



# *Stepping Stones to P-Shift*

*CARE Malawi · June 2010*

## **1. BACKGROUND**

Since CARE Malawi started its operations in 1998 the Country Office (CO) has taken a number of strategic turns that have sought to deepen the quality and impact of programs. Such program strategy choices have included evolution in application of strategic programming frameworks as well as changes in the operating structure. At the center of processes guiding these choices, have been the Long Range Strategic Planning (LRSP) processes. These have defined key strategic directions for CO program focus and strategies to build a responsive structure to deliver programs with impact.

The first LRSP (2001 – 2004) defined the vision of the CO to be focused on becoming *“a dynamic learning organization that, through a process of action and reflection, will continue to inform the future development of the country program”*. During this period the CO focused on evolving systems and structures that would help building of strategic partnerships and alliances and facilitate learning and information management in the CO. Program strategy development sought integration of rights and HIV mainstreaming and capacity building into the LRSP. This was guided by thorough analysis and understanding of peoples’ livelihoods from implementation, experience and livelihoods assessments. The CO program covered activities in the food security, agriculture, health, education, economic opportunities development, social and economic empowerment (especially of women), safety nets, rural infrastructure development and emergency response.

The second LRSP (2004 – 2008) sought to build on the lessons from implementation of the first LRSP, including greater understanding of the operating political and social environment. This was informed by deeper analysis of structural and systemic causes of poverty and marginalization. This information guided the reorganization of the program response framework around CARE’s Unifying Framework. Five Underlying Causes of Poverty (UCP) were identified as priority areas around which all programming should seek to make clear contribution (change).<sup>1</sup> The program strategy therefore focused on demonstrating a shift *from an organization that only ‘implements projects’ to one that also seeks to ‘facilitate and negotiate processes’*, incorporating rights in all activities. Specific program outcomes were developed from the five UCP which were – strengthened governance, social inclusion, strengthened economic environment, equitable access to resources and services and gender equity. CARE also started to make strategic geographic focus of presence and expansion choices, which influenced strategic partner engagement choices.

In 2008 developments were made at the CARE global level to shift from a project-based model of delivering activities, to a programmatic approach. The program approach identifies *“a coherent set of initiatives by CARE and our allies that involves a long term commitment to specific marginalized and*

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<sup>1</sup> Five identified UCP include: Weak governance; Social exclusion; Poor Micro and Macroeconomic Environment; Inequitable access to resources and Services and Gender inequity.

*vulnerable groups to achieve lasting impact at broad scale on underlying causes of poverty and social injustice. This goes beyond the scope of projects to achieve positive changes in human conditions, in social positions and in the enabling environment”.*<sup>2</sup> As a dynamic learning organization CARE Malawi was selected as a “Learning Lab” for the “Project to Program Shift” process. As a Learning Lab, CARE Malawi is obligated to enact and test the characteristics of a program approach, including indicators and systems of measurement for program quality and to assist other CARE Country Offices to adopt proven practices and learn from the Learning Lab experience.

Since 2008 CARE Malawi has led a number of processes and workshops to identify specific impact groups on whom its programming should focus on and be accountable to on impact monitoring. This has been driven by reflective learning practice on previous programming to inform re-alignment of the program strategy to the CO’s understanding of UCP. One key driver has been the need to be able to demonstrate the impact of CARE’s work in Malawi. These spaces have facilitated generation of lessons and wisdom from past knowledge and experience from community interaction through project implementation as well as from research conducted by CARE or other institutions. Through this process CARE Malawi has identified three impact populations to pilot this long term programmatic approach and generated content and design frameworks for each of these programs, to varying levels of completion. The three impact populations are:

1. Women in vulnerable, chronically food insecure, rural smallholder households (P1)
2. Rural adolescent girls of primary and post-primary school age, approximately 10-18 years (P2)
3. Women in very poor, chronically food insecure, highly labor constrained, female headed households (P3)

As a Learning Lab for the Program Shift process, CARE Malawi is expected to document learnings from their experience. This report aims to record and share CARE Malawi’s processes and discussions which have enabled the Country Office to progress the shift to a programmatic approach thus far.

## **2. STEPS TO MAKING THE SHIFT**

CARE Malawi has utilized a range of processes to facilitate the shift to a programmatic approach. These have included:

- Internal workshops
- Community consultations and interactions with partner organisations
- Drawing on lessons learned from other Country Offices and Learning Labs
- Internal discussions/team meetings
- Design development for new sectoral projects
- Research, including the Country Office Underlying Causes of Poverty (UCP) Analysis
- Evaluations from previous and current projects
- Staff training
- Review of the CARE Malawi LRSP & M&E framework
- Matrix to identify project status and preliminary steps
- Program Quality Assessment Tool (PQAT) reports
- External technical assistance from consultancies, CARE US and the CARE Southern Africa Regional Program Quality Unit (SARMU).

*This section* provides a summary of the various processes used by CARE Malawi to progress program development under P-Shift since it was identified as a Learning Lab 2008.

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<sup>2</sup> CARE International definition of a Program (<http://p-shift.care2share.wikispaces.net/>)

### **MATRIX (April 2008)**

**Key questions:** *What activities does CARE Malawi currently have and how might these be clustered to inform program development processes?*

Soon after becoming a Learning Lab, CARE Malawi began to familiarize staff with the program approach and start early thinking on formulating programs. The first steps were to circulate information to all staff on the basic principles of the program approach and P-Shift (“*What is a Program Approach*”). Soon afterwards, in April 2008, a matrix was distributed for all current projects to complete. The matrix asked each project to identify the project name, goal statement, impact level objectives and indicators and the target population.

The Matrix provided a summary of all CARE Malawi projects which were then clustered to identify a few focus areas which could inform potential programs<sup>3</sup>. Clustering could be done by thematic area, intended impacts or impact populations. It could also be clustered by LRSP strategic directions – particularly if the UCP analysis had already identified these strategic directions as potential focal areas for programming. When clustering initiative the CO also considered its comparative advantages/strengths and anticipated or desired areas of strength/growth in coming years which might influence program focus areas.

Staff were not asked to specify the geographical location of the activities at this stage in the reflection process as it was felt that it could overly reinforce structure, where the exercise was designed to focus on function and opportunity.

The Matrix was used in later reflection processes to guide the identification of programs (for example, it formed the basis of discussions to identify potential areas of focus at the November 2008 CARE Malawi P2P workshop<sup>4</sup>).

### **PROJECT TO PROGRAMME SHIFT START UP (May 2008)**

**Key questions:** *Do senior staff have a clear understanding of the key principles of the program approach and their roles and responsibilities for P-Shift? What tools and methodologies does the Country Office already have for assessing program quality and how can we test these? How can we develop a process for conducting a program quality baseline, including indicators?*

In May 2008 CARE Malawi engaged in a week of activities to initiate the Program Shift process, led by CARE USA (Kent Glezer). The overall objectives of the week were to:

1. Improve the understanding of senior staff (a one day workshop in Lilongwe for 12 senior staff) on:
  - a. What a program is (definition and eight characteristics)
  - b. What a learning laboratory is (roles, responsibilities, what support is provided)
  - c. Ubora, and more specifically the program quality indicators that are part of Ubora
  - d. The organizational changes that will be needed to support the shift to a program approach
2. Provide an opportunity for CARE Malawi staff to assess their own program quality mechanisms. Staff tested the program quality indicators and the associated data gathering questionnaire (smaller group work by project managers on methodology for quality indicators (tools for data collection and analysis and reporting format, dissemination process, use of information, frequency of data

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<sup>3</sup> *CARE Malawi Portfolio Matrix; April 2008*

<sup>4</sup> *Programme impact and Areas of focus – mm, tb; June 2008*

collection, analysis and dissemination), including to pilot program data gathering questionnaire/indicators. This subsequently fed into the PQAT reporting process.

3. Agree on a process for conducting a program quality baseline. OPM and PIKL staff were oriented to CARE Malawi's impact baseline process and indicators and brainstormed possible "program support +" indicators that might be useful to test in the CARE Malawi Learning Lab. The quality indicators baseline instrument was then tested in a one day field visit.
4. Finalize an action plan for FY09 for the program shift, including resources needed (one day workshop with 7 senior CARE Malawi staff)

**Lessons:** The Start Up week had a modest level of achievement. The opportunity to test quality indicators and data gathering questionnaire were found to be very useful and had excellent results. It was also very useful to have broad agreement on the methodology for conducting the program quality baseline (although details needed to be worked out as a follow up) and to finalise an Action Plan for FY09 and to be aware of the technical assistance and financial resources that would be required to support it. The timing however was tight for such an expansive topic and it was felt further attention would need to be paid to ensuring staff understanding of the process and their roles and responsibilities.

#### **"ENGAGING INTO THE TRANSITION" CARE MALAWI WORKSHOP (October 2008)**

**Key questions:** *What has already been done to progress P-Shift and where are the gaps? How might P-Shift improve the quality of our programs? In what ways is P-Shift a continuation of our existing program quality methodologies and what changes will be required? How do programs strategise for conceptual development of programs?*

In October 2008 CARE Malawi held an internal workshop to bring staff up to speed on the project to program shift agenda to ensure all staff have a common understanding on the process, what it means for the CARE Malawi programming strategy and for staff to review and input to the CO P2P Road Map and FY09 plan. Each project was represented at the workshop, as were program support staff.

Workshop presentations explained the historical shift in concept at the CARE International level and mapped the process path of CARE Malawi becoming a Learning Lab and shared the history of questing for program quality, accountability and learning and greater synergy of CARE Malawi initiatives. These sessions allowed CARE Malawi staff to see what has been done already in the process of P2P. Small group activities encouraged staff to evaluate what processes have helped us move towards improving the quality of our programs and committing to greater impact and to consider how the P2P might change their roles and responsibilities.

The workshop built upon the program quality process outlined in the May 2008 meetings. It was an opportunity for projects to assess what has shaped CARE operations so far and identify the shortcomings of the project approach in terms of quality (i.e. short term approach, knowledge management, continuity and sustainability, cohesiveness). Participants were given opportunities to share and reflect on what is and what is not a program, including small group work which discussed the difference between a project and a program by looking at defining elements of each and real case studies.

These activities required participants to identify and discuss anticipated changes that would need to happen to turn these case studies into programs (practices, procedures, operational arrangements, fundraising and donor requirements) and any potential implications of these changes and how to

manage them (including what resources would be required (financial, capacity needs)). Groups identified potential conflicts and how these could be managed. The overall benefit of this exercise was for staff to identify the opportunities the shift to a program approach would bring and that it was not necessarily an entirely new way of operating but enhancing existing program quality approaches.

The workshop allowed for a review of CARE Malawi's strategic roadmap for advancing the P2P. The roadmap was presented and staff reflected on the clarity of the tool, identified gaps and assessed what has been achieved this far and what is on course or off course that will affect the FY09 projection. Staff learnt how to strategize for conceptual development and design of programs including development of impact statements, synthesis of UCP analysis, focusing on priority areas for actual program content development, developing pathways/theories of change, and linking LRSP strategic directions and impact statements and program theory/paths of change.

Group discussions identified key messages that must be communicated to staff. It was agreed there is a need to create and identify spaces for communication and discussions with staff through a communications strategy.

There were two key outputs from this workshop:

1. A clear and refined P2P roadmap and activity map for FY09 (with specific FY09 activity list)
2. A crude communication plan to facilitate sharing and opening dialogue that reaches and taps from experience of frontline staff.

#### **CARE MALAWI P2P WORKSHOP (November 2008)**

*Key questions: What analysis do we already have which will inform program development? What are the potential program focus areas/impact populations? What might the Theories of Change look like? What is a realistic plan to progress program development?*

In November 2008 CARE Malawi held a four day workshop to develop a deeper understanding of the P2P shift Process for all staff, to further expand on the program design and to plan for further program development. The workshop was attended by 24 staff representing sector coordinators, a number of project coordinators, field advisors and support staff from Human Resources and IT. CARE USA and SARMU also attended.

This workshop revisited the outcomes and lessons learned from the October 2008 P2P workshop. This included checking staff still had a clear understanding of the characteristics of a program to ensure the essential building blocks existed in order to begin the process of program design. Where gaps in knowledge were identified the concepts were discussed in detail. Expectations and commitments as a Learning Lab were identified and discussed.

Staff were consulted through personal reflections on the program approach and work guide. Staff were asked to identify in a questionnaire what excites them about the 8 characteristics of a program and why and how they will struggle with the programmatic approach personally and why.

Participants were asked to list out the different aspects that needed to be worked on for the three parts of program quality (Program support, program impact and process<sup>5</sup>). It was identified there is a need to build stronger linkages between support and process areas to ensure lasting impact. Questions were

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<sup>5</sup> Using the Uboru approach

raised over whether program design should be informed primarily by current policies or funding opportunities.

Staff were asked to list stories from their work that best reflect the defining characteristics of a program, including: a brief description of a story from their work, what program characteristics it displays, Explanation about why it is a good example of the characteristic and aspects of characteristic not depicted in the story.

This workshop was the first real process for CARE Malawi staff to identify potential areas of focus and impact populations. It was agreed there were two key areas which should be used as starting points to develop programs, based on CARE's experience and current programming: Economic Development and Food Security and Equitable Access to Health and Education Services. The Economic and Food Security Group and the Health and Education Services Group used this workshop as an opportunity to further develop their programs. These two programs aligned with the strategic directions under the new LRSP.

These teams reviewed what processes and analysis already existed which could inform the development of programs and the process for P-Shift. Teams also considered how this analysis could be tested further to ensure its relevancy and appropriateness to the program approach. Using this analysis the teams identified the 1) human condition, 2) social position and 3) enabling environment factors relevant to the two pilot programs<sup>6</sup>.

This was an important opportunity for these teams to understand and articulate the differences between the population groups (impact population, sub set population, target population, stakeholder population), what sub groups formed each impact population, and identify which were the non focus groups (those groups which may be targeted but impact will not be measured against).It was the first opportunity to determine what changes might be required to the Country Office's current projects to translate them and the LRSP into programs.

This analysis was used to refine the problem and goal statements for each program, and identify and define specific marginalized vulnerable impact population(s) and target group(s) with whom CARE Malawi programs will work. From the key change (outcome) areas each program team began the process of developing a theory of change, including initial ideas for breakthrough areas and key indicators. These activities were completed by referring to the UCP analysis, CO draft strategic directions (LRSP) and the draft problem statements for the strategic directions.

Groups ended by developing outlines for plans to further program development operationalisation and outline a program briefing guide. The workshop discussed what could reasonably be achieved in the next 6 months and it was agreed to prioritise the development of one program initially. The Chronic Food Insecurity program was chosen to be the pilot, which would inform program development for the future program/s.

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<sup>6</sup> See document "*CARE Malawi Program Design Workshop*" for outcomes and "*Problem statement*" documents

## **WORKSHOP ON CHRONIC FOOD INSECURITY PROGRAM (June 2009)**

**Key questions:** *What are the key characteristics of the impact population (and who is not included)? Is it useful to define the impact population in this way or are we just redefining existing groups? How do we use this information to achieve more focused impact (and develop a strategy)?*

CARE Malawi held a one day workshop focused on developing a program working with rural and peri-urban socially and marginalized women to enhance their food income security. The aim was to advance program development of the Economic and Food Security Program by providing an opportunity for staff to reflect on and build a common understanding of elements of the program as it has progressed so far. The Country Office had made the decision to pull together all previous work and analysis relevant to this program and use the lessons from this process to inform the development of the second program. The Program 1 team identified areas where there was consensus as well as areas where there was still debate and discussed those further to develop a commonly accepted final product. They also identified next steps for program development.

### Consensus Building on characteristics defining the target population

A practical case study exercise was used as a basis for drafting impact population statements, an impact goal and characteristics. Staff used these case studies to define a typical household or group of people they would work with by isolating indicators from characteristics that would best define such a household or person in this program. An analysis of the case stories revealed skews in emphasis in the indicators/characteristics. An important part of this process was asking the team to specify which characteristics and groups would not be included in the impact population. This forced staff to decide how broad or specific an impact population they wanted to focus on for the program. There was also discussion on how CARE Malawi has used this defined impact population to achieve more focused impact.

### Next Steps in Refining Impact Population

Issues Identified as Requiring Further Clarity on the Program: Build clear understanding of the nature of social and economic marginalization in peri-urban areas (analysis) & make a clear decision on program focus area (E.g. Either Rural or rural and peri-urban).

### **Lessons on the process for determining a specific impact population:**

- Using practical case studies of impact population representatives helped staff to identify themselves with the impact population and develop the goal and characteristics.
- Need to balance different priority issues of staff.
- Consider how to share our choice of focus with communities and get their validation of choice.
- Will our choice of focus align with CARE US strategy as well as community's choice of focus? (Uncertainty of CARE international focus choices)
- Need strong research and analytical base to choose impact populations.
- Need to be clear about distinguishing between who we are working with (target population) and those who we are seeking to measure impact on (impact population). It is important to continue asking "Are we ably programming to get primary program benefits to the Impact population with support of target populations? Or is the target population benefiting more than our primary impact groups?"
- Need to be focused to avoid spreading ourselves too thinly - not only would this prevent us from saturating our impact on that impact population but it could also limit effective fundraising approaches.

- Need to develop our own ability to manage complexity.
- Maximize synergies between projects and programs and develop strategic advantage in a niche area while avoiding overlaps.

### **INTERNAL DISCUSSIONS ON CHRONIC FOOD INSECURITY PROGRAM (July-August 2009)**

**Key questions:** *How can we design a new initiative which aligns with our thinking on program development?*

Following a Bill & Melinda Gates Foundation call for proposals for a food security initiative, CARE Malawi began to design a new project called *Women in Agriculture* (WIA). Considering this was highly relevant to the early thinking on an impact population for the economic development and food security program, the Country Office decided to design the project in a way that would complement the program. Through this process the Country Office was able to progress the development of a program strategy in synergy with a project design. The WIA project will ultimately form the main initiative under the food security program(s).

Analysis underpinning the WIA design led to a disaggregation of the impact population into 3 groups. CARE decided it was well positioned to work with two of these groups and that they would form two separate impact populations and programs:

1. Women in vulnerable, chronically food insecure, rural smallholder households (Program 1); and
2. Women in very poor, chronically food insecure, highly labor constrained, female headed households (Program 3).

Program 2 continued to be focused on the equitable delivery of services, specifically for adolescent girls.

### **SARMU ASSISTANCE TO DEVELOP PROGRAMS (September 2009)<sup>7</sup>**

**Key questions:** *What information do we already have for each program and what is missing? How do we identify sub groups and initial domains of change? What is required to start a program strategy?*

In September 2009 Dan Mullins, Deputy Regional Director Program Quality, SARMU, spent a week with the CARE Malawi team to assist in the further development of each of the three programs, with particular focus on the first impact group (and touching on Program 3). The workshop used picture case studies to describe each impact population and then analysed the characteristics that distinguished them all (in particular the differences between P1 and P3). Household mapping helped to identify key issues, characteristics, pathways and gaps for each population (focus on Program 1). Teams reviewed what information already existed for each impact population and what additional information would be required.

For Program 1 the team developed a revised impact group, impact goal and problem statement, identified broad areas that can share sub-impact groups and target groups and identified ideas for domains of change. A report at the end of the visit provided specific recommended next steps for the program development of each program, including knowledge gaps, specific to that impact group. Further work would be completed to refine the theory of change at a later date. The visit also resulted in

<sup>7</sup> See document CARE Malawi poverty Analysis Aug09.

identification of gaps (especially gender). This workshop was a significant step in developing the strategy and Theory of Change for Program 1.

### **PROGRAM QUALITY ASSESSMENT TOOL (PQAT) (January 2010)**

**Key questions:** *How far progressed is program development? Where are the gaps and what is the strategy to address them?*

Programs 1 and 2 completed the design section of the PQAT, which is designed to be a guide to help ensure that the program characteristics are being incorporated in program development. In particular, the PQAT asks programs to identify what progress has been made to date in designing programs, what processes are still required (strategic planning meetings, workshops etc) and to help identify additional work necessary and areas for improvement. This process alerted the programs to the lack of documentation of both the process and outcomes of program development completed to date (particularly for Program 2, which was already aligned with ongoing thinking).

### **FINALISED IMPACT GROUPS AND GOALS: SARMU WORKSHOP (February 2010)**

**Key questions:** *How to finalise the impact population statement, characteristics and final goal? How should this be expanded into a strategy?*

CARE Malawi progressed program development at a workshop facilitated by SARMU Deputy Regional Director for Program Quality (Dan Mullins) and CAREUS Senior Program Advisor (Michael Drinkwater). At this workshop each of the three programs refined their impact population statement and characteristics and developed final impact goals:

1. Women in vulnerable, chronically food insecure, rural smallholder households
2. Rural adolescent girls of primary and post-primary school age, approximately 10-16 years.
3. Women in very poor, chronically food insecure, highly labour constrained, female headed households.

The visit coincided with a visit from CARE US *Power Within* strategy (Stephanie) who worked with P2 to further develop their program.

This workshop, combined with the conclusion reached during the PQAT reporting, highlighted the need for documentation of the process and outcomes of program development. Now that the basics of the program design were in place (agreed goal, population etc) it was time to start documenting the strategies.

### **P-SHIFT PROCESS DOCUMENTATION CONSULTANT (April – June 2010)**

**Key questions:** *Which components of a program strategy already exists for each program? What is still unclear? Where are there gaps?*

Based on the needs identified in the PQAT and February 2010 workshop for better documentation of the P-Shift, a consultant was hired to consolidate work already completed on program development to form draft program strategy documents for each of the three programs. These draft documents formed the basis for a series of program development discussions in May 2010, the outcomes of which were incorporated into the strategies.

### **PROGRAM STRATEGY DEVELOPMENT WORKSHOPS (May 2010)**

*Key questions: Confirm content of draft program strategies, clarify contradictions and fill gaps. How can we expand upon the draft Theories of Change?*

One day workshops were held with staff from each program to review the draft strategy papers developed by the P-shift process documentation consultant:

- refine impact population statements and goals
- develop theories of change
- identify breakthroughs
- identify implications for program pathways and subsequently program strategies
- use pathways to identify gaps for additional analysis

The consultant revised the draft program strategy papers to reflect outcomes from the workshops, in preparation for the SARMU Program Quality Network meeting.

### **SOUTHERN AFRICA REGIONAL MANAGEMENT GROUP (SARMU) PROGRAM QUALITY NETWORK MEETING (May 2010)**

*Key questions: Test the analysis and Theories of Change for each program through fieldwork – what recommendations should be made for CARE Malawi to improve program strategies?*

From 17 to 21 May CARE Malawi hosted a SARMU Regional Program Quality meeting, with the objective of stimulating progress on the development of programs in Southern Africa as part of the CARE Project-to-Program Shift process (P-Shift). The workshop provided an opportunity for Country Offices to reflect on progress in the P-Shift process, share lessons learned and to identify some common issues in programs in the region. An important component of the workshop was to facilitate practical learning through technical support to CARE Malawi. CARE Malawi shared the draft strategy papers for its three initial programs as a case study, enabling other Country Offices to learn from the CARE Malawi experience and implications of these lessons for their own programs, as well providing an opportunity for other COs to make recommendations on the programs.

The workshop was attended by representatives from a range of Country Offices in Southern Africa, including Malawi, Angola, Madagascar, Mozambique, South Africa Lesotho, Zambia, Zimbabwe and SARMU, as well as CARE UK, CARE US and Access Africa (Tanzania).

The bulk of the workshop entailed assessment of CARE Malawi's work on developing programs, with workshop participants providing recommendations to the host team. Workshop participants were divided amongst four groups of "consultants" to evaluate coherence and relevance of current program approaches for each theory of change for selected programs in CARE Malawi. Each team included at least one CARE Malawi colleague, who provided information and discussed issues with the consultants. The teams were divided as follows:

3. Program 1 (Women in vulnerable, chronically food insecure, rural smallholder households)
4. Program 2 (Rural adolescent girls of primary and post-primary school age, approximately 10-18 years)
5. Program 3 (Women in very poor, chronically food insecure, highly labor constrained, female headed households)
6. Program Support and Organisational Systems

These groups analysed the programs in detail, in particular the UCP and TOC, with support from CARE Malawi program staff. These groups developed methodology and key points for discussion in the field with impact groups (including subgroups) or key target groups. Teams travelled to field locations to meet impact population representatives. After returning from the field work, each team developed specific recommendations for CARE Malawi to progress program development, which they presented to the workshop, followed with discussion in plenary.

**Lessons:** Feedback and recommendations from the consultancy teams highlighted the importance of learning how to communicate and present program information. There was quite a bit of thinking that has already been done by the CO in the development of the strategy papers but obviously this didn't translate to a new audience so we need to be better at 1) documenting all the stages of our thinking and including that in the documents and 2) thinking more creatively of ways in which we can better communicate the reasoning process – how did we get to that point, what were the linkages, UCP etc to get there and ensuring this will be understood by a range of audiences. Just listing the TOC of change in text does not always communicate the message effectively.

Overall there were extremely useful contributions to each of the programs and some important new questions and perspectives for the CO which it perhaps hasn't asked or focussed on enough to date.

#### **CARE MALAWI SRH CONSIDERATIONS FOR PROGRAMMING (May 2010)**

**Key questions:** *Do the programs have a holistic understanding of the impact populations (women)? How do the SRH needs of women impact CARE's program initiatives? Where are there synergies between programs?*

SARMU's HIV & AIDS Program Coordinator led a 3 day workshop on the Sexual and Reproductive health needs of each impact population. The aim of the workshop was to:

- Deepen CARE Malawi's understanding of the whole woman in each impact population with an emphasis on her SRH needs.
- Identify new areas/issues associated with impact populations that CARE Malawi would like to include in the theories of change.
- Revisit each program's TOC (including looking at intersections and cross-fertilisation across programs, especially to ensure consistency in cross cutting issues across programs).

The workshop was an opportunity to explore in more depth the notion of the "whole woman" for each impact population. This involved trying to understand the woman beyond just how she is associated within the sector (ie. Not just a student, adolescent, producer) to the relationships in which she operates and how that impacts her, in particular her empowerment/rights. This means looking further than just whether she is being involved and represented but how she utilises those opportunities. This workshop was also an opportunity to consider how cross cutting themes such as governance, HIV and SRH should be included in programs, and where there are synergies between programs.

When considering the "whole woman" each program was asked to consider her health (maternal and child health, family planning, sexual and reproductive health and HIV/AIDS), her hopes and aspirations, issues of social capital and exclusion, her capabilities, her influence and participation in institutions and transforming gender relations. This helped programs to understand the links between program aspirations and constraints for women which have perhaps not been looked at in detail or systemically by the program/Country Office until now.

Important synergies between programs were identified and it was noted that it will be important when finalizing the program strategies to consider whether these synergies are best addressed by each program separately, but in coordination, or as one initiative that spreads across the three programs.

## ONGOING PROCESSES WHICH HAVE CONTRIBUTED TO PROGRAM DEVELOPMENT

### NEW PROJECT DESIGN PROCESSES

*Key questions: How can we align project designs with program strategies? How can analysis for both processes contribute to one another?*

New project design processes have been important opportunities to reflect on and inform program design processes and content. The *Power Within* (Program 2) and *Women in Agriculture* (Program 1 and, to a lesser extent, P3) project designs have been key processes to date.

### EVALUATIONS FROM PREVIOUS AND CURRENT PROJECTS

*Key questions: What lessons from previous or current activities should inform program development? Where are CARE Malawi's strengths?*

Past documentation on lessons learned from CARE's initiatives in Malawi have formed part of the knowledge pool to inform program design choices. In particular, the SMIHLE evaluation (Programs 3 and 1) and gender analyses from various project evaluations.

### RESEARCH

*Key questions: What outcomes or analysis from research already exists which is relevant to our programs?*

Key research which has contributed to program development to date includes LIFT-Up (Program 3), PCTFI situational analysis (Program 2) and the CARE Malawi Underlying Causes of Poverty baseline (all programs). The planned Mothers Matter needs assessment will provide important information on the SRH needs and issues for each of the three impact populations.

### REVIEW OF THE CARE MALAWI LRSP & M&E FRAMEWORK

*Key questions: What are the CO strategic directions and how can we shape programs that align with these?*

Work to develop a CO level impact monitoring framework was initiated and a set of 12 priority indicators for UCP impact measurement were identified and a baseline conducted in 2008. The quest for refocusing CARE Malawi's actions on the ground revealed that priority strategic directions in the LRSP were not well aligned to addressing the identified UCP to effect lasting change on the people that CARE Malawi works with. A process to review the LRSP was also initiated in 2007, which informed a choice of 4 impact focused strategic directions. Broad impact groups were identified in line with the changes happening within the CARE global strategy.

The revised LRSP and the M&E framework guided the development of impact statements which became the first reference points for choosing areas around which CO long-term programs would be developed.

## **DRAWING ON LESSONS LEARNED FROM OTHER COUNTRY OFFICES AND LEARNING LABS**

**Key questions:** *What has been the experience of other Country Offices in P-Shift? What processes did they use and what were the results?*

In February 2008 the CARE Malawi ACD/Program and M&E Coordinator attended the CARE USA P-shift meeting in Istanbul. At this meeting, they were introduced to how to lessons learned in organizing a CO impact baseline.

Experiences of other Country Offices have been shared through SARMU, regional workshops and meetings, and the P-Shift Wiki site and have been used to guide the CARE Malawi P2P process.

### **3. PROGRAM STATUS – JUNE 2010**

Each of the three programs have final impact population statements and impact goals:

**Program 1:**

*Impact group:* Women in vulnerable, chronically food insecure, rural smallholder households.

*Goal:* Women, who are empowered socially and economically, are able to exercise their rights of access to and control of productive resources and services, and enjoy more diverse and reliable access to income and sufficient nutritious foods.

**Program 2:**

*Impact group:* Rural adolescent girls of primary and post-primary age, approximately 10-18 years.

*Goal:* Empowered rural adolescent girls claim their rights and participate equitably in economic, social and political opportunities and have influence in decision-making at all levels.

**Program 3:**

*Impact group:* Women in very poor, chronically food insecure, highly labor constrained, female headed households.

*Goal:* Women have a strong asset base, are food secure, actively influencing policy and decision-making, and program delivery systems are transparent and accountable to their needs.

Draft strategy papers have been developed for each of the three programs. These include analysis of the UCP, agreed key characteristics for impact populations, identification of sub groups and target population, draft theories of change complete with domains, pathways and breakthroughs and some initial thoughts on implementation (partners, advocacy, activities etc). Each strategy incorporates recommendations from the May 2010 workshops and note where there are gaps which need to be addressed by the program teams.

Programs 1 and 2 are at more advanced stages of development, largely as a result of the design development work completed for the *Women in Agriculture* and *Power Within* projects. The third impact population and theory of change is also defined, although there is a need for additional analysis to progress program development.

### **4. LESSONS**

CARE Malawi is a relatively small country office that faces important challenges with regard to funding continuity, covering SPC, and retaining key staff. At the same time, the CO has a history of demonstrated innovation in the CARE world, has conducted a stream of good quality special studies over the years, and has very good internal action-research, analytical, and reflective skills. Just on this score, the CO seems to have something to teach much of the rest of the CARE world.

It is important to note that there was not one process used by all three programs in the development process. It depended on a variety of factors including:

- How closely aligned existing projects were with the new program.
- Previous/existing work or research.
- Opportunities to utilise specialist skills of consultants in-country.
- Other design processes (such as *Power Within* and *WIA*) which align with programs.

### **What Worked?**

- It was easier to develop programs that already fit neatly within an existing thematic area (already has coherent components, experience etc – for example girls education).
- Strong commitment and support from CO leadership (including commitment of resources/funds/TA to support the shift) and CI/SWARMU.
- Staff training: Use of group learning to establish a core set of skills. Use of reflective practice. Reviewing lessons and progress periodically over a long period of time.
- Supportive Strategic Environment:
  - Having a new strategic plan in place that fits within the UCP analysis helped to establish priorities through a thorough analysis.
  - GoM policies and strategies – social protection draft policy and programme.
- Need flexible HR systems and processes that can support and adapt to changes.
- Engagement with donors and key implementing partners to increase their understanding and interest in the programmatic approach. Donors are generally very receptive to the program approach.
- Active staff participation in design of Signature Programs. E.g. the decision to focus program development around the arrival of Access Africa, via the Gates grant had the dual benefits of enabling progress on the program shift as well as contributing to signature program success.
- Research that can be linked to reflective practices and generation of evidence (e.g. PCTFI, LIFT-Up and Mother Matter needs assessment).
- Action planning sessions was productive. They raised important issues such as resources and accountabilities for the shift to program approaches and other pressures on the country office beyond its status as a program shift learning laboratory. Input from DRD/Program Quality (Dan Mullins) were useful to improve the plan.
- Piloting of the program quality indicators. This provided space and opportunity for reflection on program quality for each program. In addition, these program development activities helped improved the CO's overall program quality practices.

### **What didn't work?**

- Some of the impact statements cannot be realized even in a 10yr or 15yr program because of the situation now. So agreed that the Strategic Plan should be used as a mid-term plan and have impact statements for long term.
- Fixing program development to a specific timeframe was problematic, particularly with limited CO resources/low funding base. Forcing these complex and analytical processes can result in a mechanical, rather than learning/reflective, process. Key issues faced were:
  - Program Support structures/areas are not adapting as quickly as the program delivery areas.
  - Changing staff mentality from project approach (developing partnerships, M&E, reporting etc) requires a change in organisational culture, which takes time.
  - Challenge of balancing continuing project implementation demands within the program shift transition process.

- The Country Office has little flexibility around its financial system, largely as a result of the requirements of the compliance initiative, which may restrict the ability of the systems to respond to the needs of a program approach. The program approach will result in more complex financial structures, with several fund codes within a single project and possibly one fund code contributing to more than one program and current systems do not facilitate this. It will be important to ensure new systems and procedures are not overly complicated than required by donors.
- A program approach creates new relationships and expectations between units within the organisation which makes linear organisational structures difficult (this applies to functions, coordination and competencies). Tackling the issue of reviewing policies and restructuring will need to be driven beyond the Country Office, with support from higher levels of the organisation.
- Managing staff fears on what impact the shift would have on organisational structure and their positions (fear of change, loss of position, jobs, power, rumour management).
- Fears amongst staff that the flexible, learning approach to Programs (encouraging mistakes) will not be reflected in performance appraisals (ie will they be reprimanded if mistakes are made).
- Slow internet links at CO level and FO (non existent) – difficulties accessing wiki or other tools to assist staff in understanding the transition
- There was confusion in the early stages between the first and second programs (thought the second group was a subset of the first). Through ongoing analysis (particularly that conducted in the *Women in Agriculture* project design work) the distinct characteristics and constraints for each of these groups became clearer, justifying separate programs.
  - At the SARMU Program Quality Network meeting May 2010 it was acknowledged that perhaps the impact population statements should be revised as they are quite similar and may cause confusion (in particular, both statements use the characteristic “chronically food insecure”).
- Use of mathematical equations to represent the Theory of Change can be confusing. There is concern amongst staff that CARE does not have the data required to support these equations if challenged, which might reflect poorly on the CO, particularly if challenged by a donor. It can be that programs are merely taking the macro level change and retrofitting it into equations (applying precise mathematical symbols to something that isn’t precise, which doesn’t tell us anything meaningful about the population).
  - *Recommendation:* These equations should only be used if/once programs are confident they have the supporting analysis/data, or we do not use them at all.
- It was evident during the May 2010 workshops that there was still confusion around some of the key program component, particularly the definition of “breakthroughs”. Workshops revealed that different programs were using breakthroughs to mean very different things depending on whether they were referring to a social, human or enabling environment change. Enabling Environment is easiest to measure, as it is often at the national level, but community level changes may be as localised as a decision by the community. Likewise, individual level breakthroughs are also crucial but how do we measure those (e.g. a change in the behaviour/attitudes/dynamics of a household)? CARE tends to use the term “breakthroughs” interchangeably with things we have achieved as part of our program strategy, which is causing confusion. For example, a change in policy or legislation may not be in itself a sufficient breakthrough to result in actual change. The real breakthrough may be the implementation of that policy that we wanted to see achieved (i.e. how do you change social positions when there is already the policy in the enabling environment?) The key is to ensure analysis asks the

question of how many people would have an individual breakthrough as a result of that new policy/legislation. For individual change it may be a combination of factors, for example:

*Law changes + District Administrator decides to enforce the law + both men and women in the household change their attitudes = an adolescent girl didn't have to get married and stayed in school.*

- *Recommendation:* Further guidance is required for COs to assist them in labelling and identifying appropriate breakthroughs.
- External audiences (other COs) had difficulty identifying the explicit links between the UCP and Theory of Change (why/assumptions/if-then logic). The process of documenting the analysis underpinning the strategy and theory of change (thinking behind it, how did we arrive at this decision) was being lost when communicated outside CARE Malawi. This demonstrated the need to be explicit in the strategies about how the CO made the link between the UCP analysis and the decisions in the Theory of Change (why we chose that approach, the combination of initiatives/interventions and how they relate to one another, and what were the key questions asked to make this transition between analysis and program strategy).
  - *Recommendation:* include in the draft strategy paper the diagrams that were used earlier in the program development process to determine the theory of change as these are more effective at communicating to audiences outside the CO the logic or process that was used to get to the TOC.
- How to do the quality baseline<sup>8</sup>. *Two options:*
  1. do the baseline in a senior staff meeting or
  2. go to the field, with trained facilitators, and conduct 3-4 hour interviews with a group of staff in each project (this is what Malawi chose)
  - This is fine, but merits a caveat: Malawi has chosen a method that is similar in approach to past reflective processes. This is a very appreciative, learning-focused strategy, one very commonly adopted by CAREs. The downside of the method is that it is very familiar to staff, they've don't this kind of self-reflection before in various venues, and there is little in the method itself that signals a new rigor around quality. A senior management team rating of all projects done first, and then very good reflective processes done around those ratings would have sent a very different signal to staff about a concern for quality, and a signal of a new and different kind of engagement by senior staff.

## 5. CONCLUSION

P-Shift is an opportunity to harmonise operational demands and programming needs. However it will require fundamental changes in approach, systems, and mind set across the country office. Getting off the project treadmill is a very important part of the program shift and there will be a need for significant cultural, strategic, and managerial changes within the CO.

It is important to remember the CO has a budget to work within and there is only so much you can do with limited resources. Learning Labs should ensure they clearly identify obstacles to the shift work as they arise and communicate these with SARMU and CARE USA (both of whom have responsibility for removing obstacles from outside the CO as they can, such as financial resources, changing organizational

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<sup>8</sup> suggestions made by Kent Glenzer May 2008

practices beyond the purview of a single country office, technical assistance availability and quality, etc) in order to create space for program shift work in the country office and identify a means to address them.

Likewise, Learning Labs such as CARE Malawi should utilise SARMU for their guidance, advice, coaching, training, mentoring, and competency building with regard to the technical aspects of the program shift. This can include the quality of materials and processes for a) conceptualizing programs, b) revamping projects to fit with programs, c) designing new projects to fit with programs, d) providing guidance on how to build coalitions for change, e) helping with crafting strategies for leveraging resources, and f) measuring the impact of programs.

A summary of some tips and suggested next steps is provided at Appendix 1.

## APPENDIX 1: TIPS AND SUGGESTED NEXT STEPS

### **Communication**

- Need formal communication loops for internal communication – meetings, coordination tools.
- Remember to clearly document each stage of program development. Simple measures such as ensuring dates are clearly included on all project documents is important!

### **Program Support**

- The most critical change required at this stage is for a review of functions and competencies to inform a restructure of the organization based on what will be required to implement and manage programs. A new structure should reflect stronger linkages between program staff and program support staff at both the Field Office and Country Office levels. Structural change options will need costing in advance, since this process may require additional resources. This process should occur in conjunction with the decentralization of program support functions, which is independent of but supports the program approach as there are existing inefficiencies in the system that need to be addressed.
- RMU support will be required in determining the room for policies and systems manoeuvre. RMU can help to redefine what a Country Office can and cannot do (understanding risk), provide support with analysis and offer advice on reorganizing cost-pool structures. RMU should also endeavour to lighten systems so that Country Offices are not burdened with complicated administrative or procurement requirements. CARE Malawi should also seek external support, including TA and drawing from the experience of other Country Offices in this process.
- The program approach will necessitate greater involvement of program support staff in operational decisions. Program staff and senior management will need to know when to involve program support areas, particularly where there are potential implications for program support (for example geography of program implementation, staffing requirements and developing new partnerships relationships with other agencies). Involving Finance and HR staff will be particularly important in the design phase at “go/no go” decision points which may impact workplans and time management of program support staff to allow their involvement. Even if the contribution from program support is informal, there needs to be a clear process.
- The program approach requires more flexible, unstructured models which are not enabled easily by existing systems. Therefore CARE needs to simplify and make more adaptive its Program Support systems wherever possible. In particular project and travel advance systems, fleet management, human resourced (recruitment) and procurement. It can be difficult to distinguish between things that needed to change anyway because they are an obstacle to our current work (eg. the current finance system) and things which need to change because of the program approach. The overarching constraint of the current financial system is its heavy focus on compliance and internal polices. A new finance system is required which redefines the financial checks and balances required, especially if procurement is to be decentralized. Approval and reconciliation processes for advances need to be reviewed. Particular attention needs to go to implementing appropriate controls for advances for working with communities when they are disbursing or managing funds. The team suggested CARE Malawi look to existing donor policies and procedures to find practical solutions to simplifying and decentralizing program support functions. Sub-grant mechanisms also need changing so they are less about control and more about building capacity of local NGOs.

## **Planning and Design**

- Need for additional action research for women headed households program (P3) but had difficulty getting funding approved.
- Each project needs to know how they are contributing to directly as well as complementing, linking in with, working in same geographical area etc as each program (as relevant). Program and project planning processes need to be aligned to ensure a coherent approach to programming.
- Need to balance the competing needs to delivering projects and shifting to programs. Forcing time frames can be problematic and interfere with the necessary learning and reflective processes. Need to create space for the P2P shift in the context of practical field realities. Additional funding/TA is crucial to support the shift and should be well planned for.
- What will be the role of staff in quality of new designs?
- Need to link staff perceptions to processes.
- Careful not to just re-label sectors into “programs” – must be a genuine shift to a holistic program approach.
- Finalise the LRSP first to guide program development, but be flexible and opportunistic by using new project design to inform program development.
- Include in the draft strategy paper the diagrams that were used earlier in the program development process to determine the theory of change as these are more effective at communicating to audiences outside the CO the logic or process that was used to get to the TOC.
- Further guidance is required for COs to assist them in labelling and identifying appropriate breakthroughs.
- Only use mathematical equations in program designs if/once programs are confident they have the supporting analysis/data, or we do not use them at all.

## **M&E**

- Project M&E systems need to be revised to capture program outcomes and impact so they can feed into Program M&E.

## **Training**

- Periodically review staff training requirements and understanding of P2P. What new competencies and skills will be required? Do staff understand the differences between program management and project management? Do staff feel they have the tools to manage program theory of change?

## **Partners, Donors and Fundraising**

- Develop a strategy to allow key partners and constituents to input to/negotiate their role in the program design process and articulate how they will be involved in the program response strategy?
- A program is more about CARE articulating a picture and vision of social change – one of course in line with government and MDG strategies – that moves others to join forces with us to achieve something far beyond our sole ability to accomplish. A program is more about attracting donors to us and our coalitions than it is about showing donors how well we can implement their policies and strategies. Finally, a program is about accountability to the poor and to developing country governments for lasting impact, while, along the journey, we are accountable to donor for their projects.
- Consider developing a marketing strategy for sourcing funds from donors