

MAINSTREAMING SCALING INITIATIVE CASE STUDIES

CARE

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MAINSTREAMING SCALING

A Case Study of CARE

by

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A Case Study for the Initiative on
Mainstreaming Scaling in Funder Organizations

For the Scaling Community of Practice

www.scalingcommunityofpractice.com

Preface

The [Scaling Community of Practice](#) (CoP) launched an action research initiative on mainstreaming scaling in funder organizations in January 2023. This initiative has three purposes: to inform the CoP members and the wider development community of the current state of support for and operationalization of scaling in a broad range of development funding agencies; to draw lessons for future efforts to mainstream the scaling agenda in the development funding community; and to promote more effective funder support for scaling by stakeholders in developing countries. (For further details about the Mainstreaming Initiative, see the [Concept Note](#) on the COP website).

The Mainstreaming Initiative is jointly supported by Agence Française de Développement (AFD) and the Scaling Community of Practice (CoP). The study team consists of Richard Kohl (Lead Consultant and Project Co-Leader), Johannes Linn (Co-Chair of the Scaling CoP and Project Co-Leader), Larry Cooley (Co-Chair of the Scaling CoP), and Ezgi Yilmaz (Junior Consultant). MSI staff provide administrative and communications support, in particular Leah Sly and Gaby Montalvo.

The principal component of this research is a set of case studies of the efforts to mainstream scaling by selected funder organizations. These studies explore the extent and manner in which scaling has been mainstreamed, and the major drivers and obstacles. The case studies also aim to derive lessons to be learned from each donor's experience, and, where they exist, their plans and/or recommendations for further strengthening the scaling focus.

The present case study focuses on CARE. It was prepared by David Leege, Anita Sundari Akella, Brittany Dernberger, Caitlin Shannon, and Zahra Khan from CARE. The authors are grateful for the support and encouragement of senior leadership from CARE's executive, strategic, programmatic, and regional/national teams, who have been the engines driving CARE's commitment to exponential impact through scale. We are also grateful to Richard Kohl and Johannes Linn from the Scaling Community of Practice who provided thoughtful comments on earlier drafts.



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Acronyms

IGS	Impact Growth Strategies. These were developed in CARE 2015-2020 Program Strategy, which sought to “multiply” impact in all five of the regions where CARE worked (Latin American & Caribbean, West Africa, East Central and Southern Africa, Middle East and North Africa, and Asia and the Pacific).
VSLA	Village Savings and Loan Associations. Introduced by CARE in Niger in 1991, a VSLA is a group of people who meet regularly to save together and take small loans from those savings.
FFBS	Farmer Field and Business School. A participatory women-focused extension approach that helps farmers to build skills necessary to increase production; access markets and sell at competitive price; collaborate with each other and engage in beneficial and efficient decision making.
WASH	Water, Sanitation and Hygiene
ILKA	Impact, Learning, Knowledge and Accountability. A CARE USA team developed in 2018 within the global program department focused on working across other programs teams in the organization to build the evidence base for what works and refine proven programming models for broader replication in other contexts.
CARE10X	A CARE USA team established in 2022 with the goal of supporting 20 social enterprises and/or nonprofits grow to 10x their reach and/or impact, reaching 10K+ consumers and 100 last mile agents per country in 3-5 countries each by 2030.
I@S	Impact at Scale. A team developed in 2021 to develop, test and pilot scaling approaches with longer term scaling potential with programmatic and country teams, together with CARE subject matter experts.
PQ Standards	Program Quality (PQ) Standards. Minimum standards Country Offices are required to comply with for the development of proposals for donors and implementation of funded projects. Compliance with these minimum standards is now tracked through CARE’s annual reporting system



	on program quality. "Sustainable impact at scale" was identified as one of the ten drivers of PQ.
SxD	Scale by Design. A CARE accelerator that ran from 201-2020 focused on incubating and testing innovations through a human-centered design process, then helping country teams pitch their innovations to potential investors to secure funding for "scaling" these solutions more broadly.
OFM	Optimal Fidelity Model. The simplest and most affordable version of a solution that can still achieve meaningful impact.



Executive Summary

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. It also works with Congress as an advocate to inform legislation and policy changes related to poverty and social justice, aiming to address the underlying causes of poverty.

This case study of CARE's mainstreaming efforts is part of an action research initiative of the Scaling Community of Practice. It traces CARE's mainstreaming journey over a decade and outlines the organization's current strategy to support the mindset shift, operational processes, and change management required to mainstream scaling across the organization. The paper concludes with a set of lessons that capture potential drivers and difficulties of mainstreaming scale for the development sector at large.

CARE's scaling vision, ambitions and definition were determined over time through a process of action and reflection on the barriers to reach all people in need across CARE's portfolio.

- 2015-2020: CARE develops its "Impact Growth Strategies" (IGS), seeking to "multiply" impact in all five regions where CARE worked (Latin American & Caribbean, West Africa, East Central and Southern Africa, Middle East and North Africa, and Asia and the Pacific).
- 2018: CARE develops its first global scaling plan for its Village Savings and Loan Associations (VSLA) model.
- 2020: "Impact at Scale" is adopted as a foundational element of the organization's Vision 2030 strategy, formalizing the process of mainstreaming scaling at CARE. This decision is made in recognition of the fact that "business as usual" would result in a failure to achieve the ambitious Sustainable Development Goals by 2030.¹
- 2020-2021: A cross-CARE working group is formed to further define what Vision 2030's 'Impact at Scale' principle would mean in practice, in terms of definitions, objectives, metrics, structures and resources.
- 2021: Sustainability becomes central to CARE's vision for Impact at Scale. Scaling solutions in a sustainable manner – "sustainable scale" – is defined as finding a doer at scale that is not CARE (government, civil society, or private sector), and a payer at scale that is not traditional project-based funding from institutional donors.

Key Takeaways

1. It has been important to assess the scaling potential of successful CARE interventions that have been widely replicated through grant-funded projects since some may have the potential to be retrofitted for sustainable scale, while many others will not.
2. Through this analytical work, CARE is developing, testing and iterating (a) methods that technical and CO teams will be able to use to gauge the sustainable scale potential of their own interventions, and (b) guidance that will help build new interventions with sustainable scale in mind from the outset.

¹ <https://sdgs.un.org/sites/default/files/2023-06/Advance%20unedited%20GSDR%2014June2023.pdf>



3. In developing CARE's vision of achieving catalytic/exponential impact, the organization recognized that the solutions to be scaled did not necessarily have to originate from CARE's own experience or portfolio. Rather, CARE could use its footprint and network to serve as a platform for sustainably scaling external best-in-class solutions developed by other CSOs or social enterprises to the last mile.
4. The transition to a sustainable scale approach requires adaptation at three levels:
 - Adjusting models to be simple, affordable and cost-effective enough for other doers and payers at scale to adopt, implement and pay for.
 - Identifying the full constellation of local institutions that will be critical to delivering the intervention at scale and strengthening their capacity to take "ownership" of the intervention including, assuming full responsibility for its planning, funding, implementation, monitoring and evaluation and its continued evolution.
 - As ownership of interventions shifts to local institutions, adjusting CARE's operating model – Including structure, staffing, revenue sources and costs – is essential to shift CARE's role from direct implementation to "systems orchestration".

Key Lessons

1. There are no shortcuts to scaling impact, which requires a significant investment of time and resources to do well.
2. Scaling requires broad engagement and alignment throughout the organization. It is not enough to create a global scaling team; in reality it requires a "whole of organization" effort to succeed.
3. When adapting solutions for scale, there is always the risk that programmatic impact may be reduced as the intervention is redesigned to reach more people. Tradeoffs between depth of impact and reach must be carefully considered.

Conclusion

CARE has been working for a decade to identify the most effective pathways to deliver gender equal solutions through local actors at scale. As part of its Vision 2030 commitment, CARE has set ambitious targets across all impact areas and invested significant resources to sustainably scale impact through other payers and doers, recognizing that CARE's efforts alone cannot match the scale of the problems CARE's target populations face. The work of integrating scaling methods into the DNA of CARE is ongoing. Realizing this vision will rely heavily on committed leadership, mindset shifts and learning to adjust solutions and CARE operations to deliver through other payers and doers at scale.



Introduction

In 2017, a high school principal in Benin made a call to Claudine – Country Director of the CARE Benin office at the time and currently CARE's Vice President of International Programs and Operations – and asked “What is CARE doing? I’ve got dozens of students protesting and refusing to come to class until I stop one of their classmates from getting married at 15 and get her back to school.” It turned out that CARE had been supporting girls’ rights activities in local communities, and when the students heard about the marriage of their classmate, they organized their own protest movement by texting each other.

This reflection of how CARE’s work was taking on a life of its own, growing beyond the people, activities, or communities we had planned for it, is exactly the kind of catalytic impact we aspire to. The numbers say we reach 167 million people, but when we do our work well, it’s bigger than that. Yet, while we are proud of our impact, we recognize that the number of people living in extreme poverty remains bigger still.

Nearly 700 million people worldwide live on less than \$2.15 a day, a situation exacerbated by the Covid-19 Pandemic, which pushed the global poverty rate from 8.3% to 9.2% between 2019 and 2020. Gender equality remains one of the most significant barriers to progress in poverty reduction efforts. Indeed, one billion women remain unbanked, and women living in poverty face additional barriers including increased rates of gender-based violence, early marriage, and maternal mortality.

Such staggering numbers cannot be overcome only by implementing humanitarian and development projects with donor grant dollars in the communities where we work. Rather, they require that an International NGO like CARE works in a different, more influential way with diverse partners to effect systems-level change and scale the sector’s most powerful interventions.

That’s why over the last decade CARE has dedicated investment and effort to the question of how to scale proven solutions in a sustainable manner. We define “sustainable scale” as finding doers at scale that are not CARE (government, civil society, or private sector), and payers at scale that are not traditional project-based institutional donors. This shift to focusing on sustainable scale is essential to enabling solutions to catalyze the exponential impact required to match the scale of the problems CARE’s target populations face.

We know that scaling interventions to and through local institutions is possible because we’ve done it. In 2011, CARE started the Integrated Family Health Initiative (IFHI) as part of the Ananya program with support from the Bill and Melinda Gates Foundation (BMGF). CARE designed IFHI to support the Government of Bihar (GoB) in [improving maternal, new-born, and child health and nutrition](#) outcomes through better availability, quality, and uptake of key family health services². This work was also designed to build the capacity and leadership that would allow the GoB to take ownership of these services by 2015. IFHI models in Bihar have increased the likelihood of women getting reproductive health services by up to 5 times, working through government extension systems that can reach all 100 million people in the state.

Since then CARE has focused on sustainably scaling flagship solutions like our evidence-backed Village Savings and Association (VSLA) and Farmer Field and Business School (FFBS) interventions. These interventions have already enjoyed spontaneous uptake and dissemination by governments, civil society organizations, and international agencies. Now CARE’s VSLA team is partnering with multiple national governments to build VSLAs into social protection programming, while the FFBS team has successfully partnered with various Ministries of Agriculture to embed its agricultural extension curriculum into the

² <https://www.careindia.org/project/improving-treatment-for-child-health-in-bihar/>



universities that train extension agents. This type of integration into existing systems is one of the surest ways we know to achieve impact at scale.

Sustainably scaling traditional INGO programming, however, remains challenging. INGO delivered solutions are often packaged as multi layered, complex programs that require technical expertise to deliver and measure impact. While local payers and doers can reach more people than an INGO like CARE can on its own, they may lack the capacity, capabilities, resources or willingness to implement INGO models in their original form. These realities complicate efforts to identify and address the unique challenges faced by a community's most vulnerable women and girls.

As part of our Vision 2030, CARE is committed to delivering gender equal solutions, through local actors, at scale. In practice this has meant investing resources in: adjusting CARE's most impactful models to make them simple, affordable, and cost effective enough for other payers and doers to take on; exploring CARE's potential role as a "systems orchestrator" that supports, strengthens, and leverages the potential of local systems actors to take ownership of solutions; and developing CARE's ability to serve as a platform that helps best-in-class social enterprises and NGOs scale their most promising solutions to the last mile.

Over 1B people have moved out of extreme poverty over the past 25 years, demonstrating that progress is both possible and happening. CARE is committed to using its global network in 100+ countries to ensure that the most impactful solutions are delivered by local actors whose knowledge and incentives optimally position them to own and adapt those solutions now and in the future. We believe this is the way to achieve impact on a scale that enables people everywhere to live free from poverty with dignity. This document captures what we've been learning as we tackle the world's most challenging problems at scale.



CARE - An Overview

CARE works around the globe to save lives, defeat poverty and achieve social justice.

Our Vision

We seek a world of hope, inclusion and social justice, where poverty has been overcome and all people live in dignity and security.

Our Mission

Save lives, defeat poverty, and achieve social justice.

Our Focus

We put women and girls in the center because we know that we cannot overcome poverty until all people have equal rights and opportunities.

(Adopted by the CARE International Board in 2001, revised in 2018)

CARE is a global leader within a worldwide movement dedicated to ending poverty. We are known everywhere for our unshakeable commitment to the dignity of people. At the beginning, there was a package: a CARE package, aimed to reduce hunger and show solidarity with the people of war-torn Europe. 79 years ago, at the end of World War II in 1945, twenty-two American charities, a mixture of civic, religious, cooperative and labor organizations got together to found CARE. Originally known as the Cooperative for American Remittances to Europe we began to deliver millions of CARE packages across Europe. A small shipment of food and relief supplies to

hungry recipients – with a huge impact on people's lives. An impact that is still being felt today as CARE continues to assist millions of women, men and children around the world.

During the next three decades, CARE shifted focus from Europe to delivering assistance in the developing world. We started programs in the areas of education, natural resources management, nutrition, water and sanitation, and healthcare in Southern Africa, South Asia and South America. Broadening geographic focus and expanding beyond the original food distribution programs, CARE started to assist people affected by major emergencies – from famine in Ethiopia to hurricane recovery in Honduras.

Understanding poverty

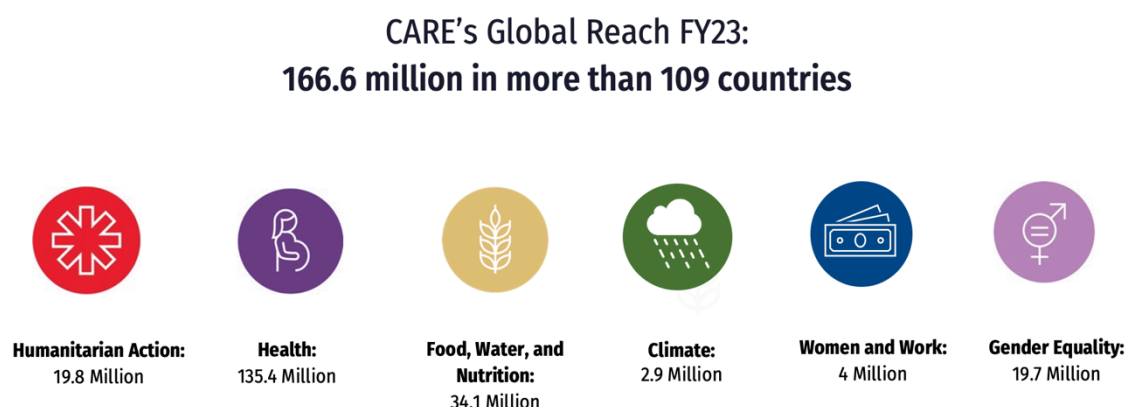
Over the previous decades CARE has continuously developed our approach to reducing poverty. In 1945, CARE was established on the premise that poverty was mainly due to a lack of basic goods, services, and healthcare. As the organization grew, so did our understanding of poverty. CARE's scope widened to include the view that poverty is often caused by the absence of rights, opportunities and assets, largely due to social exclusion, marginalization, and discrimination. In the early 1990s CARE's work grew into a 'rights based approach' to development.

In 1993, in an effort to reflect the wider scope of our programs, vision and impact, CARE changed the meaning of its acronym to "Cooperative for Assistance and Relief Everywhere." By 2007 CARE started focusing on women's empowerment, realizing from our more than six decades of experience that women are the key: by empowering women, entire families can be lifted out of poverty. Today, CARE is one of the oldest and largest aid organizations fighting global poverty.



CARE's Impact Areas

CARE's expertise lies in its holistic and inclusive approach to tackling poverty and injustice. The organization is a global connector from communities living in poverty to those holding power. CARE aims to elevate the voice of the vulnerable, leveraging its learning and organizational diversity to tackle inequalities and bring about lasting impact.



Direct Reach: People who participate in our project in one year

Figure 1: CARE's 2023 global reach across 6 impact areas

CARE contributes to lasting impact at scale in poverty eradication and social justice, in support of the Sustainable Development Goals (SDGs). Gender equality (SDG 5) sits at the heart of our programmatic ambitions and radiates through all our work. By 2030, the organization aims to measurably change lives across multiple impact areas.

OVERCOMING POVERTY (SDG 1)
Our 2030 overall contribution
CARE and our partners support 200 million people from the most vulnerable and excluded communities to overcome poverty and social injustice.

GENDER EQUALITY (SDG 4 & 5)
CARE strives for a world that is equal for all genders. Gender equality is an important goal in its own right. Additionally, the world cannot eradicate poverty and achieve social justice while gender inequality persists. Discrimination against women has negative implications for global security and development, economic performance, food security, health, climate adaptation and the environment, governance, and stability.

HUMANITARIAN ACTION (SDG 1, 5 & 11)
In the last decade the world has seen an increased need for humanitarian action due to disasters, protracted conflict and global pandemics. Climate change, fragile states and the proliferation of viruses will only exacerbate this need in the years to 2030. CARE is a dual-mandated organization: it aims to deliver life-saving humanitarian



assistance and adapt our rich development programs for innovation, implementation and scale in fragile and complex contexts to support some of the most marginalized and vulnerable populations. By 2030, CARE supports transforming the humanitarian sector by putting gender at the center of our responses, ensuring conflict-sensitive community-led interventions, using market-based approaches that protect people's dignity, and building resilience and social cohesion through our work in communities before, during, and after an emergency. CARE's work in its core humanitarian sectors — shelter, WASH, food, and sexual and reproductive health and rights — will always seek to contribute to both gender equality and immediate humanitarian assistance.

RIGHT TO FOOD, WATER, AND NUTRITION (SDG 2, 5 & 6)

CARE believes that everyone has a right to nutritious food and clean water. The world produces enough food for everyone to eat, yet still many go hungry. It doesn't have to be that way. CARE strives for a world where hunger and malnutrition are eradicated, and everyone has access to safe, affordable drinking water and adequate sanitation and hygiene. Women small-scale farmers are critical to global food production, but lack access to the same resources as their male counterparts. CARE focuses on supporting women farmers so that they can feed the world.

WOMEN'S ECONOMIC JUSTICE (SDG 5 & 8)

CARE believes everyone has the right to economic resources and the power to make decisions that benefit themselves, their families and their communities. CARE recognizes that this requires women to have equal access to and control over economic resources, assets and opportunities; it also requires long-term changes in social norms and economic structures.

RIGHT TO HEALTH (SDG 3 & 5)

CARE believes that everyone has both a right to life and health, and also the right to reproductive self-determination. CARE's health programs create the conditions through working at personal, social and structural levels that enable all individuals to realize these rights. CARE's role in responding to global pandemics is an integral part of our work.

CLIMATE JUSTICE (SDG 5, 7 & 13)

CARE believes that everyone has the right to live on a healthy planet. The scale and the urgency of the global climate crisis demands an augmented effort by CARE to promote climate justice to tackle the gendered consequences of climate change and the drivers causing it. CARE knows climate change exacerbates existing inequalities; it has a disproportionate impact on women and girls because of the roles and tasks that they are assigned and the discrimination they face. In the event of a disaster, the risk of death is higher among women and children than among men. However, women are also on the frontline when it comes to combating climate change, demanding justice and adapting to its consequences.

CARE will not achieve these goals alone. The organization has contributed significantly to partnerships for sustainable development and humanitarian assistance, with an emphasis on amplifying local women leaders and movements (SDG 17).

In addition, CARE's work also makes important contributions to other SDGs, including reducing inequality (SDG 10), sustainable ecosystems (SDG 15), and peace, justice and strong institutions (SDG 16). The organization measures these contributions and maintains and builds on its commitment to rigorously assessing impact to learn, adapt and transform its work.



CARE's Impact Drivers

Keeping in mind the current landscape and challenges ahead, the CARE network will focus on three impact drivers in the current strategy period: gender equal, locally led, and globally scaled. These impact drivers are at the heart of what will accelerate CARE's work and transformation, setting the organization on a path to achieve its ambitious impact goals.

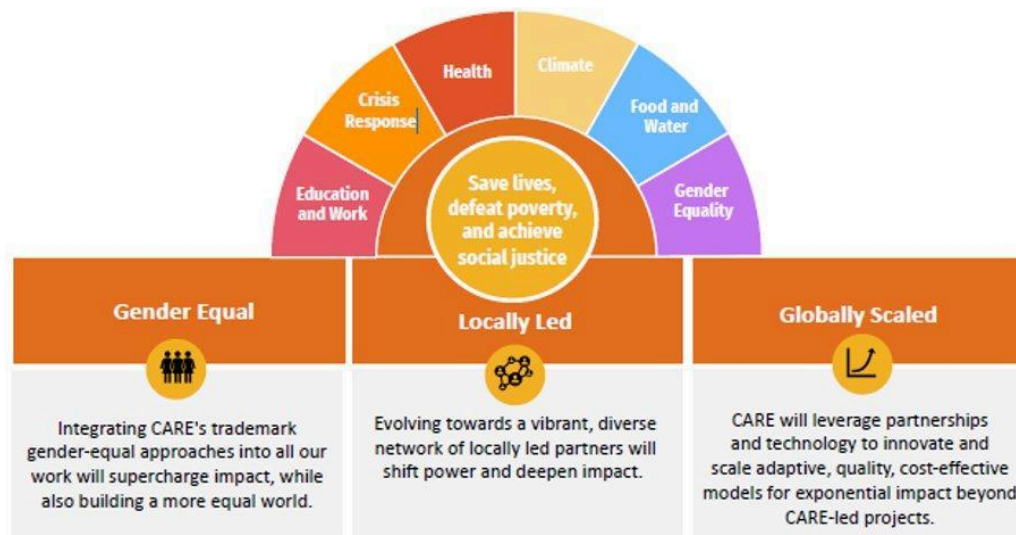


Figure 2: CARE's Vision 2030 Impact Drivers



History of Scaling at CARE

Origins

The process of mainstreaming scaling at CARE was formalized when “Impact at Scale” was adopted as a foundational element of the organization’s Vision 2030 strategy in 2020, in recognition of the fact that “business as usual” would result in a failure to achieve the ambitious Sustainable Development Goals by 2030³.

This inclusion in Vision 2030 was actually the culmination of a focus on scale that had taken various forms over the years at CARE. The roots of scaling at CARE had originated with the “Impact Growth Strategies” (IGS) developed in its 2015-2020 Program Strategy, which sought to “multiply” impact in all five of the regions where CARE worked (Latin American & Caribbean, West Africa, East Central and Southern Africa, Middle East and North Africa, and Asia and the Pacific). Each region implemented an IGS focused on a particular theme or population group, e.g. – domestic workers rights in Latin America, Food Security and Climate Change in Southern Africa, and factory workers rights in Asia. The IGS served as the over-arching program platform for a portfolio of donor funded projects in specific countries with similar targeted outcomes. In addition to direct implementation, these projects also worked at the systems level, advocating and influencing for changes in laws, policies, social norms that could unlock more sustainable change for larger numbers of people than direct service delivery alone.



Figure 3: CARE's VSLA 2030 Globally Scaled goal and progress

In 2018, CARE developed its first global scaling plan for its Village Savings and Loan Associations (VSLA) model. The VSLA model, introduced by CARE in Niger in 1991, was the focus of West Africa's IGS, and

³ https://www.care-international.org/files/files/Vision_2030.pdf



had also achieved significant success in East Africa. The development of the VSLA scaling strategy reflected the recognition that on its own, CARE could not scale VSLAs fast enough to meet demand, unless it (a) shifted from delivering VSLAs as grant-based projects to engaging partners at scale – in this case, governments and the private sector – so that they could deliver it, and (b) adapted the VSLA model to new contexts including emergencies and other crises that cause major population displacement.⁴

CARE realized that achieving its organizational mission required accelerating the spread of proven (evidence-based) models, like VSLA. Implementing the model directly or through local partners would never enable the organization to achieve scale. However, incorporating the VSLA model into government programs, especially social safety nets, could help to spread adoption much more quickly. Furthermore, with the spread of protracted conflicts in the Middle East, Sahel and Horn of Africa, sustainable solutions that went beyond meeting basic humanitarian needs were essential. With this in mind, adapting the VSLA model to new contexts was recognized as a priority.

Other experiences like CARE's presence in Bihar state in India, where it has worked with state and local governments to strengthen health systems, helped to inform CARE's formalized approach to scale. In Bihar, CARE's long-term presence and relationships with government officials allowed it to work at the systems level to improve service delivery, with an eye to sustainability. The embedded capacity and infrastructure established through these relationships played a crucial role in the Indian response to COVID-19, enabling awareness-raising and eventually vaccination campaigns, carried out by networks of frontline health workers who had been trained through the project and who had built up credibility with local communities.⁵

A 2021 learning review based on impact data from 2014-2020 found that 68% of CARE's impact recorded during this period globally came from just 23 projects. Common characteristics of these projects included: partnerships with a range of actors, particularly governments, long term commitment (10+ years) to impact goals, a focus on advocacy and systems strengthening pathways to scale, a program approach that included funding from multiple sources and projects, allowing for more flexibility, and contextually grounded approaches and relationships. Based on this review, CARE-International developed a guidance note outlining six "pathways to impact at scale" in 2020-2021. This guidance note sought to capture years of CARE Country Office experience with scaling in local contexts, and each of the six pathways was empirically derived from country office experiences with scaling programs. This ensured that CARE's scaling guidance was based on emerging good practice from CARE's programs, and not simply imposed as a theoretical concept in a top-down strategy. The six pathways to impact at scale include:

- Scaling and adapting proven models
- Advocacy to influence policies and programs
- Promoting social norms change
- Service systems strengthening and social accountability
- Supporting social movements
- Inclusive markets-based approaches

⁴ CARE published a peer-reviewed journal article in 2022 about its VSLA model leading to advocacy at multiple levels of government: Fatma Zennou, Aisha Rahamatali, Marie Paule Yao & Zenab Bagha (2022): The Village Savings and Loans Association pathway – feminist solidarity groups leverage COVID-19 to have their voices heard, Agenda, DOI: 10.1080/10130950.2022.2112719

⁵ Fast and Fair Local to Global Impact Evaluation



Discussions between CARE's board and executive leadership about the impact of CARE's programs during the 2015-2020 program strategy also surfaced the desire to apply the learning from CARE's experience in Bihar to other areas of CARE's work, recognizing that accelerating or multiplying CARE's impact could significantly increase return on investment (ROI in terms of impact per development dollar invested). Board members with private sector experience also encouraged CARE to invest more in market-based approaches which could theoretically achieve as much as 10x impact return on investment compared to more traditional development interventions.

These experiences with VSLA and Health Systems Strengthening in India, as well as strategic investments in market-based approaches, led to the mainstreaming of "Impact at Scale" in CARE's Vision 2030 strategy. Given the importance of partnership in scaling, Impact at Scale was also seen as an important component of localization or local leadership, as transferring the implementation of scaling efforts to partners would effectively "decolonize" CARE's work away from traditional power relationships dominated by large international NGOs.

Vision 2030

As noted previously, achieving impact at scale was a key principle of CARE's Vision 2030; as such, scaling has been an organization-wide directive at CARE-USA, and a federation-wide directive across CARE-International.

In 2020-2021, a cross-CARE working group was formed to further define what Vision 2030's 'Impact at Scale' principle would mean in practice, in terms of definitions, objectives, metrics, structures and resources. Key definitions, objectives and metrics from that process included⁶:

- Scale is achieving sustainable, systemic change through external pathways beyond CARE and partners' direct work with communities, to deliver accelerated and gender-equitable growth of impact.
- Sustainable scale can be achieved through market-based approaches, governments or open ecosystems.
- CARE will scale gender equitable solutions that respond to a clearly defined problem, based on a theory of change, and backed by evidence. These solutions can come internally from CARE or externally.
- CARE's goal is that gender equitable solutions scale exponentially, and exponential scale cannot be achieved through the organization's own footprint and direct programmatic work.
- An early indicator of Impact @ Scale is if a solution can multiply impact by 10x in ten years.

All technical, programmatic and regional/country teams have subsequently integrated scale into their own strategies and plans, though not always with a uniform understanding of what scale is, or a uniform commitment to the idea of sustainable scale. Though the refined scale definition discussed above recognized scaling interventions through self-sustaining external pathways as a central tenet, many CARE teams still consider replicating models through CARE's footprint using grant funding to be scaling.

Initial targets for the Vision 2030 strategy were set in August 2020, then reviewed and updated in August 2021 to reflect contextual changes related to the political environment, government foreign aid commitments, the COVID-19 pandemic, and shifting humanitarian priorities due to a growing global hunger crisis. Adjusted targets also reflected the expectation that CARE's systems-level impact would increase as the six pathways to impact at scale became standard elements of CARE's projects.

⁶ CARE Impact @ Scale Mandala Group Recommendations, 2020, unpublished internal strategy document.



This review differentiated target metrics for each of CARE's thematic impact areas into three types of impact: 1) direct implementation, 2) direct systems-level impact⁷ and 3) catalytic impact⁸. CARE USA set a target of impacting 289 million people during the 2030 strategy period, with each impact area having sector-specific plans to reach their target.

Impact Area	Total Direct Impact	Direct Implementation	Systems Level
Right to Health	102,500,000	18,000,000	84,500,000
Humanitarian	90,000,000	60,000,000	30,000,000
Gender Equality	50,000,000	30,000,000	20,000,000
Right to Food, Water, Nutrition	60,000,000	24,000,000	36,000,000
Climate Justice	15,000,000	5,000,000	10,000,000
Women's Economic Justice	30,000,000	10,000,000	20,000,000

In 2021, CARE-USA deepened its commitment to scale by identifying 'Globally Scaled' as one of the key strategic pillars of its work in the current strategy period. This designation resulted in the formation of a standing CARE-USA Globally Scaled Steering Committee – comprised of executives leading CARE's program, regional and strategy divisions – that would oversee the development of organization-level scaling goals, and progress towards those goals. The work under this pillar is defined through annual plans for achieving specific transformative global scale milestones, and earmarked unrestricted funds are accordingly directed towards program or country office teams working towards those milestones. Providing the requisite oversight and guidance to teams through this mechanism has been challenging, given the many competing and complex perspectives on scale that continue to be prevalent across the organization. Understanding the importance of measurement to mindset shift, the steering committee has prioritized the development of simpler metrics that standardize definitions of scale for teams, while meaningfully gauging CARE's progress towards its 'Globally Scaled' ambitions. That work is in progress.

⁷ CARE defines systems-level impact as the "improvement in the community at-large that results from systems-level change." Systems-level change is the shift that occurs by altering underlying structures and supporting mechanisms which make the system operate in a particular way, as a result of CARE and CARE partners' programs and influence.

⁸ CARE defines catalytic impact as "sustainable impact through the independent adoption and funding of solutions that originated with CARE and/or its partners by governments, donors, the private sector, or open replication"



Vision, Goals and Definitions for Mainstreaming Scaling

While scaling and sustainability had always been recognized as important, CARE-USA's first foray into developing thematic programming focused on scale was an accelerator program called Scale by Design (SxD)⁹, implemented from 2015 – 2020. This accelerator focused on incubating and testing innovations through a human-centered design process, then helping country teams pitch their innovations to potential investors to secure funding for “scaling” these solutions more broadly. While SxD successfully incubated many innovative solutions, its focus on replicating fledgling solutions through CARE's footprint using grant/investor funding limited the scope of achievable scale (and therefore impact) for these solutions.

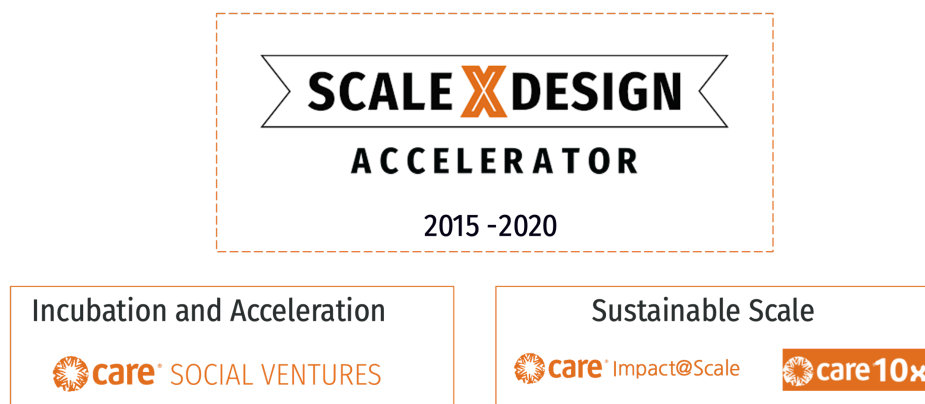


Figure 4: Evolution of CARE's scaling efforts from 2015-present

Based on the learning from this experience, sustainability became central to CARE's vision for Impact at Scale. Scaling solutions in a sustainable manner – “sustainable scale” – was defined as finding a doer at scale that was not CARE (government, civil society, or private sector), and a payer at scale that was not traditional project-based funding from institutional donors. This shift to focusing on sustainable scale was deemed essential to enabling solutions to achieve the catalytic/exponential impact required to match the scale of the problems CARE's target populations face. The shift would transition CARE out of direct delivery as solutions transitioned to new ownership, ensure that solutions and impact survived the end of a project cycle, and remove dependence on a continuous stream of grant funding. While CARE does continue to incubate and accelerate revenue-generating initiatives from within the organization through its CARE Social Ventures initiative, it ultimately recognized that achieving the organization's sustainable scaling ambitions would require a bespoke set of scaling methods that could be integrated into the DNA of CARE.

Advancing Sustainable Scale

As a confederation with multiple member partners and country offices scattered across the globe, CARE operates in a very distributed manner. As such, while initially the champions for scaling within the organization were scattered across various offices, over time specialized teams were also created to distill and develop CARE's institutional approach to sustainable scale.

ILKA: In 2019, CARE USA created a new team within a global program department focused on Impact, Learning, Knowledge and Accountability (ILKA), with impact at scale as a primary driving force. The vision for the ILKA team was to work across other programs teams in the organization to create a process

⁹ <http://sxdaccelerator.care.org/>



for scaling, build the evidence base for what works and refine proven programming models for broader replication in other contexts. In the absence of a dedicated position on the team focused on scaling, however, progress was slow, beyond the development of the initial guidance note on Impact at Scale.

IMPACT AT SCALE: A new opportunity arose in 2020 with the establishment of an Impact and Innovation division within CARE, and the creation of a team within it focused on Impact at Scale (I@S). ILKA's role shifted to that of building the evidence base for proven solutions that were scale ready, leaving leadership on developing and testing scaling approaches with programmatic and country teams, together with CARE subject matter experts on the dedicated I@S team. A separate Innovations team served as a channel for testing and piloting early-stage approaches with longer term potential to scale. Flexible funding from a long-time family foundation donor to CARE helped to launch this new approach.

CARE-USA's I@S team was established in late 2020, with the specific directive to focus on 'Scaling and Adapting Proven Models'. The team's mandate was to develop and implement "a clear CARE wide process for identifying solutions [with a strong evidence base] that have the potential for sustainable scale¹⁰" which would enable options to be prioritized, and resources to be allocated accordingly. IDIA's six-stages model was selected as the framework for this process, and the I@S team tasked with (a) analyzing which CARE solutions to prioritize, and (b) defining clear decision criteria that would govern how/whether solutions transited from one stage to the next.

This team's work has been supported through both unrestricted funding and flexible, patient funding from the family foundation mentioned previously. While the team itself currently consists of 3.5 FTEs, contractual and co-funding arrangements with strategic sectoral partners like [IDinsight](#), [Geneva Global](#), and [Strategy and Scale](#) have lent significant additional scaling expertise to the I@S team's work. CARE's most valuable contractors/partners have been those who have taken the time to deeply understand the novel approaches CARE is piloting, and who collaborate closely to design and adaptively manage engagements that achieve CARE's scale goals rather than oversimplifying those objectives to replicate something they've done before.

The transition to a sustainable scale approach has required adaptation at three levels, each of which is a practice area for CARE-USA:

- **Models/Solutions:** Using IDIA's six-stages model, legacy interventions are examined to ensure that they can be made simple, affordable and cost-effective enough for other doers and payers at scale to adopt, implement and pay for (Stages 1-2). Interventions with scaling promise are adjusted to ensure their readiness for implementation by the other systems actors (government, private sector, other civil society organizations) who will scale them. Doing so requires that interventions be designed with the resources, capacity, policies, constraints, and context faced by those who will adopt, implement and fund the interventions in mind. For those with sustainable scaling potential, key hypotheses are tested, and an optimal fidelity model (OFM) developed and validated through experiments and evidence pilots (Stages 3-4). If validated, a strategy for sustainably scaling the optimal fidelity model is designed and implemented (Stages 5-6). Critically, learnings from this process are harnessed to strengthen CARE's ability to design new interventions for sustainable scale from the start, something CARE is cultivating as a core competency.
- **Systems and Structures:** While adjusting an intervention to suit a country's prevailing implementation conditions, a country office must also identify the full constellation of local institutions that will be critical to delivering the intervention at scale, and assess their capacity and commitment to drive impact. Influencing these local actors is essential to ensuring a satisfactory enabling environment in which the intervention can thrive. This primarily involves strengthening institutional and strategic capacity to take "ownership" of the intervention –

¹⁰ CARE Impact @ Scale Mandala Group Recommendations, 2020, unpublished internal strategy document.



including assuming full responsibility for its planning, funding, implementation, monitoring and evaluation – and its continued evolution.

- **CARE's role and Country Office operations:** The shift in focus to sustainable scale also implies a shift in CARE's role, away from direct implementation and towards "systems orchestration". As a systems orchestrator, CARE's work focuses on three related objectives: (1) transitioning to 'locally led' ownership of scalable interventions by supporting, strengthening and leveraging the capacity, capabilities and resources of local systems actors; (2) ensuring interventions are scaled with fidelity by the local systems actors that adopt and implement them, such that depth of impact is maintained while extending the breadth of impact through scale; and (3) fostering an enabling environment that will support and sustain the intervention being scaled. As they transition from a direct implementation focus to a systems orchestration focus, CARE Country Office operating models – including structure, staffing, revenue sources and costs – will also need to shift.

VSLA and FFBS: To date, CARE's VSLA and Farmer Field and Business School (FFBS) teams have developed strategies aligned with the vision of sustainably scaling through other 'doers and payers at scale' for exponential impact. These mature interventions have been replicated through grant-funded projects in many countries/contexts over a decade, generating strong evidence of impact and scalability in varied contexts, poising them for sustainable scale:

- Having had great success in replicating VSLAs through CARE's footprint in all regions where CARE works, CARE's VSLA team is currently partnering with national governments in Uganda, Cote d'Ivoire, Nigeria and Rwanda to integrate VSLAs into their programming by establishing policies and programs to support VSLAs. Concurrently, they work with those governments to identify potential for funding programs through government's own budgets. This level of government engagement around VSLA Scaling has resulted in government-funded programs in Uganda and Rwanda and is laying the groundwork in Côte d'Ivoire to design similar programs and funding streams.
- The FFBS team has launched government scaling efforts in Uganda (national government), Kenya (county government) and Nepal (municipal governments). This has resulted in varied early successes, like: the Ugandan government's invitation to help update the national Agriculture Extension Services policy; the integration of the FFBS curriculum into the Ministry of Agriculture and Livestock Development's technical handbook and training for extension agents in one county in Kenya; and the allocation of government funding in 5 municipalities for FFBS demonstration plots and rent subsidies for leaseholder farmers in Nepal. Additionally, the FFBS curriculum has been incorporated into training coursework at Tanzania's premiere agricultural university, which led the national Ministry of Agriculture to mandate adoption of the curriculum by its 14 training institutes, as well as the country's 17 private agricultural training institutions.

LEGACY AND NEW MODELS: The effort to assess and develop the sustainable scale potential of other CARE legacy interventions is ongoing. Assessing the scaling potential of successful CARE interventions that have been widely replicated through grant-funded projects has been important since some may have the potential to be retrofitted for sustainable scale, while many others will not. Through this analytical work, CARE is developing, testing and iterating (a) methods that technical and CO teams will be able to use to gauge the sustainable scale potential of their own interventions, and (b) guidance that will help build new interventions with sustainable scale in mind. The ultimate aim of this effort is to empower teams to design for sustainable scale from the start – when teams are regularly doing so, scaling will have truly been 'mainstreamed' at CARE.



Measuring Systems Level Change

Recognizing that CARE's measurement systems were primarily set up to document direct program delivery, CARE has invested in evaluations and learning about systems-level and catalytic impact. In 2022, CARE conducted systems-level change evaluations using outcome harvest methodology in four countries (Ecuador, Ethiopia, Nepal, and Uganda) to inform CARE's tools and approaches for measuring systems-level impact. As CARE's measurement systems are not currently designed to capture impact that spans programs and projects, these evaluations contributed to refining guidance and measurement approaches, an effort that is ongoing. In 2023, CARE extended these qualitative evaluations to leverage secondary data analysis to quantify the impact of these systems-level changes.

CARE also published two case studies using modeling to estimate the catalytic impact of 1) the UN FAO's adoption of CARE's Farmer Field and Business Schools and 2) the replication of the Farmer Identification Card on a national scale by the Nepalese government. The studies project improved livelihoods of an estimated 300,000 households in Nepal by 2028, and greater empowerment of 2.4 million female small-scale farmers in 17 countries across Asia and sub-Saharan Africa by 2030.

The evaluations and case studies were paired with capacity sharing and workshops to further institutionalize systems-level strategies with Country Office program teams. CARE produced a global report identifying systems-level change capacities needed at Country Office, regional, and global levels, providing a blueprint for systems-level impact capacity sharing across CARE. Finally, CARE-International is currently revisiting its Evaluation Policy, and will require that large-scale systems-level impact initiatives conduct an evaluation, which will facilitate CARE better documenting its systems-level impact.

In 2022, CARE-International developed ten Program Quality (PQ) Standards for use in development of proposals for donors and implementation of funded projects. "Sustainable impact at scale" was identified as one of the ten drivers of PQ. Under the PQ guidelines, the minimum standard for proposal design requires each proposal to outline actions on pathways to impact at scale (at least two for development or nexus projects, and at least one for humanitarian or advocacy projects), while the minimum standard for implementation requires putting these plans into action.

Compliance with these minimum standards is now tracked through CARE's annual reporting system on program quality. Since the establishment of the PQ standards, three years of data have tracked gradual improvements in performance over time as awareness of the standards has increased and teams become more familiar with how to embed the pathways into program design.

CARE 10x: In developing CARE's vision of achieving catalytic/exponential impact, the organization recognized that the solutions to be scaled did not necessarily have to originate from CARE's own experience or portfolio. Rather, CARE could use its footprint and network to serve as a platform for sustainably scaling external best-in-class solutions (developed by other CSOs or social enterprises) to the last mile. Scaling external models with strong multi-context evidence of impact and scalability could be a powerful way to deliver more benefit to target populations, ensure that the sector's most innovative and impactful solutions have a pathway to scale, and in some instances make CARE's own interventions more sustainable and scalable¹¹.

To test its potential as an external scaling platform, CARE first partnered with social enterprise VisionSpring in 2021 to help the organization reach more people in the last mile with their Reading Glasses for Improved Livelihoods (RGIL) intervention¹². Together, CARE and VisionSpring selected Zambia as the site for a 2-month operational scaling pilot

executed by VisionSpring and CARE social venture Live Well¹³. Over the course of the pilot, Live Well CHEs delivered 2,396 free eye exams, which yielded 1,224 presbyopia diagnoses, and 447 sales of reading glasses (a 37% sales conversion rate). Reading glasses were sold at ~60% of what Zambian eye care facilities charge, and 75% of first-time eyeglass wearers in the pilot were women.

The VisionSpring partnership delivered significant results in a short period of time using relatively limited resources. This success laid the foundation for CARE10x, established in 2022 with the goal of supporting 20 social enterprises and/or nonprofits grow to 10x their reach and/or impact, reaching 10K+ consumers and 100 last mile agents per country in 3-5 countries each by 2030. As of early 2024, CARE10x has already advanced scaling partnerships with 10 social enterprises in 10 countries.

¹¹ https://ssir.org/articles/entry/not_invented_but_scaled_here

¹² To date VisionSpring's RGIL program has sold 8.7 million pairs of affordable reading glasses to low-income customers in remote areas, creating a path out of poverty by extending productive livelihoods, and generating \$1.8B in economic impact.

¹³ LiveWell equips Community Health Entrepreneurs (CHEs) – who provide frontline health services in last mile communities, traditionally as volunteers – with a basket of health-related goods that they can sell in those communities to generate an income stream.



Goals	Metrics				
CARE designs and implements for scale	50% of COs demonstrate exponential impact beyond CARE projects and donor funding by FY25				
CARE scales impact for our 4 priority population groups	SCALE UP, OUT and DEEP for: <table><tr><td>10% of small scale producers have support related to food, water, and/or nutrition annually in fragile and stable settings.</td><td>18M people living on <\$4 per day have increased wealth (earnings, savings, investment) in fragile and stable settings.</td><td>1M FLHWs to provide high-quality health services to 30M people, especially women and girls at the last mile.</td><td>10% of people affected by humanitarian crisis receive timely, at-scale, quality humanitarian assistance.</td></tr></table>	10% of small scale producers have support related to food, water, and/or nutrition annually in fragile and stable settings.	18M people living on <\$4 per day have increased wealth (earnings, savings, investment) in fragile and stable settings.	1M FLHWs to provide high-quality health services to 30M people , especially women and girls at the last mile.	10% of people affected by humanitarian crisis receive timely, at-scale, quality humanitarian assistance.
10% of small scale producers have support related to food, water, and/or nutrition annually in fragile and stable settings.	18M people living on <\$4 per day have increased wealth (earnings, savings, investment) in fragile and stable settings.	1M FLHWs to provide high-quality health services to 30M people , especially women and girls at the last mile.	10% of people affected by humanitarian crisis receive timely, at-scale, quality humanitarian assistance.		
CARE harnesses a network effect to scale locally-led external evidence- based solutions	10-15 social enterprises and/or nonprofits grow to 10x their reach and/or impact , reaching 10K+ consumers and 100 last mile agents per country in 3-5 countries each.				

Figure 5: CARE's Globally Scaled Impact Driver Goals and Metrics of Success



What have we learned about mainstreaming scaling and impact?

CARE's scaling journey benefited from its organic start in actual programs on the ground. This allowed for experimentation, innovation and learning that helped to identify and refine the six pathways and the six-stage process described earlier in this paper. More intentional investment in an Impact at Scale team led to further refinement of these strategies and tactics, while also formalizing the notion of "sustainable" scaling through doers and payers at scale, as opposed to mere model replication. This also led to the concept of systems orchestration with new roles and requisite skill sets for CARE staff.

Lesson 1 – There are no shortcuts to scaling impact

While CARE's scaling journey has been iterative and rich with learning and pivots, it has not been fast. Expectations of a well-oiled scaling machine that would regularly move solutions through the six stage pipeline within 2-3 years proved unrealistic as the processes themselves required significant stakeholder engagement and buy-in typical of a large decentralized organization. The processes demonstrated their usefulness, however. In particular:

- The evidence reviews, which contributed to the realization that there were often evidence gaps which needed to be filled before a particular solution was ready to move to the next stage of the process.
- The development of detailed process maps for interventions that clearly identified key assumptions underpinning scalability, and revealed potential for making solutions simple, affordable and cost-effective enough for other doers and payers at scale to adopt, implement and pay for them.
- The competitive landscape assessments, seldom used in the NGO space, that helped gauge competitiveness of internal solutions while providing insights into potential partners, as well as external innovations that could enhance sustainable scale potential of internal solutions.

Without this careful review process, promising solutions might have failed to advance further, or solutions without sustainable scale potential might have been promoted as such. Such failures might cast doubt on the value of mainstreaming scaling, or even harm relationships with donors and scaling partners. A key lesson learned has been that there are no shortcuts to scaling impact, which requires a significant investment of time and resources to do it well.

Lesson 2 - Tradeoffs between depth of impact and reach must be carefully considered

When adapting solutions for scale, there is always the risk that programmatic impact may be reduced as an intervention is redesigned to reach more people. INGO interventions supported by large grant funds are often designed to address the many interconnected challenges facing program participants, which keep them from lifting themselves out of poverty and into dignified lives. CARE in particular is known worldwide for its commitment to supporting women's agency and voice, and influencing community relations, structures and social norms to ensure women's access to opportunities equals that of men. Such individual and community behavior change related interventions are often complex by design, and require skilled staff to deliver solutions with great sensitivity.

As part of CARE's commitment to deliver impact through local actors, it is important to adjust interventions and ensure they are truly ready for implementation by institutions in the host country. In other words, that they are suited to the resources, capacity, policies, constraints, and other factors that characterize the context in which local systems actors will implement the intervention independently.



Adapting such CARE solutions to be simple, affordable and cost effective to achieve scale can sometimes be at odds with the commitment to ensuring that solutions are not shallow, and that they address root causes holding communities living in poverty back.

In light of this risk, CARE prioritizes designing the optimal fidelity model (OFM) of a solution before formally identifying the scaling pathway. The OFM is the simplest and most affordable version of the solution that can still achieve meaningful impact, even if not the same level/depth of impact. It's important to note that this version of the solution still may not be simple or cheap enough for other doers and payers to take on. Any scaling initiative must necessarily balance this tension between intended impact and the practicalities of what achieving greater reach will require.

Especially where interventions that meet the specific needs and aspirations of women are concerned, INGOs must advocate for retaining critically important impact drivers, while remaining realistic about what other doers and payers at scale can adopt, implement and pay for. When commitment to vital outcomes is not compatible with the simplicity and affordability sustainable scale requires, continuing to replicate programming through the INGO's footprint using grant funding should not be viewed as an undesirable outcome.

Lesson 3 – Internal buy-in is critical

While there is consensus within CARE on the urgency to scale the organization's efforts, not all CARE teams have coalesced around one definition of scale. Getting buy-in for the primacy of sustainable scale has been a slow process, and many teams still consider replication of successful programming across CARE's footprint using grant funding to be scale.

Efforts to distinguish and build consensus around the linear impact potential of replication vs. the exponential impact potential of sustainable scale are ongoing, an essential reminder of how integral mindset shift, operational processes, and change management are to the endeavor of mainstreaming scaling. Part of this mindset shift requires that the sustainable scaling potential of legacy interventions to other doers and payers at scale be assessed, rather than assumed.

This approach has not always resonated with program teams who have nurtured program models in which they are heavily invested, and for which they have successfully raised grant funding for many years. Fundraising teams have also grappled with how to reflect this new approach as it does not always align with the narratives pitched to potential donors whose expectations for scale may have been unrealistic. Finally, some country office staff may perceive an existential threat related to CARE transitioning away from direct delivery, as certain roles and functions may no longer be needed in a new operating model focused on delivering scaled solutions through other actors, as a systems orchestrator.

Scaling requires broad engagement and alignment throughout the organization. It is not enough to create a global scaling team; in reality it requires a "whole of organization" effort to succeed. At CARE, the creation of a new department itself entailed many transaction costs, from setting up systems to hiring new staff and building relationships throughout a large, complex organization. One of the essential priorities of an organization's scaling efforts or any scaling department must be to build consensus on definitions and approaches to scale, nurturing rich organization-wide discussions on scale to ensure lasting buy in and durable operational fit.

