



P → Shift in Practice: SARMU moves to the Program Approach

A Journey to Program Strategies

CARE Malawi · May 2010



The CARE P-shift process is in its third year in Malawi, and momentum keeps building as the Country Office moves closer to finalizing the designs for its first three programs. A look back at each step reveals the process undertaken to reach this point.

✓ **CARE Malawi beginnings**

CARE Malawi started its operations in 1998. Through this 12 year cycle the 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.

✓ **2001 - 2004**

CARE Malawi 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 HLS framework. This was guided by thorough analysis and understanding of peoples' livelihoods from implementation experience and livelihoods assessments.

✓ **2004 - 2007**

CARE Malawi seeks greater understanding of the operating political and social environment and undertakes 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 UCP were identified as priority areas around which all programming should seek to make clear contribution (change). 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 program activities had been key in defining this evolution. 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. This did also define the strategic partner engagement choices.

✓ **2007 – 2008**

CARE Malawi sought greater coherence of projects for synergy in contributing to changes in the UCP. This has been driven by reflective learning practice on previous programming to inform re-alignment of our program strategy to our understanding of UCP. One Key driver has been the need to be able to demonstrate the impact of our work in the country. 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 baseline conducted in 2008. This quest for refocusing our actions on the ground revealed that priority strategic directions in our LRSP were not well aligned to addressing the identified UCP to effect lasting change on the people that we work 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.

✓ 2008 - 2010

CARE Malawi becomes one of the learning labs for the program Shift process. The CO holds a number of processes and workshops to identify specific impact groups on whom our programming should focus on and be accountable to on impact monitoring. This process has generated content and design frameworks of Programs for CARE Malawi.

Three impact groups and goals have been finalized by the CARE Malawi team:

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 to access and have control over productive resources and services, and enjoy more diverse and reliable access to income and sufficient nutritious food.
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.
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 program strategies, including theories of change, have been developed for all three programs.

These spaces have facilitated generation of

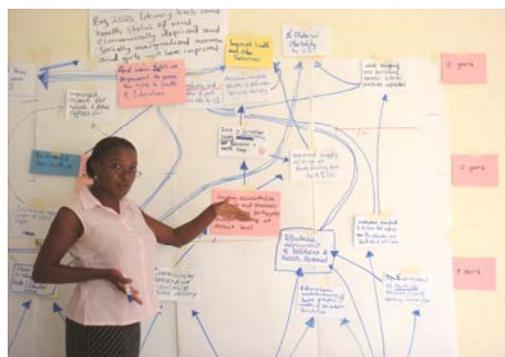


Photo by Francis Lwanda

CARE Malawi Design, Monitoring & Evaluation Coordinator, Lucy Chiyenda, leads a discussion on developing a theory of change for one of the impact groups.

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. New project design processes have also been used as opportunities to reflect on and generate wisdom to inform program design processes and content. Past documentation on program strategies have also formed part of the knowledge pool to inform program design choices. The process has also been informed by lessons drawn from processes happening in other Cos.

✓ February 2010

Two programs reach advanced stages of development with most of the problem analysis done, impact populations largely identified, elements of the theories of change in draft form and program goals drafted. A third impact population is also defined, though most of the elements for this group are not worked through in the same level of detail.

✓ May 2010

A consultant is hired to consolidate work already completed on program development to form draft program strategy documents for each of the three impact populations. One day workshops are held with staff from each program to fill gaps identified in the draft strategies and theories of change.