CARE Malawi Program Support and Organisational Systems

Recommendations from the SARMU Program Quality Meeting, May 2010

After a comprehensive analysis of the underlying causes of poverty in Malawi, CARE has identified three specific impact populations who are most vulnerable and affected by the complex dynamics of poverty. These impact populations will form the initial three CARE Malawi programs as part of the shift to a Program approach of operating¹.

One of these groups is *rural adolescent girls of primary and post primary age, approximately 10-18 years* (Program 2). Since identifying this group CARE Malawi has initiated a series of workshops, field studies, research and analysis to develop a program strategy, including a Theory of Change, to guide the implementation of the program.

In May 2010, CARE Malawi hosted the Southern Africa Regional Program Quality Network workshop. Participants included representatives from CARE Country Offices across the region, as well as from CARE UK and CARE USA. During this workshop CARE Malawi shared its draft program strategies so the Network could evaluate coherence and relevance of current program approaches for each theory of change and the underlying analysis. Teams travelled to field locations to meet impact population representatives and provided specific recommendations for CARE Malawi to strengthen their draft strategies and progress program development.

Methodology

The team considered the evolution of the CARE Malawi Education Program since it began in 2001. Originally focussed on equal access to quality education, the program has expanded to address empowerment and leadership, especially for girls. The team considered the justification for selecting this impact population, concluding it forms a significant proportion of the total population (as high as 10%). The team travelled to Kasungu district, where CARE delivers its education projects, to conduct interviews with the aim of confirming the population's characteristics and key constraints and to update the theory of change. Two groups were interviewed: in-school girls, and teachers and representatives from the Parent-Teacher Association and School Management Committee.

Observations

Based on a review of the underlying causes of poverty analysis and interviews conducted in the field the team identified **seven key issues** for this impact population: low retention rates (approximately 70% drop out rate of primary school girls); the interrelated issues of early marriage and teenage pregnancy and the complex cultural issues which surround these; gender based violence and discrimination; low self esteem of girls; age discrimination within the community; and poor implementation of quality policy and legal frameworks.

Recommendations on the impact population definition

Considering the **size** of this impact population and the diverse issues which affect it the team questioned whether this was too large an impact population for one program. It was recommended to keep the impact population as it is, but additional **subset analysis** should be conducted to assess differences between rural adolescent girls in different types of households to see if this has any significance for the overall program strategy (either in terms of identifying sub groups or narrowing the scope of the impact population).

¹ A program is a coherent set of initiatives by CARE and its allies that involves a long term commitment to specific marginalized and 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 the enabling environment.

Recommendations on the Theory of Change

The team kept the main facets of the Theory of Change but reconfigured them slightly to have a more explicit focus on **age** and to show the relationships between the domains (see Diagram 2). **Breakthroughs were prioritised** into fewer, more significant breakthroughs, and new breakthroughs were suggested to include the needs of girls within the age group who are not in school.

The grouping of domains better demonstrates the **multiplying effect of the enabling environment**, reflecting the importance of addressing the catalysts that improve the *implementation* of good policies. This requires shifts in social behaviours (e.g. removing girls from school, encouraging early marriage) which often starts at home and within community relationships. CARE will need to ensure its analysis includes a **review of policy change** and how it translates to **changes in attitudes** and practice in terms of social position². This should inform a more explicit strategy for linking CARE's advocacy agenda with social change and how CARE can engage with communities to deliver on improved policy implementation. This analysis should consider the **relationship between age and social position** and whether there is a disparity between youth and the rest of the community (both for girls and boys). This analysis will better prepare CARE to identify appropriate breakthroughs.

Impact Goal: Rural adolescent girls (10 - 18 years) claim rights and participate in economic, social and political opportunities Delayed age of motherhood More safe and Improved girls' productive options for primary & secondary out of school girls school completion Improved re-Institutional accountability enrollment of teen mechanisms engage with monthers airls Domain of Change: Domain of Domain of change Girl's Constructive age & Supportive policy and gender relationships empowerment legislation High drop-out rates, early motherhood, limited options; policy-rich, implementation poor environment

Diagram 2: Summary of revised P2 Theory of Change

The team recommended CARE Malawi do further analysis of the **relationships between domains** and pathways of change and how they leverage each other, so that breakthroughs can be further prioritised and the logic for determining the Theory of Change can be reflected more effectively in the strategy document (i.e. the link between the UCP analysis and program activities). The pathways need to be more clearly defined, especially the linkages and **transitions between in-school and out-of-school girls**. Similarly, more thought needs to be given to how girls move in and out of this impact population, as a cohort and as individuals, and what this means for CARE's **monitoring and evaluation** system.

² What prevents national level changes in policy/legal frameworks from being translated to the local level? Who is responsible for implementing these frameworks? What can CARE do to address this?