

Advocacy and Influencing Impact Reporting Tool

This tool has been developed to gather further information and evidence on CARE’s advocacy or influencing win. At CARE, advocacy is defined as “**the deliberate process of influencing those who make decisions about developing, changing and implementing policies to reduce poverty and achieve social justice.**”¹ Influencing and advocacy can go beyond government policies, it can include influencing governments, donors or NGOs to adopt a CARE program model or influencing the private sector to change their company policies or operating practices.

This tool captures the significance of the win, the level of CARE and our partner’s contribution, who stands to benefit from the change, and what evidence do we have to support a claim of change or impact. With the wide range of successes within influencing work and the various roles CARE may have played in this win, this tool allows us to identify how significant the win is as well as the significance of CARE’s contribution and our partners.

Success: CARE Tanzania Advocacy on Savings Groups Guidelines	
<ol style="list-style-type: none"> 1. What is the advocacy or influencing win? Include details such as: <ul style="list-style-type: none"> • A description of the win, and how it was achieved • start date and end date • any incremental wins that happened along the way • the main decision makers that CARE influenced to achieve this win 2. Why is this advocacy or influencing win significant? What was the reality prior to the advocacy/influencing win that the win aims to address? 3. If this win is part of a larger advocacy or long-term program goal, please describe the larger advocacy/influencing goal? 	<p>Between July and December, 2017 CARE has worked with the Ministry of Health, Gender, Community Development, Elderly and Children (MoHGCDEC) to influence their Savings Groups guidelines and pilot them. The guidelines are part of the Government’s plan to use savings groups within their safety net programme as a means to elevate the poorest out of poverty. This advocacy engagement is at a 3, and pushing towards a 4 on the ‘influence to impact’ scale</p> <p>The key win is on the adaption and recognition of Village Savings and Loans Association as an approach to be used by the Ministry in the formation of women groups. The inclusion of VSLA in the guideline was achieved through CARE’s participation in the development of the guideline, the review process and by providing technical input. CARE expertise was also used to design and roll out of the pilot. Through providing technical input and financial support, pretesting the guideline, VSLA training of District Community Development Officers and the design of monitoring and reporting tools.</p>
Contribution:	
<ol style="list-style-type: none"> 4. On a scale from high, medium, or low, how would you rate CARE’s contribution to the advocacy/influencing win? <i>(please refer to the scale below the table)</i> 5. Describe CARE’s contribution, specify CARE’s unique role as well as the role of other main actors including partner organizations and coalitions. 6. What evidence is there that supports our claim to have contributed to this win? 	<p>High: There is reason (evidence) to believe that the change would not have happened without CARE’s efforts. CARE worked to ensure that VSLA was an approach which would support women’s economic empowerment and ensured that Ministry Officials participated in training. CARE also supported local partners with technical and financial support.</p> <p>This initiative was supported directly by CARE and did not include any partner organisations. The unique role that CARE played was on technical backstopping on the VSLA methodology, using committed CARE staff, financial support and flexibility to meet and fit to the Government working processes and requirements.</p> <p>Evidence that supports CARE claim in this win include:</p> <ul style="list-style-type: none"> • An MOU which was developed and signed by CARE and the Ministry of Health, Gender, Community Development, Elderly and Children (MoHGCDEC) • The savings group guideline (not available for external sharing) • Training and piloting reports • List of participants to the VSLA training • Number of groups formed in Mvomero and Rombo • Signed guest books in Mvomero and Rombo Districts • Photos taken during the training and pilot • Ministry officials who participated in the process • Photos showing pilot launching by the Permanent Secretary for the Ministry • List of Wards where the formations of groups through VSLA was piloted • List of Community Development Officers who are managing the groups in Mvomero and Rombo <p>Financial report-spending</p>

¹ See CARE International Advocacy Handbook for more information

Potential Impact/Reach:	
<p>7. What is the impact population that is expected to benefit from the advocacy/influencing win? Describe how the win will translate into a better life for these participants?</p> <p>8. If the change we have influenced is fully implemented, can you quantify the number of lives that could potentially be reached by this advocacy win? <i>Please explain how you calculated this number.</i></p>	<p>The impact populations is Women who are small holder farmers, house wives, domestic workers, small scale business women living in rural Tanzania. This win will:</p> <ul style="list-style-type: none"> • Enable them to save for purpose • Provide them with loans which they can use to establish or strengthen their existing businesses; invest in agriculture-improve crop production value chains; improve their shelters including construction of modern houses; invest in other activities including animal husbandry and other income generating activities. • Provide social benefits such as building a strong social networks and solidarity among women and support members to respond to shocks • Promote learning on other skills within VSLA groups. • Allow access to finance to support education of their children especially girls which may contribute to reduce early pregnancies, school drop outs, child labor, building up the saving behavior through their children, and reducing poverty. <p>We estimate that there could be a total of 656,250 lives that could be reached by this advocacy win. Calculated as follows:</p> <ul style="list-style-type: none"> • Tanzania has a total of 21 regions therefore the calculations (estimations) are based on the number of regions. That each region may form 250 groups x 21 regions =5,250 groups • 1 VSLA group have a maximum of 25 members, therefore 5,250 groups x 25 members =131,250 members for all 21 regions-this are direct beneficiaries/women who will be in groups • In Tanzania the average number of people in the household is 4. Therefore 131,250 x 4=525,000 –indirect beneficiaries. Therefore, the total could be 131,250+525,000=656,250 <p>*Note that, this is the government initiative therefore the possibility of reaching more women than these is high.</p>
Actual Impact/Reach:	
<p>9. Do we have any evidence to date that these expected outcomes have been achieved? If so, please describe how the win has translated into a better life for the impact population.</p> <p>10. Can you quantify the number of lives that have been improved? <i>Please explain how you calculated this number.</i></p>	<p>Our evidence shows that at the outcome level, a total of 110 VSLAs were formed in both Mvomero and Rombo districts, with these groups a total of 1,911 members were reached whereby 1,525 (79.80%) are women. Data on how this will lead to a better life for the impact population will be collected dependent on the Ministry's ability to generate the required funding. However this is with the assumption based on the number of members reached therefore a total of 1,911 direct beneficiaries and 7,644 indirect beneficiaries. Total is 9,555. This has been calculated based on first the total number of members reached directly, and the indirect beneficiaries which has been calculated by using the total number of direct beneficiaries x 4 which is the average size of the household members.</p>
Reflection and Learning:	
<p>11. What were the main challenges you faced, and were they overcome? If so, how?</p> <p>12. What influencing tactics were particularly effective/ineffective?</p> <p>13. What would you do differently next time?</p> <p>14. What are the next steps or follow-up actions for this advocacy/influencing win?</p>	<p>The main challenge faced was budgetary constraints. CARE is still looking for funding opportunities which can further support the Ministry to implement the guideline nationwide.</p> <p>Influencing tactics used by CARE to achieve this goal including taking on a collaborative approach with the Ministry and CARE's readiness to offer technical support, even at a minutes notice. Moving forward what could be done differently is having a systematic goal and objectives for advocacy work, proactive fundraising to support advocacy initiatives and having a strategy for engagement.</p> <p>Moving forward CARE will be working with the Ministry to approve the guideline so that it can be adopted across the Country and fundraising to support this work for a wider impact.</p>

Rating scale²:

High: There is reason (evidence) to believe that the change would not have happened without CARE's efforts. This could also include significant actions from partners which we support technically or financially.

Medium: There is reason to believe CARE contributed substantially, but along with other partners

Low: CARE was one of a number of actors that contributed, but this change may have happened regardless of CARE's involvement

² This rating scale has been used by Save the Children to measure contribution in advocacy work