

## Section D

# HOW THE PROGRAM IS IMPLEMENTED



At CARE Rwanda, we believe that our programs will have greater impact if our team and our partners are continuously creating, capturing and making effective use of knowledge: to improve our work, refine our models, inform our advocacy and guide our strategic decision making. To this end, CARE invests in systems and spaces to promote and facilitate reflection, learning and knowledge capture, both from within and beyond CARE itself. We recognize that creating, managing and using knowledge is as much about organizational culture as it is about systems. CARE sees itself as a learning organization and is committed to enable its staff and its partners to adopt this way of working.



### Design, Monitoring and Evaluation

Governed by the CARE International Programming Principles, all CARE's interventions in Rwanda are rigorously designed in a participatory process that includes appropriate consultation with our impact and target groups, our implementing and strategic partners and other stakeholders. Robust monitoring systems are established to ensure that interventions are implemented as designed, and that exceptions or deviations from plan are identified as soon as possible and corrective actions put in place. Evaluative processes are built into interventions from the beginning, typically including baseline, mid-course and endline or final evaluations, and where possible supplementing with ex-post investigation to assess longer-term outcomes after the end of the intervention period. External perspectives are introduced wherever possible to maximize objectivity and accountability, whilst learning is encouraged through the active participation in evaluations of beneficiaries and CARE and partner staff. CARE Rwanda's Program Quality and Learning team is responsible for ensuring that all of our design, monitoring and evaluation activities conform to these principles.

### Impact Measurement

Beyond the scope of any single intervention, CARE Rwanda seeks to demonstrate consistent, sustainable impact at scale and over the long term for each of its two Programs and their associated impact groups. To achieve this, in addition to the M&E processes established for any individual intervention, we will put in place an overarching impact measurement system for each Program. This includes a set of program level indicators, both quantitative and qualitative, against which we will collect data consistently over the life of each Program, drawing on both primary

sources (mainly our own M&E and that of our partners) and secondary sources, to develop a comprehensive understanding of significant changes, positive or negative, expected or unexpected, and their relationship to the Theory of Change CARE has developed for each Program. CARE will manage this data in an appropriate database, and analyze and present it in high quality annual Program Impact Reports, widely disseminated to all stakeholders.

## Learning

Data and information becomes knowledge through processes of learning, and CARE Rwanda will deliberately, intentionally and systematically promote such learning, by ensuring that our staff, partners and other stakeholders have access to appropriate time, space and facilitation to reflect on what they observe and experience through the work of CARE and its partners in our programs, and on the related experiences of others in Rwanda and beyond, particularly in the wider CARE world. We recognize that the design of our programs, from the Theory of Change to the intervention models we use in our work, represents only our best current understanding of a complex context and system that is itself highly dynamic and constantly changing. Starting with our senior leadership, we ensure an organizational culture that encourages and rewards critical thinking, adaptation and innovation to maintain our relevance and learn from our experience and our mistakes, and we seek to promote these qualities in all our relationships and interactions with partners and other stakeholders.

## Knowledge Management

Knowledge exists in many places, in the heads of our staff and partners as much as in our documents and reports, and it is easily lost, for example when staff leave the organization or when obscure or erratic filing systems make search and retrieval impossible. CARE Rwanda prioritizes making knowledge explicit, through supporting staff and partners to document their learning appropriately, using a creative mix of media including video. We further prioritize managing that knowledge systematically, storing and preserving it, making it accessible to all stakeholders and encouraging them to connect individual or specific 'knowledges' to a broader understanding, and link them to and draw on them in addressing new and current challenges. Key tools in our knowledge management include CARE Rwanda's internal shared drive, where documents, images and other media are systematically catalogued and stored, and our website, which is our primary platform for organizing and sharing key knowledge products to support wider dialogue around what we know and where gaps in our knowledge exist. Again, our Program Quality and Learning team are primarily responsible for creating and maintaining this knowledge system.

## Communications

For CARE to work effectively in Rwanda, it is critical that our stakeholders understand who we are and why we do what we do in delivering our mission. This will not happen by accident: instead it requires a strategic, sustained and high quality communications effort, led by our Information and Communications Manager but supported by all CARE staff and partners, and especially by our senior leaders in their role as representatives of CARE in Rwanda. To be effective, our communications work must be carefully tailored and targeted to the needs and preferences of a clearly defined and well understood set of audiences, and it must employ a range of communications channels, including face-to-face communications in meetings, workshops and conferences as well written communications such as technical and policy briefs and authoritative reports and publications. Increasingly, CARE Rwanda is developing and deploying short video clips and longer documentary films to communicate with its audiences, and our website will be the primary platform to present both these and our key publications, with plans in the future to develop this platform into a more interactive space in which to promote two way dialogue with our stakeholders, using social media tools and techniques where appropriate and useful. To be credible and relevant, our communications work cannot be merely public relations. Instead, we ensure that it is firmly based on the foundations of our work in learning, impact measurement and knowledge management described above, presenting not only our aspirations and achievements, but also our concerns and challenges.

## Advocacy

CARE recognizes that we cannot deliver our mission acting alone, and that the kind of change that we have committed ourselves to requires the active participation and support of many other actors in Rwanda, across Government, civil

society and the private sector, and the overcoming or circumvention of many systemic barriers and obstacles that are beyond our direct control. This is why advocacy strategies and activities are central to the design and implementation of our Programs. We know that, particularly in the Rwandan context, effective advocacy must be evidence-based, and our advocacy messages and campaigns therefore draw on and are driven by the evidence that we gather via the M&E, learning, impact measurement and knowledge management systems described above. We believe that amongst the ways in which an international NGO such as CARE can add value in the development context is in our capacity to bridge the gaps between the concrete experiences of our impact groups in the communities we and our partners serve and the necessarily more abstract dialogues that take place at national, regional and international levels, whose outcomes are in turn critical in shaping lives and choices in communities in which we and our partners work. We never seek to be a lone voice: instead we look for individuals, organizations and movements who share our core values and understanding of the world, and with whom we can make common cause, forming formal and informal networks, alliances and coalitions to amplify our messages and build legitimacy and credibility. Above all, we seek to support the voices of our impact groups and the organizations and institutions that represent them, building capacity and sharing risks.

## Accountability

CARE has no automatic right to be present and carry out our work in Rwanda. We earn that right, every day, by being fully transparent in our governance and decision making, and by holding ourselves and enabling others to hold us accountable in meaningful ways for the resources, actions and positions that we and our partners manage, take and hold. This requires the fulfillment of our obligations under the laws and regulations relevant to the operation of international NGOs in Rwanda, and under the agreements and contracts that we make with those that fund our work. But this is not enough. We also draw on our work in M&E, impact measurement, knowledge management and learning described above to present in a full and transparent manner the inputs, outputs and impact of our work and that of our partners, to enable constructive challenge and dialogue with all stakeholders. This requires us to invest time and resources in a creative variety of accountability platforms and forums, from community level meetings at the launch and closing of specific interventions, to an empowered national level advisory board, the 'Friends of CARE', made up of senior figures in Government, civil society and the private sector who can independently and objectively scrutinize our work and provide us with feedback and guidance. We and our partners are committed to full participation in established coordination platforms in Rwanda, from JADFs and Open Days at local level to national level Technical and Sector Working Groups. We support the role of an independent and professional media in promoting accountability, and hold regular press events and field visits, as well as an annual Media Day. Our annual Program Impact Reports, described above, enable stakeholders to assess our progress, year on year, in pursuit of the goals we have set ourselves.

This section shows CARE Rwanda’s strengths and weaknesses in relation to the implementation of the VW program, as well as the opportunities and threats that arise from the current operating context.

## Strengths

- The program strongly builds on CARE Rwanda’s technical expertise. This expertise is captured in well-tested models that help us to address poverty and vulnerability. This allow us to build capacity of others and with them scale-up our programming and reach more people.
- CARE Rwanda has established significant credibility as a long term development partner in Rwanda. The strong relationships we have developed with key actors in government, civil society and the private sector enable us to reach decision-makers with advocacy messages and open up space for us to address challenging issues and introduce innovative ideas, in ways that can be problematic for local organizations.
- CARE Rwanda is part of CARE International, from whose expertise and experience we can draw. In many cases, this kick-starts our innovation, as we can learn from what others are already doing in other contexts.
- CARE has strong relationships with donors active in Rwanda, and is currently receiving funding from several major bilateral and multi-national donors, as well as private foundations and corporations. As well as ensuring the continuity of our operations, these relationships offer the potential to leverage an investment from one donor with resources from others, to create greater impact at scale.

## Weakness

- Currently, our programming relies heavily on project-based funding. This is a challenge in actually moving beyond a project-approach into a program-approach. Our current fundraising and budget-management mechanisms, as well as donors’ funding mechanisms, are more geared towards project-based funding than towards program-based funding. CARE Rwanda is therefore developing mechanisms to obtain and manage funding that moves beyond the limiting framework of a project.
- CARE is changing its role (see also section A1 in ‘Why the Vulnerable Women Program?’) to become more focused on innovation and knowledge creation, advocacy and working in partnership. We are enthusiastic about this change and committed to make it happen. At the same time we recognize that the skills and competencies of our staff are not yet sufficiently adapted to this new role. This is therefore an area that needs strengthening over the coming years. For more on staff skills and competencies, please refer to section D5 in ‘How the Program is implemented’.

## Opportunities

- Rwanda has a strong legal framework. Its laws and policies recognize the rights of our impact groups and provide the framework for their protection. The political will to ensure gender equality seems to be strong. Therefore, our efforts to contribute to ensuring that an operational legal framework that protects the rights of vulnerable women exists (domain of change 3) can focus on the effective implementation of laws and policies, while building on this already existing basis.
- Rwanda’s civil society has clear potential. Many committed individuals work in this sector, and strong civil society organizations exist. CSOs have played a positive role in Rwanda’s achievements in terms of women’s representation and legislation. At the same time, many challenges remain, which are included under ‘threats’ below.

## Threats

- Despite strong organizations and individuals, different studies suggest that Rwanda’s civil society is fragile, embryonic, and characterized by a lack of independence. Although the role of civil society as watchdog is especially important given the generally compliant media in Rwanda, CSOs report rarely seeking to influence

government policy<sup>115</sup>. CARE Rwanda sees it as its role to strengthen civil society as part of this program, in their general implementation of their mandate and in helping them to play an advocacy role in particular.

- Our increased focus on advocacy, including our support to national civil society actors to be engaged in advocacy, could potentially put our relationship with government actors under pressure. To mitigate this risk, we invest in good relationships with those whom we target with our advocacy, clearly build all our advocacy messages on evidence from the grassroots level, and engage in positive dialogue.
- CARE Rwanda's increasing focus on partnership may lead to less visibility in the field. This might lead to diminishing trust of local authorities and communities. We will ensure that a communication strategy explaining our new role and continued engagement in Rwanda's development is in place to help staff and partners explain CARE's new role.
- The changing donor environment, and the risk of donors not understanding or agreeing to CARE's decision to step away from direct implementation, creates a risk of diminishing funding. CARE clearly communicates the rationale behind its new role and build evidence of the effectiveness of its approach to mitigate this risk.

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<sup>115</sup> CARE International, Great Lakes Review, 2011; Balikungeri et al., Security Council Resolution 1325: Civil Society Monitoring Report, [http://www.peacewomen.org/assets/file/gnwp\\_monitoring\\_rwanda.pdf](http://www.peacewomen.org/assets/file/gnwp_monitoring_rwanda.pdf), quoted 28 June 2013; CIVICUS, State of Civil Society 2011, 2012.

Social change is not a simple process and does not result from the work of one organization. So what is CARE’s role?

CARE sees itself as an innovator and catalyst for transformational change in lives of marginalized women and girls and their communities, and a contributing partner in addressing global poverty and social injustice<sup>116</sup>. Based on the work of others and our own strengths, our focus may be on innovation and piloting or rather on ensuring quality and advocacy for scale-up with civil society and government partners.

CARE Rwanda recognizes that in order to achieve the impact on vulnerable women as described in this program, change is needed in a wide range of areas, as reflected in our Theory of Change. We also recognize that in order to create such change, diverse expertise is needed, as well as a long-term commitment. CARE Rwanda does not aim to do this alone. We see it as our role to be a catalyst. We develop and test models, building on our specific experience in the Rwandan context as well as the worldwide expertise of CARE International and other organizations. Successful models are then scaled up, not through our own implementation but by our partners in Rwandan civil society and government. This includes our support to the scale-up of models that were developed by others. During the process of scale-up, we continue to contribute to learning and improvement of the model and share this learning with others. This, we believe, contributes to sustainability, use of locally available expertise, and a strong Rwandan civil society.

The above reflects CARE’s vision of what the organization will look like in the years to come, known as ‘CARE 2020’. It is supported by the conclusions of the Country Presence Review that was carried out 2011 simultaneously in Rwanda and other Great Lakes countries. The conclusions of this review were that CARE Rwanda continues to provide added value as a development actor in Rwanda, but that some changes are needed to play this role as efficiently as possible and to respond to our organizational vision as described above.

Examples of both where we see this added value and the changes that are underway to ensure that we deliver it include the following:

- CARE has an extensive network of local partner organizations in Rwanda, in whom we have invested over several years to develop capacities in effective program delivery, as well as strategic leadership and accountability. During 2012, CARE Rwanda transformed its approach to partnership. Currently, more than 70% of our programming is implemented through and with partners.
- CARE Rwanda provides an acknowledged and valued hub for significant technical expertise and offers a portfolio of models and methodologies that are proven to be effective in the Rwandan context. Structural changes in the CO, including the development of Technical Support Units (TSUs) - linked to but outside time-bound project plans, teams and budgets - have helped to ensure that such expertise can be maintained, updated and made available to others over the long term. As a part of the global CARE International network, CARE Rwanda can access inspiration, ideas, knowledge and resources from a huge range of sources
- CARE Rwanda has established significant credibility as a long term development partner in Rwanda. Our strong relationships with key actors in government, civil society and the private sector enable us to reach decision-makers with evidence-based advocacy messages and open up space to address challenging issues and introduce innovative ideas. To further strengthen these relationships, the CO is increasingly investing in networking and participation in key forums and dialogues beyond the immediate requirements of current projects, to ensure that we are recognized as a strategic partner, and positioned for future opportunities.
- Finally, in a region in which major humanitarian emergencies have often hampered longer term development efforts, as a dual mandate organization with significant expertise and capacity in humanitarian response as well as in development programming, CARE is well placed to bridge the gap that frequently opens up between these areas, and integrate the response to immediate humanitarian need more fully into longer term recovery, peace building and institutional strengthening initiatives.

In addition to the above, we recognize that certain areas are simply not within CARE Rwanda’s area of expertise. In these areas, other actors are better placed to intervene. Rather than investing in expertise that others already have, we decide to either focus on other areas, or work together with these actors to ensure that our work adds value.

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<sup>116</sup> Wakana, B., CARE Great Lakes operating model review, Draft report 2011

In the development of this program, a number of key choices about CARE Rwanda’s role have been made. This starts at the identification of the pathways, as this choice has laid the foundation of the choice of what CARE does and does not do. Next, decisions were made to identify the focus within each pathway, the approaches and models used under each pathway, and the role that CARE would play in the implementation of each of these approaches and models.

The below table has been used as a basis for making these choices. CARE plans to regularly evaluate and, if needed, revise this program strategy. During this process, the same table helps us evaluate if our role in a certain area should change.

<i><b>IF</b> the following best describes the current status of CARE’s and other organizations’ presence in the pathway...</i>	<i><b>THEN</b> our strategic approach should be based around the following roles...</i>
<b>GAP:</b> Nothing is being done in this area	<ul style="list-style-type: none"> <li>○ Focus on ideas, innovation, testing and piloting new approaches</li> <li>○ Draw in expertise and experiences from outside Rwanda</li> <li>○ Advocate with others to become active in this area</li> </ul>
<b>INNOVATION:</b> Innovative models or approaches are being tested and piloted	<ul style="list-style-type: none"> <li>○ Focus on testing, evidence and documentation</li> <li>○ Start engaging partners in an early stage</li> <li>○ Look for credible research partner</li> <li>○ Test at a wider scale, including testing scale-up mechanisms themselves</li> </ul>
<b>SCALE-UP:</b> Proven models are achieving wide acceptance and being taken up and adopted by others, possibly under strong government leadership	<ul style="list-style-type: none"> <li>○ Focus on ensuring quality</li> <li>○ Mobilize resources for scale-up with partners</li> <li>○ Advocate for scale-up</li> <li>○ Continue to innovate and improve models</li> </ul>
<b>CROWDED:</b> Many organizations are working in this area, often delivering a wide range of services, often under strong government leadership	<ul style="list-style-type: none"> <li>○ Focus on ensuring quality</li> <li>○ Consider convening role, bringing together local partners for knowledge exchange and quality assurance</li> <li>○ Consider exiting this area</li> </ul>

For example, the Village Savings and Loans Model has been proven to be a strong model that is widely accepted as contributing to women’s empowerment. It is therefore currently being scaled up with partners and government. CARE Rwanda’s role is to focus on the four bullet points mentioned next to ‘scale-up’ in the table above:

- Focus on ensuring quality: CARE Rwanda has put in place a VSL Technical Support Unit, whose role it is to support partners that are engaged in the implementation of the VSL model. The unit monitors quality of VSL groups being set up by our partners, in which it is helped by the VSL Management Information System. In case of difficulties, the unit helps the partner to overcome their challenges.
- Mobilize resources for scale-up with partners: CARE Rwanda has secured funds from a variety of donors, which allow a significant number of partners to scale-up the VSL model in all districts of the country where it is not yet being implemented by CARE or any other actor. Partners would not have had the access to this funding directly without cooperating with CARE.
- Advocate for scale-up: Apart from the scale-up with our direct partners, CARE Rwanda advocates with the Government of Rwanda and other actors to adopt the same model. The reference that the National Financial Education Strategy makes to the VSL methodology as a recommended tool leading to financial inclusion and the further recommendation by the Ministries of Commerce & Finance and Gender & Family Promotion show that there is indeed enthusiasm amongst the Government to use the model.
- Continue to innovate and improve models: CARE Rwanda uses experience, M&E information and research to continuously improve existing models. For example, the Gender Gap Analysis, conducted in 2012, showed that the lack of attention for the role of the husbands of women VSL members was a weakness in the model. As a consequence, the implementation of the model is now accompanied by additional activities that aim at the engagement of men in the economic empowerment of their wives, and in the support for women’s rights more generally, which has significantly increased the impact of the model.



In all of its work, CARE International applies a number of principles. These principles show what we stand for and how we aim to add value to our work. This section outlines how we interpret and implement these principles in the Rwandan context.

In addition, CARE Rwanda has decided to adopt a number of complementary principles to guide our work.

## CARE International's Programming Principles

CARE Rwanda adheres to the organization's global programming principles. These programming principles were adopted by CARE International worldwide in 2003. To fulfill CARE's vision and mission, all our programming should conform to the Programming Principles, contained within the CI Code. These Principles are characteristics that should inform and guide, at a fundamental level, the way we work. **They are not optional.** We hold ourselves accountable for enacting behaviors consistent with these principles, and ask others to help us do so, not only in our programming, but in all that we do.

### CI Programming Principle 1: Promote empowerment

*"We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and realize their rights, responsibilities and aspirations. We ensure that those people who are affected are involved in the design, implementation, monitoring and evaluation of our work."*

This principle stands at the core of CARE Rwanda's two programs, and has informed our choice of the impact groups. Our theory of change, programming models and strategic briefs (sections C1, C2 and C3 in 'What the Program does') explain how we aim to promote empowerment.

### CI Programming Principle 2: Work in partnership with others

*"We work with others to maximize the impact of our work, building alliances and partnerships with those who take similar or complementary approaches, are able to work on a larger scale, and/or who have responsibility to fulfill rights and alleviate poverty through policy change and enforcement."*

CARE Rwanda is highly committed to work together with partners, including local and international NGOs, government partners and others. Using a partnership approach on the one hand has the objective to increase effectiveness, aiming at combining our own strengths with those of local partners. On the other hand, it aims to build the capacity of our partners through the joint implementation of initiatives, with the objective to contribute to a strong and independent Rwandan civil society, which can play a balancing role along with the government and the private sector in the development of Rwanda.

CARE Rwanda recognizes two kinds of partnership: strategic partnerships and operational partnerships:

- Strategic partnerships are those relationships where CARE and a like-minded partner agree to work together to pursue a common change agenda to achieve strategic level objectives. In this relationship both parties agree on an agenda aimed at influencing underlying causes of poverty, including policy. This partnership is underlined by a conviction that building a common platform for action is strategic and instrumental for achieving desired results. Parties contribute with resources and jointly negotiate the strategy. Control is shared in accordance with the partners' individual needs and abilities. The relationship does not necessarily involve funding or a contractual relationship. The partnership at the strategic level is guided by a Memorandum of Understanding (MoU) and mutual capacity building could be involved.
- An operational partnership is an engagement between CARE and a partner that involves direct project implementation to achieve operational level objectives. CARE engages with the partner for an agreed plan for direct implementation. Under this partnership, CARE is usually (but not necessarily) the 'contract-holder' of

the project. Currently, CARE is also engaged in operational partnerships whereby a national NGO takes the lead in project implementation and ‘employs’ CARE for specific technical support. CARE supports these kinds of partnership as it contributes to the strengthening of civil society and build partners’ capacity in specific domains such as donor liaison and contract management.

Although the contractual commitment to operational partnerships is relatively short term, the intention is for operational partnerships to be long term as well, as this fosters capacity building, mutual trust and learning. All partnerships are guided by CARE Rwanda’s partnership strategy.

Also with the aim to strengthen Rwandan civil society as well as to contribute to sustainability, CARE Rwanda sees it as its role to innovate, test and develop strong implementation models which can then to be handed over to local NGOs or government actors, accompanied by the necessary capacity building and coaching. This means that CARE Rwanda seeks a balance between working in partnership, allowing partners to strengthen their capacity and build ownership of these models, and direct implementation, which allows us to engage in riskier interventions of which we feel it would not be fair to ask our partners to implement them, such as certain innovate interventions.

Working more often with operational partners might mean that CARE becomes less visible in the field. We feel however that through our work in e.g. innovation and advocacy, we will maintain the same positive relationship with donors and government.

The strategic briefs identify a number of strategic partners for each pathway. CARE has identified however a small number of strategic partners at the program level. They include:

- MIGEPROF, being the ministry that focuses on promoting gender equality. As such, their goal and our program’s goal are very alike. MIGEPROF is the main responsible ministry for the formulation, implementation and monitoring several policies and strategies promoting women’s rights, which are relevant to our work.
- Local authorities, with whom we cooperate closely in any intervention. They are the main implementers of most of GoR’s relevant laws and policies, and play a central role in the coordination of our efforts with those of others. Their support is essential to be able to make a lasting change.
- The National Women’s Council, playing a strong role in promoting women’s rights at both the national and decentralized levels.

### CI Programming Principle 3: Ensure accountability and promote responsibility

*“We seek to be held accountable to poor and marginalized people whose rights are denied. We identify those with an obligation toward poor and marginalized people, and support and encourage their efforts to fulfill their responsibilities.”*

CARE Rwanda is committed to 360° accountability, meaning that we want to be accountable not only to our donors, but also to our partners, CARE International members, the Government of Rwanda and our impact group. An accountability framework is currently under development. For each stakeholder, different mechanisms of accountability are used, as described below:

#### The impact and target groups

CARE Rwanda’s increasing focus on partnership (see above), changes the way in which we are accountable to our impact group. As our role in direct implementation becomes smaller, so does also the direct contact between our staff and our impact group. We however still see accountability towards our impact group as our responsibility.

- Project launch and project close-out are two important events whereby CARE and partners jointly explain the project, its objectives and the methodologies it uses to the community, or present its achievements.
- The community participates in the identification of impact group members who are to benefit from any project.



- Throughout a project's lifespan, accountability to our impact group mainly takes place through community volunteers who are chosen by the impact group members to represent them. They are the focal points that CARE and partners communicate with. Quarterly meetings are organized with them, where the action plan for the next three months is presented. These meetings are also the platform where they can, on behalf of the community, voice their concerns or give their feedback on the project's activities, highlight challenges, etc. The responsibility for the organization and facilitation of these meetings is gradually shifting from CARE to our partners. This shift is based on (progress on) the capacity building plan that has been developed with each partner.
- In order to ensure that any evaluation process takes into account the concerns of our impact group, CARE and its partners create space in each evaluation for project participants to evaluate CARE and the partner, following a methodology of their own choice. Money for this is allocated in project budgets.
- In addition to the above, CARE will put into place a complaints mechanism that allows community members to bypass the usual chain of community volunteer, partner and/or CARE field staff and raise concerns directly with the CARE country office. This complaints mechanism is yet to be developed, but will include mechanisms to ensure integrity and confidentiality of the complainer, in case the complaint involves sensitive information.

### The Government of Rwanda

Accountability to the GoR is to a large extent guided by official instructions. This does however not mean that CARE values their feedback any less, as it contributes to the quality and relevance of our work. At the district level, CARE presents progress reports and action plans at a quarterly basis. In addition, the district authorities plan evaluations, including field visits, which are the basis for their feedback on our work. CARE also invites district authorities to participate in the technical review meetings that are organized annually for each project, which provide another opportunity for feedback and discussion. Lastly, CARE and its partners participate in JADF meetings, where we explain our decisions, planned activities and progress and discuss them with district authorities and other actors intervening in the district.

At the national level, CARE provides annual reports and annual action plans to the government, according to their specific information needs. The recurring registration process is another moment of accountability, whereby CARE explains its activities and added value. Currently, CARE holds a registration certificate for three years.

With those ministries that are CARE's strategic partners, such as MIGEPROF and MINISANTE, we have signed MOUs or agreements, which include the commitment to share reports and action plans on an annual basis. Although currently at a project level, CARE aims to start working with MOUs that are at program level and thus focus on our long term engagement rather than on short term activities. In addition, CARE participates in several relevant technical working groups, which provide a platform for explanation, exchange and feedback. Lastly, CARE takes the opportunity to invite relevant ministries in for example strategic meetings, project launching or closing events, etc.

### CARE International members

Officially, our accountability towards CARE International members is guided by Individual Project Implementation Agreements (IPIAs), which for each project stipulate reporting requirements. Of as much importance are the information discussions and joint field visits that are a platform discussion and feedback on our work, and enable CARE Rwanda to learn from the experiences of CARE worldwide.

### Our partners

Accountability towards our partners is organized through MOUs or agreements, and includes our expectations vis-à-vis one another. Our aim is to regularly create opportunities to share expertise and experience with partners, for example through the joint preparation of technical meetings.

The annual partners meeting is an opportunity for CARE's partners in different projects or programs to come together and share their feedback on CARE as an organization.

### Our donors

The mechanisms used to be accountable to our donors depend on the requirements stipulated by each donor in the donor contract, and usually include regular action plans, narrative and financial reports, and external evaluations. In addition, CARE Rwanda and the CI members we work together value positive, open relationships with our donors that provide the space for exchange, discussion and feedback also in between these formal moments.

### The wider public

To inform the wider public (including the above-mentioned groups) of our work, CARE Rwanda uses a number of communication channels:

- Each year, we publish an impact report, which shows the impact that the program has contributed to. This impact report is our main method of accountability to national and international stakeholders.
- We are currently developing our website, which explains the organization's vision and mission, our objectives, our programming, our results, etc. The website provides the possibility for visitors to share their comments.
- In addition, we organize media tours to allow the media to visit our work, ask questions, and present their views on our work to their readers and listeners, both within Rwanda as well as internationally.
- Lastly, the 'Friends of CARE', a national advisory board, actively holds us accountable on behalf of the general public.

## **CI Programming Principle 4: Address discrimination**

*"In our programs and offices we oppose discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation."*

The key approach of addressing discrimination that CARE Rwanda has adopted is promoting gender equality. Gender is an integral component of every aspect of daily life, both at the level of the individual and the community. It defines the different roles ascribed by society to men and women, boys and girls. In order to fully integrate everybody in development programs, it is essential that we recognize and take into account the social differences between men and women, and develop strategies that respond to their gender-specific needs so as to ensure equal enjoyment of human rights. Gender is a basic principle of power distribution within communities and this strategy recognizes that allowing women and girls to enjoy their rights and live in dignity cannot be done without addressing and changing gender relations.

CARE Rwanda aims in all its work to go beyond gender sensitivity or gender mainstreaming, but to be truly gender transformative. This means that we go beyond taking gender, gender inequality and its influence in society into account in our programming. It means that we analyze and aim to challenge the underlying causes of gender inequality. One of the implications is that a large part of CARE Rwanda's work focuses on challenging social norms that promote gender inequalities or negative behavior towards women or girls.

Our experience from the past years shows that it is very important to work not only with women and girls, but also with men, boys and couples. For example, CARE Rwanda works since 2006 with VSL, a model whose first aim it is to promote women's economic empowerment but which is often also assumed (or seen) to lead to social and political empowerment. Further analysis however showed that this approach does not go far enough in being truly gender transformative. In 2012, CARE Rwanda carried out a Gender Gap Analysis in the context of its VSL work. This analysis showed that although VSL had clear positive results, it also risked to have negative side effects. Some men felt that their position in the household was challenged by their wife's new economic activities. Fear to lose power could in those cases lead to more GBV. The analysis showed the importance to work with men for them to understand their wives' involvement in VSL, how they can support them, and the possible positive effects this can have on them as a couple. Based on this insight, VSL programming is now combined with programming to engage men, which has so far shown to be reinforcing the positive effect on women's economic situation and in addition, be far more effective in actually changing perceptions about women's roles and position in society.

Being gender transformative means that CARE Rwanda's programming takes into account both practical and strategic needs for more gender equality. Practical needs refer to the immediate needs resulting from gender inequality. Although addressing these needs does not solve the underlying issue, they are nevertheless important to help improve lives of women and girls. Practical needs include for example access to services, access to economic opportunities, knowledge about healthy diets, etc. To make a sustainable change it is essential to also address women's and girls' strategic needs, related to underlying causes of gender inequality. Strategic needs include for example division of labor, power and control, respect, value, etc.

## **CI Programming Principle 5: Promote the non-violent resolution of conflicts**

*"We promote just and non-violent means for preventing and resolving conflicts, noting that such conflicts contribute to poverty and the denial of rights."*

## CI Programming Principle 6: Seek sustainable results

*"Working to identify and address underlying causes of poverty and rights denial, we develop and use approaches that ensure our work results in lasting and fundamental improvements in the lives of the poor and marginalized with whom we work."*

CARE Rwanda employs a number of strategies to ensure sustainability of the impact of its programming, including:

- Changing underlying causes of poverty and vulnerability. The decisions underlying this program strategy are based on a thorough analysis of underlying causes of poverty and vulnerability. CARE Rwanda works to change these underlying causes and as such make a lasting change in society rather than focus at the level of symptoms. An example is given in the section on gender transformation above, which explains how CARE Rwanda focuses on challenging the social norms that underlie gender inequality.
- Capacity building. As stated above, working in partnership and capacity building of local partners contributes to a strong and independent Rwandan civil society. This allows other actors, who will be present in Rwandan society at the long term, to take over more and more of CARE Rwanda's work. In addition to this, CARE Rwanda builds the capacity of structures and participants it works with in its projects. These include for example peer educators who continue to raise awareness within their community after project closure, management structures of VSL groups, water resources, etc. who are able to function independently at the long term, but also local authorities and service providers whose capacity is built to more effectively carry out their responsibilities vis-à-vis vulnerable women.
- Working through local structures. Wherever possible, CARE Rwanda works with and strengthens existing local structures rather than creating parallel structures. This avoids duplication, misunderstanding of responsibilities, lack of recognitions or legitimacy and inefficient use of resources. For example, in recognition of the lack of access to services for GBV victims, CARE does not aim to set up any structure that takes over the government's responsibility to provide these services, but rather trains community volunteers to refer victims to the appropriate service and to advocate with duty bearers for the availability and quality of these services, while also working with these services to strengthen their capacity to be able to deliver quality services.
- Engaging with the government. At all levels, CARE Rwanda invests in a good relationship with the government. It aligns its work with the government's principles, ensuring that its work contributes to something bigger and does not stand on its own. Wherever possible and relevant, it works together with the government to see how CARE Rwanda's successful models can inform and/or be integrated in the government's national policies. On certain topics, such as GBV, CARE advocates for their inclusion in performance contracts of authorities at different levels, which will ensure that these topics receive continuous attention from these government institutions.
- Engaging with the private sector. Where possible, CARE Rwanda is exploring the involvement of private sector in its work, for example by establishing linkages between members of VSL groups and private sector actors that are part of relevant value chains. We believe that engaging with private sector contributes to the financial sustainability of our interventions, on the condition that this engagement takes place based on jointly agreed upon terms of engagement that protect the interests of our impact group members. Engaging with the private sector is relatively new to CARE Rwanda, and is therefore still subject to innovation and analysis.
- Environmental sustainability. Where relevant and possible, CARE Rwanda aims to design and implement its interventions in a way that does not affect the environment in any negative way but rather helps communities to preserve their environment. Examples include the focus on environmentally friendly products such as solar lamps for business development, promotion of latrines that allow the use of human waste as fertilizer and the training of charcoal producers on more efficient charcoal production techniques.



The additional principles that CARE Rwanda has adopted, are described below.

## Rights Based Approach

CARE International believes that all marginalized people should be able to claim their rights and exercise their responsibilities. In adopting a Rights Based Approach, we go beyond looking at people's needs. We aim to contribute to a society where rights holders are aware of their rights and have the capacity, confidence and means to claim their them, while at the same time being aware of and able to respond to their responsibilities as citizens.

Focusing on rights holders means at the same time focusing on duty bearers. We contribute to their abilities to fulfill their responsibilities, and facilitate positive dialogue between rights holders and duty bearers with the aim of participation and accountability.

## Emergency preparedness



CARE Rwanda is committed to the humanitarian imperative, and sees responding to humanitarian emergencies as an essential part of its work to fight poverty and injustice. We recognize that emergencies are a cause and effect of both, with women and children often being affected most. Humanitarian crises can undo in a few days development progress that may have taken months or years. Therefore, we see responding to emergencies not only as our responsibility as such, aiming to minimize human suffering, but

also as necessary to achieve our program strategic goal at the long term. We always seek to build into our long-term programming flexibility of resources and capacity so that we can respond quickly in acute need, even outside existing project areas.

CARE Rwanda's interventions in a humanitarian response are built around its existing capacities and expertise. These include for example the promotion of maternal and child health and the fight against GBV. CARE Rwanda does not have the ambition to go into those emergency sectors that are not part of its overall program, such as shelter or food distribution, as others are better placed to do this.

To be able to efficiently respond to sudden-onset emergencies, CARE Rwanda developed and regularly updates an Emergency Preparedness Plan (EPP). The current EPP identifies three scenarios which pose the highest risks to the country: a refugee influx from neighboring countries, earthquakes and drought. The plan highlights a number of factors that will be taken into account in the decision whether or not CARE Rwanda will respond in case of an emergency. These include the possible alignment of the emergency response with the long term strategic goals of the two programs, capacities and added value of CARE vis-à-vis other actors, needs, availability of funding, and government's and peer agencies' acceptance of CARE strategy. The EPP next identifies the decision-making process that shall be followed in order to decide whether, where and how CARE will intervene in the case of an emergency, further procedures that shall be put in place and responsibilities.

If needed, CARE Rwanda will rely on the human and financial capacities of CARE International to be able to temporarily scale-up intervention scale. Also, donors of existing programming will be contacted and requested for flexibility to allow a part of the funds to be re-allocated to emergency response capacity.

## Disaster Risk Reduction

In addition to its commitment to respond to emergencies, as described above, CARE Rwanda aims to reduce communities' risk to disasters. Disaster risk is generally seen as the likeliness that a hazardous event will happen, times the community's vulnerability to that hazard, divided by its capacity to deal with it. The combination of vulnerability and capacity to cope are also referred to as resilience. Worldwide, the number of disasters has been

increasing over the past few decades, both in terms of the number of disasters happening as well as the number of people affected. Although the humanitarian sector has become better at saving lives after a disaster, impact on livelihoods, infrastructure, service provision, etc. is huge. Thereby, if we can be successful at the prevention of disasters, this is far cheaper than responding to them. All this underlines the need for disaster risk reduction.

Disaster risk reduction (DRR) can intervene at three levels: it can help prevent hazards from happening (prevention), reduce the impact that disasters have (mitigation) or prepare societies to deal with the effects of a disaster when they happen (preparedness). Although CARE Rwanda does not aim to specifically design programming that focuses on DRR, it does want to seize opportunities to strengthen its approaches by integrating DRR. In most cases, this is through mitigation or preparedness. Examples include the strengthening of households' economic capacities to deal with shocks and the implementation and training on Climate Vulnerability and Capacities Assessments that help people prepare for the effects of climate change and the possibility of climate related hazards.

CARE Rwanda recognizes that there is a need for further analysis to understand what disaster risks exist in the communities where it works, as well as innovation on how to address these risks in a way that aligns with CARE Rwanda's strengths. We are committed to look for opportunities to do so and to learn from others who are more experienced in this specific area.

## Do No Harm

Originally a concept used in emergency response in conflict settings, 'Do No Harm' looked at understanding how emergency aid given in a conflict context interacts with this context, and how it can be misused for political or military purposes. The objective was to better understand the links between aid and conflict, in order to avoid such unintended negative effects. In the meantime, it has been recognized to be a useful concept in development contexts as well. The term can refer to either the broader principle of being engaged to prevent any negative impact of our programming (either related to conflict or to other aspects, such as the environment), or specifically to the Do No Harm-tool, which helps to analyze how an intervention could unintentionally contribute to conflict.

CARE Rwanda is aware of the fact that its programming or its procedures could have negative side-effects, and is committed to avoiding those. We realize that especially in the sensitive area of challenging social norms, where a large portion of its work is focused, it is very well possible that, without due attention, conflicts are created within households or communities. In addition, we acknowledge that for certain target groups, their involvement in our work contains certain risks. This is for example the case for the volunteers acting as case managers, who are involved in the support for GBV victims.

We therefore make every possible effort to understand possible unintended negative effects and risks, where applicable discuss them with the potential volunteers, and do whatever possible to avoid them. The Do No Harm-tool is one of the mechanisms that we use to achieve this.

For example, the recent gender gap analysis<sup>117</sup> has shown how empowering women can contribute to intra-household or community-level conflict if the changes are not supported by society as a whole and in particular men. Based on this conclusion, CARE Rwanda decided to invest heavily in the integration of approaches to engage men and boys in all its interventions that aim at women's empowerment. Not only does this lead to a much smaller risk of conflict, it also enhances the impact of our programming, as the same analysis shows that men who are positively engaged can play a large role in changing the way girls and women are perceived, their social position and the behavior that people adopt towards them (including GBV).

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<sup>117</sup> CARE Rwanda, Mind the Gap; Exploring the Gender Dynamics of CARE Rwanda's Village Savings and Loans (VSL) Programming, May 2012.

In order to implement the program strategy, our staff are a major resource. With the changing role of CARE, focusing more on working in partnership, innovation and learning, capacity building and advocacy, the role of our staff also changes, and thus the skills and competencies that they need to fulfill that role. This section explains these changes and what we will do to arrive there.

### New roles, new skills

CARE's new role (see also section A1 in 'Why the Vulnerable Women Program?') has resulted in changes for staff skills at two levels. First, certain new positions have been created, while others do no longer exist. New positions include for example the partnership manager, communications manager and advocacy manager. Positions whose main purpose was the direct implementation of field activities, such as community mobilizers or field coordinators, have become rarer within the organization, as in most instances these roles are now carried out by our partners. Second, for those positions that have remained in place, focus has shifted according to CARE's new role. For example, where technical experts used to support our own colleagues in direct implementation, they now have a much larger role in capacity building of partners and supporting the preparation of advocacy messages related to their field of expertise.

CARE Rwanda is currently reviewing what the most important new skills and competencies are for our staff to be able to contribute to CARE's new role. Some examples include:

- Advocacy and communication;
- Research and data analysis;
- Organizational and institutional capacity building;
- Partnering and networking.

This list is not exclusive however, and will be added on in the near future.

Apart from the skills and competencies above on which CARE now places more emphasis, many others remain important. First and foremost, these include CARE's core values. Our core values are a set of guiding principles and values for all our employees to help guide their work within the organization and externally, with our partners and with our impact group. CARE's core values are:

- Respect for rights: We respect the rights and opinions of our colleagues, partners, beneficiaries and others we interact with. We take the responsibility to show courage and initiative to protect rights in all that we do.
- Integrity: We act consistently with CARE's mission, being honest and transparent in what we do and say, and accept responsibility for our collective and individual actions.
- Commitment: We work together effectively to serve the larger community.
- Excellence: We constantly challenge ourselves to the highest levels of learning and performance to achieve greater impact
- Diversity: We promote equity, gender equality, respect, consideration and tolerance and we believe that all human beings deserve a just, dignified and free life.

### Developing skills

In order to help staff strengthen those skills where they do not yet feel comfortable, especially in the light of the current organizational change, a Staff Development Plan is under development. This plan will identify different activities that CARE Rwanda will implement in order to allow its staff to adapt to their new role. The implementation of the plan is overseen by a monitoring committee, comprised of the HR manager and the Program Quality and Learning team, with support from the Program Coordinators for the VW and the OVC programs.

The basis for the plan are staff's individual Annual Performance Agreements and Assessments (APAAs). These highlight individual staff's development needs, based on their own evaluation and a 360° evaluation of their performance, and the actions planned to build capacities related to these needs. CARE International puts in place mechanisms for staff to increase their knowledge and skills. These include training opportunities, the CARE academy, TDYs and attention for on-the-job learning.



To ensure that the VW program strategy reflects the latest learning and changes in context, this document will regularly be evaluated and updated. This section describes how this will be done.

## Program Quality Assessment Tool (PQAT)

The PQAT was designed by CARE International to help country offices assess the quality of the design and implementation of their programs. The tool helps staff and partners step back from day to day activities and reflect on the quality of their work, identify areas of strength and areas of improvement, facilitate knowledge sharing across the organization and inform decision-making about country office, regional, divisional and global level priorities.

The tool looks at the following elements:

- Impact goal and population;
- Holistic analysis;
- Theory of change;
- Working coherently to achieve impact (including the two sub-sections coherence and empowerment);
- Impact and learning;
- Contributing to broad movements for social change;
- Leveraging resources; and
- Accountability.

There are two versions of the tool: one to be used at the design stage, and one to be used during implementation. At finalization of the program strategy, PQAT is used to identify possible gaps. After that, it is used annually to assess the quality of implementation, and as such can point out areas of the program strategy that need updating.

## Testing the theory of change and the knowledge it is based on

The theory of change is the most important assumption underlying the program strategy. CARE Rwanda regularly tests the theory of change, together with partners, based on the information provided by our impact measurement system (currently under development). A complete test of the theory of change also includes an update of the analysis of the manifestations and underlying causes of poverty and vulnerability (UCPVs). Since the theory of change is designed to address the UCPVs, significant changes in vulnerable women's situation could lead to a need to adapt the theory of change. If deemed necessary, the theory of change is updated based on CARE's most recent knowledge.

Together with the test of the theory of change, CARE reviews whether the descriptions of the models, approaches, principles, etc. that are being used to achieve change are still up to date. Where necessary, other sections of the program strategy are updated to reflect the learning that has resulted from our implementation, partnerships with others, and relevant learning and insights as developed by others working on similar issues. Amongst others, this is based on the impact report that CARE Rwanda publishes each year, which will prompt reflection and discussion between CARE, partners and other stakeholders about the quality and relevance of the program strategy.

## Do No Harm analysis

As described in section D4 in 'How the Program is implemented', CARE Rwanda recognizes that through its programming, it inevitably influences the context in which it works, and that this influence can include unintended, negative effects. In order to diminish this risk, CARE will carry out a Do No Harm (DNH) analysis of the program strategy. If potential risks are found, the program is adapted to avoid or minimize these risks.

## Timing and responsibility

The PQAT and DNH analyses are carried out in the last stages of the finalization of the program strategy. After this, PQAT is applied annually. Testing the theory of change in the program, and the subsequent updating of the program strategy is done every three years. This exercise is combined with a DNH analysis. The responsibility for the above-mentioned analyses and tests lies with the Program Coordinator, who is supported in this process by the Program Quality and Learning Manager.

The development of the VW program started in 2009, with many actors involved. This section describes the process that has led to the VW program it is now.

2008:  
Introducing  
the program  
approach

## Introducing the program approach

CARE started working in Rwanda in 1984, mainly focusing on environmental protection and rehabilitation. Between 1994 and 1999, the focus shifted towards emergency response, reconstruction and rehabilitation. After this period, CARE Rwanda started working specifically with orphans and vulnerable children, and later also with vulnerable women. The program approach was introduced by CARE International in 2008, after a realization of the need to working with poor and vulnerable groups with a long term commitment, in order to be able to effectively address underlying causes of poverty and vulnerability (UCPVs). The rationale was that a program approach would allow us to work more holistically to address UCPVs, have a clear long-term commitment to working with a certain impact group, allow us to measure impact at the level of the impact group, invest in the development of new approaches and build strong strategic partnerships.

A P-shift<sup>118</sup> core team composed of 10 members including the Assistant Country Director Program, Sector Coordinators, M&E Coordinators, and the VSL Technical Support Unit Advisor was established and met twice a month. This team was responsible for developing a road map to design a program approach for the country office, take strategic decisions regarding the P-shift process and overseeing the writing process.

2009:  
Identifying  
the impact  
groups

## Identifying the impact groups

As CARE Rwanda’s programs are focused around specific poor and vulnerable impact groups, the first step of program development was to identify these impact groups. This was done in June 2009. In order to do so, relevant information was collected through a desk review of key documentations and evidence from previous projects, consultations with project participants and key institutions, and a number of assessments, including a gender analysis, a governance baseline, a livelihoods study and a policy analysis.

Based on the above sources of information, the P-shift core team selected four impact groups: OVC 0-6 years, OVC 7-18 years, historically marginalized people (HMP) and vulnerable women. As a result of a long discussion and analysis, a consensus was reached to keep only two impact groups: OVC 0-18 years and vulnerable women. The argument behind this conclusion is that others fall under these two as impact group sub sets. Therefore, CARE Rwanda confirmed to continue working with the two impact groups around whom most of its work was already organized.



<sup>118</sup> P-shift refers to the shift from a project to a program approach.

2010:  
Analyzing the  
situation and  
developing a  
theory of  
change

### Analyzing the situation and developing a theory of change

As a first step of the elaboration of the VW program, in order to better understand the situation of our impact groups, a situational analysis was carried out with assistance of a consultant. The situational analysis focused on understanding the manifestations of poverty for the impact group, as well as the UCPVs. Given that many informative resources on this impact group exist in Rwanda, the situational analyses were based on secondary sources.

The next step was to develop a theory of change. The theory of change is developed to address the main UCPVs as identified in the situational analysis. Together with the pathways, it provides the 'skeleton' for the program. For the VW program, the first draft of the theory of change and pathways were developed during a workshop in May 2010. The P-shift core team continued to refine the theory of change during different meetings. In the meantime, a communication strategy at country office level was put in place with the aim to create a common understanding of the P-shift among staff, involve colleagues in the design, and respond to any concerns or fears. This process included among others the distribution of FAQ sheets, more regular meetings between staff and leadership, involvement of additional staff in key decision-making and the use of suggestion/question boxes in the different CARE Rwanda offices.

2011:  
Participation of  
stakeholders

### Participation of stakeholders

In June 2011, the draft theory of change was shared with different stakeholders including government institutions, partners, UN agencies, INGOs, LNGOs and representatives of the private sector. During this workshop, participants formulated recommendations for improvement and conducted a SWOT analysis for CARE to be able to implement this program. Based on these recommendations, the theory of change was refined and an analysis of policies and strategies falling under those ministries that the program was to work with, including the Ministry of Gender and Family Promotion (MIGEPROF), the Ministry of Finance and Economic Planning (MINECOFIN), the Ministry of Health (MINISANTE), the Ministry of education (MINEDUC), and the Ministry of Energy and Natural Resources (MINERENA). The theory of change was aligned with the results of this analysis, and an updated version was presented to the technical teams of the above ministries in August 2011. Again useful feedback was collected and integrated.

2011 and  
onwards:  
Finalizing and  
implementing  
the program

### Finalizing and implementing the program

At the same time, the P-shift core team conducted a retrofitting exercise to align existing projects with the new programs. In addition, a draft organogram to manage the program was also proposed. Now that the different elements of the program were collected and documented, a three day workshop was organized in November 2011 to develop the full vulnerable women program. This workshop brought together CARE, partners and the relevant government institutions. Based on the results of this workshop, the further content of the program was developed. In August 2012, the program coordinator was recruited. Finalization of the program strategy was done by a consultant between January and March 2013, in consultation of project and project support staff as well as partners. In May 2013 the program was presented to the Regional Management Unit and CARE Rwanda staff for validation. The program strategy is however never final. As described in section D6 in 'How the Program is implemented', it will continuously be updated based on new knowledge of CARE and others.