REPORT CONSTRUCTING A MONITORING & EVALUATION SYSTEM

PUBLIC-COMMUNITY CARE PARTNERSHIPS (PCCPS): FOSTERING SOCIAL AND KNOWLEDGE COMMONS FOR CARE IN COLOMBIA

January, February and March 2025

PROCESS DESCRIPTION

	The goal is to **develop a monitoring and evaluation system** tailored to the project. Additionally, it aims to support the refinement of the project's design and identify key management milestones throughout its implementation. This includes adjusting certain activities if necessary, determining which actions will have the greatest impact and with which stakeholders, identifying the right tools to measure this impact, and establishing practices for data collection.
	The construction of the M&E system started on January 2025, a few months after the first project actions were implemented. Tools can be deployed throughout the project and beyond.
	The team involved in the design, deployment and analysis of the M&E system was made up of people from • AFD (Paris & Bogota agency) • Universidad de los Andes • And Accion Publica.
	Framing phase : The scoping phase enables us to work on the project's stakes and stakeholders (i), to characterize the expected results for the various stakeholders (ii) and finally to identify the expected effects that need to be monitored and evaluated, and to specify the tools that will be used to report on them (iii). • **Workshop 1:** Project challenges and stakeholder mapping • **Workshop 2:** Theory of change and monitoring-evaluation issues • **Workshop 3:** The evaluation framework: questions, indices/indicators, collection tools **Platform link:** https://app.klaxoon.com/animate/board/KPCDG3A **Follow-up phase (potentially):** • Collection of signs of project influence • Meetings between the project team and the evaluation team to design deploy and analyze data collection tools. **Final phase :** • Final workshop with the project team

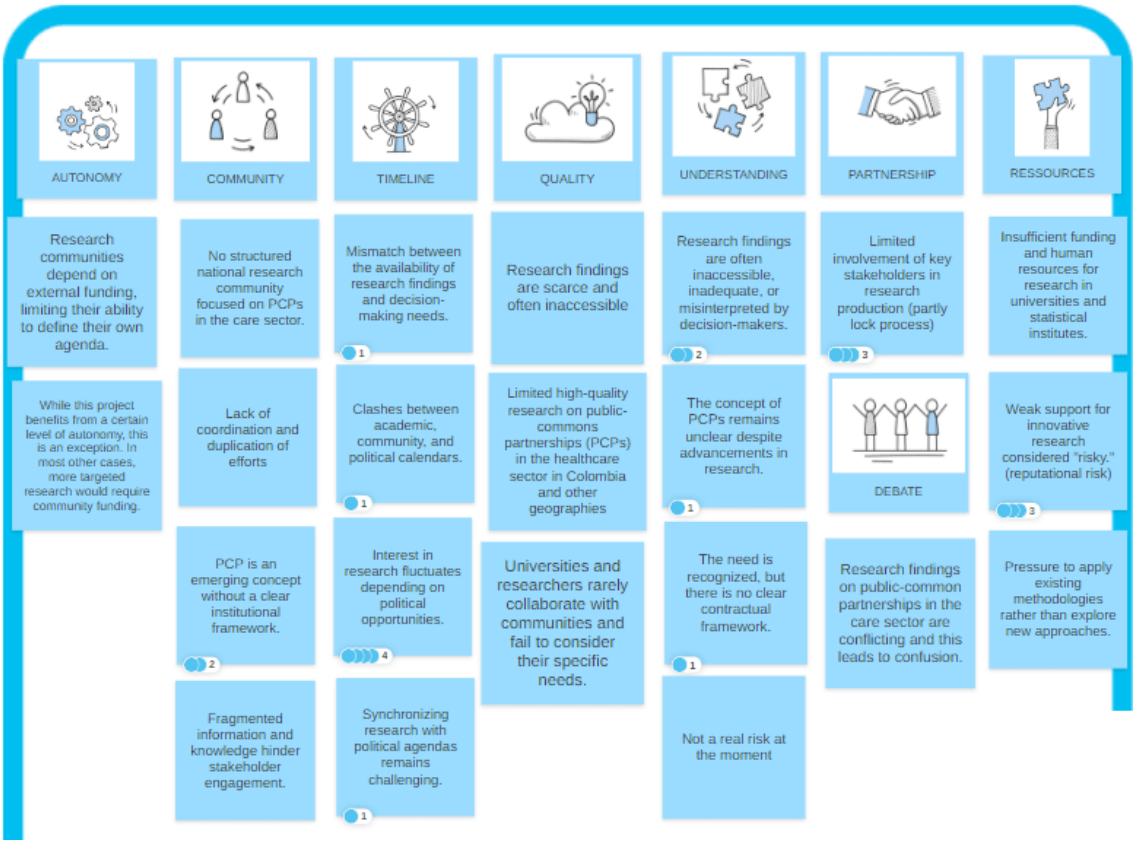
I.SETTING UP A MONITORING AND EVALUATION SYSTEM: WORKSHOP 1

PART 1 - PROJECT CHALLENGES (1H30 HOUR)

Objective: Identify the key challenges in the project's context and select those the project aims to address.

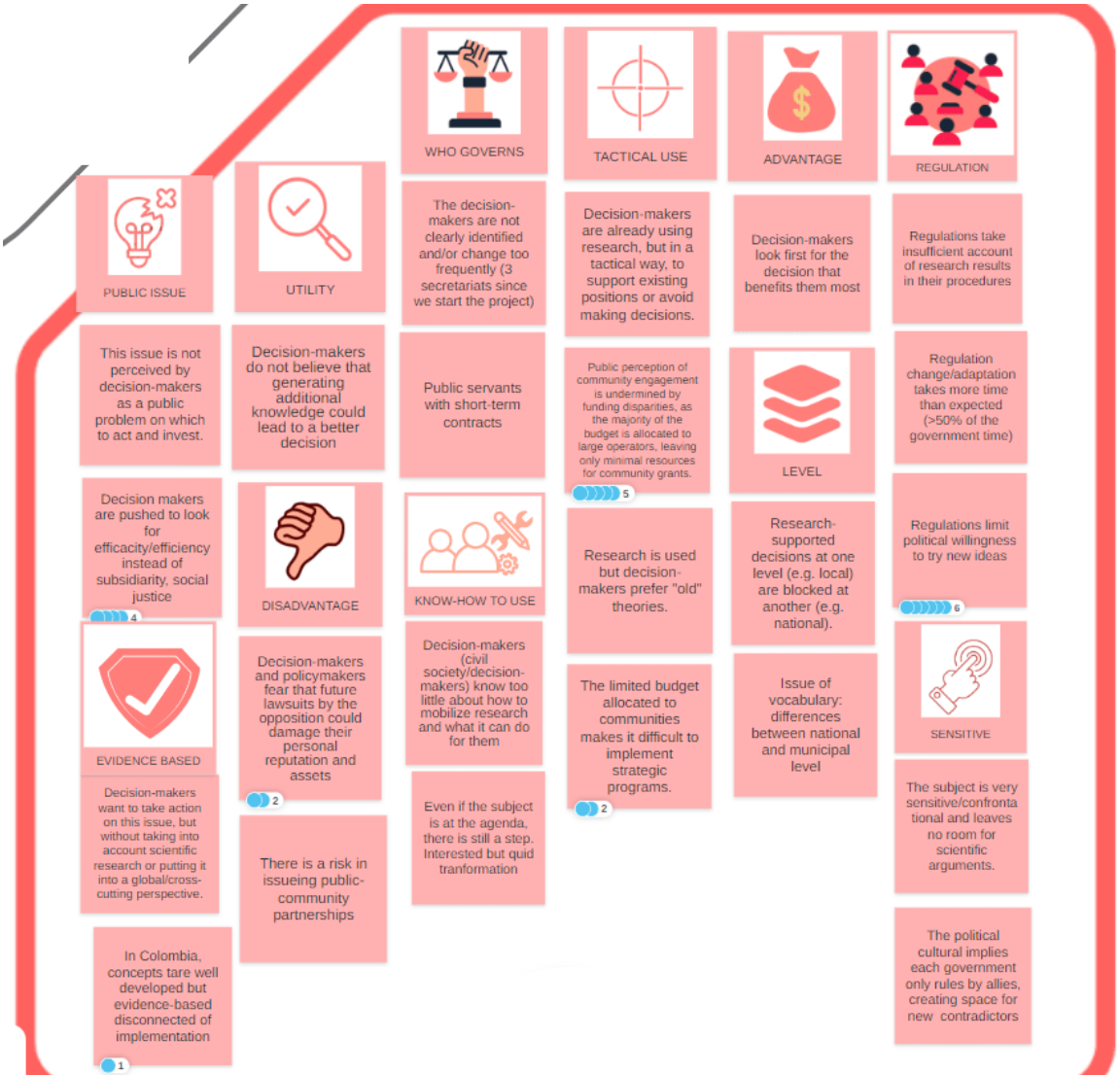
- Presentation of the Platform and Process: Explained how the platform operates and outlined the objectives of the process.
- Identification of Challenges: Introduced key challenges using post-it notes, clarifying their implications.
- Refinement and Selection: Participants reviewed, modified, and supplemented the list of challenges before voting on the most critical ones.
- Diagram Mapping: Transferred the selected challenges to the inner petals of the diagram for structured visualization.
- Prioritization: Conducted a collective discussion and final vote to determine the priority challenges that the project will address.

1. RESEARCH CHALLENGES WITHIN THE PROJECT CONTEXT

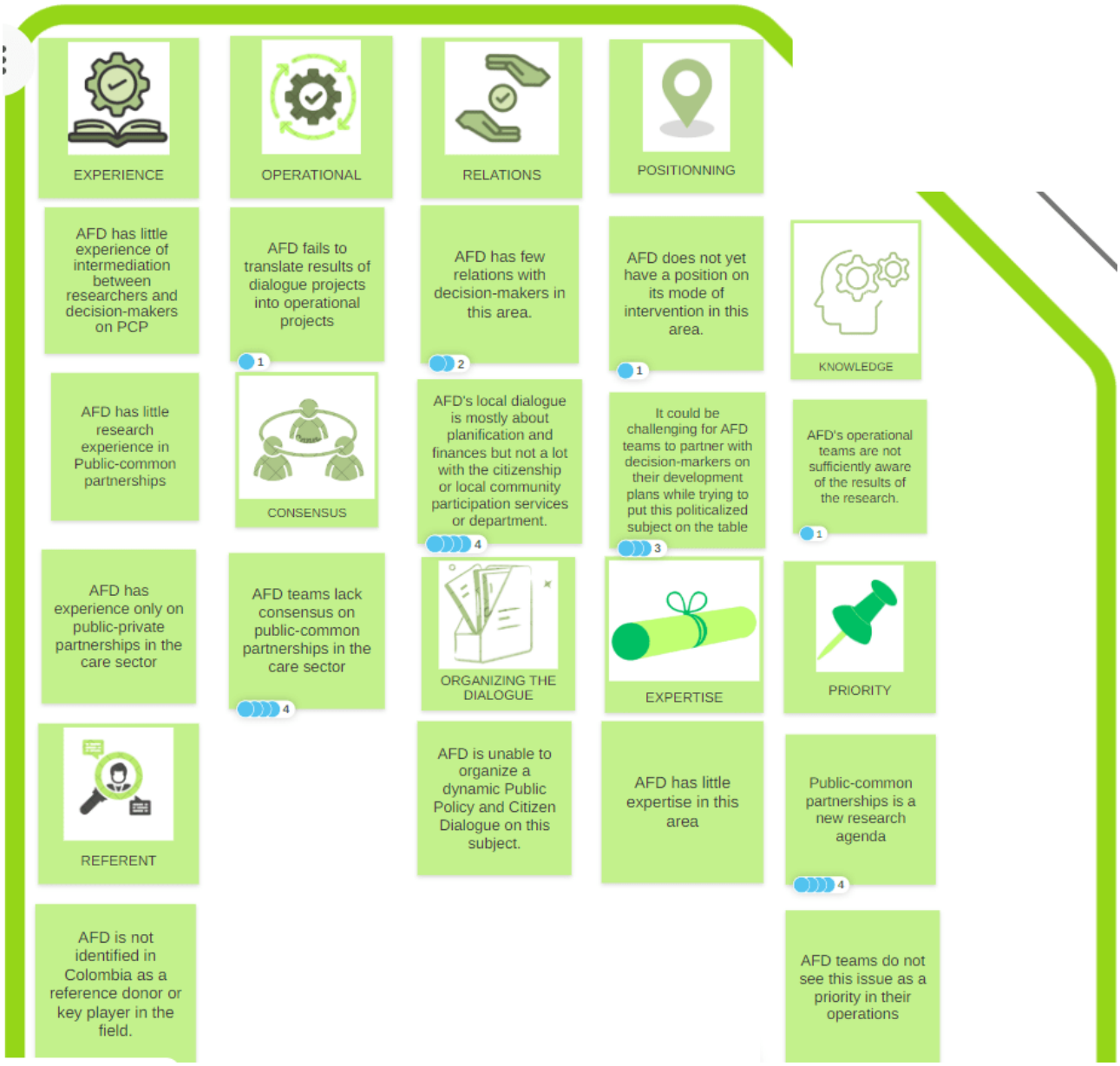


2. CHALLENGES IN FOSTERING DIALOGUE BETWEEN RESEARCH AND DECISION-MAKING

3. CHALLENGES IN FOSTERING DIALOGUE BETWEEN RESEARCH AND DECISION-MAKING



4. CHALLENGES FOR AFD



5. SUMMARIZE: KEY CHALLENGES SELECTED TO BE ADDRESS VIA THE PROJECT

**Most voted challenges are bolded*

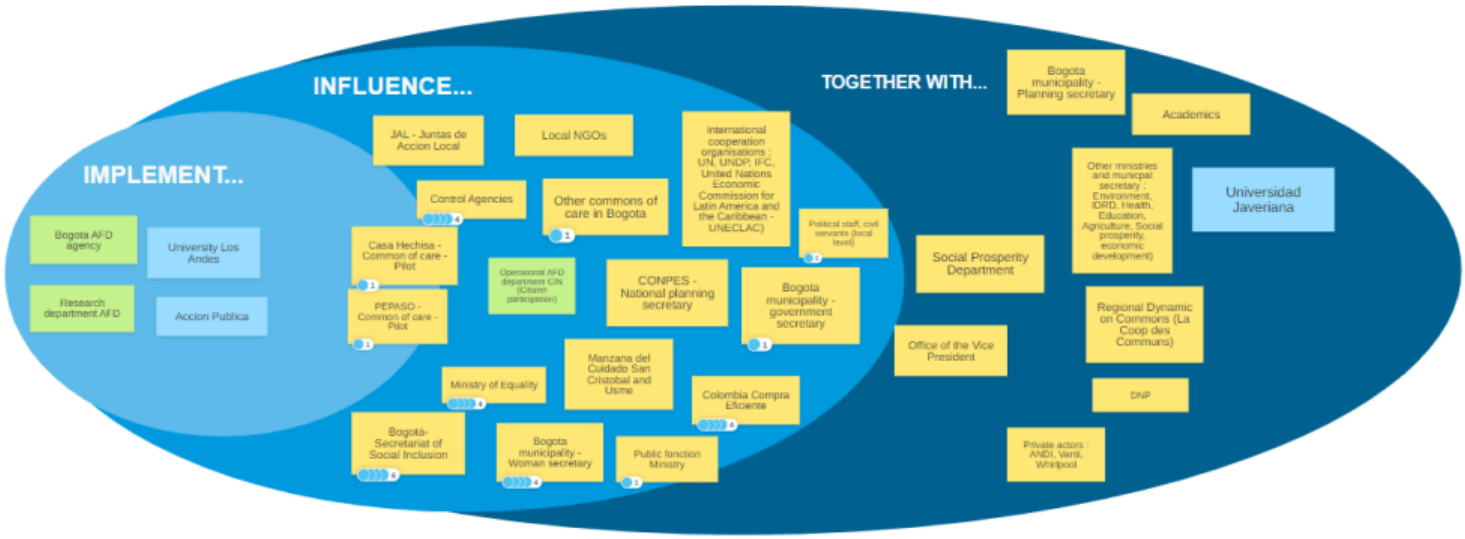
PROJECT CHALLENGES	
Challenges for research	• Weak support for innovative research considered "risky." (reputational risk) • **Research findings are often inaccessible, inadequate, or misinterpreted by decision-makers.** • **PCP is an emerging concept without a clear institutional framework.**

	• **Interest in research fluctuates depending on political opportunities.** • Limited involvement of key stakeholders in research production (partly lock process)
Challenges in the dialogue sphere	• **Civil society actors struggle to reach a consensus on policy actions. Lack of Trust / competition** • **The feasibility of partnerships hinges on recognizing the diversity of actors involved. Establishing partnerships with emerging organizations remains particularly challenging.** • Other, more powerful players than research/civil society (lobbies, donors, etc.) are better able to focus attention on decision-making issues
Challenges in Public Decision-Making	• **Regulations limit political willingness to try new ideas** • Decision-makers and policymakers fear that future lawsuits by the opposition could damage their personal reputation and assets • **Public perception of community engagement is undermined by funding disparities, as the majority of the budget is allocated to large operators, leaving only minimal resources for community grants.** • Decision makers are pushed to look for efficacy/efficiency instead of subsidiarity, social justice
Challenges for AFD	• It could be challenging for AFD teams to partner with decision-makers on their development plans while trying to put this politicalized subject on the table • **Public-common partnerships is a new research agenda** • AFD's local dialogue is mostly about planification and finances but not a lot with the citizenship or local community participation services or department. • **AFD teams lack consensus on public-common partnerships in the care sector**

PART 2 - PROJECT ACTORS (40 min)

Objective: Identify the project's stakeholders: those who participate in it, those whom wish to take action, and those who can support these changes with other actions.

- Identification of different actors: introduced key actors using post-it notes, clarifying their position.
- Refinement and selection: Participants reviewed, modified, and supplemented the list of actors
- Discussion time: discussing why choosing this category for the actor identified and not position it elsewhere
- Vote : within the influence category of stakeholders chose those that are the most relevant (this part was undertaken under at the beginning of workshop 2)



READING KEY

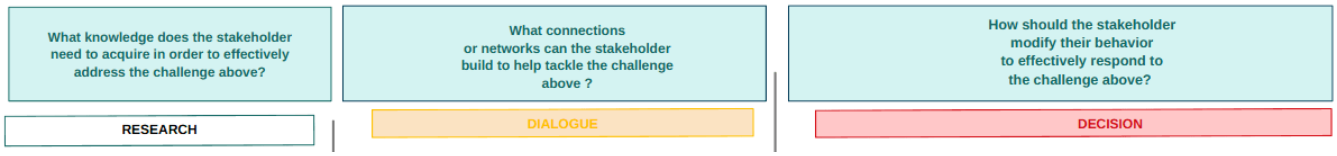
- *Implement: stakeholders responsible for deciding upon and executing the project.*
- *Influence: stakeholders whose behaviors, attitudes, and knowledge are expected to change as a result of the project.*
- *Together with: stakeholders not directly targeted by the project but whose activities aim for similar outcomes.*

II. CO-BUILDING THE THEORY OF CHANGE: WORKSHOP 2

Objectives: Characterize the expected results for the various stakeholders and the teams actions to make sure this results are happening

Building upon our previous session, where we identified project challenges and prioritized stakeholders, workshop focused on **characterizing expected effects**:

- define the specific outcomes anticipated for each stakeholder group by addressing three key questions (part 1)



- And determine the actions the project team needs to implement to see those changes happen and achieve results (part 2)

The last workshop will focus on identifying metrics and evaluation tools: we will pinpoint the expected effects that require monitoring and evaluation, and specify the tools and methods we will use to report on them.

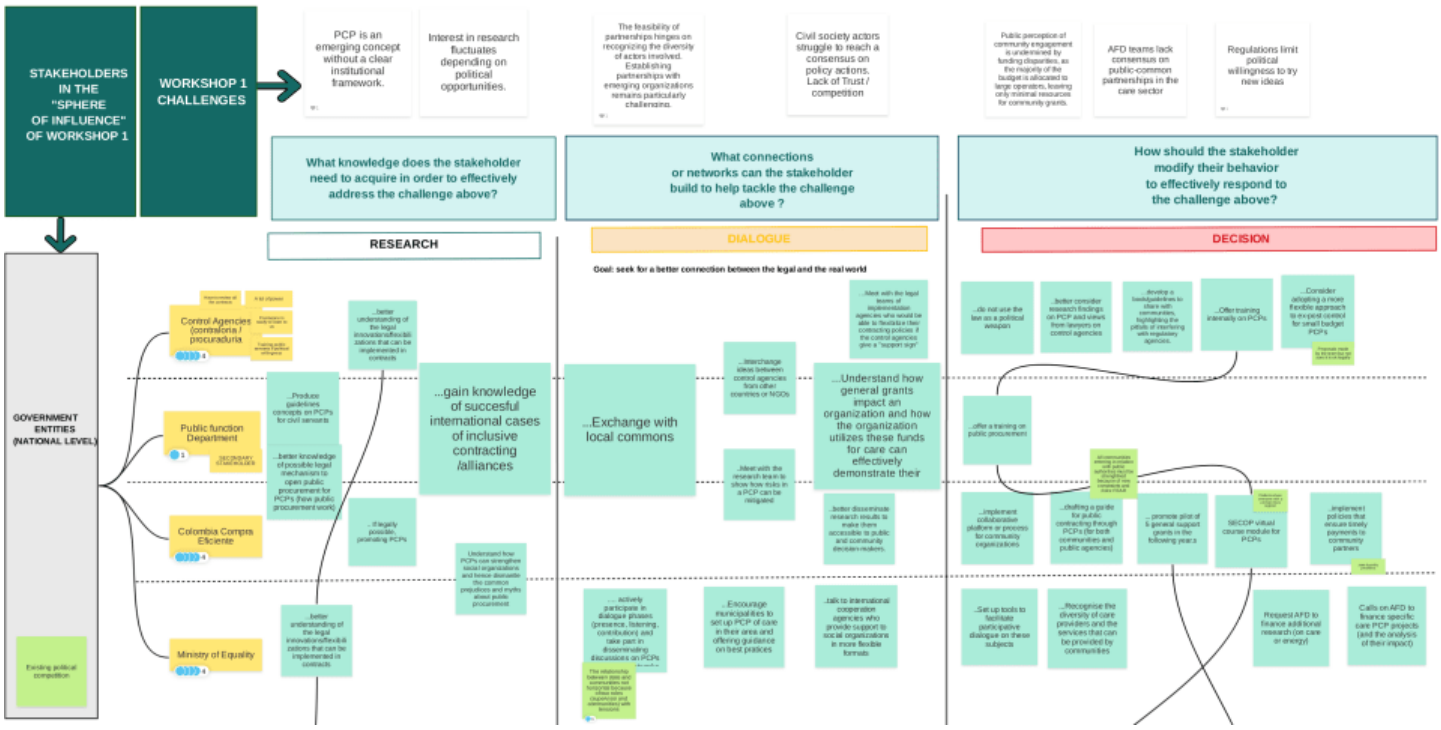
PART 1: Collective identification of expected changes by type of influencer stakeholder (1H30)

Question related to this part of the workshop: In a few years' time, how will we define the success of the project? Can you describe the changes observed in the stakeholders to be influenced and what changes were expected?

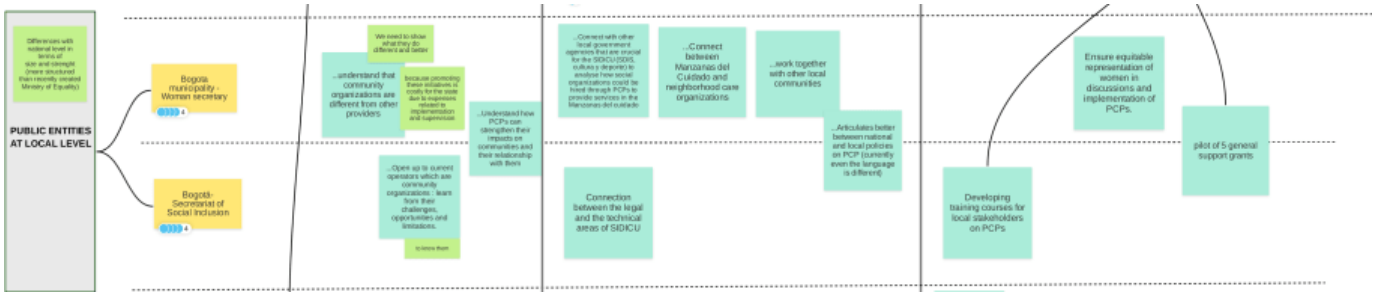
- **Presentation of the theory of change matrix**: Explanation of the matrix's structure and the objectives of the process. Rows list the prioritized challenges identified during the first part of Workshop 1 (specifically those central to the scheme), while columns represent the "influencer" stakeholders prioritized at the end of Workshop 1, Part 2. Non-prioritized stakeholders are excluded from the matrix.
- **Illustrative example**: Demonstration of how to populate the matrix by adding post-it notes that address the three key questions (see above) for each stakeholder.
- **Identification of expected results**: Participants individually note the anticipated effects for each stakeholder by responding to the three pillar questions on post-it notes.
- **Matrix refinement**: Collaborative review, modification, and enhancement of the matrix to ensure accuracy and completeness.

- **Group discussion**: Brief round-table discussion to share and deliberate on contributions. Similar expected changes across different stakeholders may streamline the process.
- **Repetition for additional stakeholders**: The process is repeated for other stakeholders. If time constraints arise, a voting mechanism is employed to prioritize up to some stakeholders, ensuring that at least four to five are thoroughly addressed. In the session, all stakeholders were successfully covered.
- **Break**: Scheduled pause to provide participants with an opportunity to rest.

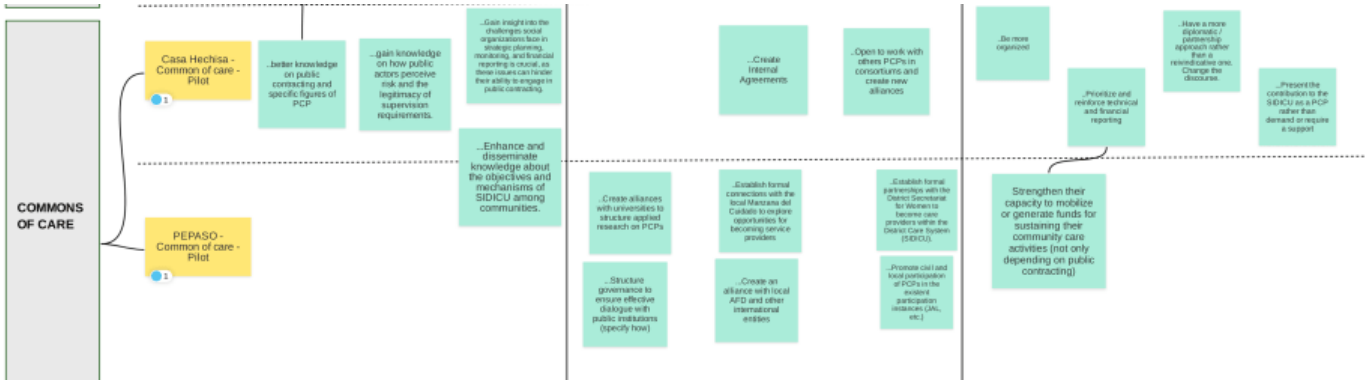
1. PROCESS CONSTRUCTION WITH A FOCUS ON GOVERNMENT ENTITIES AT NATIONAL LEVEL



2. PROCESS CONSTRUCTION WITH A FOCUS ON PUBLIC ENTITIES AT LOCAL LEVEL



3. PROCESS CONSTRUCTION WITH A FOCUS ON COMMONS OF CARE



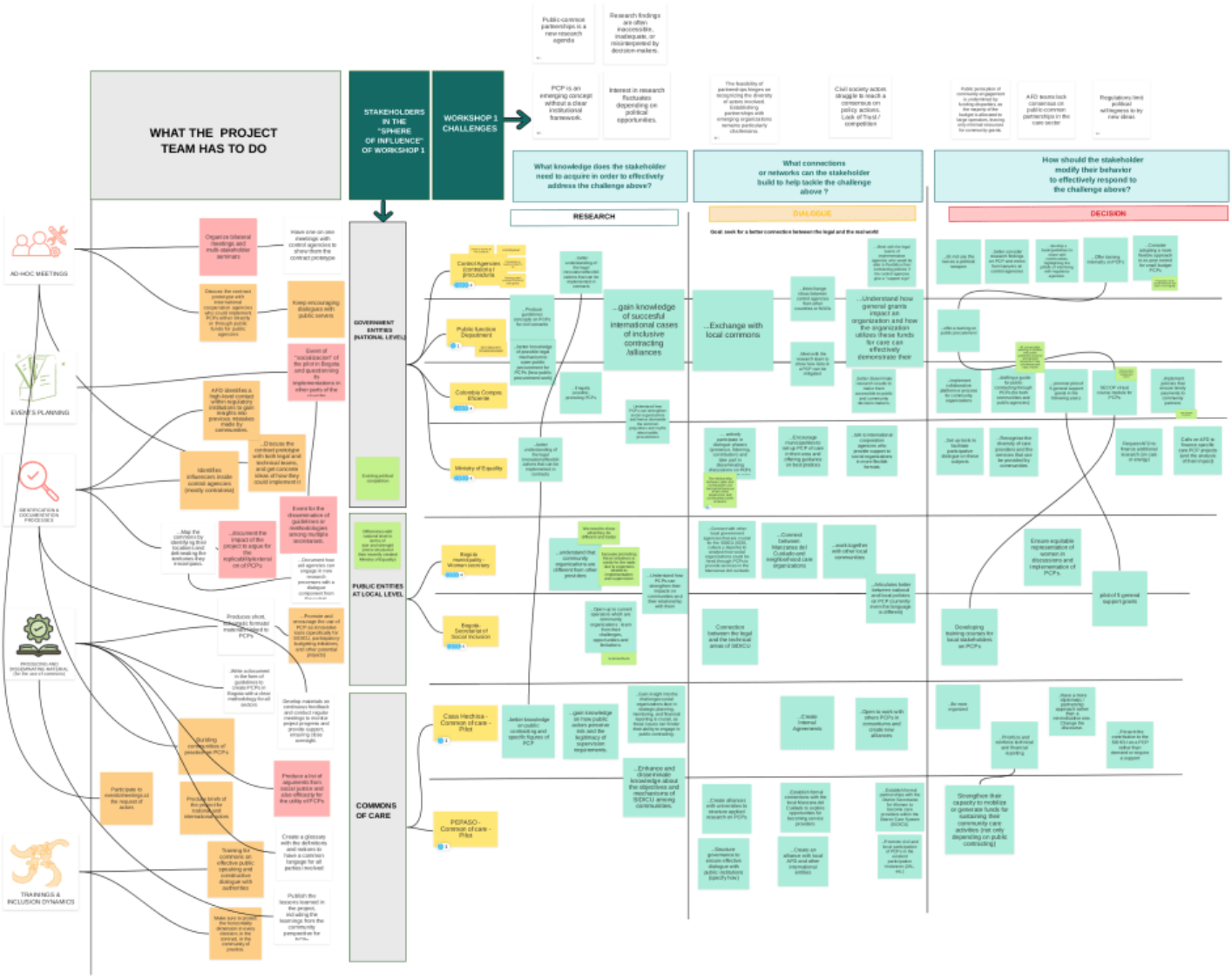
PART 2: Definition of the actions to be taken by the project team to bring about change and help achieve the expected changes (45 min)

Question related to this part of the workshop: In a few years' time, how will we know that the project has succeeded? Can you tell us how the team made it possible to achieve the expected changes?

- **Completion of the left-hand column of the matrix**: Participants filled in the left-hand column of the Theory of Change Matrix with the prioritized challenges, ensuring alignment with previously identified expected changes.
- **Presentation of an example**: To guide the discussion, a pre-designed example was presented, illustrating how to effectively populate the matrix. This example detailed the specific activities the team could implement to achieve the expected changes identified in the previous part of the workshop 2.
- **Individual contributions**: Participants individually added their ideas on post-it notes
- **Group discussion and refinement**: A round-table discussion was conducted to share, refine, and adjust proposals, gathering final comments for possible adjustments.

Mostly 5 types of actions were defined (see below for more details): meetings, event planning, identification and documentation processes, production and dissemination of material and training and inclusion dynamics.

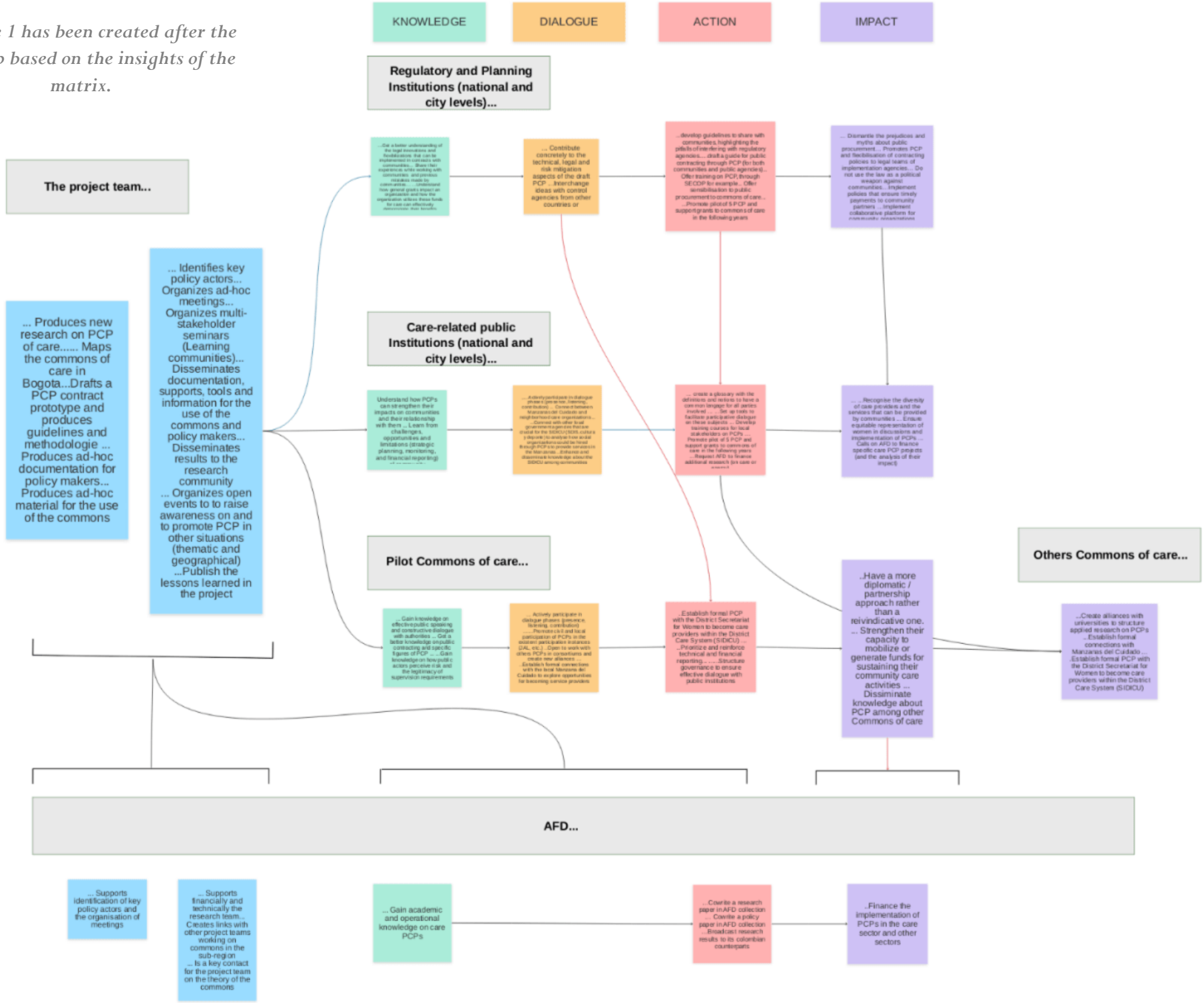
1. FINAL OVERVIEW OF THE THEORY OF CHANGE MATRIX INCLUDING PROJECT ACTIONS (LEFT HAND SIDE)



** The matrix has been cleaned and rearranged after the workshop*

2. SCHEME 1: OVERVIEW OF THE THEORY OF CHANGE SCHEME PRODUCED BY MODERATORS BETWEEN WORKSHOP 2 & 3

** Scheme 1 has been created after the workshop based on the insights of the matrix.*



THEORY OF CHANGE SCHEME 1: READING KEY

The theory of change that emerged from these reflections was as follows. It is now three years since the project was finalized.

- The project has been a success because it has enabled public actors (Ministry of Equality and Bogotá Women's Secretariat) to have a common language thanks to a glossary with the definitions and notions; to set up tools to facilitate participative dialogue; to develop training courses for local stakeholders on PCPs; and to promote pilots of 5 PCPs and support grants to commons.
- This has been made possible because regulatory and planning institutions has got a better understanding of the legal innovations and flexibilizations that can be implemented in contracts with communities and has understood how general grants impact the organizations and how the organizations utilize these funds for care. They have developed guidelines to share with communities, highlighting the pitfalls of interfering with regulatory agencies; drafted a guide for public contracting through PCPs (for both communities and public agencies); offered training on PCPs, through SECOP for example; offered sensibilisation to public procurement to commons of care; and promote pilot of 5 PCPs and support grants to commons of care.
- The two pilot projects have also been a success. They succeeded in establishing formal PCPs with the District Secretariat for Women to become care providers within the District Care System (SIDICU). They have prioritized and reinforced technical and financial reporting and have structured governance to ensure effective dialogue with public institutions.
- Public partners and pilot care commons have thus gained knowledge on each other (way of talking, way of working, way of relating) and developed mutual trust, enabling the PCP model to spread. This was made possible by the active participation of the public partners and pilot commons in the activities proposed by the project and in dialogue phases (presence, listening, contribution).
- The project team benefited from AFD support (in terms of research and dialogue with stakeholders). In return, AFD has gained academic and operational knowledge on care PCPs and can Broadcast research results to its Colombian counterparts thanks to research and policy papers in AFD collection.

III. Monitoring and evaluation reference framework

Objective: Identification des effets attendus qu'il est nécessaire de suivre et d'évaluer et à préciser quels outils de collecte permettent de recueillir l'information utile au pilotage du projet et utile pour rendre compte de ses résultats.

PART 1: Discussion on and finalization of the theory of change (1 hour)

- **Presentation of the draft theory of change:** Moderators introduce the draft framework, explaining its structure and key elements. They narrate a success scenario, envisioning the project's outcomes and impact three years later, drawing on insights from Workshop 2.
- **Roundtable discussion:** Participants provide feedback on gaps, necessary adjustments, and areas for improvement in the proposed narrative.
- **Individual reflection and contribution:** Each participant takes time to refine or propose their own version of the "story of change", then shares it with the group.
- **Final refinement and validation:** The collective feedback is integrated into the theory of change, leading to a final validated version agreed upon by all participants.

1. DISCUSSION ON THE DRAFT THEORY OF CHANGE (SCHEME 1)

Following the presentation of the draft Theory of Change (Scheme 1), several questions and remarks were raised:

- The expected changes among **regulatory and planning actors seem very ambitious** and, currently none of the project's activities plan to act concretely on these actors, apart from bringing them on board (dotted blue line in scheme 1). **The primary focus should be on the pilot commons.**
- Similarly, **public care institutions** are expected to create a glossary of definitions and concepts, develop tools to facilitate participatory dialogue on these topics, and establish training programs for local stakeholders on PCPs. Yet, no project activities concretely address these aspects (dotted blue line in the scheme).
- This could be problematic, as the effective implementation of PCPs between the **pilot care commons and the Women's Secretariat in Bogotá** may require greater flexibility in regulatory and contractual frameworks (red line).
- One of the intermediate results should be the signature and successful implementation of the PCP between the **pilot commons and Acción Pública**, but this is currently missing from the scheme.
- **Universities** should be included in the scheme.

2. OTHER CONSIDERATIONS BEYOND THE GAPS IDENTIFIED IN THE DRAFT THEORY OF CHANGE

Participants also emphasized several aspects during this phase of the workshop:

- **The added value of PCPs:**
  - Foster more horizontal relationships and generate learning that benefits the broader ecosystem.
  - Bridge the gap between communities and decision-makers
- **Resources needed for their implementation:**
  - The State requires additional resources to ensure that the PCP process is efficient, timely, and conflict-free.
  - Expected Outcomes from Academic Involvement:
    - Promote collaborative rather than extractive research.
    - Encourage a horizontal approach to learning.
    - Develop a shared research agenda.

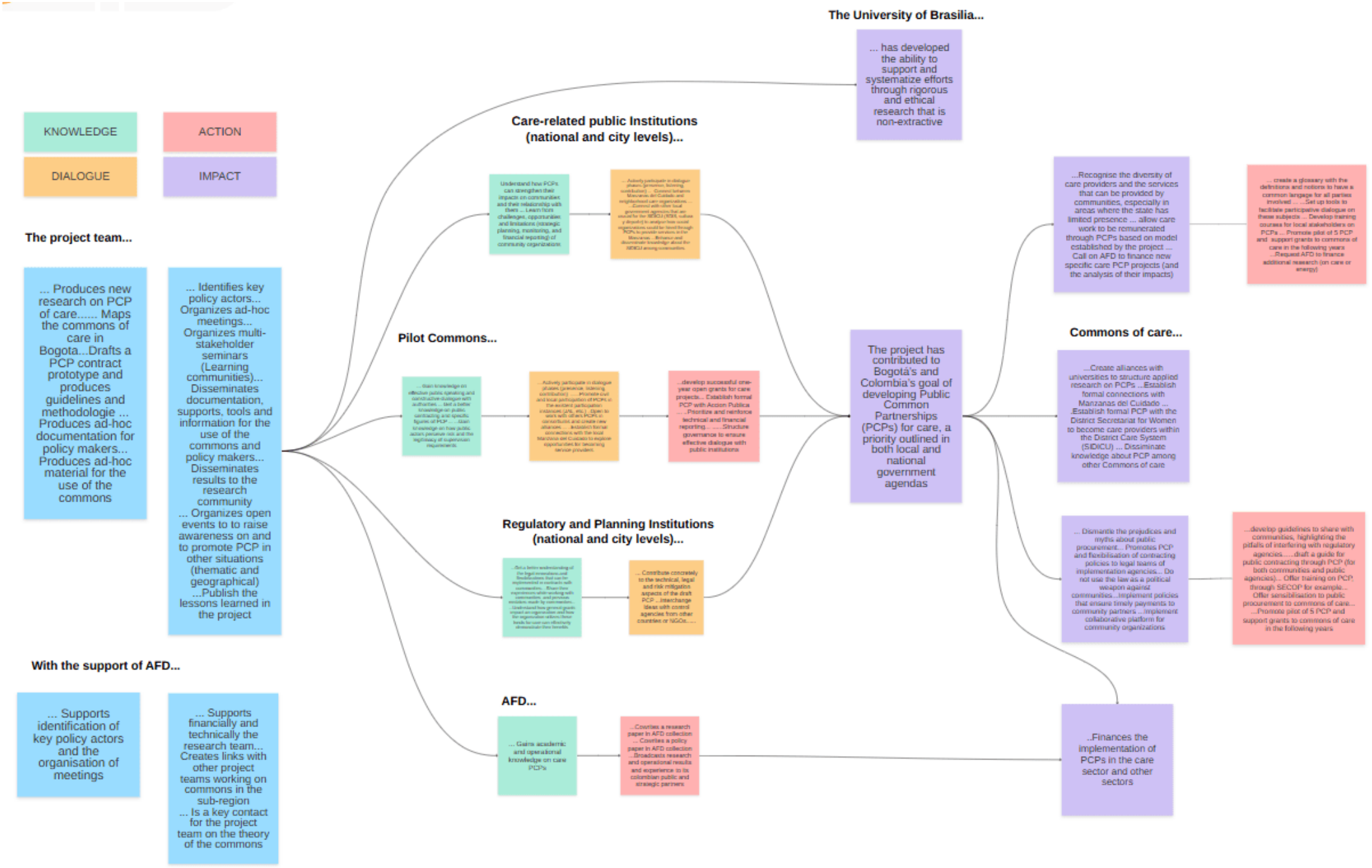
        - Strengthen strategic collaboration between Acción Pública and Javeriana University.
- **Strategic advantages of the project**:
    - AFD's role extends beyond technical support; it also guides the Ministry in policy deployment.
    - The project is a policy experiment based on trust rather than purely technical outcomes.
    - Scalability: the initiative should serve as a model for replication in other territories.
- **Future PCPs in care:** The Secretary of Women should not be the sole institutional partner; the Secretary of Social Integration, which has also expressed interest in care-related initiatives, should be considered.

3. PARTICIPANTS' "STORIES OF CHANGE"

Participants were asked to explain how they thought the project's success would materialize:

- **University perspective**: This project will be successful if it builds the capacities of community partners to develop successful one-year open grants for care projects. At the same time, it must advance the state's willingness to establish these partnerships in the near future by overcoming mistrust and recognizing the potential of communities in care provision, especially in areas where the state has limited presence. Additionally, success will be measured by the project's ability to support and systematize these efforts through rigorous and ethical research that is non-extractive.
- **Acción Pública perspective (1):** The project was born out of the need to explore a new way of connecting community organizations with the state. We launched a pilot with two organizations dedicated to community care in Bogotá and worked with them for a year. Through monthly, non-conditioned cash transfers, we provided financial support that allowed care work to be remunerated and strengthened organizational capacity. Finally, this initiative was a multi-actor research project involving academia, the public sector, and international cooperation.
- **Acción Pública perspective (2):** Alliance for Care was a bold project that took a leap of faith to bridge two often disconnected realities: the public sector and communities. It was an opportunity to move from words to actions, documenting the groundwork for a new, meaningful relationship—Public Common Partnership (PCP)—in a context shaped by distrust and institutional complexity. At every step, we tested, learned, and adapted to make future PCPs easier to implement, all while navigating institutional fears and community reservations. This journey was not just about designing a framework; it was about proving that collaboration is possible when built on trust, shared purpose, and lived experience.
- **AFD representation in Bogota perspective**: The project will be successful if it manages to contribute to Bogotá's and Colombia's goal of developing Public Common Partnerships (PCPs) for care, a priority outlined in both local and national government agendas.

4. SCHEME 2: FINAL THEORY OF CHANGE (INCLUDING PARTICIPANTS INPUTS)


KNOWLEDGE
ACTION
DIALOGUE
IMPACT
The project team...
... Produces new research on PCP of care..... Maps the commons of care in Bogota...Drafts a PCP contract prototype and produces guidelines and methodologie ... Produces ad-hoc documentation for policy makers... Produces ad-hoc material for the use of the commons
... Identifies key policy actors... Organizes ad-hoc meetings... Organizes multi-stakeholder seminars (Learning communities)... Disseminates documentation, supports, tools and information for the use of the commons and policy makers... Disseminates results to the research community ... Organizes open events to to raise awareness on and to promote PCP in other situations (thematic and geographical) ...Publish the lessons learned in the project
With the support of AFD...
... Supports identification of key policy actors and the organisation of meetings
... Supports financially and technically the research team... Creates links with other project teams working on commons in the sub-region ... Is a key contact for the project team on the theory of the commons
The University of Brasilia...
... has developed the ability to support and systematize efforts through rigorous and ethical research that is non-extractive
Care-related public Institutions (national and city levels)...
Pilot Commons...
Regulatory and Planning Institutions (national and city levels)...
AFD...
The project has contributed to Bogotá's and Colombia's goal of developing Public Common Partnerships (PCPs) for care, a priority outlined in both local and national government agendas
...Recognise the diversity of care providers and the services that can be provided by communities, especially in areas where the state has limited presence ... allow care work to be remunerated through PCPs based on model established by the project .... Call on AFD to finance new specific care PCP projects (and the analysis of their impacts)
... create a glossary with the definitions and notions to have a common language for all parties involved ... ...Set up tools to facilitate participative dialogue on these subjects ... Develop training courses for local stakeholders on PCPs ... Promote pilot of 5 PCP and support grants to commons of care in the following years ...Request AFD to finance additional research (on care or energy)
Commons of care...
...Create alliances with universities to structure applied research on PCPs ...Establish formal connections with Manzanas del Cuidado ... .Establish formal PCP with the District Secretariat for Women to become care providers within the District Care System (SIDICU) ... Disseminate knowledge about PCP among other Commons of care
... Dismantle the prejudices and myths about public procurement... Promotes PCP and flexibilisation of contracting policies to legal teams of implementation agencies... Do not use the law as a political weapon against communities...Implement policies that ensure timely payments to community partners ...Implement collaborative platform for community organizations
...develop guidelines to share with communities, highlighting the pitfalls of interfering with regulatory agencies .....draft a guide for public contracting through PCP (for both communities and public agencies)... Offer training on PCP through SECOP for example... Offer sensibilisation to public procurement to commons of care... ...Promote pilot of 5 PCP and support grants to commons of care in the following years
..Finances the implementation of PCPs in the care sector and other sectors

THEORY OF CHANGE SCHEME 2: READING KEY

The project has been a success because it has contributed to Bogotá's and Colombia's goal of developing Public Common Partnerships (PCPs) for care, a priority outlined in both local and national government agendas. The project tested, learned, documented and adapted to make new and meaningful PCPs, all while navigating institutional fears and community reservations. Thanks to the activities carried out by the project team with AFD support (in terms of research and dialogue with stakeholders):

- The **two pilot commons** of care have developed successful one-year open grants for their projects through a formalized with Acción Pública. They prioritized and reinforced their technical and financial reporting and structured their governance to ensure effective dialogue with public institutions.
- **Care-related public institutions** (national and city levels) have understood how PCPs can strengthen their impacts on local communities and their relationship with them and have learnt from challenges, opportunities and limitations (strategic planning, monitoring, and financial reporting) of community organizations. They actively participated in dialogue phases (presence, listening, contribution), connected between Manzanas del Cuidado and pilot commons and enhanced and disseminated knowledge about the SIDICU among the two communities.
- **Regulatory and Planning Institutions** (national and city levels) have got a better understanding of the legal innovations and flexibilizations that can be implemented in contracts with communities and how the commons of care can utilize general grants and effectively demonstrate their benefits. They contributed concretely to the technical, legal and risk mitigation aspects of the draft PCP.
- **The University of Brasilia** has developed the ability to support and systematize efforts through rigorous and ethical research that is non-extractive.
- **AFD has gained academic and operational knowledge on care PCPs** and can broadcast research results to its Colombian partners thanks to research and policy papers in AFD collection.

It is now expected that formal PCPs between commons of care and the District Secretariat for Women are signed, recognizing the diversity of care providers and the services that can be provided by communities, especially in areas where the state has limited presence and allowing care work to be remunerated. They must develop a common language (through a glossary for example), set up tools to facilitate participative dialogue, develop training courses for local stakeholders on PCPs and promote new pilots of PCPs and support grants to commons. Regulatory and planning institutions should develop guidelines to share with communities, highlighting the pitfalls of interfering with regulatory agencies, draft a guide for public contracting through PCPs (for both communities and public agencies), offer training on PCPs, through SECOP for example as well as sensibilisation to public procurement to commons of care.

PART 2: Monitoring and evaluation reference framework (1h30 hour)

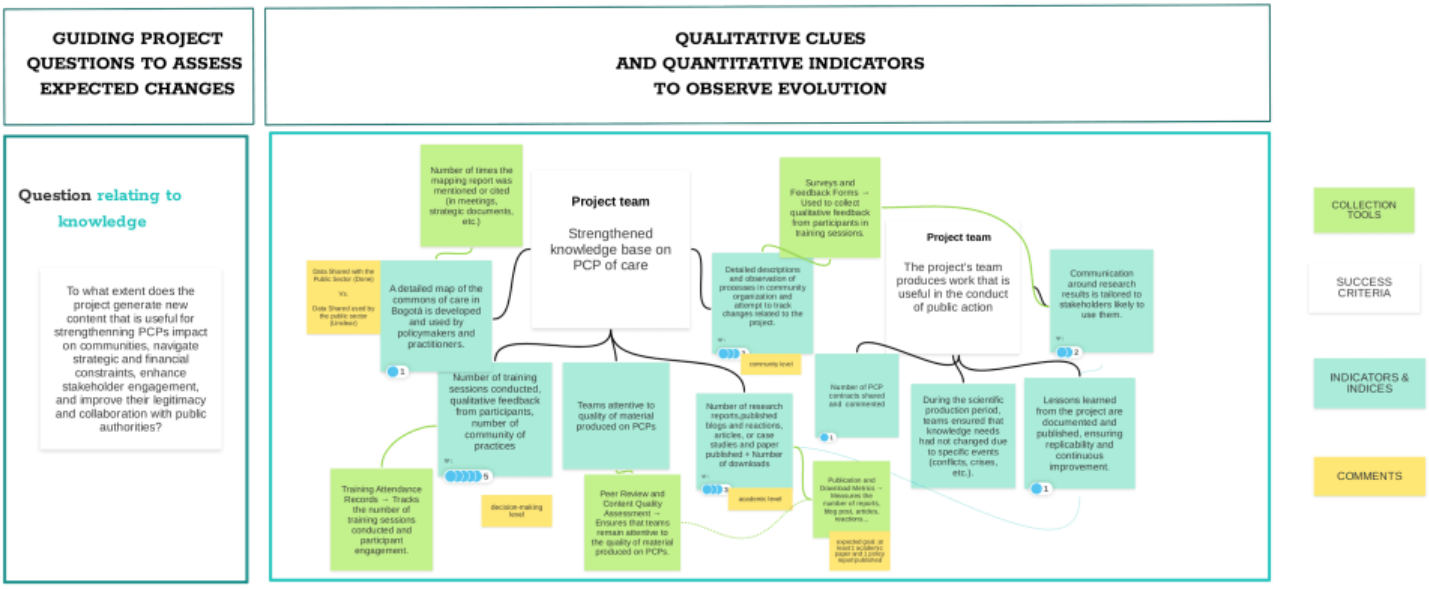
- **Break between Part 1 and Part 2**
- **Presentation of the workshop matrix by moderators:** the expected outcomes defined in Workshop 2 (displayed on the left side of the matrix) have been reformulated as "success criteria" (center of the matrix), based on the actors to be influenced and the corresponding challenges (research, dialogue, decision-making).
- **Collective identification of key success criteria and associated indicators:**

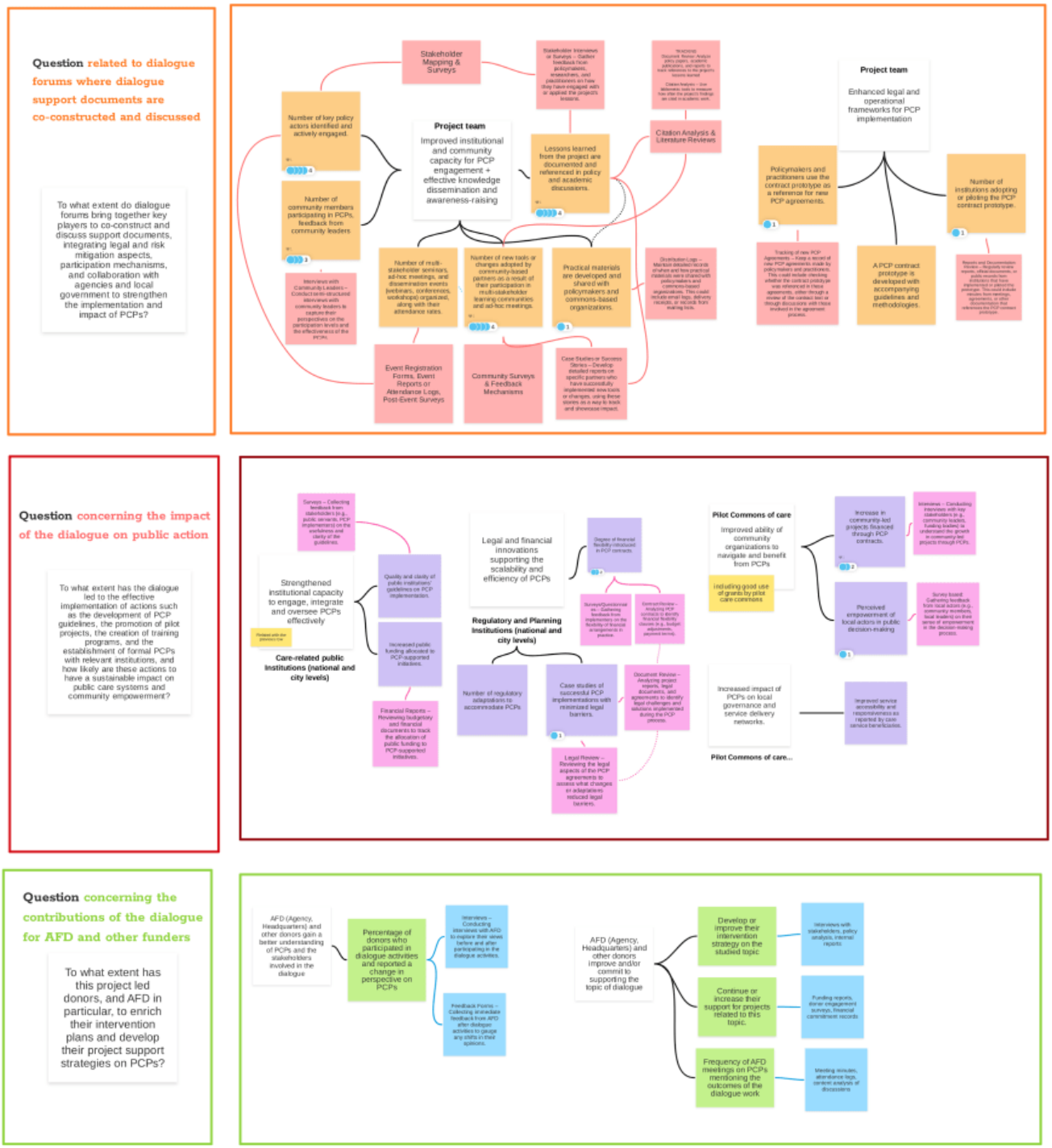
- Moderators clarify the distinction between indices and indicators and present an example of a success case with its corresponding indicators or indices.
- Participants individually familiarize themselves with proposed post-it notes.
- Participants add or modify criteria, followed by a quick roundtable discussion to share and refine contributions.
- Vote to select the most relevant success criteria and eliminate those that are unrealistic or not trackable.
- Repeat the process for the three other questions related to monitoring and evaluating the expected changes in the project.

- **Collective identification of data collection tools based on selected success criteria:**
  - Moderators present examples of data collection tools.
  - Participants engage in an individual work session to match data collection tools with corresponding indices/indicators, adding ideas via post-it notes.
  - Roundtable discussion to review and refine proposals.

1. IDENTIFICATION AND PRIORITIZATION OF SUCCESS CRITERIA, INDICATORS, INDICES AND COLLECTING TOOLS

Can we gather qualitative clues or quantitative indicators to observe evolution ?





** The final section on AFD was not the result of a collective effort but was instead developed by AFD teams after Workshop 3.*

2. VOTING RESULTS: WHAT SHOULD BE TRACKED?

The most voted success criteria of the project are as follows:

1. The project team has strengthened the knowledge base on PCPs in care.
2. The project team produces work that supports the implementation of public policies.

3. Strengthened institutional capacity for PCP engagement, along with effective knowledge dissemination and awareness raising.
4. Legal and financial innovations to support the scalability and efficiency of PCPs, benefiting regulatory and planning institutions.
5. Pilot commons of care: Improved ability of community organizations to navigate and leverage PCPs.

The main data collection tools identified include qualitative and quantitative interviews, funding reports, meeting minutes, citation analysis, literature and legal reviews, stakeholder mapping, and attendance records.

The most voted indices/indicators (>4 votes) to be tracked by the project team are as follows:

<table>
<tr><td colspan="2">Q1: To what extent does the project generate new content that is useful for strengthening PCPs impact on communities, navigate strategic and financial constraints, enhance stakeholder engagement, and improve their legitimacy and collaboration with public authorities?</td></tr>
<tr><td>SUCCESS CRITERIA</td><td>INDICES, INDICATORS AND COLLECTION TOOLS</td></tr>
<tr><td>THE PROJECT TEAM HAS STRENGTHENED THE KNOWLEDGE BASE ON PCPS IN CARE (1)</td><td>• Number of training sessions conducted, qualitative feedback from participants, number of community of practices (linked to success criteria 1);
Collecting tool: Training Attendance Records → Tracks the number of training sessions conducted and participant engagement.</td></tr>
<tr><td colspan="2">Q2: To what extent do dialogue forums bring together key players to co-construct and discuss support documents, integrating legal and risk mitigation aspects, participation mechanisms, and collaboration with agencies and local government to strengthen the implementation and impact of PCPs?</td></tr>
<tr><td>SUCCESS CRITERIA</td><td>INDICES, INDICATORS AND COLLECTION TOOLS</td></tr>
<tr><td>STRENGTHENED INSTITUTIONAL CAPACITY FOR PCP ENGAGEMENT, ALONG WITH EFFECTIVE KNOWLEDGE DISSEMINATION AND AWARENESS RAISING (3)</td><td>• Lessons learned from the project are documented and referenced in policy and academic discussions (linked to success criteria 3);
○ Collecting tool 1: Stakeholder Interviews or Surveys – Gather feedback from policymakers, researchers, and practitioners on how they have engaged with or applied the project's lessons.
○ Collecting tool 2: Document Review – Analyze policy papers, academic publications, and reports to identify references to the project's lessons learned. Additionally, conduct citation analysis using bibliometric tools to measure the frequency and impact of the project's findings in academic work.

• Number of key policy actors identified and actively engaged (linked to success criteria 3);
○ Collecting tool : Event registration forms, event reports or attendance logs, post-event surveys</td></tr>
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	• **Number of new tools or changes adopted by community-based partners as a result of their participation in multi-stakeholder learning communities and ad-hoc meetings *(linked to success criteria 3).*** ○ Collecting tool 1: Adoption tracking through case studies – Identify specific community-based partners who have implemented new tools or practices. Document the changes made, the challenges faced, and the outcomes achieved through structured interviews and field observations. Track key indicators such as tool usage frequency, process improvements, and direct benefits to the community. ○ Collecting tool 2: Design targeted surveys for community-based partners to measure specific outcomes, such as the number of new tools adopted, the extent of their integration into daily practices, and perceived benefits. Use standardized questions and rating scales to ensure comparability across different communities.

Below is a list of additional indices and indicators (>3 votes) highlighted during the workshop. These correspond to the other most-voted success criteria (2, 4, and 5) but were considered less critical to track compared to those mentioned above.

Q1: To what extent does the project generate new content that is useful for strengthening PCPs impact on communities, navigate strategic and financial constraints, enhance stakeholder engagement, and improve their legitimacy and collaboration with public authorities?	
SUCCESS CRITERIA	**INDICES, INDICATORS AND COLLECTION TOOLS**
THE PROJECT'S TEAM PRODUCES WORK THAT IS USEFUL IN THE CONDUCT OF PUBLIC ACTION (2)	• **Communication around research results is tailored to stakeholders likely to use them *(linked to success criteria 2);*** ○ Collecting tool : Surveys and Feedback Forms → Used to collect qualitative feedback from participants in training sessions.

Q3: To what extent has the dialogue led to the effective implementation of actions such as the development of PCP guidelines, the promotion of pilot projects, the creation of training programs, and the establishment of formal PCPs with relevant institutions, and how likely are these actions to have a sustainable impact on public care systems and community empowerment?	
SUCCESS CRITERIA	**INDICES, INDICATORS AND COLLECTION TOOLS**
LEGAL AND FINANCIAL INNOVATIONS TO SUPPORT THE SCALABILITY AND EFFICIENCY OF PCPS,	• **Degree of financial flexibility introduced in PCP contracts *(linked to success criteria 4)*** ○ Collecting tool 1: Contract Review – Analyzing PCP contracts to identify financial flexibility clauses (e.g., budget adjustments, payment terms).

BENEFITING REGULATORY AND PLANNING INSTITUTIONS **(4)**	○ Collecting tool 2: Surveys/Questionnaires – Gathering feedback from implementers on the flexibility of financial arrangements in practice. ○ Collecting tool 3: Document Review – Analyzing project reports, legal documents, and agreements to identify legal challenges and solutions implemented during the PCP process.
PILOT COMMONS OF CARE: IMPROVED ABILITY OF COMMUNITY ORGANIZATIONS TO NAVIGATE AND LEVERAGE PCPS **(5)**	• **Increase in community-led projects financed through PCP contracts** ***(linked to success criteria 5)*** ○ Collecting tool Conducting interviews with key stakeholders (e.g., community leaders, funding bodies) to understand the growth in community-led projects through PCPs.

PART 3: Finalizing the impact indicators — a partner-led appropriation process

Following the final workshop, the partners suggested sharing a proposal for the indicators through which they aim to measure the project's impact. These indicators are based on the prioritization exercise carried out before (see other sections) during the workshop. They have refined them, added further detail, and complemented them where needed.

Success Criteria	Indices	Inputs for building and analyzing the indices	Comments	Monitoring time
THE PROJECT TEAM HAS STRENGTHENED THE KNOWLEDGE BASE ON PCPS IN CARE	Number of trainning and dialogue sessions conducted with the Community Care organizations within the Community of Practice	Community of practice agenda, attendance record and session notes	We grouped all the knowledge and awareness raising themes in this first success criteria, leaving the second success criteria focused on institutional capacity (rather than knowledge)	At the end of the project.
	Qualitative insights report from the follow-up evaluation on how community and public actors changed their understanding around PCPs	Follow-up interview transcripts and analysis		At the end of the project.

	Academic article written on care commons and their relation with the state	Follow-up Report, Baseline report, notes from meetings, group discussions, academic literature review, policy literature review Bibliometric tools to measure impact of published paper		At the end of the project.
	Blog entries published discussing PCPs	Follow-up Report, Baseline report, notes from meetings, group discussions, academic literature review, policy literature review		At the end of the project.
	Infographics summarizing findings related to PCPs in care	Follow-up Report, Baseline report, notes from meetings, group discussions, academic literature review, policy literature review		At the end of the project.
	PCP contract prototype published and socialized	Legal review, Follow-up Report, Baseline report, notes from meetings, group discussions	This index relates to issues that were identified in non-prioritized success criteria from the Theory of Change Workshop.	At the end of the project After the end of the project (quarterly)
	Seminars and other academic events carried out sharing findings around PCPs	Attendance record and session notes		At the end of the project After the end of the project (quarterly)

	Opinion piece published in national media summarizing the findings around PCP	Follow-up Report, Baseline report, notes from meetings, group discussions,		At the end of the project.
STRENGTHENED PUBLIC INSTITUTIONAL CAPACITY FOR PCP ENGAGEMENT	Number of public and cooperation organizations mapped and contacted to present our research project and its findings	PCP project stakeholder map	We divided this success criteria between one referencing public actors, and another independent success criteria referencing community actors. We beleive the project´s methods and results with both types of actor differ, and thus it is worth reporting them separately	At the end of the project After the end of the project (quarterly)
	Number of meetings with public agencies to discuss PCPs and our project findings	Attendance record and session notes		At the end of the project After the end of the project (quarterly)
	Number of meetings with international cooperation agencies to discuss PCPs and our project findings	Attendance record and session notes		At the end of the project After the end of the project (quarterly)

	Number of public projects that use insights from our project	Transcripts of interviews to public and cooperation actors		After the end of the project
	Policy Report	Follow-up Report, Baseline report, notes from meetings, group discussions, policy literature revision		At the end of the project.
	Qualitative insights report from the follow-up evaluation on how public and cooperation actors changed their capacity to implement PCPs	Follow-up interview transcripts and analysis		At the end of the project.
STRENGTHENED COMMUNITY CAPACITY FOR PCP ENGAGEMENT	Number of social organizations mapped and contacted to present our research project and its findings	PCP project stakeholder map	This success criteria incorporates issues that were identified in non-prioritized success criteria from the Theory of Change Workshop.	At the end of the project After the end of the project (quarterly)
	Number of meetings with communtiy actors to discuss PCPs and our project findings	Attendance record and session notes		At the end of the project After the end of the project (quarterly)

	Quantitative report on changes in community organizational capacity	Community organizational capacity formulaire	We created a formulaire with 35 questions assessing different organizational capacities and the ways in which the PCP project impacted them (through knowledge transfer and financial resource transfer)	At the end of the project.
	Qualitative insights report from the follow-up evaluation on how community actors changed their capacity to implement PCPs	Follow-up interview transcripts and analysis; Follow-up Committee session notes; Analysis of monthly reports from the community organizations		At the end of the project.
	Quantitative report on changes in community care team perceptions and dynamics	Pre and post Surveys		At the end of the project.
	Quantitative report on changes in community beneficiaries perceptions and dynamics	Pre and post Surveys		At the end of the project.