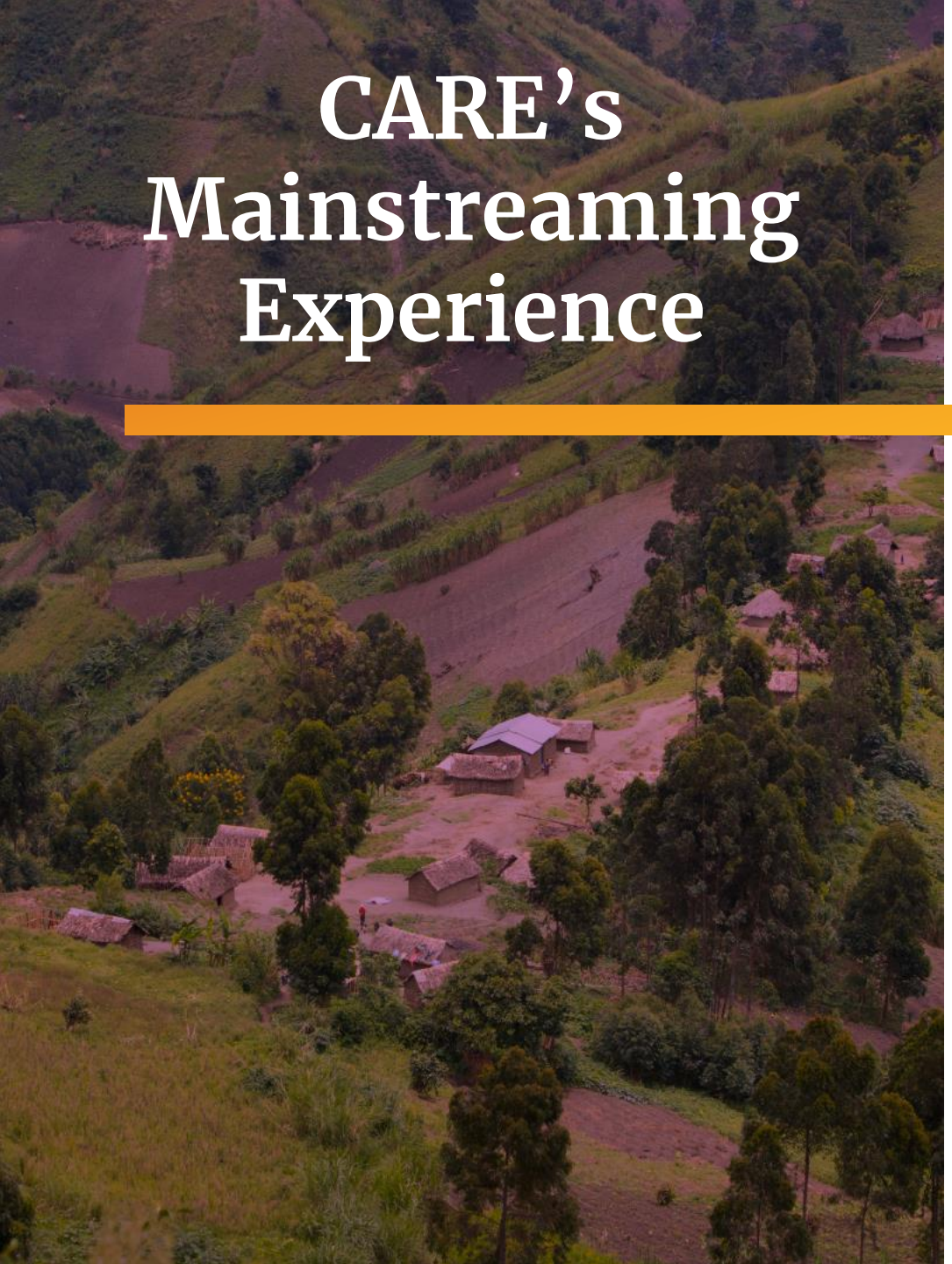
Mainstreaming Scaling at CARE

June 2024

Agenda

1. CARE's Mainstreaming Experience
   - Anita Sundari Akella | Director, Impact at Scale + Strategy Incubation | CARE
2. Methods to Assess Sustainable Scale Potential
   - Will Thompson | Economist + Associate Director | IDinsight
3. Integrating Scaling into New Program Design
   - Emily Janoch | Associate Vice President, Thought Leadership + Design | CARE
4. Systems Orchestration to Operationalize Sustainable Scaling
   - Joshua Muskin | Senior Director + Education Team Lead | Geneva Global
5. Measuring Systems Change and Catalytic Impact
   - Caitlin Shannon | Director of Research | CARE
6. Q+A

CARE's Mainstreaming Experience



CARE is an international development and humanitarian aid organization dedicated to ending global poverty.

Founded in 1945, CARE works in over 100 countries and focuses on gender equality, the right to health, climate justice, the right to food and clean water and economic development.

CARE responds to global emergencies and disasters with both immediate relief and long-term, comprehensive recovery programs.

Timeline of Mainstreaming Scale at CARE

2015
Impact Growth Strategies focused on Direct Delivery + Systems-Level Change defined in CARE's 2015-2020 Strategy

2018
VSLA Scaling Strategy focuses on scaling through other actors to meet demand, spread adoption more quickly, and achieve impact goals

2019
Learnings from CARE's 2015-2020 Strategy implementation lead Board and Executive Leadership to recognize importance of scaling to achieving SDGs by 2030 and increasing ROI for development dollars

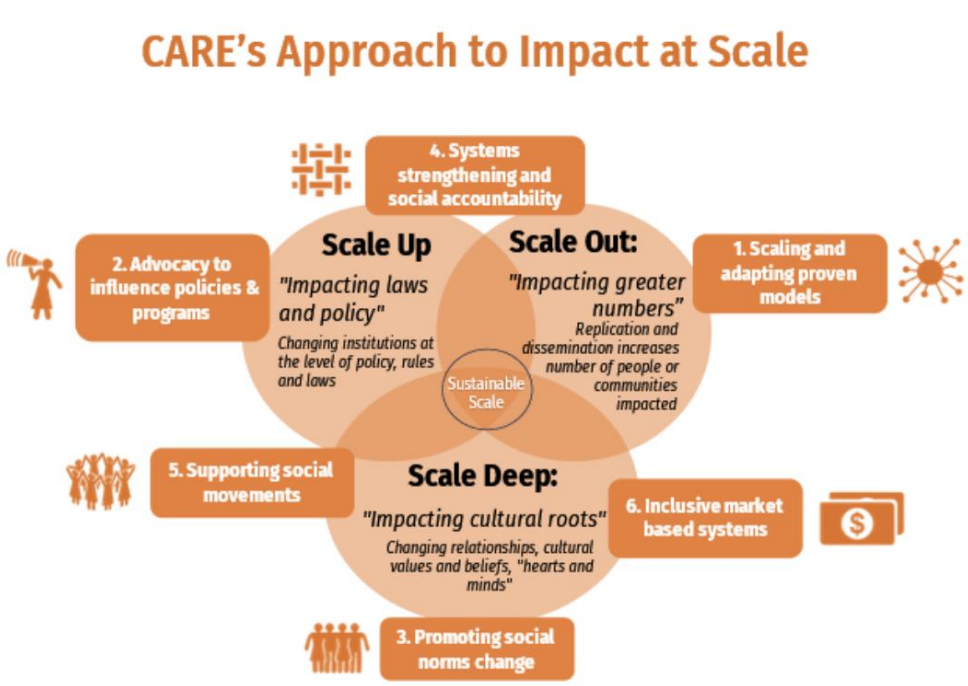
2020
'Impact at Scale' adopted as foundational element of CARE's Vision 2030 and 2020-2025 Strategy

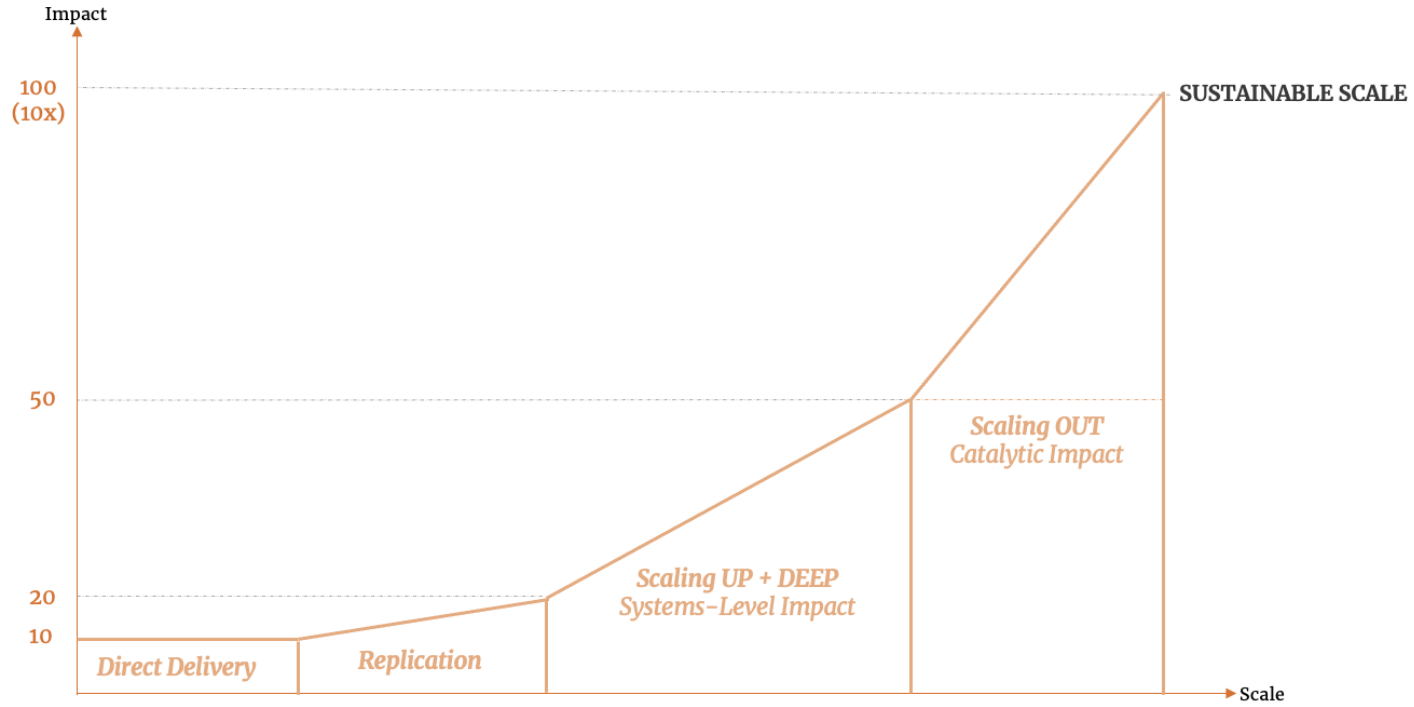
2021
Review of 2014-2020 impact data reveals key characteristics of the 23 projects that yielded 68% of CARE's impact – distilled into six pathways to impact at scale in CARE's *Impact at Scale Guidance Note*

2021
Cross-CARE working group defines scale as "sustainable, systemic change through external pathways beyond CARE and partners' direct work with communities"

2021
Globally Scaled identified as one of three key strategic pillars of work in the 2020-2025 strategy period

Approach to Scaled Impact





Mainstreaming: Goals and Instruments

Goals:

- Scale our most promising solutions through other doers/payers at scale
- Serve as a platform for scaling the sector's most powerful solutions
- Become an organization that designs for scale from the start

Internal Structures Created:

- 2019 // Impact, Learning, Knowledge and Accountability (ILKA) team
  - *Build the evidence base for what works, measure impact, hone methods for measuring scaled impact*
- 2020 // Impact at Scale team
  - *Identify and adapt proven models with sustainable scale potential, support adoption by other doers/payers at scale*
- 2023 // Program Design and Thought Leadership team
  - *Build CARE's next generation programming based on evidence of what works and what can scale*

Essential Partnerships:

- **IDinsight**: *How can we use evidence to understand what has the potential for sustainable scale? How can we adapt models to be more simple/affordable/cost-effective and therefore more scalable?*
- **Geneva Global**: *How do we engage and support local doers/payers at scale to adopt, implement, and pay for sustainably scaling solutions? How must our COs evolve to play this role?*

Mainstreaming: Activities and Challenges

Designing methods and processes

- No existing checklist/handbook was exactly what we needed
- Being as evidence-based as possible required expertise we didn't have

Assessing the scalability of legacy interventions

- No uniform definition of scale, or commitment to the idea of sustainable scale
- Very successful interventions were presumed to have sustainable scale potential

Scaling external solutions

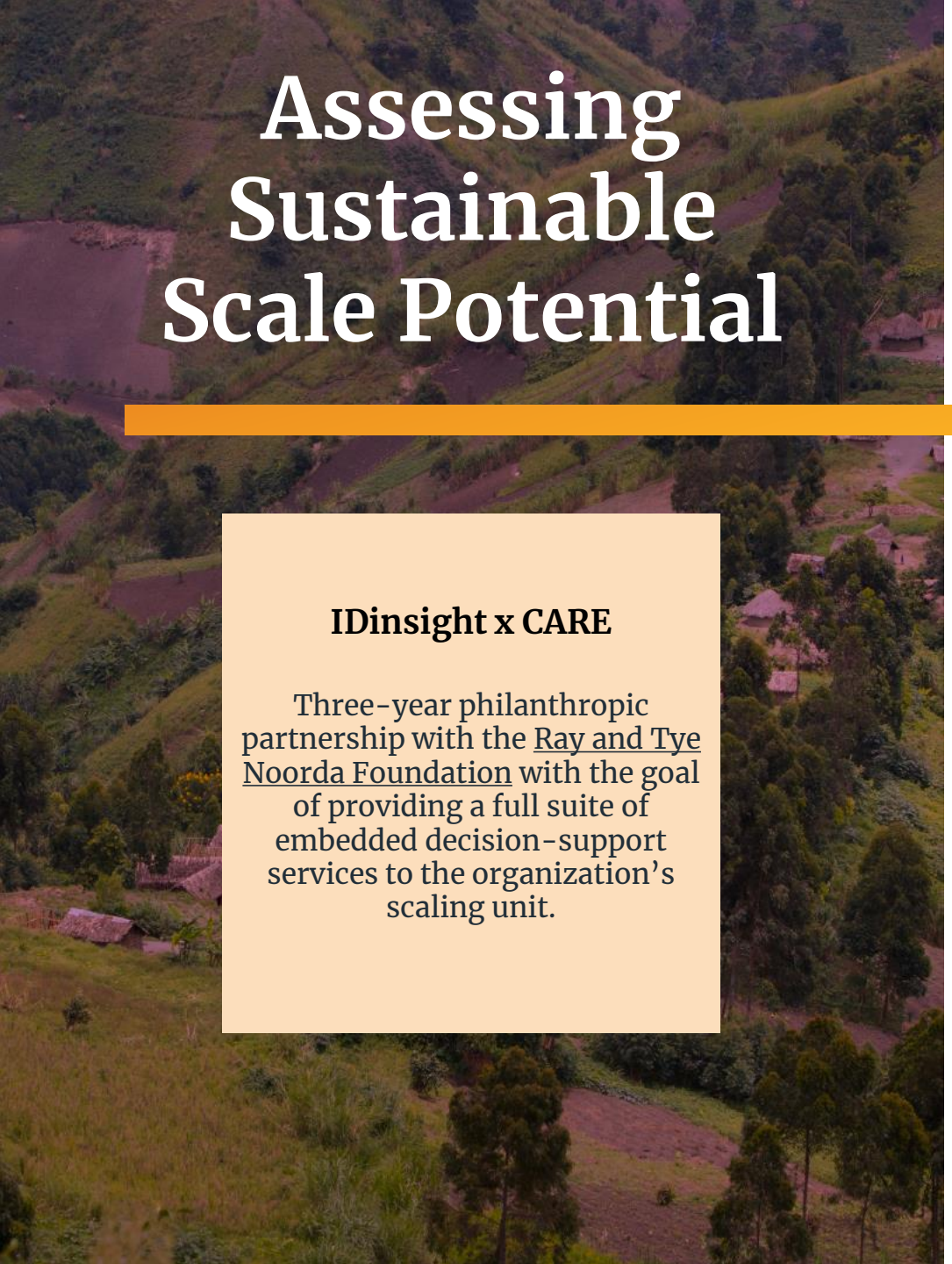
- Some internal resistance to scaling external solutions

Supporting COs to scale through local actors

- CARE COs are optimized for direct delivery
- Evolution will require significant investment of resources

Mainstreaming: Lessons Learned

1. There are no shortcuts to scaling impact
2. There are tradeoffs between depth of impact and scale
3. Internal buy-in is critical



Assessing Sustainable Scale Potential

IDinsight x CARE

Three-year philanthropic partnership with the Ray and Tye Noorda Foundation with the goal of providing a full suite of embedded decision-support services to the organization's scaling unit.

Challenge: To understand *which* impactful interventions have potential to succeed at scale, based on the best available evidence.

Opportunity: To develop a systematic framework for applying evidence throughout the scaling pipeline, matching right size/fit activities at each stage.

Solution: Use existing evidence as much as possible, and generate new evidence as required, at each stage of the scaling pipeline.

Lessons Learned:

- Design for scalability (if that's the goal) and build data/evidence tools into the design.
- Identifying scaling partners ahead of time is better, and design with partners in mind.
- Not all impactful interventions are right for scaling (and that's okay!).

Pathway to scale: Evidence needs

- **Ideation** "*Document the logic that underpins initial scaling hypothesis*"
  - Activity: Evidence review, theory of change analysis
  - Tool(s): Literature review, cost effectiveness review, KIIs, workshops

- **Research & Development:** *Identify pathways and understand the market potential for scaling*
  - Activity: Enabling environment, competitive landscape, "scaled" theory of change
  - Tool(s): Desk research, key informant interviews, stakeholder workshops

- Proof of Concept: *Design and execute targeted short trials*
  - Activity: Pinpoint key nodes and links in scaled TOC, design "short trials" around solutions
  - Tool(s): Key informant interviews, A/B testing, other "rapid research" methods

- Transition to Scale: *Pilot experimentally validated solution in a multi-context evidence trial*
  - Activities: Execute the pilot program; track, report, and iterate as the pilots proceed
  - Tool(s): Impact evaluation, process evaluation/tracing, monitoring data

Case one: an impactful, hard to scale GBV intervention

Premise: *A very promising IPV prevention program was considered a candidate for sustainable scaling, but mixed evidence when replicated and concerns about size and complexity limit scalability to certain contexts.*

	Activity	Source of data/evidence
Ideation, R&D	Evidence review	**Reviewed available evidence**, and **conducted KIIs** with key researchers, and provided feedback on evidence review summary prepared by the CARE GJT.
	Theory of change analysis	Developed a **detailed ToC** together with CARE and partners, **using KIIs**, **document reviews**, and **online workshops** to identify core components and mechanisms.
	Adaptations review	Investigated 10 of the initial 13 adaptations (6 CARE internal, 7 external) through **KIIs, resource and evidence reviews.**
	Competitive landscape review	Selected and **reviewed evidence** 5 out of 56 IPV interventions (SASA!, CHARM, UBL, IMAGE, Bandebereho), paying special attention to evidence of impact and potential for scalability.

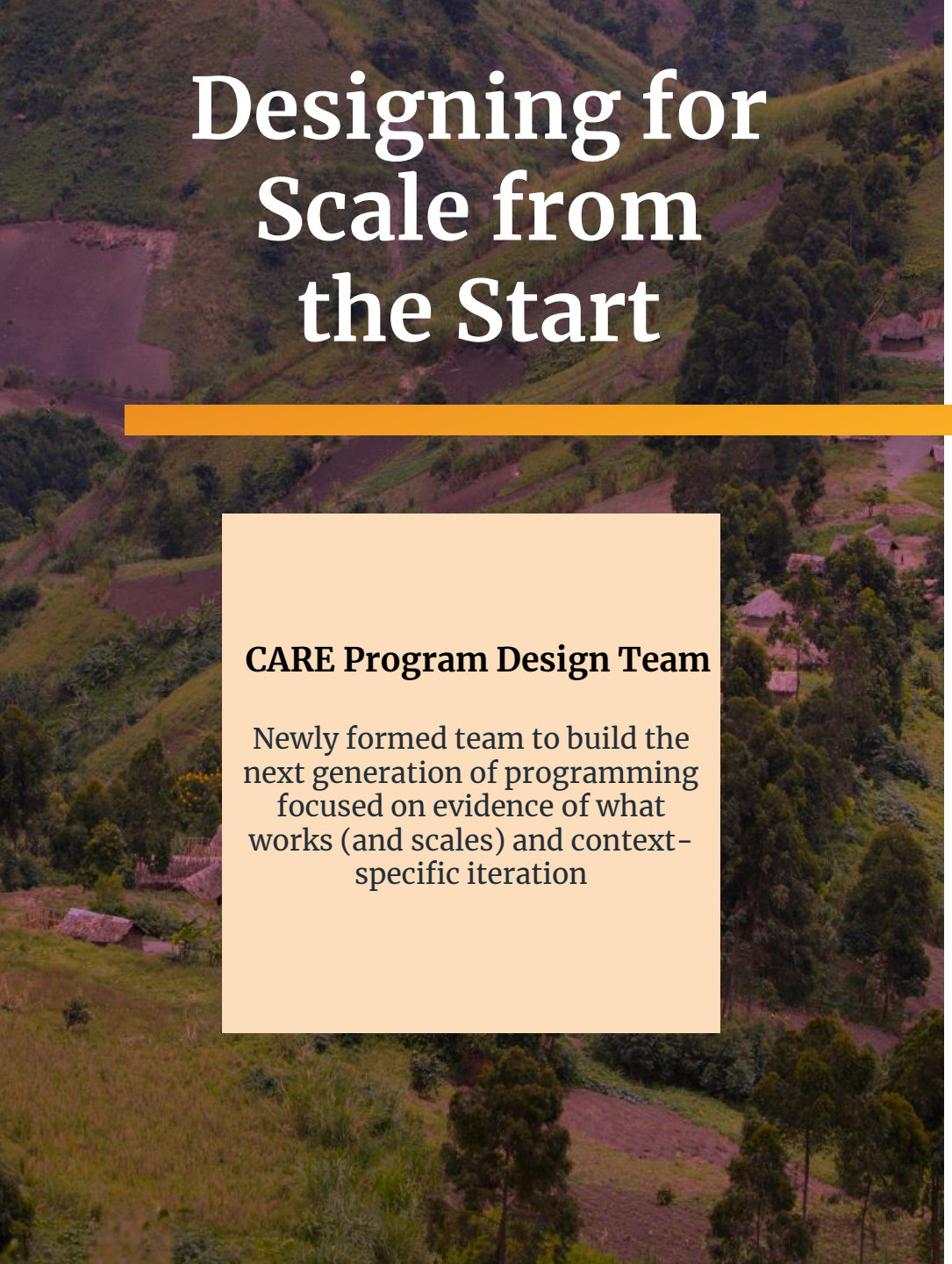
Case two: towards a *scaling partnership* with CARE and iDE

Premise: *CARE and iDE are both innovators in Market Based Sanitation (MBS) - can expand more efficiently and impactfully into new geographies together than they might separately.*

	Activity	Source of data/evidence
Ideation, R&D	WASH evidence review	• A rapid, **broad based review** of available evidence in the full WASH sector • **Deep-dive into MBS** highlighted opportunities and barriers to scale
	Past partnerships	• Qualitative **key informant interviews & a joint workshop** identified opportunities, complementarities, and pain points of partnership.
	Enabling environment	• Explored the **enabling environment via KIIs and workshops** required for MBS interventions to take root. • Used careful **theory of change analysis** as a tool to generate insights.
Proof of concept, transition to scale	"Scaled" TOC analysis & targeted trials	• Developed a "scaled" **theory of change,** and identify nodes and links most likely to require validation • Designing **rapid trials** (A/B tests, feedback from KIIs) around those points.
	Impact evaluation	• In the future will run a rigorous quantitative impact evaluation (preferably an RCT) to validate the scalable model.

care

Designing for Scale from the Start



CARE Program Design Team

Newly formed team to build the next generation of programming focused on evidence of what works (and scales) and context-specific iteration

Challenge: Most program design is currently done by technical implementers who are thinking about how to do the work with their own systems and resources. We focus on quick wins, meeting goals in the log frame, and using approaches we know.

Opportunity:

- Co-creation with local stakeholders
- Streamlined design
- Thinking about scale from the start, focused on other implementers/doers/payers.

Solution: Hire designers who will bring together unusual suspects, a range of stakeholders and evidence, and focus on iterating programming for more streamlined models that deliver impact.

What's Different? Who's in the room.

CARE Designers: A team that helps coordinate the process to bring it all together across a range of actors and keep their eyes on the big picture and HOW the work will happen.

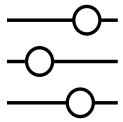
Co-creation: We need more stakeholders, more context experts and local leaders, and more KINDS of actors (private sector, government, local CSOs, etc) at the table when we design programming.

But we have to do that in ways that make the best use of their time and result in more actionable, scalable designs.

Setting up programs for scaling success

Design for scale: Requires lots of adaptive management, space for iteration, and engaging stakeholders along the way.

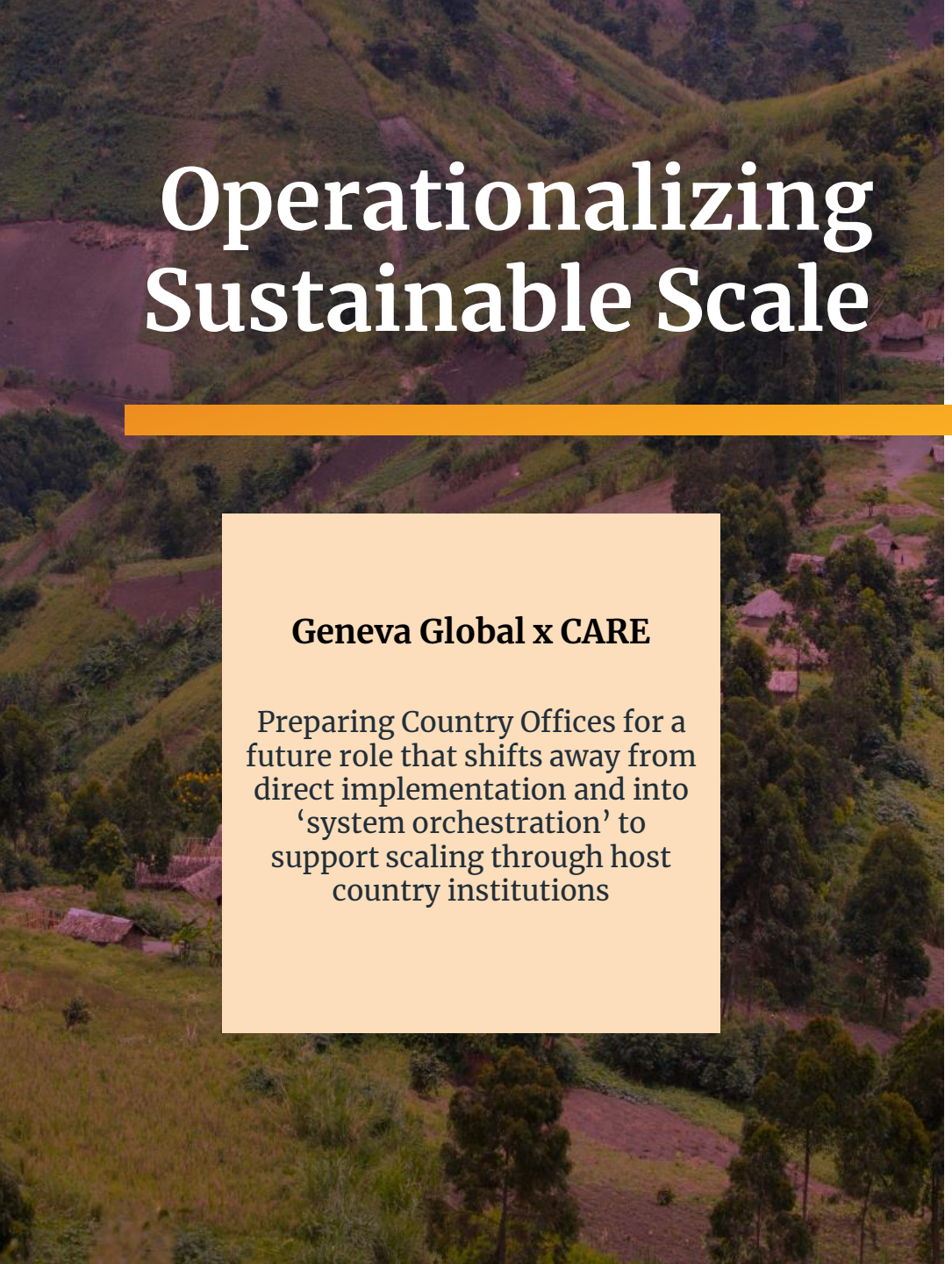
Applying evidence: Systematic evidence reviews and competitive landscape analysis that tell us not just "did this work," but also variables that are crucial to scale: cost, time (especially for participants), resources required, ROI, etc.



Looking at multiple options: It is critical to bring in different kinds of evidence from different actors. Feedback loops are key, and understanding what evidence will resonate with future owners of the process (for example, designing research WITH the Government of Kenya).

Understanding the landscape: Bring other potential doers and payers in from the design phase. Understand their constraints and enabling environments

Operationalizing Sustainable Scale

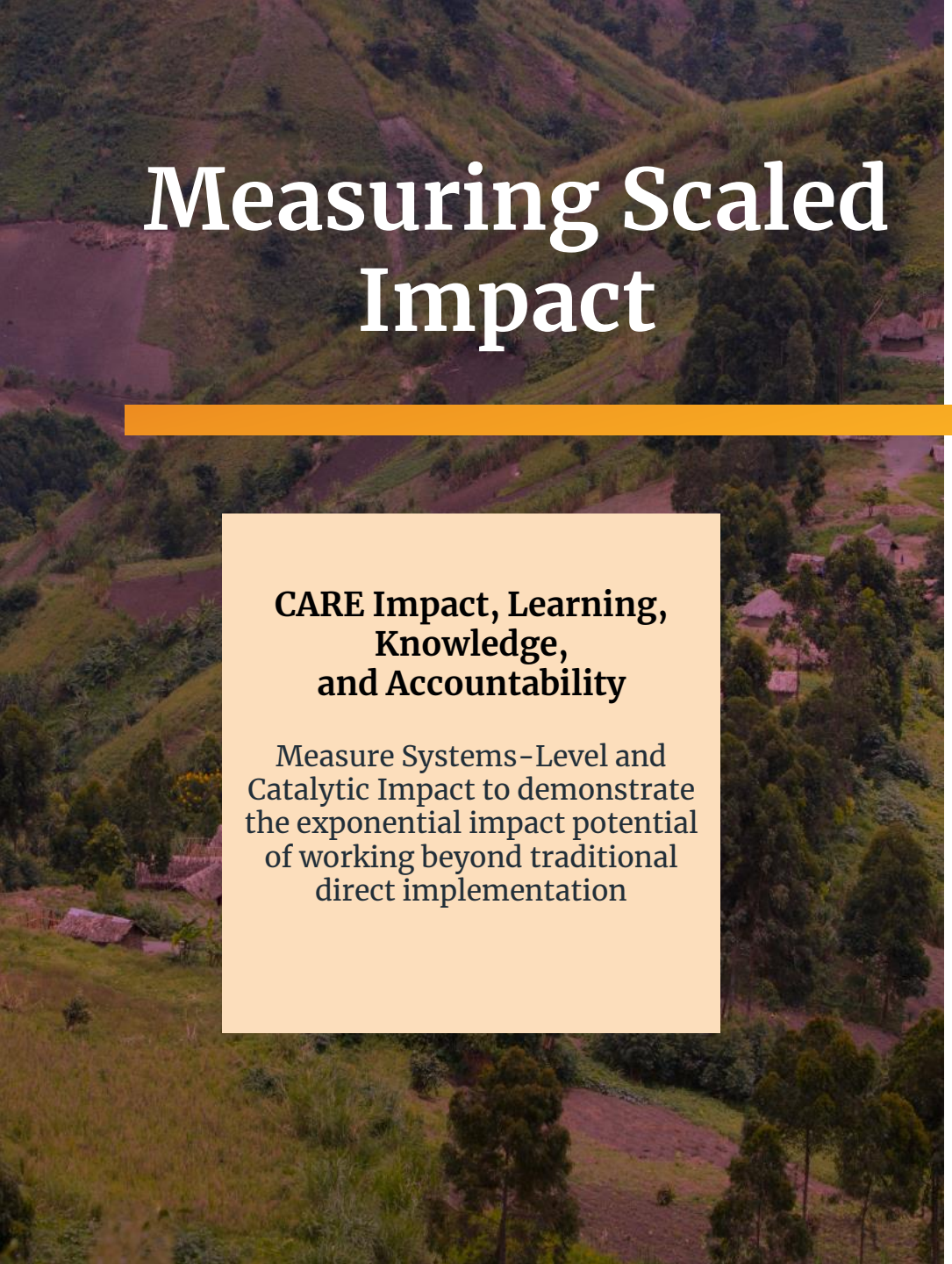


Geneva Global x CARE

Preparing Country Offices for a future role that shifts away from direct implementation and into ‘system orchestration’ to support scaling through host country institutions

Watch the video here

Measuring Scaled Impact



CARE Impact, Learning, Knowledge, and Accountability

Measure Systems-Level and Catalytic Impact to demonstrate the exponential impact potential of working beyond traditional direct implementation

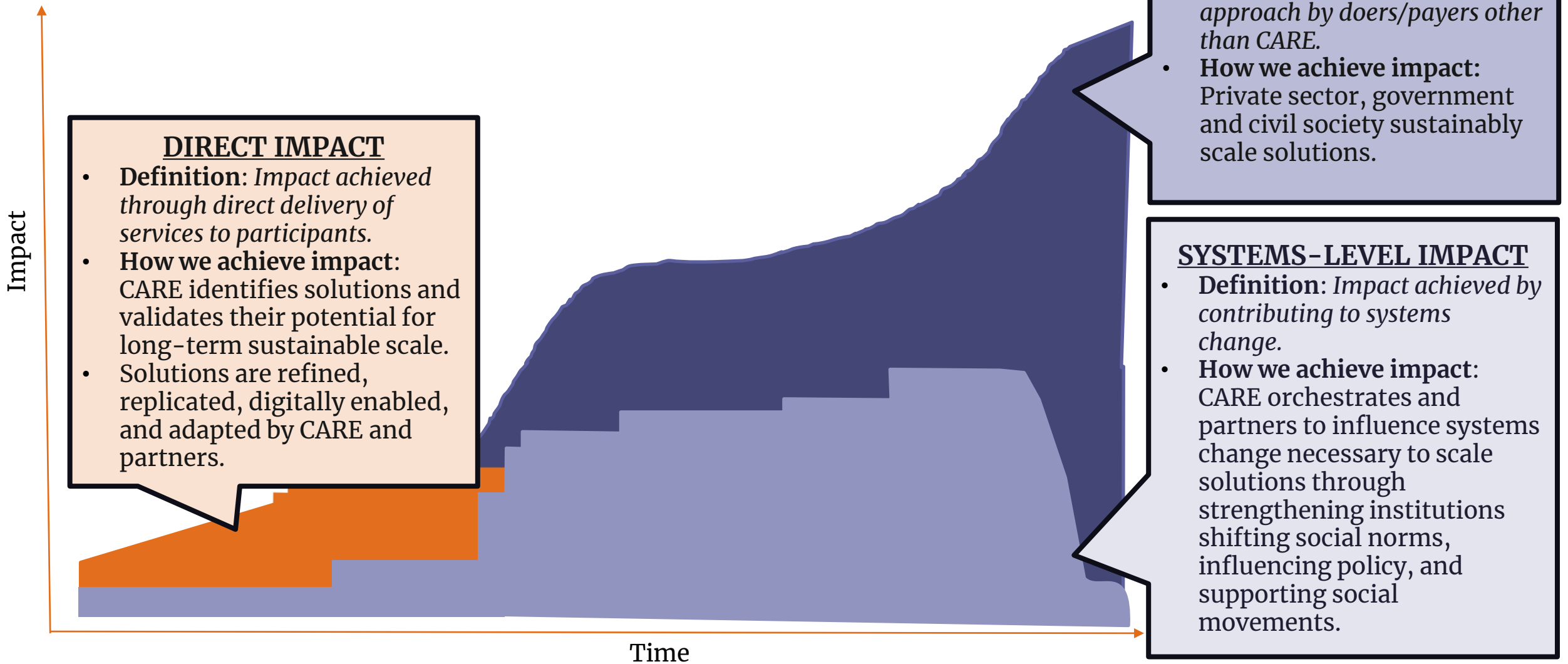
Challenge: defining and measuring the impact of CARE's work that happens indirectly, through other actors.

Opportunity: transforming how the sector defines and measures impact, which traditionally has been focused on direct measurement and attribution of actor's work to change and limited to period of direct implementation.

Solution: shift to measuring impact through estimation and inference, qualitative metrics, focus on assessing contribution, and measuring impact or change over longer timeframes.

Lessons Learned: requires mindset shift, different capacities, and collaboration beyond CARE.

Redefining impact to measure impact of sustainable scaling



DIRECT IMPACT

- **Definition**: *Impact achieved through direct delivery of services to participants.*
- **How we achieve impact**: CARE identifies solutions and validates their potential for long-term sustainable scale.
- Solutions are refined, replicated, digitally enabled, and adapted by CARE and partners.

CATALYTIC IMPACT

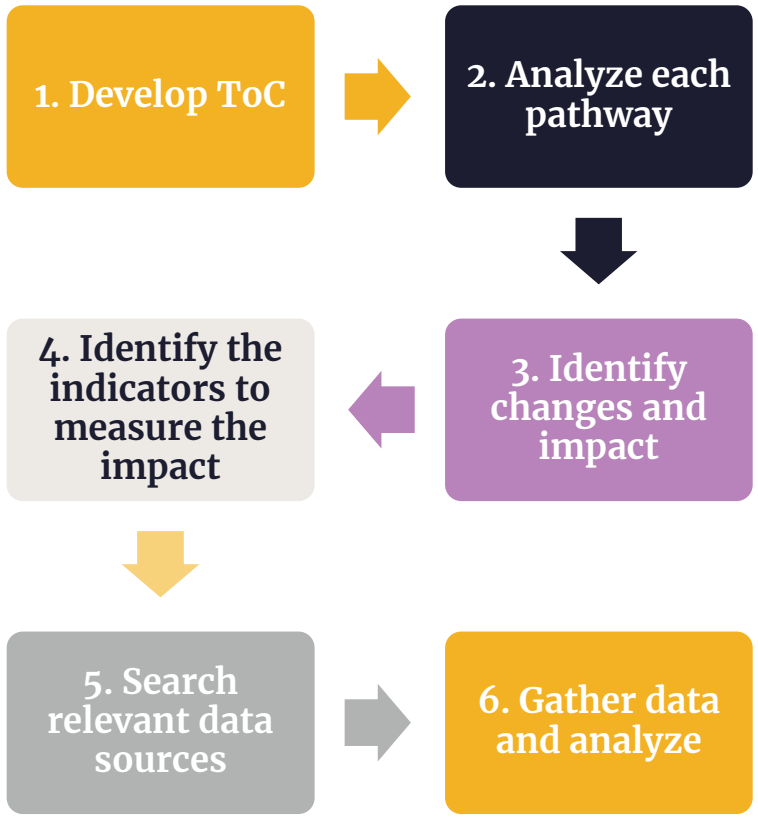
- **Definition**: *Impact achieved by spurring adoption, replication and diffusion of program or approach by doers/payers other than CARE.*
- **How we achieve impact:** Private sector, government and civil society sustainably scale solutions.

SYSTEMS-LEVEL IMPACT

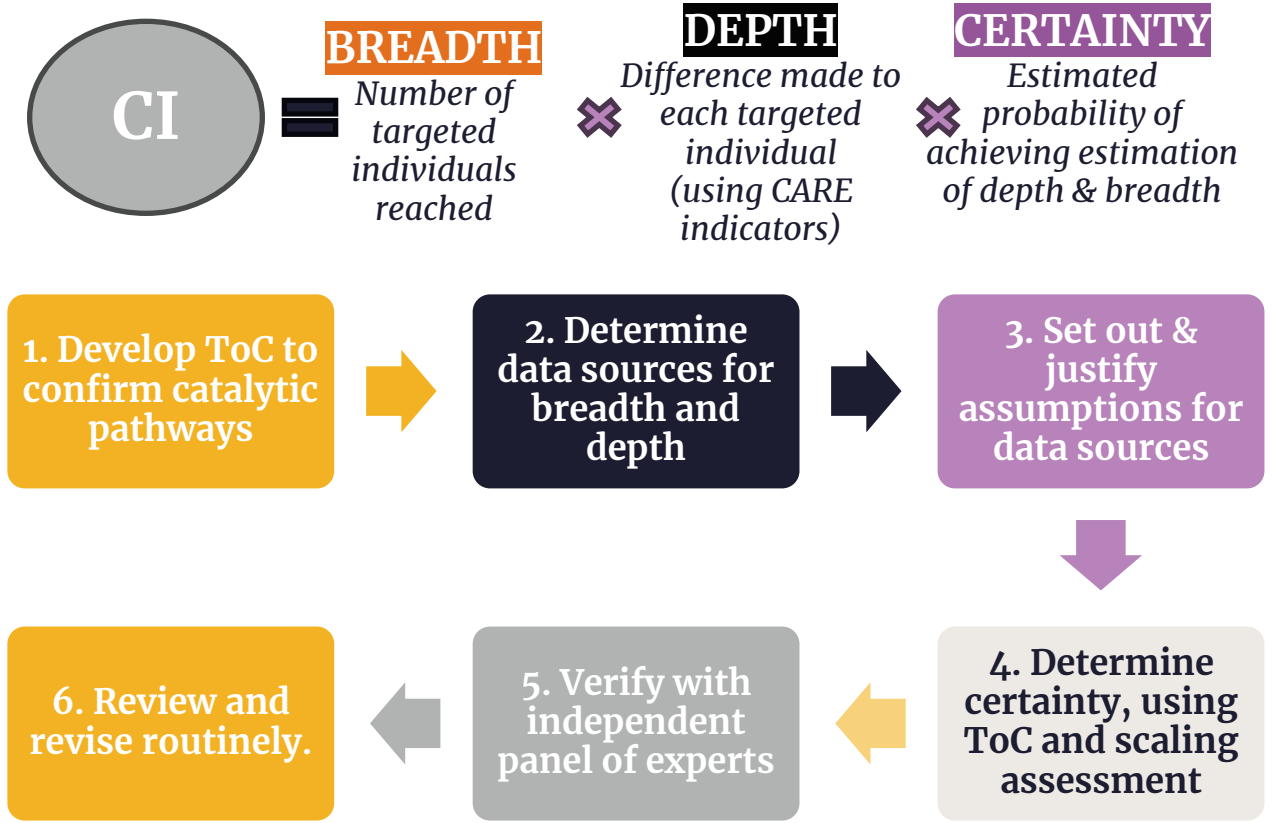
- **Definition**: *Impact achieved by contributing to systems change.*
- **How we achieve impact**: CARE orchestrates and partners to influence systems change necessary to scale solutions through strengthening institutions shifting social norms, influencing policy, and supporting social movements.

Measuring systems-level and catalytic impact

Systems-level Impact



Catalytic Impact*



* Adapted from Global Innovation Fund's Practical Impact Assessment approach.

Scaling of the Farmer ID Card in Nepal

DIRECT IMPACT
8,360 households by 2022

CATALYTIC IMPACT
1.4M households by 2030

2018
CARE develops and test Farmer ID card program

2022
CARE works with the gov't to expand Farmer ID card program

2018-2024
CARE conducts advocacy, supports gov't to strengthen systems, works with CSOs, and supports farmer-led social movements.

March 2024
Government of Nepal adopts Farmer ID card program and scales nationally.

Measurement transformation needed

LEAN INTO INDIRECT MEASUREMENT

- Leverage inferential methods and secondary data
- Adopt qualitative measures when and as needed (not everything can be quantified)

ADAPT TO MEASUREMENT OVER LONGER TIMESCALES

- Resource measurement beyond project lifecycle
- Leverage modeling and refine systematically
- Refine and revise as needed to improve precision and reliability

ACCOUNT FOR MULTIPLE ACTORS CONTRIBUTING TO CHANGE

- Scaling may happen in unpredicted places and by unknown actors
- Consider collective measurement with actors outside of CARE
- Assess contribution to impact as opposed to attribution
- Adapt approaches to loss of control over implementation and ability to monitor directly

THANK YOU