coordination functions within a system**, ensuring harmonization of policies and procedures at all levels. Here the project developed a community governance model for multisectoral coordination to drive forward progress in nutrition from local to national level, ensuring key agencies with an interest in nutrition combined for a national joint action plan. Such an approach was evident in at least half of the top 10 most impactful projects, suggesting significant potential for a greater focus on this strategy across the 4SA portfolio.

Finally, some of our most exciting projects have been finding creative solutions to longstanding problems and have been agile in **capitalising on new trends or opportunities as they arise**. [CISP in Papua New Guinea](#) (Coffee Industry Support project) turned increasing global demand for ethically produced coffee into a golden opportunity to support industry stakeholders to mainstream gender equity in their policies and practices, and ensured this approach was backed-up by research. As a result, there has been a 30% jump in female participation in training during a 3-year period, more of CARE’s private sector partners are cognisant of gender equality, and – crucially – coffee quality and yield are going up and farmers are earning more.

## Building Block 4: People and Skills

***Institutions have service delivery models, infrastructure and technology, quality standards, natural resource and asset management, mediation, and protection mechanisms in place to deliver quality, equitable and accountable services & rights for all.***

Tackled by:

- 94% of reviewed projects
  - 61% of projects integrated gender into this work
- 100% of top 10 most impactful projects

Key learnings:

- One of CARE's most effective strategies involves co-developing, piloting and then scaling service delivery models based on evidence. At least 30% of the top 10 most impactful projects demonstrate this.
- Primary concern of many projects is enhancing focus on the most marginalised within existing services.
- When not directly addressing BB4 through specific activities, impactful projects consciously target other building blocks (e.g., 1 & 2) to drive change; more consistent use of SA tools could better support this.

While a large proportion of projects are active in this building block, **activities *directly* delivering services or providing infrastructure and resources were perhaps less common among the cohort of projects under review than expected.** Instead, CARE's work often more consciously targets the other supportive building blocks of 4SA which instead *facilitate* improved services as a by-product of their improved status. Arguably – given the right circumstances – this can be a more cost-effective strategy, one that is more suited to CARE's human resource profile, and potentially one that is more sustainable given the resulting reduction of outlay in service-specific temporary support.

**Project Spotlight: South Sudan: Emergency - Mobile Health**

This project set up mobile health teams to provide vital services to some of the most vulnerable people in the country. The project financially supported community health workers and provided them with training. Importantly for long-term sustainability and to ensure hard-to-reach populations got services, the project coordinated closely with the key Ministries and clusters as well as other humanitarian actors.

As a result, more people got quality health care and **98%** of those people were satisfied with the care they got.

A prime example of this thinking is **CARE Togo's Maternal and Child Health Care** project which has seen a dramatic increase in the numbers of people accessing additional or improved health care more because of **strong interventions in building blocks 1 and 2 (people and skills, and information, adaptation, and accountability).** Through the provision of vital training to formal health workers and community trainers, and the focused use of information to drive up demand, 95,716 people received access to additional or improved care – more than double the project's initial estimate. Perhaps more importantly this was also done with quality – 70% of women said that services had improved, especially when they are giving birth.

The projects under review also demonstrate a crucial understanding that it is also essential that CARE uses the skills and competencies that it possesses to assist duty bearers in delivering better for communities. Deficits in service quality or access are generally down to a lack of resources or understanding rather than any specific ill intent. CARE's interventions in this building block are often

vital in **bridging gaps and demonstrating to authorities what more can be possible.** One of our most effective strategies involves co-developing, piloting and then scaling service delivery models based on evidence. **The Balkans YMI (Young Men Initiative) II** developed a service delivery package that facilitated the incorporation of important subject matter into classrooms, as well as the



tools and materials required to deliver peer-to-peer groups and community and school engagement processes with local organisations. In doing so, the project contributed to a reduction in physical violence among boys of up to 21% in some communities as well as a positive change in attitudes up to 20% regarding gender roles, gender norms, violence, and knowledge on SRHR. The [SABA programme in Peru](#) pursued a similar approach to scale with its community-managed water systems and municipal oversight model. This work included a focus on developing WASH service management tools and processes for local duty bearers, as well as efforts to improve quality standards being taught at higher educational institutions. As of 2017, 5.8 million rural people had gained access to safe water and sanitation as a result. Elsewhere, [TMS programme in India](#) rolled-out its [Common Application Software \(CAS\)](#) model for a greater standardisation of service delivery in Bihar state. Accounting software was also upgraded to increase the efficiency the administration of healthcare services, programme teams worked to streamline the drug regulatory system and undertook piloting in GBV service delivery to promote better first-line support, empathetic care, and referrals. While this 'co-designed pilot to scale' strategy was only observed in a handful of the cohort of projects for review, it was utilized by 30% of the top 10 most impactful projects – suggesting that there is much to be gained from pursuing this approach.

According to CARE's 4SA framework, social accountability is a crucial piece of the puzzle when it comes to its potential to contribute to building block 4. What is perhaps surprising though is the relatively limited number of projects the review team noted using SA approaches within BB4 – just 20% of projects. Within this BB its observed role is primarily one of *promoting accountability* to improve the quality of service of services and influence allocation of resources. With [Informed to Influence, CARE Vietnam](#) has been achieving remarkable successes in empowering ethnic minority women. Through leveraging the community scorecard (CSC) approach and creating spaces for negotiation and dialogue between citizens/CSOs and the government, the project contributed to improved service delivery by **advocating to government to increase budget allocation and strengthen existing infrastructures**. Government officials passed and amended 5 policies to better meet the needs and demands of ethnic minority women and men. While there has been an 83% increase of women reporting that the authorities were genuinely listening to the issues they were raising compared to before the project was implemented. In a similar vein, [CARE Uganda's PFR programme](#) (Partners for Resilience) undertook close work and advocacy with the national parliament and district-level authorities to influence, policy, legislation, and the allocation of resources. These resources have contributed to increased resilience to climate change among the targeted communities. Meanwhile, the previously mentioned [SRHR pilot in Uganda](#) has shown a range of improvements to its services such as increased provision of hygiene kits, better medical equipment for women with disabilities, and better access to HIV treatments because of the demands of communities via the improved accountability mechanisms that have been trialled there. The above promising examples show that CARE may not be fully leveraging the potential of social accountability within BB4. At minimum we may not be consistently cognisant of the relevance of the approach for this area of the 4SA framework. Given the prior note of utilising other BBs for progress within BB4, there appears to be greater scope to place social accountability tools at the heart of this.

What many of these projects have in common is that their primary concern is in promoting an enhanced focus on the most marginalized groups and people within the existing service offering of government and/or humanitarian systems. As we know from the position paper on 4SA, a priority for CARE is to ensure that systems are not only effective and efficient, but that they are equitable in their provision – not leaving out those that are in most need. For CARE, a service system simply cannot be considered strong if it does not reach those who most need the services it provides.



What is clear from the learning in this building block is that **oftentimes a comprehensive strategy is required** to make a significant impact on the quality and availability of service delivery, infrastructure, and resources. An example that encapsulates this well is the activities of the **Multisector Protection programme in Ecuador**. Here project teams worked to adapt clinical protocols to ensure that methodologies and strategies provided greater attention to supporting treatment of obstetric emergencies, pregnancy, childbirth, postpartum, child malnutrition, and use of family planning, including community referral mechanism for emergency obstetric cases. The programme also supported laboratory equipment and the provision of medical supplies in health centres for SRH and STI screenings, pregnancy tests and HIV tests, expanding access to these examinations for adolescents and migrants, including from the LGBTQI+ community. Critically this work focused on multiple levels and areas of the health system and **ensured that changes were institutionalised to maximise the chances of long-term sustainability**.

**Project Spotlight: Timor-Leste: HATUTAN**

Through a holistic approach combining indirect service system strengthening measures and strategic injection/redirection of resources to address key bottlenecks, this project has demonstrated highly promising progress. The project supported local value chains to increase locally produced food for a school feeding programme and undertook improvements to learning environments partly through the redeployment of funds from stalled project activities. At midline, HATUTAN had **reduced learning losses by half** and **doubled a reduction in school dropout rates** compared to non-project schools.

## Building Block 5: Planning and Financing

***Institutional strategic planning, (gender) budgeting and financing mechanisms deliver quality, equitable and accountable services for all.***

Tackled by:

- 81% of reviewed projects
  - 48% of projects integrated gender into this work
- 90% of top 10 most impactful projects

Key learnings:

- The block least addressed amongst the cohort of projects.
- Most promising examples display CARE’s niche for providing/strengthening a gendered lens in government budgeting and planning processes.
- CARE should consider this block a priority for partnership possibilities.

Based on the information gathered during the development of this learning paper, it is apparent that CARE’s focus on planning and financing is the least fully formed of its intervention areas. Approximately 11 of the 30 projects did *not* pursue strategies that we might consider an intentional addressing of building block 5 – **the lowest rate of all the 4SA building blocks.**

Nevertheless, the examples of where CARE and partners have opted to focus on this building block show that the organisation has the competencies to add significant value in this area – particularly when it comes to **providing and strengthening a gendered lens in governmental budgeting and planning processes.** For example, [CARE Ethiopia’s WE GO project](#) has been working with the Ministry of Agriculture to ensure that each of its directorates has clear gender plans and are accountable for meeting targets that have been collectively set in its strategy. This is ensuring a systematic approach to women’s participation in agriculture, backed up by the financial resources required to make it a reality. While it is too early to report project impact, such a strategy has a high potential for success. Elsewhere, other projects have been undertaking similar approaches with a focus on other groups deemed particularly disadvantaged within the context of their specific interventions. For example, the [Cambodia: ISAF II project](#) worked to ensure joint planning and financing of priority areas as defined by people with disabilities (PWD) and youth.

Of course, sometimes it is not just the focus of the planning and financing that requires attention.

Sometimes deficits in service quality or access can be the result of factors such as bureaucratic inefficiency because of suboptimal technology or siloed ways of working. The **Somalia Education program** - [ESPIG](#), [Horumarinta Elmiga](#), [SOMGEP-T](#) - has focused on **promoting a range of reforms that contribute to a more coherent service sector system**, with the inclusion of annual joint reviews across relevant departments helping to reinforce the gender mainstreaming in planning and budgeting that has been enabled through policy and regulatory reforms. Meanwhile, [CARE India’s TMS project](#) includes a focus on strengthening public finance management (PFM) within the health system, particularly the planning and tracking of expenditure.

### **Project Spotlight: [Ghana: GSAM - Strengthening Accountability Mechanisms](#)**

A persistent challenge with processes such as planning and budgeting is that they can often be perceived as dry or overly technical to everyday people. Alongside other strategies to promote social accountability, the project helped the central audit body find ways to turn long audit reports into simple graphics that people could understand. This simple approach helped to demystify audits to increase transparency particularly with women and young people.

Among a range of results, the project led to a **50%** cut in the partisan manipulation of funds by politicians, and a **50%** increase in officials taking action in response to citizen requests.

What unites all these efforts is that often a key criterion for undertaking such work is **a strong rapport with government actors, particularly at the Ministerial level**. This again is where a long-term lens comes into play – if working to improve planning and budgeting at the national or subnational level is something deemed necessary to advance an equitable service sector system for our target groups then sowing the seeds sooner than later is advisable.

Ultimately, without adequate financing, many of the ideals that CARE, and its partners are pushing for will remain unrealised. In many of the countries in which we work, there is a low tax base which contributes to diminished resources from which service sector systems can draw. Across the cohort of projects explored for this paper there are **a range of different strategies to address finance gaps**. Several projects either developed or assisted governments in developing resource mobilisation plans. In some cases, this focus included attention to bid development capacity as well as contract management, as in the case of [CARE India's TMS project](#). While other projects focused a little closer to home on a route to promoting self-sufficiency such as through the use of resources mobilised through new VSLA structures to fund other activities such as the construction of new toilets as with the [DSIR Durable Solutions IDPs and Returnees project in Somalia](#). Outside of the cohort of review projects, findings from our [post-project sustainability \(PPS\)](#) studies have also shown this to be an effective strategy. The [Graduation with Resilience to Achieve Sustainable Development \(GRAD\) project in Ethiopia](#) was able to sustain 56% of its new VSLA structures through maximising relevance, effectiveness, and engendering levels of trust and solidarity amongst key stakeholders. Meanwhile, of the local disaster management funds financially sustained on the [VISTAR project in Nepal](#) (Strengthening Resilience of Communities and Institutions from the Impacts of Natural Disasters), the ongoing allocation of profits from local cooperatives has been essential. As noted in previously, one of the areas some of our more sustainable and effective projects focus on is advocating to governments to increase spending on services that will benefit our impact groups. The [Informed to Influence project in Vietnam](#) is just one of the examples that has achieved this. However, as the learning indicates – the challenge with this approach is ensuring that it becomes the established norm rather than a one-off increase.

**Project Spotlight: [Ethiopia: Seizing the Moment - Gender equality government](#)**

This ambitious project facilitated the integration of Gender Responsive Budgeting (GRB) into a newly adopted and revised Levelling Tool (developed by UN Women), as well as undertaking a specific GRB study to input into the policy review informing the National Gender Policy. These changes ensured that GRB became standard practice at the Ministry of Women and Social Affairs ensuring that line Ministries plan and submit gender inclusive budgets and to influence the funding available for this work via the Ministry of Finance and Economic Development (MoFED).

The National Policy on Ethiopian Women and adoption of a new Gender Policy will impact the lives of millions.

As made clear in CARE's position paper on 4SA, humility is a critical value that all should demonstrate when pursuing this kind of work. Having a clear-eyed understanding of where we can add value and where it may be more prudent to partner with others is a practical demonstration of humility, and nowhere is it more important than in building block 5. While there are areas where it is evident that CARE can add value, it is also important for us to embrace the fact that there may be other actors who are better situated to drive forward specific building blocks. Although it was not readily apparent from the learning responses that this is an approach already being used for this BB, it was apparent in other building blocks such as BB3 where CARE Nepal's partners CSRC, NFGF and NLRG were integral to the positive changes achieved in the [Samarthya project](#). It simply could not have happened without them. Assuming our problem analysis sees planning and financing as a vital area of intervention, the **identification of suitable partners or allies to assist us in driving forward this work may also be a critical aspect of any programme design stage**.

## Building Block 6: Community and Societal Norms

***Social norms at the household and community level support active participation in public life for all and promote social and political incentives to service and be accountable to the rights of all.***

Tackled by:

- 100% of reviewed projects
  - 71% of projects integrated gender into this work
- 100% of top 10 most impactful projects

Key learnings:

- Harnessing the collective strength of community-centric groups the most common strategy in this block. Engenders ownership and builds on existing skills and capacities.
- Importance of community dialogue – SAA as a toolkit to facilitate this.
- Impressive examples of work in norms but patchy across the cohort, some impactful projects showing inadequate or unsophisticated attention to this aspect.

As an organisation, CARE rightly prides itself on its connection to the communities it serves and the longstanding relationships and strategies CARE has developed for enabling communities to dig themselves out of poverty and injustice. The final building block: BB 6 is the most community-facing of the building blocks, as well as being one of the blocks most inter-linked with the activities in other building blocks such as Blocks 2 and 3. Overall, there is a lot to learn among the cohort of projects for this paper. Indeed, it is **the only building block that was addressed by the entire cohort of reviewed projects.**

At least 12 of the 30 projects under review pursued a **strategy seeking to harness the collective strength of various community-centric groups.** Often when we think of structures, we may first think of the government – yet the family unit is often the first and foremost structure that has relevance to people’s daily lives. Contributing to family strength, justice, and cohesiveness can have knock-on effects for wider service sector system dynamics, as well as providing a vital safety net in areas where service systems are insufficiently providing for vulnerable communities.

With an understanding of this context, the **CISP project in Papua New Guinea** developed farmer family models as part of its intervention approach. These models incorporated Gender Equality and Diversity (GED) training, specific targeted support services to women, as well as a focus on business management for family units. Aided by this focus on the potential of families, there has been an increase in income amongst farmers, while women farmers are also being supported and invested in more than ever.

Elsewhere, **CARE Mali’s Integrated Rural Nutrition and Hygiene** programme placed significant value in promoting pride in the local communities that it was working with through community revival programmes as well as clean village competitions. The project is resulting in a cleaner and more sanitary environment as well as healthier lifestyles and dietary habits among members of the targeted communities. Casting its net even wider, **CARE Ecuador-PAH (Humanitarian Assistance Programme)** worked to combine the strengths of a range of social movements and consortia to recognize and promote the rights of migrants and refugees. Standard Operating Procedures (SoPs) were developed to guide the collective and complementary Protection and SRH actions of these

### **Project Spotlight: Benin: PACTE**

The PACTE project in Benin conducted community GBV and trafficking awareness sessions; and mobilised communities to lead local initiatives to combat harmful traditions. This strategy, informed by the SAA approach, increased community knowledge and involvement in the project. The project led to increased confidence and agency of women and children, with **80%** of young people saying they are confident that they can get leaders and adults to respect their rights. **89%** of people say violence is going down.



movements. The result was an optimisation of resources in serving the needs of vulnerable groups including LGBTQI+ individuals, sex workers, and women.

Another critical element when working with communities and attempting to shift societal norms is the paramount importance of enabling ownership amongst key stakeholders. There are a variety of ways in which CARE has sought to accomplish this across the cohort of projects under review. [\*\*CARE Nepal's SAMARTHYA programme\*\*](#) worked actively to increase women's voice and leadership within the structures of key civil society groups the National Farmers Group Federation (NGRF) and the National Land Rights Forum (NLRF). A requirement of five of the key positions on committees being women and a minimum 50% female participation was adopted, and in some locations as much as 60% of project participants were women. Putting more women in the driving seat of efforts to promote food security was a powerful signal to communities and society more broadly that rightly challenged the orthodoxy of men's leadership, which has contributed to transformative results including enhanced government, better services to marginalized farmers, greater food security, and improved nutrition and health, particularly among women and children.

Another project that understood the essential ingredient of community ownership was the [\*\*Tabora Maternal and Newborn Health \(TAMANI\) project in Tanzania\*\*](#). Among a range of community-based activities that included outreach, dialogues, and CSC – all based on strategic leveraging of SAA model - the outcomes of this project simply could not have been achieved without the tireless efforts of the community health workers (CHW) that the project recruited and trained to deliver vital primary care services to the target communities.

**Project Spotlight: [\*\*Uganda: NPRPS\*\*](#)**

NPRPS (National Policy, Regulatory and Program Support in Uganda) undertook family and community discussions, using a gender transformative Household Dialogue Sessions Resource Manual. These forums created opportunities for men and women together to actively challenge gender norms and discriminatory beliefs that were preventing women from accessing finance and markets, promote women into positions of social and political influence in communities, and address power inequities.

Credit application processing is now quicker, and the number of women applicants being worked on has increased.

The communities in which CARE works are often some of the most disadvantaged in the world, facing various forms of adversity, and demonstrating signs of strain can become inevitable in times of resource scarcity. Across the projects, a commitment to promoting togetherness, greater understanding, and solutions to common problems within the community has proven to be an invaluable strategy for strengthening BB6. Community dialogue is invariably at the centre of this work. These discussion windows have the potential to contribute to a greater alignment between communities and service providers, particularly when informed by social accountability methodologies such as the CSC, which can be revelatory in providing communities opportunities for collective reflection over services as well as better understanding their rights. This was the case with the GSAM project in Ghana. Elsewhere, the success of the [\*\*Durable Solutions IDPs and Returnees \(DSIRS\) project in Somalia\*\*](#) relied upon the effective incorporation of community social cohesion and dialogue activities that were integral in facilitating the integration of IDPs into the target communities. Meanwhile, in its efforts to prevent early marriage in Benin, the [\*\*PROJEUNES project\*\*](#), utilising the SAA methodology undertook community meetings and dialogues to sensitise the community to women and girls' rights. This resulted in an increased access to SRHR services for youth, as well as an increased community

understanding of children and women's rights.

As with all the building blocks, a focus on the roles, responsibilities and beliefs of leaders and duty bearers is again a critical piece to the puzzle in this regard. Since most leaders are men, engaging men and boys is also a strategy used by some of the most impactful projects. In bringing them along and ensuring they are influencing others in the community; projects are better positioned to have meaningful dialogues and higher chances of shifts in attitudes – and in time – norms. In the [\*\*CARE Madagascar RANO WASH project\*\*](#), the incorporation of men's engagement for women's empowerment encouraged men and boys to define how they themselves can change and monitor



negative social gender norms. This strategy led to changes in norms around household division of labour and menstrual hygiene in the target communities. Another occasionally overlooked concept is that of trust, and the importance of building trust among a plurality of community members that a challenge to tradition or established way of doing things does not have to be threatening. A pilot project on the [Souqona project in Palestine \(West Bank/Gaza\)](#) sought to do just that by working to build trust in women playing non-traditional roles in dairy farming. Among other impressive results, 3000 women benefited from decreased workload due to selling milk rather than processing it (approximately 5 hours less work per day during peak season).

Importantly, there are also programs that are focused on shifting norms within government and institutions. [Seizing the Moment Ethiopia](#) is a good example of this; Social Analysis and Action (SAA) was used with Ministry of Women and Social Affairs and later with Ministry of Water and Irrigation and the Ministry of Planning and Development. While we often think of tools like SAA as being applied at the community level, several programs show that applying them at institutional levels helps create norms change within the institutions that scale and regulate services.

Finally, while it is evident that CARE is keenly aware of the power and potential of communities to play central roles in the strengthening of service sector systems, there are notes of caution in the learning. In many programmes, evaluations reported that men do not consider women's groups to be their priority – which poses a challenge to the genuine empowerment of women and girls. In addition, while community volunteering can be a game changer, we also need to remain vigilant of the risk of placing additional burdens on communities in the process.



# IMPACTS ON GENDER

- 3.1M women and girls have benefited from impact in gender equality since 2015.
- 84% of the 30 projects reviewed reported gender equality impacts.
- Increased empowerment for women & girls was the most regularly reported impact among projects reviewed.

At the centre of CARE's 4SA framework is a commitment to gender transformative systems. So, what have CARE's most impactful 4SA projects contributed to gender equality? The most widespread impacts on gender equality that have resulted from CARE's 4SA programming are in the **increased levels of empowerment experienced by women and girls in communities**. Strong service systems respect women's rights, give them space to participate and enable them to use their voice and provide leadership for the betterment of society. 47% of the projects reviewed reported impacts along these lines. Notably, the [JANO project in Bangladesh](#) which through establishing and increasing women's participation in nutrition committees and in other relevant decision-making forums made significant strides in this area. At the end of the programme 41.4% women meaningfully participated in decision-making compared to a baseline figure of just 4.6%.

The second most evident contribution to advancing gender equality amongst the cohort of reviewed projects were **strides made to tackle and shift harmful norms and attitudes**. At least 37% of projects reviewed for this learning paper reported positive changes in this area, particularly when it came to positive shifts to reduce the unpaid care work burden of women and girls in the home or community, as well as in challenging patriarchal mindsets that result in various forms of gender-based violence. On the **Somalia Education program** ([ESPIG](#), [Horumarinta Elmiga](#), [SOMGEP-T](#)) there was a marked shift in support by religious leaders for girls' education. While on the [HATUTAN project](#) in Timor Leste there was a decline in the percent of respondents who believed that a husband of justified in beating his wife in any scenario.

Mindset shifts such as these at all levels of societies are undoubtedly contributing to other impacts observed during the review. Firstly, that of **progresses in the safety and security contexts for**

**women** – with the threat of violence and other forms of harm being lessened. Secondly, that of **improved access to and availability of services and vital resources for women and girls** – positioning participants to better leverage the support they need to improve their lives and those of their families. Both outcomes were reported by 23% of the projects in the cohort.

Nevertheless, what has become apparent from this review is the **ample space for improvement and increased ambition that there is across CARE’s 4SA programming when it comes to ensuring gender transformative service system strengthening**. A closer look at which of the 4SA building blocks CARE is best at integrating gender equality within reveals a decidedly mixed picture, with a particularly strong showing within BB1 and a lot of work to do in BB2, BB4 and BB5.

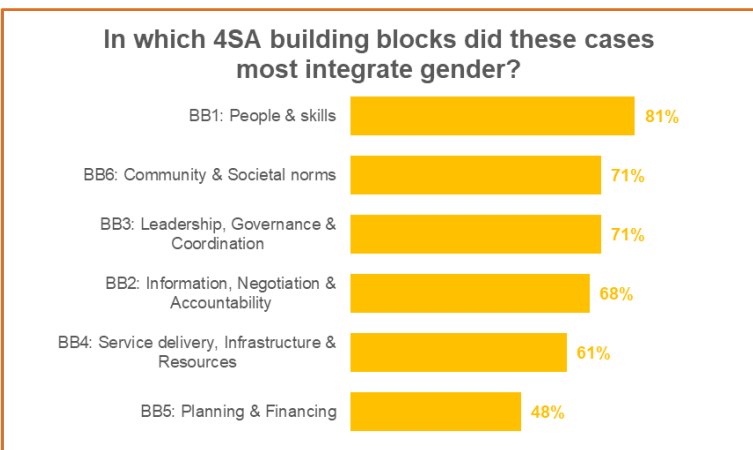


Figure 3- Integration of Gender in Building Blocks Across the 30-project cohort

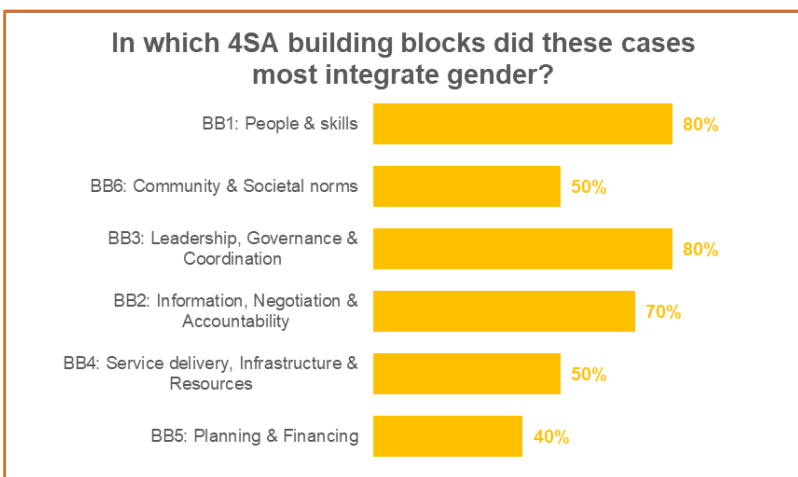


Figure 4 - Integration of Gender in Building Blocks Among the Top 10 Most Impactful 4SA Programs

**Within CARE’s Top 10 most impactful programs the picture is perhaps even more cause for reflection.** While BB 1, 2,3 show a solid performance of gender integration (70-80% of projects), the rates of integration are only evident in BB 4,5,6 (40-50% of projects integrating). With the data assessed for this review it is not possible to identify the exact cause of such low rates of integration. One theory could be that partner entities have been more responsible for leading interventions in these blocks and therefore have not prioritised gender as

much as CARE typically would. Or it may be due to a lack of consistent technical competency for promoting gender equality in these areas – while CARE has strong exemplars of gender budgeting, for example, it is not a widely practiced methodology observed across the cohort of reviewed projects. Alternatively, our project designers and managers may simply be prioritising integration in the first 3 building blocks based on a view that gender integration is most critical to instil within these blocks when maximising precious resources. Unpacking this data point could be an interesting area of enquiry for future learning initiatives, and getting to grips with it will surely position CARE to make advancements in the integration of gender across the 4SA building blocks.



# LESSONS AND RECOMMENDATIONS

## Key Lessons and Recommendations for Other Programmes

### WORK IN PARTNERSHIP: IN DIVERSITY THERE IS STRENGTH

The most common theme running through CARE's most impactful 4SA programming is that of collaboration. Service System Strengthening and Social Accountability (4SA) programming is best positioned to achieve transformative change when it rests on **an intentional approach of equitable partnership<sup>3</sup>, respectful and open relationships, and credible human resources**. Working in this way is based on important values of humility and accountability – we acknowledge that others bring critical perspectives and skills that we may lack, while at the same time we should be fully prepared and committed to holding up our side of the bargain. Several projects noted the essentiality of investing time and energy in identifying the right balance of partners (communities, civil society, governments, private sector, academia and more) to achieve an intended goal, while subsequently ensuring effective coordination and appropriate sharing of responsibilities among equals. Having the right levels of staffing and multi-sectoral expertise within effective management structures to deliver on our commitments is a vital prerequisite. We must also remember that our donors are critical links in the chain and that relationships with them can make or break the potential of our programmes to succeed.

**CARE should redouble efforts at all levels (country, region, member) to advance equitable partnership**, as well as undertake self-reflection regarding which roles we are best placed to play in 4SA programming, which areas we should be consciously upskilling, and which areas we should step back and seek others to step forward.

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<sup>3</sup> As CARE have committed to in our Vision 2030, further outlined in the [paper on partnership](#).

## BE STRATEGIC: THINK HEARTS AND MINDS

While it may be comforting to assume that key stakeholders share the same views that CARE does with regards to the priorities for attention in service systems, this is not always the case. This should not be a cause for despair, but instead a call for us to ensure that our work is doing the thorough groundwork needed to support and build the strategy for positive change, and ensuring we are helping to bring a plurality of people along with our coalition for change. CARE's most impactful 4SA programmes are informed by a strategic use and leveraging of evidence. Most typically this means a grounded analysis of the contexts in which we seek to contribute to change, a robust understanding of the approach deemed best suited to solving a complex problem and connection with those who can play a role in crafting and implementing the solutions. True systems change also means identifying and countering harmful norms and incentives that persist at each level of society. In undertaking this work, our best projects have been able to home in on key actors or links in the chain that have the most potential to accelerate change. These projects also understand the importance of diligent work to build trust in our strategies through practicing transparent and accessible communications in support of our activities, and other vital work to persuade individuals of the benefits of doing things differently.

**CARE should continue to push for improvements in evidence generation and project communications, while also working to better engender [Thinking and Working Politically \(TWP\)](#) principles throughout the project cycle – including [the use of gendered Political Economy Analysis \(PEA\)](#).**

## PURSUE CONSTRUCTIVE ENGAGEMENT WITH GOVERNMENTS

Often – although not always – governments are at the epicentre of service sector systems. For CARE's most impactful projects this is certainly the case. While it is true that governments can sometimes appear aloof, unable to engage or even hostile to the needs of the communities in which we work, it is also true that long-term systems change simply cannot occur without government fulfilling their duties. While it is not CARE's job to prop up irresponsible regimes, it also does not serve the long-term wellbeing of the communities we serve to set-up parallel structures that can promote confusion or inefficiency. Several projects emphasised the importance of building rapport and trust with government stakeholders to open greater opportunities for system improvements. Being mindful of the constraints that governments are operating in and reducing the potential strain of new activities is an essential aspect of this. CARE's programmes are at their best when we play an active role in fostering government engagement, strengthening capacity, and transferring knowledge, capacities, and information among and between parts of the system. Importantly, the most impactful 4SA programmes know when to work alongside and in support of governments and when to take a more adversarial approach to address systemic deficits. Invariably a combination of 'insider' and 'outsider' strategies are called for depending on the time and place. Moreover, CARE is often among the best placed to bring together government and civil society actors (including CSOs and social movements) that may not have been previously open to doing so.

**CARE's 4SA programmes should ensure ongoing use of the [Inclusive Governance Marker](#) to continually drive improvements and accountability in this area.** Further work to strengthen the link between advocacy and programming should coincide with this effort.

## WORK HOLISTICALLY ACROSS ALL BUILDING BLOCKS

One of the advantages of CARE's 4SA building blocks framework is that it helps us to better understand the various components that need to be addressed for a system to be considered gender transformative. The learning undertaken for this review has underlined the importance of working holistically in strengthening service systems.<sup>4</sup> 90% of CARE's top 10 most impactful 4SA programmes

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<sup>4</sup> [CARE's Program Quality standards](#) also lend themselves to holistic programming.



addressed every building block, and all of them addressed 5 out of 6.<sup>5</sup> Of course, every system is different, and every problem we seek to address is equally different, our role also differs in different contexts. Therefore, while our most impactful projects do not simply intervene equally across building blocks, they do demonstrate an understanding of the relationships and interdependencies between distinct parts of a service system. Furthermore, as the focus of our intervention is invariably at the community level this often requires a willingness to engage at multiple levels of a system – at local, sub-national, as well as national level. Our most impactful projects understand the thread that runs through each layer and back again, and how actions to advance national change can reverberate to the local level, and likewise impressive advancements in one community can ripple out to influence change in the system more broadly.

Therefore, to maximise chances of positive change, **CARE’s 4SA programme design processes should reflect explicitly on each of the building blocks and whether interventions are needed** (as well as which actors at which levels are best placed to lead specific activities). Based on the available evidence, an intentional focus on building blocks 2, 3 & 6 would appear to be the minimum requirement. Building Blocks 2 & 3 best line up with key leverage points identified by theorists (information flow and the rules of the system)<sup>6</sup> while building block 6 is the sole domain in which all 30 of the cohort of projects are active.<sup>7</sup>

## PROGRAMS, NOT JUST PROJECTS: BE IN IT FOR THE LONG HAUL

4SA work is at its very best when stakeholders are unified around a shared vision of positive change for vulnerable communities and committed to staying the course. Transforming service sector systems is a complex process with many pitfalls and challenges along the way. The projects most prepared for the journey are those that understand this from the get-go – they outline a bold plan, they apply a long-term lens, they prioritise achieving the plan above more short-term or visible accomplishments, and – when needed – they take action to tackle internal impediments to achieving the plan such as policies or processes that are hampering efforts. 37% of projects reviewed for this paper have been active for 5 years or longer, with an average of almost 4 years across the entire cohort. Moreover, many of these projects are later stages of programmes of work that has lasted many more years. While this does not discount the fact that shorter projects can also be – and have been - successful in strengthening service systems, it does tell us the importance of being *prepared* for a marathon rather than a sprint. Regardless of the project duration, CARE’s most impactful 4SA programmes have understood the importance of patience and displayed overwhelming commitment to stay the course. Furthermore, when the time comes for CARE’s direct support to come to an end, we must ensure exit strategies are done in a strategic, realistic and - above all else - respectful way.

**CARE’s Sustained Capacity, Motivation and Linkages Framework is a useful tool for progressing beyond prevailing “come-and-leave” thinking in programmes.** Of course, a long-term commitment to a shared vision only works if you continue to be convinced of the vision that has been set out.

## ADAPT AND BE FLEXIBLE: BE PREPARED TO CHANGE COURSE

Even the most impressive of plans must remain flexible and open to course corrections. Service systems are highly dynamic and constantly changing, while our initial ideas can sometimes falter when they are met with unexpected shortfalls or turbulence. Likewise, CARE’s projects can also come across unexpected opportunities that are important to capitalise on for greater impact. It is therefore imperative that we demonstrate an ongoing culture of openness, reflection and learning as well as a commitment to adapt strategies as on-the-ground realities change. Some of our impactful projects have faced failure and learned from it or have been decisive in committing or redirecting resources to shift bottlenecks or overcome hurdles. By undertaking piloting and/or designing flexibility into projects

<sup>5</sup> The ratio among the entire 30 project cohort was 94%.

<sup>6</sup> [Meadows, Leverage Points \(1999\)](#).

<sup>7</sup> This statistic helpfully underlines the central importance of communities in achieving gender transformative systems.

from day one often we can better position our projects to stay relevant as time goes by and achieve greater impact over the long-term as a result.

**CARE's programs should be designed and implemented following [adaptive management principles](#).** Donors such as the Gates Foundation that place a significant value on evidence & learning, or the Swiss Agency for Development and Cooperation (SDC) that are known to invest in long-term, phased programming can be valuable partners in this endeavour.

## **PUT GENDER AT THE HEART OF THIS WORK**

The scale of impact across the 30 projects that have been reviewed for this learning paper is remarkable. However, it is important to consider a final note of caution as well as to provide food for thought as CARE continues to push for greater impact. While findings were overwhelmingly positive, among the most common areas identified by evaluators as missed opportunities were an insufficient level of sophistication in our gender equality work (particularly in addressing norms and promoting women's voice and leadership), failing to work closely enough with governments to influence change, as well as not capitalising on opportunities to influence more widespread changes in business practices within market systems. The observations around gender are further underlined by the lack of consistent integration of gender equality throughout the building blocks, including in the top 10 most impactful projects.

**CARE should work to improve gender integration across building blocks, with a special emphasis on BB 2, 4, 5 and 6.** It should also explore ways to strengthen ongoing efforts to improve the consistency of gender equality work across its 4SA portfolio.

As several involved with this study have emphasised, the work of service systems strengthening and social accountability is never finished, it is an ongoing process of change that we must pay continual attention to. However, what is clear from the learning is that the 4SA model facilitates is an opportunity to advance more integrated and impactful programming that tackles the underlying causes of poverty and promotes sustainable change at scale – in development and humanitarian contexts alike.

## LIST OF REVIEWED PROJECTS

Country	Project	Impact Areas
Albania (& BiH, Croatia, Kosovo, Serbia)	YMI II - Men and Boys as Partners in Promoting Gender Equality and the Prevention of Youth Extremism and Violence in the Balkans	Gender (education & Engaging Men & Boys)
Bangladesh	Capacity Building on Nutrition & Sensitive program	Humanitarian (nutrition); Right to Food, Water & Nutrition (nutrition)
Bangladesh	Joint Action for Nutrition Outcome (JANO) Project	Right to Food, Water & Nutrition (nutrition)
Benin	PACTE children and women rights	Gender (GBV)
Benin	Prévenir les mariages précoces et forcés au Bénin	Gender (GBV); Right to Health (SRH)
Cambodia	Implementation of Social Accountability Framework (ISAF) Phase II	Other - Social Accountability
Ecuador	Multi-sectoral Protection Response for Vulnerable Populations in Ecuador Affected by the Humanitarian Crisis (PRM1)	Humanitarian (multi-sectoral); Gender (GBV)
Ethiopia	Seizing the Moment: Working towards Gender Equality in government structures and policies with a focus on the Ministry of Women Children and Youth	Gender; Women's Economic Justice
Ethiopia	Women Empowerment Through Gender Transformative Market Opportunities	Gender; Right to Food, Water & Nutrition (food security)
Ghana	Ghana's Strengthening Accountability Mechanisms(GSAM)	Other - Social Accountability
Guatemala (& other countries)	Proyecto Nutriendo el Futuro	Right to Food, Water & Nutrition (food security; nutrition)
India	Techno-Managerial support to GoB to improve health system Platforms (includes projects FPMLE, TCH, FP, Nutrition, TSU, MNCH and MCN II)	Right to Health
Iraq	Restoring Water Supply System and improved Sanitation and Hygiene Practices in West Mosul, Iraq – Phase III	Humanitarian (WASH)
Madagascar	Rural Access to New Opportunities in Water, Sanitation, and Hygiene (RANOWASH) program	Right to Food, Water & Nutrition (WASH)
Mali	USAID Nutrition and Hygiene Project	Right to Food, Water & Nutrition (nutrition; WASH)
Nepal	Samarthya: Promoting Inclusive Governance and Resilience for the Right to Food	Right to Food, Water & Nutrition
Niger	Programme de Gestion Equitable des Ressources Naturelles et de Renforcement de la Société Civile (PROGRES)	Right to Food, Water & Nutrition (Natural Resource Management); Other - Civil society
Palestine (West Bank/Gaza)	Our Market	Women's Economic Justice
Papua New Guinea	Coffee Industry Support project	Right to Food, Water & Nutrition (food security); Women's Economic Justice
Peru	SABA: Modelo Integral de Proyectos de Saneamiento Básico Rural en Perú	Right to Food, Water & Nutrition (WASH)
Sierra Leone	Epidemic Control and Reinforcement of Health Services	Right to Health; Humanitarian (health)
Somalia	Durable Solutions for Internally Displaced persons and returnees in Somalia (DSIRS)	Other - Peacebuilding
Somalia	ESPIG-Education Sector Program Implementation Grant	Gender (education)

<b>Country</b>	<b>Project</b>	<b>Impact Areas</b>
Somalia	Horumarinta Elmiga III ("Education for Empowerment through Cohesive and Harmonized System")	Gender (education)
Somalia	The Somali Girls Education Promotion Project Transition( SOMGEP-T)	Gender (education)
South Sudan	Emergency Mobile Health, Nutrition and Protection	Right to Health; Humanitarian (health)
Tanzania	TAMANI - Tabora Maternal and Newborn Health Initiative	Right to Health
Timor-Leste	Hahán Atu Fó Tulun ho Nutrisaun no Edukasaun (Continue and support Food for Nutrition and Education)	Gender (education); Right to Food, Water & Nutrition (nutrition)
Togo	Supporting Maternal and Child Healthcare in Togo	Right to Health
Uganda	National Policy, Regulatory and Program Support in Uganda	Women's Economic Justice
Uganda	Partners for Resilience - SP - Uganda	Humanitarian (DRR)
Uganda	Ensuring rights-based accountability for the sexual and reproductive health and rights of refugee and host community women and girls in Adjumani District, Uganda	Humanitarian (health); Right to Health (SRHR); Other - social accountability
Uganda	Influencing policy and practice on Financial Inclusion in Uganda	Women's Economic Justice
Vietnam	Informed to Influence: Increasing ethnic minority women's access to information for improved governance and development	Gender (Women's Voice & Leadership); Other - civil society strengthening