



CARE's approach to Impact at Scale

The Sustainable Development Goals (SDGs) set out a shared global ambition “to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls” (UN, 2015). This vision cannot be met only by implementing humanitarian and development projects with donor grant dollars in communities, but also requires an International NGO like CARE to work in a different, more influential way with diverse partners to effect systems-level change. In our [2020 Program Strategy](#), CARE referred to this as “multiplying impact”, and in our new shared organizational strategy for the next decade, **Vision 2030**, we expand on this ambition, outlining [six strategies](#) for impact at scale. *Given the scale of the challenges we are seeking to address, CARE's work must increasingly influence change beyond the communities where we and our partners work directly.*

This focus on impact at scale is one shared by many other organizations - Non-Governmental Organizations (NGOs), donors and UN agencies, and academia - and this guidance note draws on learning from a wealth of external knowledge, as well as CARE's own experience working for and at scale over the last decade (see further reading in [Annex 2](#)). While much of the literature has focused on scaling and replicating evidence-based models - or **scaling out** ([Figure 1](#), to right) - CARE's approach to impact at scale focuses equally on two other types of scaling: **scaling up** (impacting laws and policies) and **scaling deep** (impacting cultural roots, beliefs and social norms). It is through a combination of all three approaches that CARE believes it possible to achieve **sustainable scale** - when governments, the private sector and/or civil society become the “doers” and the “payers” at scale, through a gradual process of shifting CARE's role to “systems facilitation¹.”

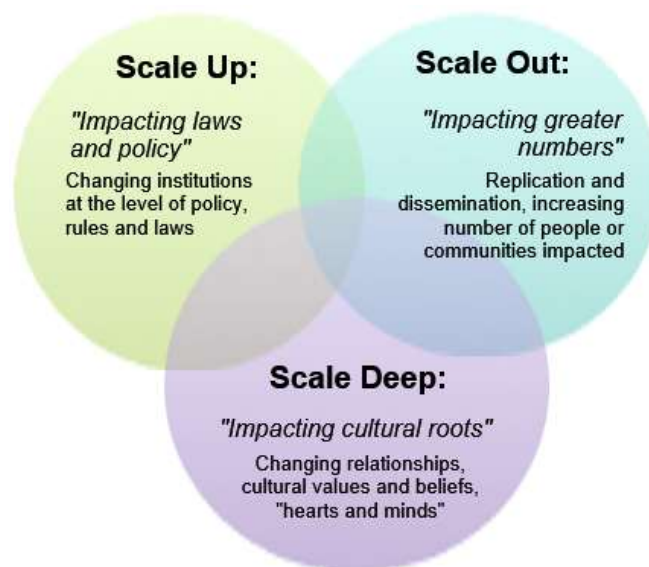


Figure 1: Three approaches to scaling, from Riddell and Moore (2015)

What do we mean by impact at scale? Achieving sustainable, systemic change through pathways beyond CARE and partners' direct work with communities, to deliver gender-equitable impact in the lives of women and girls, for the majority of those affected by the targeted problem. This can apply at national level (helping the vast majority of ethnic minority children in Cambodia to access [quality multilingual education](#)), regional level (dignified work for all [female garment workers](#) in Asia) or global level (access to savings groups for the majority of women excluded from financial services). This applies in both long-term development and humanitarian crises. CARE's work in chronic and rapid-onset disasters aims not only to bring quality, life-saving and gender-focused assistance to at least 10% of the crisis-affected population in major emergencies, but also to influence the wider humanitarian system (for example, including women's needs through use of the [use of Rapid Gender Analysis](#)). See [Annex 1](#) for further definitions of key terms.

¹ This concept is also referred to as “systems orchestration” to reflect the active role of building consensus around a common agenda; see Jeff Walker & English Sall (2021) for an overview.

Achieving impact at scale requires a **combination of six pathways to scale**, depending on the type of change being influenced, the specific marginalized groups for whom we wish to see impact, and the context where CARE and partners are working. CARE's previous five year strategy of contributing to the achievement of the SDGs (CARE, 2021) has shown that **36% of CARE's total impact** resulted from influencing beyond our direct projects. This includes [global advocacy](#), national influencing on [nutrition in Peru](#) or [inheritance rights in Egypt](#), or [health systems strengthening in Bihar](#), India. In all these cases, our work has **combined** multiple pathways, rather than just one scaling pathway alone. See further examples of combinations of pathways to scale, in [Annex 3](#).

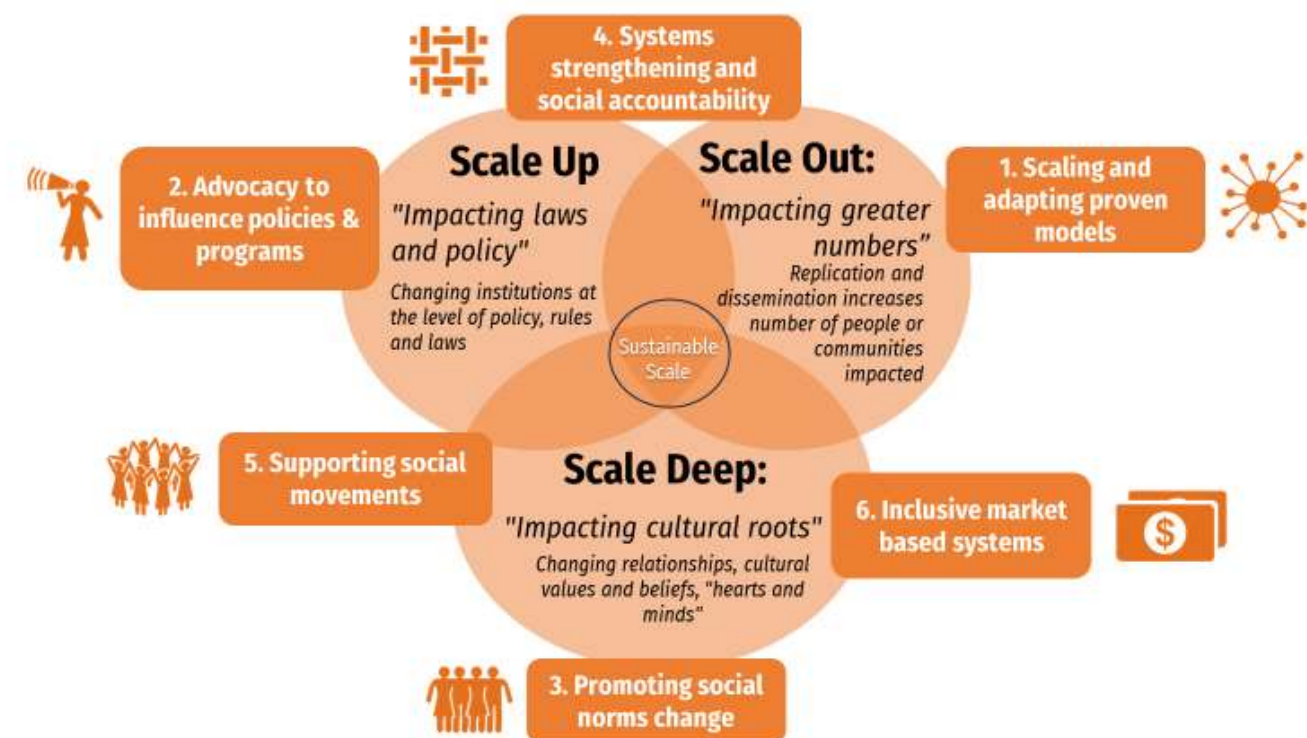


Figure 2: CARE's Approach to Impact at Scale

These six systems-level pathways to achieve sustainable scale are complementary, non-exclusive and mutually reinforcing:

- Scaling and adapting proven models:** Transforming proven models into solutions for a majority of people affected by the defined problem.
- Advocacy to influence policies and programs:** Working with alliances and partners to influence changes to the policies, programs and budgets of Governments and other power holders.
- Promoting social norms change:** Helping address discriminatory and harmful social norms in the economic, social and political spheres.
- Service Systems strengthening and social accountability:** a gender-transformative, citizen-centered, and rights-based approach to bolster the sustainability of service system outcomes and ensure that services are provided in ways that are accountable, equitable, inclusive, and effective.
- Supporting social movements:** Helping social movements and other representative organizations of excluded groups, particularly those working for gender equality, to contribute to change through their collective action.
- Inclusive market-based approaches:** Mobilizing the power of markets to contribute to broad scale change in ways that are economically and environmentally sustainable, uphold labour rights, and are inclusive of the poor and marginalized.

Key to CARE's scaling ability is a shift in role toward **systems facilitation**. At an organizational level, CARE proactively facilitates and convenes, seeking to shift power to locally led organizations—especially women-led organizations—as CARE takes more of a behind-the-scenes approach. As a convener and facilitator, CARE aims to “*foster timely, effective cross-sector partnerships and activate new allies to produce outcomes existing institutions can't achieve.*” (Walker & Sall, 2021) Rather than telling people what to do, in facilitator role CARE shapes priorities for change, builds consensus, identifies opportunities for collaboration, shares best practices, and measures progress—helping to unify others around a common agenda. (For more on this, see [Walker & Sall – 2021](#) and [EYElliance case study – 2021](#))

Systems facilitation is relevant not just for scaling and adapting proven models, but also for systems change more broadly. Systems change is not a neat, linear process that will follow a log frame or a classic project plan. It is instead an iterative process of diagnosing areas for improvement, seizing windows of opportunity, reacting to obstacles, and building alliances to move iteratively to an improved yet still imperfect future state. CARE's reach, relationships, technical expertise and history of program implementation put it in a unique position to coordinate, support and strengthen the many actors and activities engaged in a systems change strategy, under conditions of ambiguity.

Systems change can thus be seen as our strategy, whose ultimate outcome is systems level impact for individuals and communities and eventually catalytic impact² once CARE is no longer directly involved. Service systems strengthening and social accountability, social norms change, engaging social movements, scaling and adapting proven models, advocacy and inclusive market-based approaches are the tactics that CARE uses in its systems facilitation role to achieve systems-level impact. Key relationships, capacities and ways of working required of CARE for successfully facilitating impact at scale, as detailed later in this document, include:

Aligning supporters & allies:

1. Political economy analysis
2. Partnership and relationship building
3. Resource mobilization
4. Marketing and communications

Turning models into solutions:

1. Co-creation
2. Gender integration
3. Evidence generation
4. Optimizing or simplifying models
5. Digital technology

² Sustainable impact on people's lives through the independent adoption or funding of solutions by governments, the private sector, or open replication

Six pathways for impact at scale



1. Scaling and adapting proven models: Transforming proven models into solutions for a majority of people affected by the defined problem. Includes:

- Identifying doers and payers beyond CARE, usually government, private sector or open replication by civil society
- CARE's role shifts to one of systems facilitation (see definition above)
- Solutions can include more than one model and will always include at least two of the systems-level pathways to scale

CARE examples:

- [VSLA scaling](#) (by CARE & others, including [self-replication](#))
- Farmers Field and Business School
- Bihar scaling of [5 innovative health models](#)
- Rapid gender analysis ([RGA](#))

Examples from other organizations:

- BRAC [Ultra-poor graduation model](#)
- MSI Scaling Up Management ([SUM](#)) framework, or WHO's [ExpandNet](#)
- IDIA insights on scaling innovation ([2017](#)) and principles of innovation ([2019](#))

Increasing the coverage of effective models to tackle inequality and injustice is clearly one important way of contributing to change at scale. This is why so much of the literature and documentation on scaling focuses on this pathway. To achieve sustainable scale, models should increasingly be adopted and adapted by other organizations (as with CARE's VSLA or Community Score Card models, for example - or as [CARE Caucasus](#) does in supporting scaling up of models or social enterprises developed by others), or spontaneously copied and replicated by neighbouring or visiting communities. These other organizations – usually government, the private sector or civil society - eventually become the doer and payer at scale, while CARE plays a role of systems facilitation, including training of trainers, advisory services, building networks, supporting documentation and standard operating procedures, quality assurance, and supportive supervision, monitoring, evaluation and learning.

CARE has adapted the International Development Innovation Alliance's (IDIA) [six stages of scaling innovations](#) ([2017](#)), using it as the internal architecture that guides models from initial idea, design and testing a proof of concept (stages 1-3), to demonstrating viability at wider scale and in different contexts (stage 4 - transition to scale), to broad replication and adaptation with partners as CARE's role shifts to systems facilitation (stage 5 - scaling). Sustainable scale (stage 6) is for those solutions that achieve widespread and sustained adoption beyond CARE and outside of grant funding, through the private sector, government adoption or civil society through open replication ecosystems.

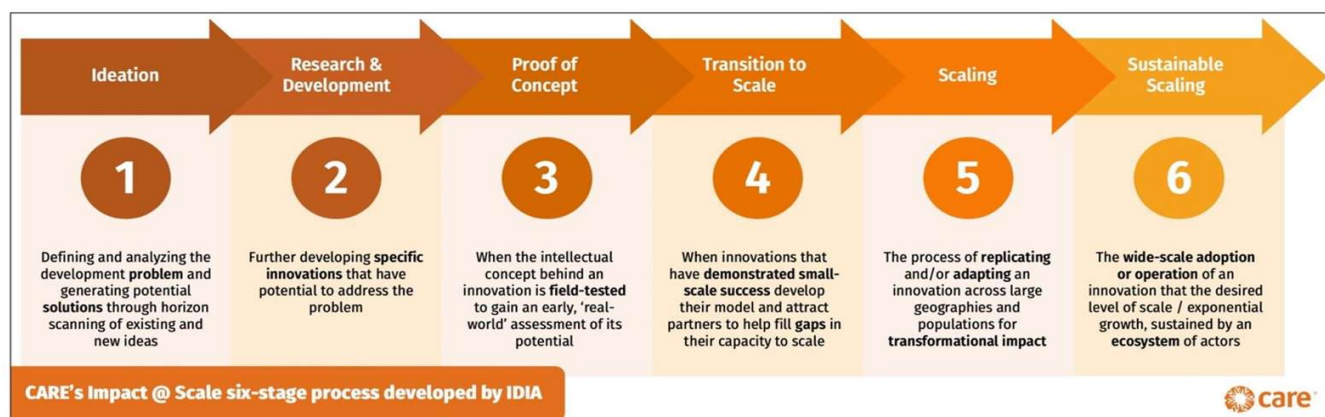


Figure 3: Six stages of scaling innovations (adapted from IDIA, 2017)

Following the steps in Figure 3 above, CARE and our partners, from country to regional to thematic/global levels are continually identifying or testing innovative approaches to address gender inequality and social injustice. Once adapted for scaling (through ideation, research and development), those solutions that show success at a small scale (proof of concept) then seek support and resources to be contextualized and tested in multiple locations (transition to scale). A small number of innovations that have generated evidence of relevant impact in multiple locations, a validated hypothesis for the doer and payer at scale, and potential to reach a majority of the target population are then prioritized at national or regional or global levels, with scaling strategies developed to support the solution more rapidly reaching sustainable scale (as for example has been developed for [VSLAs](#)).

Given CARE's commitment to gender equality, these models should at minimum be gender sensitive (scoring at least 2 on the [Gender Marker](#)), and contribute to change not only at agency-level, but also in structures and relations³. CARE's aspiration is for all solutions to become gender transformative over time, as VSLA has done with the [layering of gender transformative approaches](#). Scaling plans will include efforts to incorporate gender transformative approaches and deepen gender impact.

Resources to support the development of innovative ideas and their replication/adaptation within CARE's footprint include CARE's ScaleXDesign *Designing for Scale Curriculum* (2018). CARE's current [six stage impact at scale process](#) and external guidance such as MSI's *Scaling Up Management* framework (2016) focus more on sustainable scale and ask critical questions in designing, testing and simplifying models for replication and adaptation such as:

- **Comparative advantage:** How is the proposed innovation preferable to alternative solutions, in terms of feasibility, cost-effectiveness or equity?
- Who is the “**doer**” (implements the model) and the “**payer**” (generates the resources to pay for the model) at scale?
- **Ownership:** How is the model/innovation co-created with those who will need to support it as it goes to scale (particularly Government), so they have true ownership of the model, and the evidence supporting it?
- **Optimum fidelity:** What are the core elements of a model that must be included to maintain the desired impact? How can we ensure and track levels of fidelity to that core, as we adapt in different contexts?
- **Cost and complexity:** How can the innovation be simplified to a level that still contributes to expected impacts (particularly with equity), but with lower levels of complexity or costs? How can technology help with standardization, automation, or reducing costs?
- **Adaptation:** How does the innovation need to be adapted to different contexts? Is it appropriate only for some contexts, rather than others?
- Open **replication:** How can we enable others to adapt and replicate proven approaches, through making model documentation widely available, supporting networks of implementers, or facilitating other communities to learn from and adapt successful approaches?

Good practice example: Sustainably Scaling VSLAs

Aiming to expand VSLA membership to 62 million participants by 2030, CARE's [VSLA scaling strategy](#) includes scaling the solution through government social protection programs and private sector value chains, layering gender transformative approaches, adapting it to humanitarian contexts, supporting open replication by communities, and using technology to simplify and reduce costs. The strategy also includes other pathways, such as advocacy and social norms change. See further details in [Annex 3](#).

³ [2018 CI Gender Policy](#), Commitment 2: “Articulate how programming works across all three domains of the Gender Equality Framework”.



2. Advocacy to influence policies and programs: Influencing changes in the policies, programs and budgets of Governments and other power holders, and in how those are implemented:

- Advocacy, by CARE and/or partners, normally as part of alliances and networks
- Influencing the influential (rather than direct decision-makers), such as donors, UN agencies, prominent academics, etc.

CARE examples:

- VSLAs in [national policies and programs](#)
- [Peru nutrition](#) influencing
- Advocacy for the [2019 ILO violence and harassment](#) convention

Examples from other organizations:

- Just Associates [Guide for Advocacy](#) and Citizens participation
- Oxfam’s guide for [feminist influencing](#)

Influencing the policies, laws and programs that determine the institutions and services that affect people’s lives is a critical pathway for contributing to systems-level impact at a much broader and deeper scale than an organization’s direct footprint. In many contexts, progressive policies or strategies exist on paper, but are not put into practice, so advocacy and influencing work needs to focus as much on “**closing the implementation gap**” and on social norms change as on influencing new policies or strategies.

CARE’s global advocacy handbook (2014) defines advocacy as *the deliberate process of influencing those who make decisions about developing, changing and implementing policies to reduce poverty and achieve social justice*. This can include Government, but also large-scale private sector actors, donors/UN agencies, or international or local civil society actors and social movements.

Good practice example: Multilingual Education in Cambodia

With sustained focus over nearly 20 years starting from a pilot in 2002 for community-governed bilingual primary schools for ethnic minority children, CARE Cambodia has worked in close collaboration with the Government of Cambodia and local partners to build [evidence](#), and [political and technical support](#) for an [effective multilingual education model](#) in the country. This has included influencing the Multilingual Education National Action Plan (MENAP) and advocacy for district-level budgeting and planning to implement the model, as well as working in close collaboration with influential actors such as UNICEF. The Cambodia education program includes not only this advocacy pathway, but also scaling models and service systems strengthening, highlighting the importance of including multiple pathways to scale.



3. Promoting social norms change: Helping address discriminatory and harmful social norms in the economic, social and political spheres and reinforce positive changes in laws and policies. Includes:

- Community dialogue and other norms-shifting interventions
- Broad media campaigns

CARE examples:

- Social Analysis and Action ([SAA](#))
- [SNAP](#) tool and framework
- [Young Men Initiative](#) (Balkans)

Examples from other organizations:

- [Sexto Sentido](#) (Nicaragua)
- [Soul City](#) (South Africa)
- [Organized diffusion](#)

Many of the most intractable problems of gender and social injustice that CARE and partners seek to address around the world - gender based violence, child marriage, unequal division of labour within the household, or women’s lower levels of economic and political empowerment - are rooted in [social norms](#): people’s beliefs about what others do, and about what others think one should do. These norms apply in the social sphere (around gender based violence or health or education or division of labour within the household) as well as the economic (market access or what livelihood options are appropriate for women and for men) and political spheres (women’s decision-making and leadership, big man politics, etc.). Shifting social norms is critical for ensuring that gender-transformative policies or laws are actually put into practice, rather than remaining on paper. Changing discriminatory social norms is critical for addressing change in the communities where we work,

and has enormous potential to lead to change at wider, societal levels.

Proven approaches such as CARE’s Social Analysis and Action ([SAA](#)) tool can lead to sustained change in norms beyond the life of a project, as seen for example in [TESFA in Ethiopia](#). “Organized diffusion” strategies have also been shown as cost-effective ways of expanding the positive effects of community-based interventions to participants’ networks, in [Mali, Nepal and Nigeria](#), while mass media approaches have also been seen to contribute to change at scale in [Nicaragua](#) and [South Africa](#).

Good practice example: challenging norms around masculinity in the Balkans

The Young Men’s Initiative ([YMI](#)) has worked with partners across the Balkans since 2007. Adapting and pilot testing a curriculum originally developed by [Promundo](#) in Latin America, YMI has expanded the methodology to more schools, and to reach target groups outside of schools, extend its geographic coverage, and promote adoption of the program by Government at national levels. An increased focus of the program’s strategy to [scale up its norm-shifting interventions](#) has been through the **Be a Man campaign**, aiming to change popular conceptions of what constitutes ‘manhood’. This includes an [interactive website](#), documentary theater, flash mobs, and production of songs, documentaries, and drama. As with other good practice examples, we see the importance of combining multiple pathways to impact at scale (models, advocacy, norms and service systems strengthening).



5. **Service systems strengthening and social accountability:** Transforming the patriarchal and exclusionary culture of institutions, supporting them to increase their capacities to provide inclusive, effective and accountable services, and fulfill their obligations to the rights of the poor and marginalized. CARE promotes a gender-transformative, citizen-centered, and rights-based approach to bolster the sustainability of service systems outcomes and ensure that services are provided in ways that are accountable, equitable, inclusive, and effective.

CARE uses a [“building block” approach](#) that includes: 1) People and Skills, 2) Information, Negotiation and Accountability, 3) Institutional Leadership, Governance and Coordination, 4) Service Delivery, Infrastructure and Resources, 5) Planning and Financing and 6) Community and Societal Norms.

CARE examples:

- Community Scorecard ([CSC](#))
- [Bihar](#) health program
- [Puntland](#) education (Somalia)
- Mainstreaming social accountability in [Egypt](#)

Examples from other organizations:

- USAID vision for [Health Systems Strengthening](#)
- [WHO ExpandNet](#)

Good practice example: helping transform the health sector in Bihar state, India

Since 2011, the CARE’s [Bihar Technical Support Program](#) has helped the Departments of Health and Social Welfare of the Government of Bihar to improve maternal, newborn, and child health, across the whole state, and its population of 128 million people. As well as testing and scaling up [innovative models](#), the program has included a strong focus on working with Government to ensure improved infrastructure, equipment and increased staffing in health facilities, and stronger digital data systems to track progress. This combination of service systems strengthening, scaling models, and influencing (including an important role played by the donor, the Gates Foundation) has contributed to significant impacts, including: nearly halving the rates of maternal mortality, from 312 in 2005 to 165 in 2018; nearly 20,000 fewer newborn deaths (2011 to 2016); and increasing the share of one-year-olds with completed immunization schedules from 12% to 84% (2005 to

Service Systems Strengthening involves taking actions and supporting interventions to strengthen the critical functions, the capacity of actors, and their inter-relationships to improve the quality and sustainability of services and ensure that all populations’ rights and needs are served. Innovative approaches and models for

delivery of vital services - whether health, education, GBV, water, agriculture or climate change – are often inter-dependent. Those responsible for providing these services need essential capacities to be in place for any solution to be scaled. In the health sector, for example, without adequate infrastructure, personnel, budgets to maintain and sustain those, supportive supervision systems, digital data systems to track progress, etc., no innovative models can be expected to successfully reach scale.

We also need to help ensure services are accountable and responsive to people’s needs and rights, through social accountability mechanisms, like CARE’s Community Score Card ([CSC](#)), that promote dialogue between service providers and citizens, and agreements on action plans to address prioritized problems. Where these can be institutionalized in national [programs](#), [frameworks](#) or [strategies](#), or connected to national advocacy efforts (linking voice with teeth as [Jonathan Fox](#) puts it) there is particular potential for impact at scale, beyond solely the communities where such social accountability tools are implemented directly.

 <p>5. Supporting social movements: Helping social movements and other representative organizations of excluded groups, particularly those working for gender equality, to contribute to change through their collective action, as convener, ally, resource partner and amplifier.</p>	
<p>CARE examples:</p> <ul style="list-style-type: none"> • Social movement guidance • Domestic workers’ Impact Growth Strategy in Latin America • Made by Women impact growth strategy in Asia • Mata Masu Dubara social movement in Niger 	<p>Examples from other organizations:</p> <ul style="list-style-type: none"> • Feminist movement building (JASS)

Movements that enable people to organize and claim their rights are critical for transformational change. In relation to Gender Based Violence, for example, [Weldon & Htun \(2013\)](#) demonstrate that feminist activism is the most important and consistent factor driving policy change, in their review of policies on violence against women in 70 countries from 1975 to 2005. CARE understands a movement (as defined by the women’s rights advocate and academic, Srilatha Batliwala) as “***an organized set of people vested in making a change in their situation by pursuing a common political agenda through collective action***”.

CARE’s Position Paper and Guidance Note on Supporting women’s social movements and collective action ([CIGN, 2019](#)) outlines four main roles that CARE can play to support social movements:

- *Convenor*: Linking movement actors together for peer learning and mentoring; providing support to ensure that movement voices are heard and connected to decisionmakers and key influencing events.
- *Ally*: Aligning CARE’s own agenda with those of social movements to provide more people power and organizational influence on the issues being advocated for.
- *Resource partner*: Leveraging resources for movement actors and providing the resources that they identify as necessary, including giving up some of CARE’s own resources when necessary to strengthen movements.
- *Amplifier*: Using CARE’s online presence and access to decision-making spaces to amplify the narratives of grassroots movement actors and increasing the recognition and presence of movements at a global scale.

Good practice example: supporting the rights of domestic workers in Latin America

The Latin America region's program on domestic workers' rights - [Equal Value, Equal Rights](#) - was developed based on [dialogue with the women's movement](#) in the region, and is anchored around support to the domestic workers movement, at country and regional levels. This includes technical and financial support to domestic workers' unions and support organizations, to expand their membership, increase advocacy and influencing work, and for core organizational support. CARE has also helped convene a regional alliance for domestic workers' rights, connecting global and regional organizations with the domestic workers' movements in the region. The program also includes multiple pathways to scale as well as supporting movements, including scaling digital tools (the [Laudelina app](#) developed by a local partner in Brazil), advocacy, and social norms change ([reaching almost 7 million people](#) through communication campaigns, and promoting awareness and behavior change amongst employers).



6. Inclusive market-based approaches: Mobilizing the power of markets to contribute to broad scale change in ways that are economically and environmentally sustainable, uphold labour rights, and are inclusive of the poor and marginalized.

CARE examples:

- Gender inclusive [market systems approaches](#)
- Social enterprise and [social ventures](#)
- [Uptakepreneur](#) model (Middle East)
- [Social Enterprise incubation & acceleration in Caucasus](#)

Examples from other organizations:

- [Million lives club](#)
- [Impact investment](#)

Market based approaches are defined as *inclusive interventions that address development and humanitarian challenges and also provide a return on investment for the private sector* (adapted from [USAID, 2018](#)). CARE USA's strategy for Market Based Approaches aims for CARE to be a global leader in gender-sensitive market-based approaches and to contribute to impact for 100 million people across CARE's 2030 impact goals. These can include a [market systems approach](#) to agriculture and other value chains (see also this [learning brief](#) from 10 years' experience with such approaches in Ethiopia), [gender-sensitive cash and voucher assistance](#) in humanitarian crises, social enterprises and social market solutions ([Uptakepreneur model](#)), or [social ventures](#). The [Skilled Health Entrepreneur model](#) in Bangladesh is another successful example of an inclusive market-based approach, expanding quality health services across a district of 2.8 million people, and serving as a model for other remote rural areas in the country.

Good practice example: supporting expansion of financial inclusion

CARE, MEDA and Cordes Foundation established [MicroVest](#) in 2003, as a private, for-profit asset management firm that invests in unbanked and under-served markets by providing private capital to low-income financial institutions. Between 2012 and [2019](#), microfinance institutions in which MicroVest had invested increased their number of active borrowers by 8.3 million people (88% of whom are women) in 32 countries. As MicroVest contributes 10% of capital needs to the institutions they invest in, this strategy can reasonably claim to have contributed to increased financial inclusion for 830,000 people. [CARE sold its shares in Microvest](#) in 2021, as the institution demonstrated its ability to fully transition from its association with CARE and reach a new stage in its scaling journey to mobilize additional investment capital and increase its impact with unbanked and underbanked entrepreneurs. The catalytic impact of CARE's investment in Microvest will continue long after CARE's divestment of its holdings.

Relationships and Capacities for Scale

CARE's ability to contribute to impact at scale, using context-specific and relevant combinations of these six pathways, depends also on its ability to become a "systems facilitator," supporting local actors to sustainably scale proven solutions. This requires CARE to develop a set of relationships, core capacities, and ways of working that will together contribute to achieving impact at scale. We group these below under two areas: 1) Aligning supporters and allies; and 2) Turning models into solutions.

Aligning supporters and allies:



1. Political Economy Analysis

Core to determining how to align supporters and allies for any scaling effort is having a clear understanding of the landscape of actors in a given context, their interests, both shared and divergent, power dynamics and relationships with each other. As noted in McLoughlin (2014), "Political economy analysis (PEA) aims to situate development interventions within an understanding of the prevailing political and economic processes in society – specifically, the incentives, relationships, and distribution and contestation of power between different groups and individuals." PEA can take place at a country, system or sector level, and can help to set realistic expectations of political feasibility. Once CARE has determined which actors it must work with to scale a given intervention, the next step is to build a relationship with these actors, helping to build networks and coalitions and determine the best strategy to gain support and acceptance from key decision-makers. It is important to remember that politics are often dynamic, and PEAs may need to be updated periodically as relationships evolves and actors adapt to change. CARE offers [practical guidance](#) on how to conduct PEA, in particular how to include [gender in PEA](#).



2. Partnership and Relationship Building

Perhaps one of the most important cross-cutting strategies to support work for impact at scale is building partnerships, networks and alliances. As noted in Riddell & Moore (2015), "*Strong networks and partnerships that enable access to decision-makers, funds, allies, and others supporters proved to be critical to the successful scaling of many of the participants' social innovations, regardless of the type of scaling they pursued*". These partnerships include those with: social movements we are supporting; partners developing their own innovative tools (such as Laudelina or Promundo, mentioned above); local civil society partners collaborating with CARE in developing models, or who can sustainably scale solutions in other locations; academic and research partners involved in experimentation and evidence generation, such as the [What Works consortium](#) for Indashyikirwa in Rwanda; partners and alliances involved in advocacy and influencing; donors and UN agencies and other influential actors, who can support CARE and partners' influencing work (such as UNICEF in Cambodia, or the Gates Foundation in Bihar) or support scaling strategies as strategic partners; and private sector partners, as donors, collaborators on solutions, and particularly in market based approaches.

This will require significant work in CARE to adjust systems, culture and capacities for partnership, including in [support of our engagement with social movements](#), where systems for funding relationships with formal organizations, structured around donor rules and regulations, are not appropriate or required. Partnership also means partners taking greater ownership much earlier in the process (ideally in the design stage), long before CARE phases out its operational engagement. Care must be taken to identify and cultivate partners who can eventually become the doer and/or payer that will sustainably scale the solution. Examples include governments and private sector partners that have helped to scale VSLAs, while CARE plays a technical advisory role.

Good practice example: Partnerships for influence in a time of COVID

During the COVID-19 crisis in 2020, CARE teams across the world have been leveraging the power of partnerships to influence the COVID response far beyond CARE and partners' direct programming:

- Collaborating with SEEP to adapt the guidelines on adapting VSLAs developed by CARE into [guidelines on savings groups and COVID-19 for the wider sector](#).
- Co-leading the Cash Workstream's Subgroup of the Grand Bargain on Gender and Cash in developing [recommendations on gender sensitive cash and voucher assistance](#) responses to the pandemic.
- Collaborating with UNWomen in [Asia and the Pacific](#) and [Latin America](#) on regional Rapid Gender Analysis, and with national Governments on a Rapid Gender Analysis in [Malawi](#) or joint needs assessment in [Bangladesh](#).
- Continuing our partnership with Government of Bihar, to [support a state-wide response](#) to the crisis, as part of the inter-agency task force for COVID Response set up by Government of Bihar. This has included helping develop Regulations (Bihar Epidemic Disease COVID-19 Regulation 2020), procure supplies like masks, PPE and ventilators, and leading coordination in 14 of the 38 districts in Bihar.



3. Resource mobilization

Success in contributing to impact at scale depends in part on being able to mobilize resources to support our scaling strategies. Some donors are increasingly focusing on “big bet” funding, with clear expectations for what makes a successful approach to scaling outlined in their criteria (e.g. Macarthur Foundation's [100&Change initiative](#), the Larsen Lam [ICONIQ Impact Award](#), or Co-Impact [Systems Change Grants](#)). In other cases, patient and long-term funding has been provided by institutional donors or foundations, such as [Australian Aid](#) for the Cambodia multilingual education program, or the Gates Foundation for Bihar, or a combination of the Austrian and Swiss Governments and the Oak foundation for YMI in the Balkans. Importantly, resource mobilization strategies will also need to consider funding from beyond traditional philanthropic sources, and beyond just funding for CARE (e.g. funding for Governments, partners or others for scaling).

Six questions for reviewing proposals and strategies for impact at scale:

1. **Solutions:** What is the exact model being scaled into a sustainable solution, the evidence for its impact, its current and proposed scale, and the ‘optimum fidelity’ balance of complexity and cost for maximum impact? Who is the doer and payer at scale? How can the model become a demand-driven and evidence-based solution that addresses a problem **for the majority of the target population affected**?
2. **Advocacy:** What need or potential is there to influence policies, programs & budgets of government or other power holders (e.g. private sector), to address negative policy constraints, close the implementation gap, or to incorporate proven approaches into national programs or strategies? What levers for change have been identified through political economy analysis?
3. **Social norms:** What dialogue or communication strategies can help address negative social norms that affect the impact populations most affected by the problem?
4. **Service Systems Strengthening and Social Accountability:** What approaches are needed to strengthen the capacities, resources or systems of Government or other service providers to implement the solution with increased accountability and responsiveness?
5. **Social movements:** What social movements or other representative organizations can we support and strengthen, to promote wider change or serve as channels for project participants to claim their rights?
6. **Market based approaches:** How can we influence markets and market systems to be more inclusive of the impact populations we are working with and the changes they are seeking?



4. Marketing and communications

Communicating externally, on blogs, academic publications, conferences and webinars, is also an important part of creating visibility around and building support for solutions that CARE and partners are seeking to scale. CARE must adapt its own marketing and communications to speak with one voice to external audiences and project a consistent and coherent image of the solution being scaled. For models to be easily adapted or replicated in different contexts, they also need a name and “branding” that can work in multiple locations. The VSLA model may have started as *Mata Masu Dubara* (MMD), meaning “Women on the Move” in the local language, Hausa, in Niger, but core to its global replication has been having a name that could apply everywhere: Village Savings and Loans Associations. This has been - mostly⁴ - used both throughout CARE, but also by most other NGOs adopting the model. Having many similar, if slightly different, approaches to adolescent girls’ empowerment programming in CARE ([Abdiboru](#), [AMAL](#), [IMAGINE](#), [TESFA](#), [Tipping Point](#)) is a barrier to having one approach that we could invest in to take to scale. Finding one way to communicate about similar gender transformative approaches may be less confusing for most audiences.

Turning Models into Solutions:

CARE defines a “model” as a clearly defined, demand-driven and evidence-based intervention based on a theory of change to address a specific priority problem, principally for women and girls, with a clear comparative advantage over alternatives, and which can be adapted and replicated in other contexts. Models may be developed by CARE and partners, or developed by others and adopted/adapted by CARE and partners. Models should fulfil the following characteristics:

- Address key Underlying Causes of Poverty and barriers to change
- Relate to the Theory of Change within CARE’s global, regional or national long-term program strategies
- Have ownership that is broader than CARE, in partnership with local stakeholders and communities
- Refer to a verifiable body of evidence that can articulate the scale (breadth and depth) and cost/result of the change amongst specific impact groups
- Must be sustainable, including technically and financially feasible, and environmentally responsible
- Align with CARE’s [Gender Equality & Women’s Voice approach](#)

A model becomes a solution when it can credibly and sustainably address a problem for the majority of the target population affected, [as it moves through the six stage process](#). Solutions can include more than one model and are scaled using at least two pathways (service systems strengthening and social accountability, advocacy for policy change, inclusive market-based approaches, social movements and social norms change).



5. Co-creation

Early involvement of stakeholders who would be expected later to contribute to the sustainable scale of a solution is critical to ensuring the level of ownership that is later needed as partners become the doer and the payer at scale. This was one of the most important [lessons from the late Dr. Jahangir Hossain](#) across multiple examples of impact at scale in CARE Bangladesh’s health and nutrition programs. The [Indashyikirwa project in Rwanda](#) included a steering committee, chaired by the Permanent Secretary of the Ministry for Gender Equality and Family Promotion (MIGEPF), and with representatives of donors, CARE and local partners. The project also worked closely with a focal

⁴ CARE refers to them as VESA in Ethiopia, or MJT in Mali, while CRS uses SILC and Oxfam SfC.

point person from MIGEPROF, who became a key internal advocate for the Ministry's uptake of the Indashyikirwa model. The need for co-creation applies equally to models developed by CARE and partners, or those developed by others that we adopt and adapt. Where those have been collectively developed with others who can take them to scale, or where CARE's adaptation of another organization's model involves collaboration with others who can take to scale later, there are far greater possibilities for sustainable impact at scale, beyond limited replication.



6. Gender integration

Gender equality is an important goal, and it is also essential to eradicate poverty and promote social justice. Discrimination against women has negative implications for global security and development, economic performance, food security, health, climate change and the environment, governance, conflict and stability ([Hudson, Bowen & Nielsen, 2020](#)). Given CARE's [Gender Equality Policy](#) and focus on gender equality at the heart of all our work, gender equality radiates across all of our impact areas. It is CARE's aspiration for solutions to become gender transformative over time, and contribute to change not only in agency, but also in [structures and relations](#). Not all solutions will immediately be gender transformative and will range across a spectrum with gender sensitive being the minimum standard. Teams set up to support scaling solutions should include gender expertise, to support gender integration in implementation and in their MEAL systems.



7. Evidence generation

Convincing others of the value of a particular model or innovation requires generating sufficiently rigorous and credible evidence of its impact, cost-effectiveness, and path to sustainable scale. This is likely to involve an external (3rd-party) study, based on a credible methodology, of positive impacts from CARE and partners' programming. Different audiences and different stages require different levels of rigour. Randomized Control Trials or quasi-experimental designs might be needed to influence "big bet" donors. Macarthur's 100&Change initiative, for example, [scores concepts](#) on a scale of 0 to 5 on the strength of their evidence (from "0. Lacked evidence that the solution or any of its components have previously yielded practical, concrete results; no evidence that the solution can be adapted to other contexts", to "5. Offered rigorous evidence that the solution has previously yielded practical and concrete results; made a strong case for adapting it to other contexts"). National or local government decision-makers might be convinced by evidence based on control groups, or from personal testimony from credible representatives of impact populations that have experienced positive change (beyond mere anecdotes).

In Rwanda, for example, a randomized control trial evaluation of the Indashyikirwa project was [critical for persuading the Government and World Bank](#) to adapt and replicate the couples curriculum model. In Cambodia, CARE and partners carried out a longitudinal study to [research the effectiveness of multilingual education](#) by testing the academic performance of ethnic minority children who learn in their home language in a multilingual education school versus those that learn in state schools where the only language of instruction is Khmer.

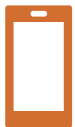
Good practice example: Research, evidence and thought leadership to promote Self-Recovery

The CARE UK shelter team's [Promoting Safer Building](#) research project has been advocating for an approach to shelter after disaster that supports self-recovery. "Self-recovery" is what most families do after a disaster: they recover using their own resources with little support from outside agencies (the shelter sector rarely reaches more than 10% to 30% of the need). CARE co-leads the Global Shelter Cluster Promoting Safer Building Working Group, and has influenced to ensure that "Supporting Self-recovery" is now one of the ten strategic approaches embedded in the [Global Shelter Cluster 2018-2022 strategy](#). An important strategy for this work has been widespread sharing of CARE's evidence, learning and recommendations, in [articles](#), [working papers](#), [book chapters](#), [reports](#) and [blogs](#).



8. Optimizing or simplifying models

Making models scalable requires deciding on the core elements that absolutely have to be included in order to achieve the desired impact, recognizing tradeoffs where they exist, and deciding what to prioritize. Also, where possible, it is important to reduce complexity and cost of execution to enable others to adapt or replicate in new contexts. This means paring back solutions to “optimum fidelity”, while ensuring continued impact, and developing adaptation guidelines for different contexts. A critical component of the ScaleXDesign approach to designing for scale has been developing [core model documentation](#). This describes the core elements of an innovative model that CARE is seeking to scale, highlighting critical features and key questions that practitioners seeking to replicate or scale this model must consider. Sections include: the problem being addressed; a short description of the model’s value proposition; considerations for adapting the model to different contexts (including those where it would not work); steps for adapting the model; monitoring and evaluation; specific tools; expertise available; and budgeting assumptions. Experimentation, iteration, [cost analysis](#) and [adaptive management](#) can help determine how to simplify a model or make it more cost-efficient while maintaining effectiveness.



9. Digital technology

Digital tools and platforms can enable scaling of successful solutions. Social media platforms are increasingly important for engaging with and reaching people at scale (see the [Young Men Initiative good practice example](#)). Digitalizing a model can play an important role in simplifying and standardizing approaches, as CARE is testing now for VSLA with [Chomoka](#), or Community Score Cards with the [CSC app](#), or with apps to support collection and transcribing of data for [Rapid Gender Analysis](#). CARE has committed to enabling digital features at stage 3 (Proof of Concept) and ensuring that all stage five solutions have data infrastructure to drive global to local to global learning cycles.

Annex 1: Glossary of terms

Evidence	Proof from an external (third party) evaluation or study, based on a credible methodology, of positive impacts from CARE’s programming. Different audiences will require different levels of rigour.
Gender transformative change	Going beyond just agency-level change for gender equality outcomes (as noted in Commitment 2 of the 2018 CI Gender Policy : “Articulate how programming works across all three domains of the Gender Equality Framework”), but also changes in structures and relations (as per question 4 of the Gender Marker : “Are monitoring systems collecting, analysing, and addressing...changes in gender roles and relations...”).
Impact at scale	Achieving sustainable, systemic change through external pathways beyond CARE and partners’ direct work with communities, to deliver gender-equitable impact in the lives of women and girls, for the majority of those affected by the targeted problem.
Impacts/ outcomes	Positive change, as measured by one or more of CARE’s indicators of change , mostly aligned with the SDGs. Some indicators measure change at outcome level (4. obtaining quality humanitarian assistance, or 16. accessing informal or formal financial services), but most are at impact level (see here for further definitions).
Innovation	An innovation at CARE is a solution, designed and developed with communities and other stakeholders, to disrupt and transform the systems of oppression that perpetuate exclusion, poverty, and vulnerability. CARE’s innovations aim to contribute to greater impact than existing solutions (where they exist), demonstrating clear added value through being more feasible, scale-able, inclusive, effective, or sustainable than other approaches.
Market-based approaches	Inclusive interventions that address development and humanitarian challenges and also provide a return on investment for the private sector (adapted from USAID, 2018).
Models	A clearly-defined, evidence-based intervention based on a theory of change to address a specific priority problem, principally for women and girls, with a clear comparative advantage over alternatives, and which can be adapted and replicated in other contexts.
Optimum fidelity	Refining or simplifying solutions to balance complexity and cost for maximum impact.
Scaling deep	Changing relationships, cultural values and beliefs and social norms that help to sustain and scale change throughout a broader society.
Scaling impact	Deliberate efforts to contribute to systemic and lasting change in the lives of women and girls, at significant scale, beyond CARE’s direct work with communities.
Scaling out (a model)	Expanding the coverage or intensity of impact of a model, through expansion or replication and adaptation into new areas and/or sectors of the population. Scaling can be a combination of vertical (institutionalization or policy change) and/or horizontal (expansion and replication, by CARE or others).
Scaling up	New or improved policies, rules and laws that institutionalize change and open the possibility of impact at the societal level once they are implemented in practice.

Service Systems Strengthening

Transforming the patriarchal and exclusionary culture of institutions, supporting them to increase their capacities to provide inclusive, effective, and accountable services, and fulfill their obligations to the rights of the poor and marginalized. CARE promotes a gender-transformative, citizen-centered, and rights-based approach to bolster the sustainability of service systems outcomes and ensure that services are provided in ways that are accountable, equitable, inclusive, and effective.

Solution

A solution can credibly and sustainably address a problem for the majority of the target population affected. Solutions can include more than one model and will always include at least two of the systems-level pathways to scale listed below.

Sustainable Scale

When other actors, particularly government, the private sector and/or civil society, become the “doer” and the “payer” for a proven solution to impact a majority of the target population, while CARE’s role shifts to that of “systems facilitation.”

Systems-Level Pathways (to impact at scale)

The different routes through which impact at scale can happen with special focus on sustainable, systems-level impact (model replication, service systems strengthening and social accountability, advocacy for policy change, inclusive market-based approaches, social movements, and social norms change). A single innovation or group of innovations may travel to impact at scale along one or many of these pathways at the same time or in a staged manner.

Systems Facilitation

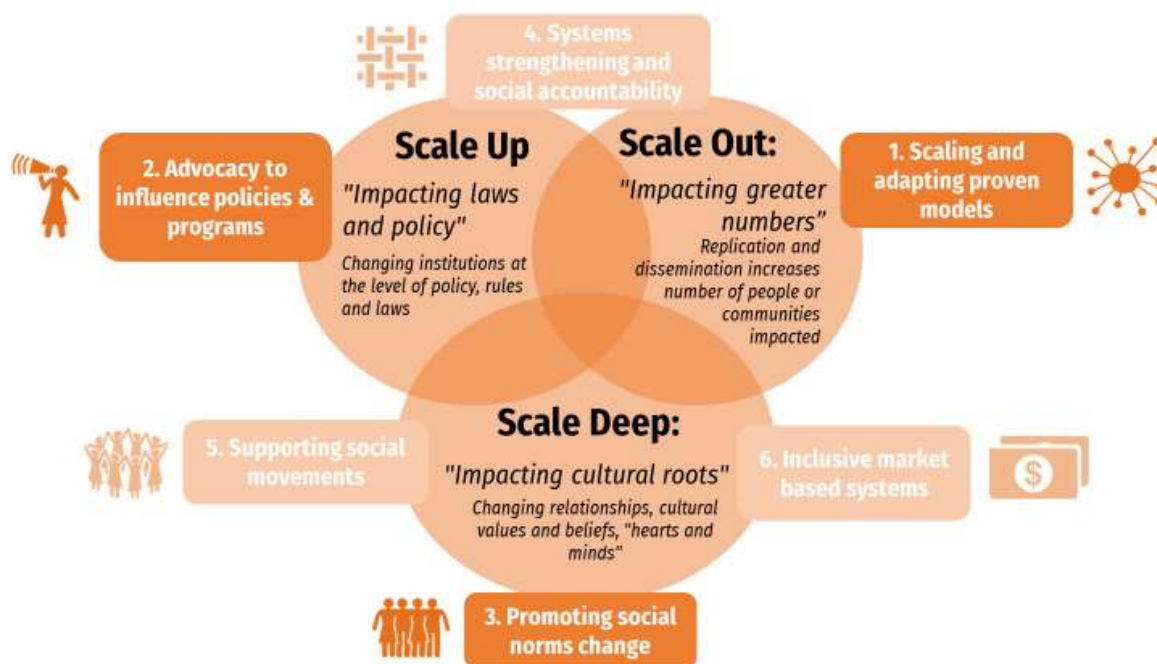
When CARE proactively facilitates and convenes, seeking to shift power to locally led organizations—especially women-led organizations—as CARE takes more of a behind-the-scenes approach. Rather than telling people what to do, in a convener or facilitator role CARE shapes priorities for change, builds consensus, identifies opportunities for collaboration, shares best practices, and measures progress—helping to unify others around a common agenda.

Annex 2: Further reading

- Bradach, Jeff and Abe Grindle, ***From Scaling Impact to Impact at Scale***. Stanford Social Innovation Review (2017) - [link](#)
- CARE, ***Applying Theory to Practice: CARE's Journey Piloting Social Norms - Measures for Gender Programming*** (2017) - [link](#)
- Carter, B. with Apgar, M. & Khan Mohmand, S, ***Guidance note and briefs on scaling up social norm change***. K4D Emerging Issues Report. Brighton, UK: Institute of Development Studies (2019) - [link](#)
- Chang, Ann Mei, ***Lean Impact: How to Innovate for Radically Greater Social Good*** (2018) - [link](#)
- Cislaghi et al., ***Changing Social Norms: the Importance of "Organized Diffusion" for Scaling Up Community Health Promotion and Women Empowerment Interventions*** (Prevention Science, 2019) - [link](#)
- Co-Impact, ***Handbook*** (2019) - [link](#)
- Gargani, John & Robert McLean, ***Scaling Science*** (Stanford Social Innovation Review, 2017) - [link](#)
- Gugelev, Alice & Andrew Stern, ***What's Your Endgame?*** (Stanford Social Innovation Review, 2015) - [link](#)
- Hartmann, Arntraud & Johannes F. Linn, ***Scaling Up: A Framework and Lessons for Development Effectiveness from Literature and Practice*** (Brookings, 2008) - [link](#)
- International Development Innovation Alliance (IDIA), ***Development Innovation Principles in Practice: Insights and Examples to Bridge Theory and Action*** (2019) - [link](#)
- International Development Innovation Alliance (IDIA), ***Insights on Scaling Innovation*** (2017) - [link](#)
- Learning Collaborative to Advance Normative Change, ***Considerations for scaling up norms-shifting interventions for adolescent and youth sexual and reproductive health*** (2019) - [link](#)
- McLoughlin, C. ***Political economy analysis: Topic guide (2nd ed.)*** Birmingham, UK: GSDRC, University of Birmingham, (2014) - [link](#)
- McLean, Robert & John Gargani, ***Scaling Impact: Innovation for the Public Good*** (IDRC, 2019) - [link](#)
- MSI, ***Scaling Up – From Vision to Large-Scale Change: Tools and Techniques for Practitioners*** (2012) - [link](#)
- Riddle & Moore, ***Scaling Out, Scaling Up, Scaling Deep: Advancing Systemic Social Innovation and the Learning Process to Support it*** (London: J.W McConnell Family Foundation, 2015) - [link](#)
- Slobig, Zach, ***Unpacking EYELLiance's Role as a Systems Orchestrator*** (Skoll Foundation, 2021) - [link](#)
- Spring Impact, ***Social Replication Toolkit*** (2018) - [link](#)
- Walker, Jeff and English Sall, ***Orchestrating Systems-Level Change in the Battle against COVID-19***. Stanford Social Innovation Review (2021) - [link](#)
- Weldon, S. Laurel & Mala Htun, ***Feminist mobilisation and progressive policy change: why governments take action to combat violence against women*** (2013) - [link](#)
- Wigboldus, Seerp & Cees Leeuwis, ***Towards responsible scaling up and out in agricultural development: An exploration of concepts and principles*** (Centre for Development Innovation, Wageningen, 2013) - [link](#)
- Woltering et al., ***Scaling – from "reaching many" to sustainable systems change at scale: A critical shift in mindset*** (Agricultural Systems, Volume 176 - 2019) - [link](#)
- World Health Organization ExpandNet, ***Beginning with the end in mind: Planning pilot projects and other programmatic research for successful scaling up*** (2011) - [link](#)
- World Health Organization ExpandNet, ***Practical guidance for scaling up health service innovations*** (2009) - [link](#)

Annex 3: Examples of pathways used for impact at scale

1. Balkans Young Men Initiative



The Young Men's Initiative (YMI) in the Balkans works with local partner NGOs in Bosnia and Herzegovina, Croatia, Kosovo, Latvia, Moldova, Montenegro and Serbia, to change popular conceptions of what constitutes 'manhood'. The main pathways to impact at scale have been:

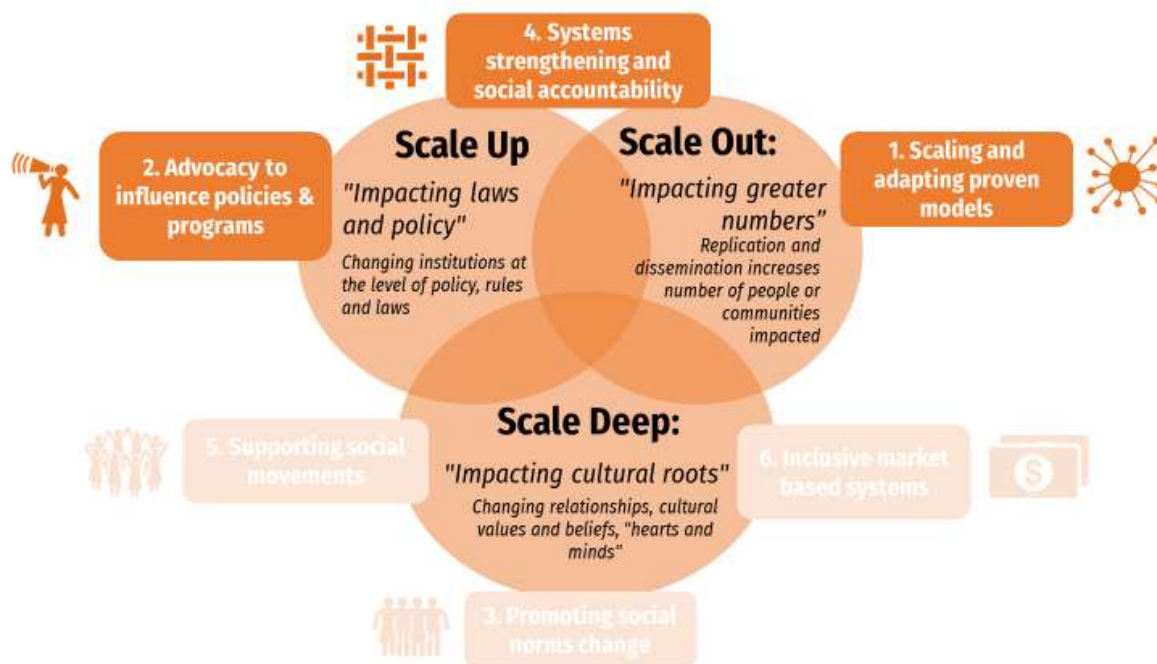
- **Scaling models:** Adapting the Promundo Program H and Program M models, for implementation in schools. The model - comprising educational workshops, Be a Man campaigns, and Be a Man Clubs - was piloted at small scale (five schools each in five cities), and then expanded to new schools, areas and countries, over three phases. Where possible, these have now been handed over to Government.
- **Advocacy and influencing:** YMI worked to get the in-school programs accredited by Ministries of Education or institutionalized as mandatory programs within the Government education system.
- **Social norms shifting:** While the direct interventions in schools and in Clubs shifts norms at local level, the Be a Man Campaigns have sought to amplify this to influence attitudes in wider society, through an [interactive website](#), documentary theatre, flash mobs, and production of songs, documentaries, and drama.

The program has also included other pathways, though with less intensity:

- **Service Systems Strengthening and Social Accountability:** Helping strengthen capacities of local NGO partners, as well as of Ministries of Education implementing the program across the region.
- **Movement strengthening:** Aiming to enable the Be a Man Clubs to become a self-organized movement.
- **Inclusive markets:** Engaging the business sector, mobilizing resources from corporate social responsibility funds, and inviting firms and corporations to 'adopt' schools and fund the Young Men's Initiative in them.

Further details can be found in the case study in Annex 3 of [Learning Collaborative to Advance Normative Change, 2019](#), and in the [resources](#) on the Program's website.

2. Bihar Health Program (and expansion within Asia)

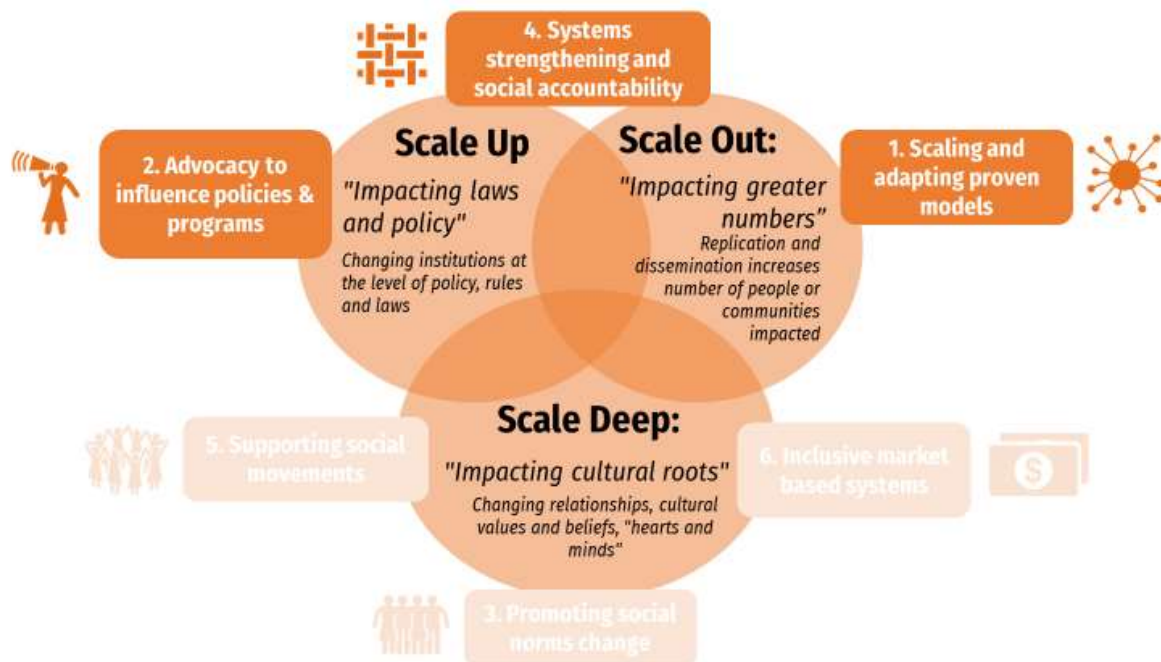


CARE's [Bihar Technical Support Program](#) has helped the Government improve maternal, new-born, and child health, across the whole state (population 128 million). Initially designed to scale proven approaches, it was quickly realized that a very strong component of systems strengthening would also be required, to address challenges of inexistent or run-down health facilities, few or absent staff, and inadequate equipment and supervision and data systems. The main pathways to impact at scale have been:

- **Scaling models:** One innovative model - the [Common Application Software health](#) tool to support Community Health Workers (CHWs) - is now being scaled up nationally, based on positive [evidence from a rigorous evaluation](#) of the pilot phase. This will provide improved planning and work tools for approximately 1.4 million CHWs throughout India. The program has also tested and scaled up five other innovations within Bihar: [Incremental Learning Approach](#) for frontline health workers; [Team-Based Goals and Incentives](#); [Facility Quality Improvement](#); [Mobile Nurse Mentoring](#); and [Weak New-born Tracing](#)). Some of these models are being adapted or replicated in other countries in Asia, through the Learning Exchange for Adaptation and Diffusion ([LEAD](#)) project platform.
- **Service Systems Strengthening and Social Accountability:** The program has included a strong focus on working with Government to ensure improved infrastructure, equipment and increased staffing in health facilities, and stronger data systems to track progress.
- **Advocacy and influencing:** Close collaboration with Government, and influential actors (such as the Gates Foundation - the program's donor - and the World Bank) have been essential strategies for influencing State-wide or national level adoption of proven models.

Further details can be found in a case study from the Stanford Social Innovation Review ([2019](#)), and in the program's [website](#).

3. Cambodia Multilingual Education Program

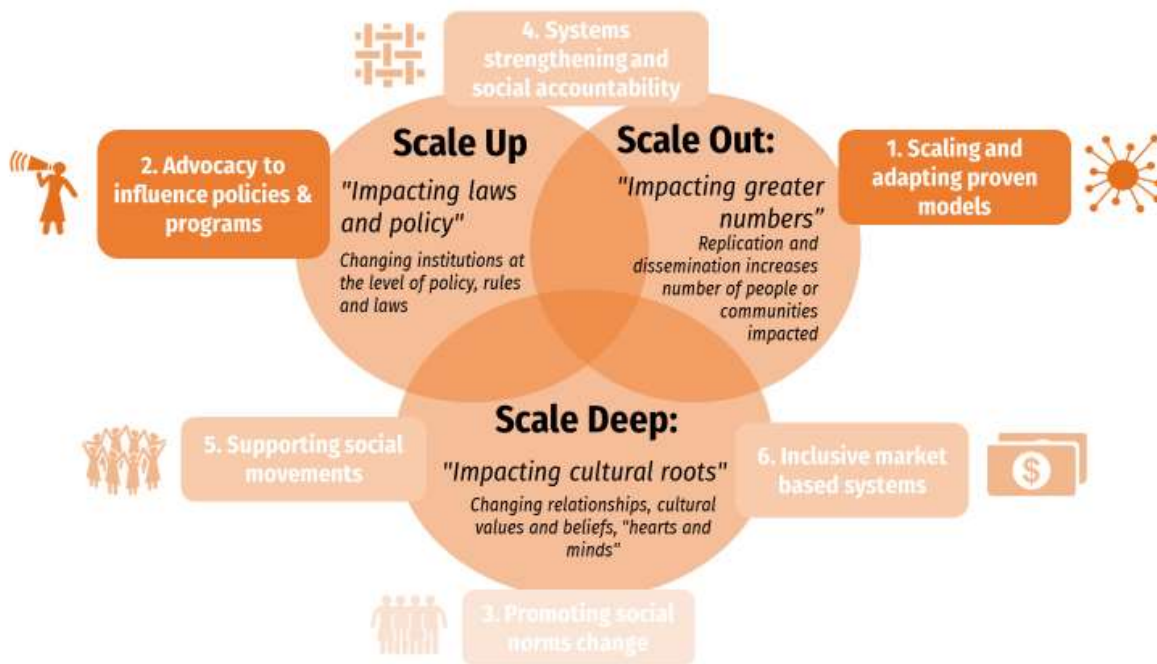


CARE's multilingual education program in Cambodia has worked with local partners, the Government of Cambodia and UNICEF to pilot, scale up and institutionalize a model of mother tongue education for ethnic minority children in Cambodia. This is now enabling a significant percentage of ethnic minority children to access quality education in their mother tongue, rather than solely in the national language of Khmer. The main pathways to impact at scale have been:

- **Scaling models:** Testing and generating [evidence](#) for a [multilingual education model](#) for different ethnic groups, and handing over responsibility for implementation over time to the Government Provincial or District education authorities.
- **Advocacy and influencing:** Working closely with Government and other influential actors (e.g. UNICEF) to generate [political and technical support](#) for the model and its institutionalization. This has included influencing national guidelines, sector plans, and a Multilingual Education National Action Plan (MENAP).
- **Service Systems Strengthening and Social Accountability:** Helping strengthen capacities of Government at national and district level, to budget and plan for implementing the model, including teacher training strategies.

Further details can be found in [CARE Cambodia](#) and [CARE Australia](#)'s websites, including a [strategic evaluation report](#) carried out in 2019 for the donor, Australia Aid.

4. Global VSLA Scale Up Strategy



Aiming to expand VSLA membership to 62 million participants by 2030, CARE's [VSLA scaling strategy](#) works across a number of pathways to impact at scale:

- **Scaling models:** Aiming to expand VSLAs within and beyond CARE's programs through integrating VSLA as a foundation of all our global development programming, adapting VSLA for humanitarian contexts to promote adoption across agencies, advising governments and the private sector as they scale VSLAs sustainably, and offering support to viral replication of VSLAs in communities. CARE is also promoting a [Digital Transformation Initiative](#) to lower costs and extend reach while ensuring fidelity and quality.
- **Advocacy and influencing:** Engage governments as scaling partners, and embedding VSLA in policies, regulations and programs. CARE also aims to continue to build coalitions (such as platforms of savings group promoters, at global, regional or national levels), to influence power holders.

The strategy also includes other pathways, though with less intensity to date:

- **Service Systems Strengthening and Social Accountability:** Helping strengthen capacities of local NGO partners and Governments to implement the approach, including establishing a Center of Excellence to explore integration and deepen evidence on VSLA as an empowerment platform.
- **Movement strengthening:** Particularly in [West Africa's Women on the Move](#) program, there is a strong focus on building from the VSLA platform as a route to collective action and movement-building.
- **Inclusive markets:** Engaging corporations as scaling partners, embedding VSLA in supply chains and distribution networks.

Further details can be found in the [scaling strategy](#), and in CARE's websites on [financial inclusion](#) and [VSLAs](#).