



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). Contributing significantly to this vision cannot be met only by implementing humanitarian and development projects in communities, but requires an International NGO like CARE to work in a different, more influential way. In our [2020 Program Strategy](#), we referred to this as “multiplying impact”, and in our new shared organizational agenda for the next decade, **Agenda 2030**, we expand on this ambition for impact at scale, outlining [6 strategies](#) for contributing to impact at scale: *Given the scale of the challenges we are seeking to address, CARE's work will 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 this 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 that literature has focused on scaling and replicating evidence-based approaches - 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).

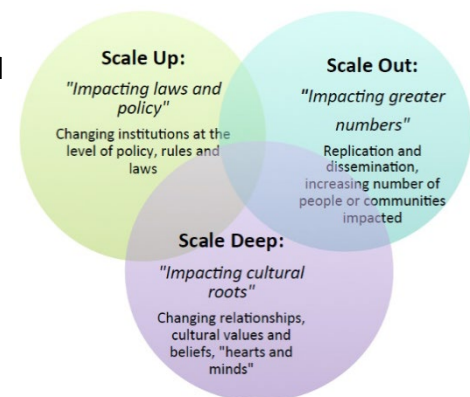


Figure 1: Three approaches to scaling, from Riddell and Moore (2015)

Scaling strategies require **a combination of different 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. We may need a different combination of pathways to scale to contribute to dignified work for female garment workers in Asia, for example, compared to promoting the economic, social and political empowerment of women in West Africa. Our learning from the last five years of contributing to the achievement of the SDGs ([CARE, 2019](#)) has shown that **70% of CARE's total impact** has come from influencing beyond our direct projects, through [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 different pathways, rather than just one scaling approach alone. See further examples of combinations of pathways to scale, in [Annex 3](#).

What do we mean by impact at scale?

CARE defines our work for impact at scale as: Achieving sustainable, systemic change, beyond CARE and partners' direct work with communities, in the lives of women and girls, for at least **2 million people** or **20% of the population** or **70% of a particular marginalized group**. This can apply both at national level (seeking to see at least 70% of ethnic minority children in Cambodia accessing [quality multilingual education](#)) or regional level (dignified work for at least 70% of [female garment workers](#) in the countries in Asia and Africa where we work). 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 on the [use of Rapid Gender Analysis](#)). See [Annex 1](#) for further definitions of key terms.

CARE's approach to impact at scale is based around **six pathways to change**, across the three types of scaling mentioned above. These pathways are complementary, non-exclusive and mutually reinforcing; different scaling strategies will need to use an appropriate **combination** of these pathways:

1. **Scaling and adapting proven models:** Testing innovative approaches, and supporting proven models to be taken to scale, both directly through CARE and our partners, and indirectly with Governments or others.
2. **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.
3. **Promoting social norms change:** Helping address discriminatory and harmful social norms in the economic, social and political spheres, through community dialogue and other norms-shifting interventions, as well as through broad media campaigns.
4. **Systems strengthening and social accountability:** Transforming the patriarchal and exclusionary culture of institutions and supporting institutions to increase their capacities to provide inclusive, effective and accountable services.
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.
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.

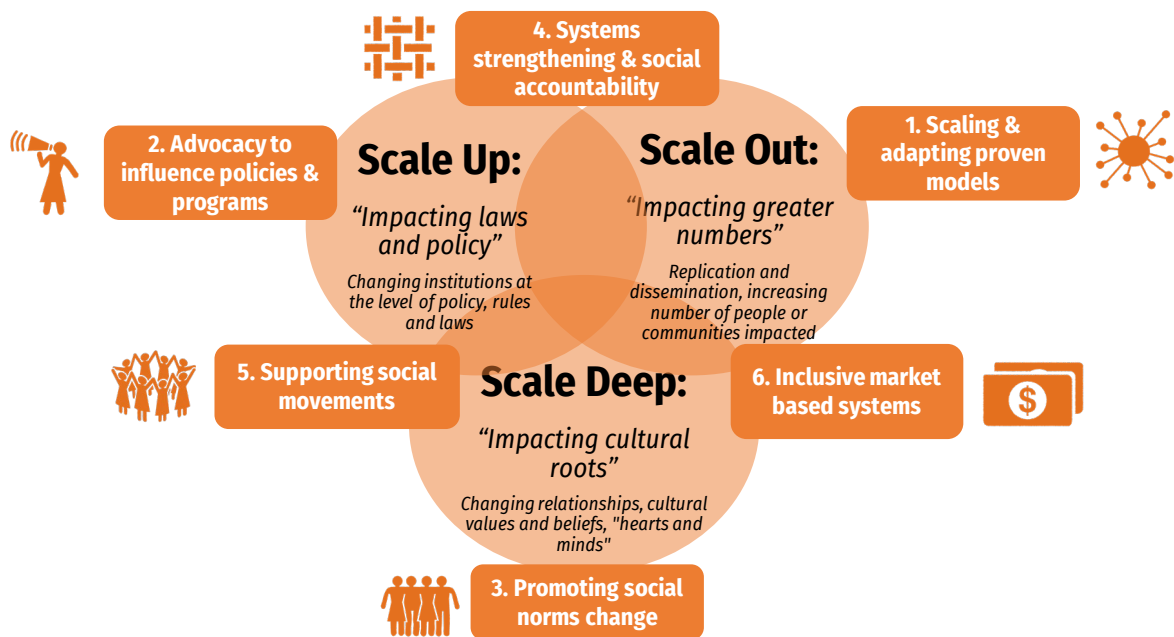


Figure 2: CARE's Approach to Impact at Scale

Supporting this framework are a set of 12 enablers: the capacities, relationships and ways of working required within CARE for successfully contributing to impact at scale:

Engaging supporters & allies:

1. Partnership
2. Resource mobilization
3. Marketing and communications


Model development & testing:

4. Co-creation
5. Gender integration
6. Evidence generation
7. Optimizing or simplifying models
8. Technology

Internal systems & capacities:

9. Capacities for scaling
10. Scaling strategies
11. Monitoring, evaluation and learning (MEL)/Knowledge Management
12. Adaptive management

Six pathways for impact at scale

	<p>1. Scaling and adapting proven models: Testing innovative models or adapting proven approaches developed by others, and adapting for expanding to other contexts. Includes:</p> <ul style="list-style-type: none"> • Promoting model replication/adaptation within CARE • Facilitating model replication/adaptation by others • Social learning to promote spontaneous or “viral” replication 	
<p>CARE examples:</p> <ul style="list-style-type: none"> • VSLA scaling (by CARE & others, including self-replication) • Bihar scaling of 5 innovative health models • Rapid gender analysis (RGA) 	<p>Examples from other organizations:</p> <ul style="list-style-type: none"> • 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 or approaches to tackle inequality and injustice (see [here](#), for definition) 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. Models can be scaled by the originating organization, by other organizations adopting or adapting their model (as other organizations have 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. Where supporting others to scale models, CARE and partners may play a more indirect role, including training of trainers, supporting documentation and standard operating procedures, quality assurance, and supportive supervision, monitoring, evaluation and learning.

The International Development Innovation Alliance (IDIA) outlines six stages of scaling innovations ([2017](#)), 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 (scaling - stage 5). Those innovations that can achieve widespread and sustained adoption reach stage 6: sustainable scale.

Six Stages of Scaling Innovation



Figure 3: IDIA Six stages of scaling

As shown in [Figure 4](#) below, CARE and our partners, from country to regional to thematic/global levels are continually identifying or testing new, innovative approaches to tackle the challenges of gender and social injustice on which we seek to contribute to impacts. Those that show success at a small scale (proof of concept) then seek support and resources to be adapted or replicated and tested in multiple locations. A small number of these innovations that have transitioned to scale and generated evidence of impacts in multiple locations would then be prioritized at national or regional or global levels, with scaling strategies developed to support this process (as for example has been developed for [VSLAs](#)).

Given CARE’s commitment to gender equality, these models should at the minimum be gender sensitive (scoring at least 2 on the [Gender Marker](#)), and contribute to change beyond just agency-level, but also in

structures and relations¹. Those models prioritized for global level scaling will include gender-transformative approaches, such as the [Power Up](#) Gender Based Violence model in the Great Lakes.

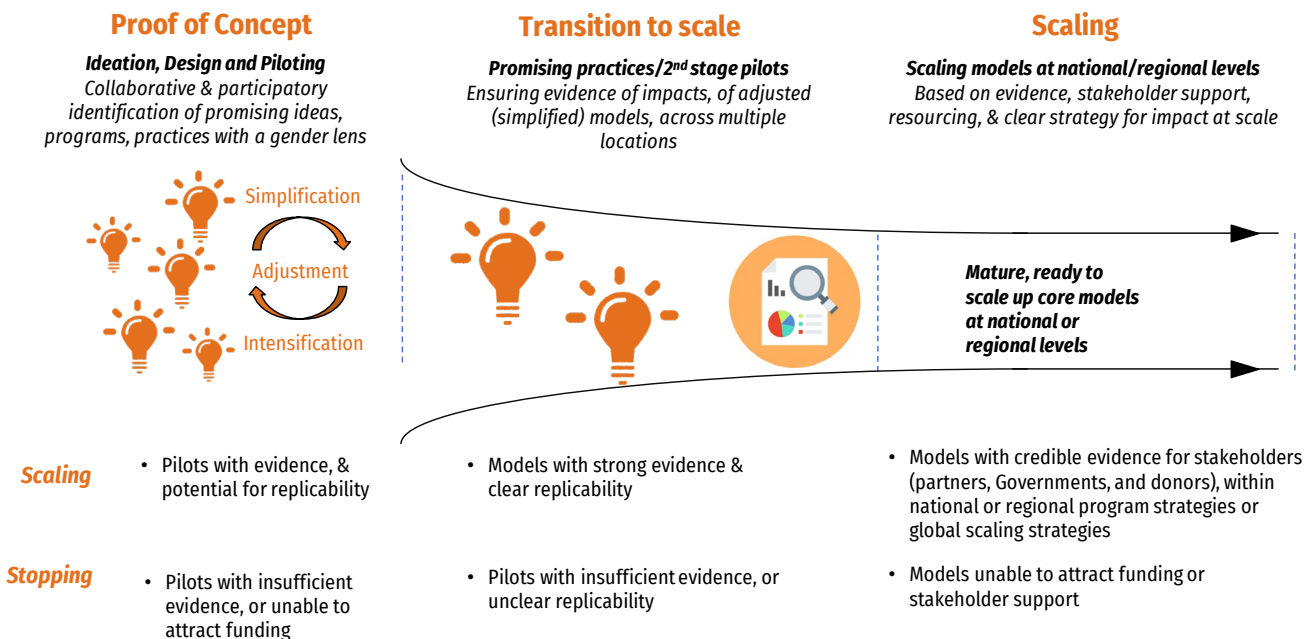


Figure 4: Models, from ideas to scaling

Resources to support the development of innovative ideas and their replication/adaptation include the ScaleXDesign *Designing for Scale Curriculum* (2018), developed by the CARE USA Innovations Team, and external guidance such as MSI’s *Scaling Up Management* framework (2016). Critical questions in designing, testing and simplifying models for replication and adaptation include:

- **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)?
- **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 have to 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 (e.g. only some of the domains of the Cynefin Framework, in [Figure 5](#))?
- **Spontaneous 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?

The four domains of the Cynefin Framework
 Nature of Context

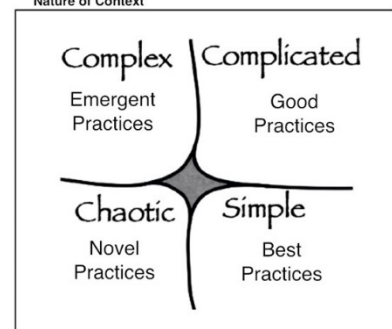


Figure 5: Cynefin framework

Good practice example: Scaling VSLAs

Aiming to expand VSLA membership to 50 million women and girls by 2030, CARE’s [VSLA scaling strategy](#) includes replicating the model across more programs and partners, adapting it to humanitarian contexts, and using technology to simplify and reduce costs. The strategy also includes other pathways, including advocacy and market-based approaches. See further details in [Annex 3](#).



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 impact at a much broader 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**” 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. A recent review of the [learning from the most successful advocacy](#) and influencing work in CARE suggested four key elements for advocacy contributing to significant impact:

- Commit and persist: Sustain advocacy efforts beyond project timeframes (up to 10 years or more).
- Invest in relationship-building: Insider lobbying and building relations with decision-makers or influential actors amongst donors or multilateral agencies.
- Utilise evidence: Sharing proof about what works, particularly on methods or tools that are effective and scalable.
- Identify alliances: Building partnerships and coalitions, or supporting partner-led advocacy (such as in CARE’s work with the [Domestic Workers’](#) Movement in Latin America).

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 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. 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)

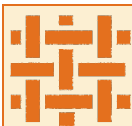
Examples from other organizations:

- [Sexto Sentido](#) (Nicaragua)
- [Soul City](#) (South Africa)
- Organized diffusion ([Cislaghi et al, 2019](#))

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.). Changing these norms is critical for addressing change not only in the communities where we work, but 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 systems strengthening).



4. Systems strengthening and social accountability: Transforming the patriarchal and exclusionary culture of institutions and supporting institutions to increase their capacities to provide inclusive, effective and accountable services, and fulfil their obligations to the rights of the poor and marginalized. Includes:

- Strengthening capacities of service providers to plan, budget, implement and monitor quality basic services
- Institutionalizing social accountability, such as Community Score Cards ([CSC](#))

CARE examples:

- [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 data systems to track progress. This combination of 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 2018).

Innovative approaches and models for delivery of vital services - whether health, education, GBV, water, agriculture or climate change - do not sit within a vacuum. Those responsible for providing these services need essential capacities to be in place for any model to be scaled. In the health sector, for example, without adequate infrastructure, personnel, budgets to maintain and sustain those, supportive supervision systems, 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 work (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 	<p>Examples from other organizations:</p> <ul style="list-style-type: none"> • Feminist movement building (IASS)

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 models (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 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.

Enablers

CARE's ability to contribute to impact at scale, using context-specific and relevant combinations of these six pathways, depends also on a set of twelve enablers - the capacities, relationships and ways of working required within CARE for successfully contributing to impact at scale. We group these below under three areas: engaging supporters and allies; Model development; and Internal systems and capacities.

Engaging supporters and allies:



1. Partnership

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 whether the type of scaling they pursued*”. These partnerships include those with: social movements we are supporting; partners developing their own innovative models (such as Laudelina or Promundo, mentioned above); local civil society partners collaborating with CARE in developing models, or who can adapt and replicate models in other locations; academic and research partners involved in model development 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 models, 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.

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 footprint and our 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.
- Developing a joint statement and recommendation on adolescent girls and young women during and beyond the COVID-19 pandemic, as co-chair of the Child, Early & Forced Marriage & Unions and Sexuality Working Group.



2. 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 just 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. **Models:** What is the exact model being scaled, the evidence for its impact, its current and proposed scale, and the optimum level of complexity and cost for maximum impact? Who can help scale out, beyond just CARE and our direct partners?
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?
3. **Social norms:** What dialogue or communication strategies can help address negative social norms that effect the impact populations in whom we seek to promote change?
4. **Systems strengthening:** What approaches are needed to strengthen the capacities, resources or systems of Government or other service providers? How can social accountability strategies be included, at scale, to ensure services are more accountable and responsive?
5. **Social movements:** What social movements or other representative organizations can we work with 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 how markets and market systems work to be more inclusive of the impact populations we are working with and the changes they are seeking?



3. 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. 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 - mostly² - 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.

² CARE refers to them as VESA in Ethiopia, or MJT in Mali, while CRS uses SILC and Oxfam SfC.

Model development:



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](#)



4. Co-creation

Involving those who would be expected later to support and help scale an innovation in the creation of that model is critical to ensuring the level of ownership that is later needed. 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 (MIGEPROF), and with representatives of donors, CARE and local partners. The project also worked closely with a focal 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 impact at scale, rather than just small-scale replication.



5. Gender integration

Gender equality is an important goal in its own right, and it is also essential to eradicate poverty and promote social justice. At CARE, gender equality radiates throughout all of our impact areas—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, the models that CARE seeks to scale should be those that score at least 2. *Sensitive* on the [Gender Marker](#), and contribute to change not only in agency, but in [structures and relations](#). Teams set up to support scaling of models would need to include gender expertise, to support gender integration in implementation and in their MEL systems.



6. Evidence generation

Convincing others of the value of a particular model or innovation requires generating sufficiently rigorous and credible evidence of its impact and cost-effectiveness. This is likely to involve an external (3rd-party) evaluation or study, based on a credible methodology, of positive impacts from CARE and partners' programming. But different audiences require different levels of rigour. Randomized Control Trials or quasi-experimental designs might be needed to influence global development/humanitarian actors, or "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 of credible representatives of impact populations that have experienced positive change.

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](#).

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 to an additional four districts in Rwanda's Eastern Province. In Cambodia, CARE and partners carried out a longitudinal study since 2009, 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.



7. 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, and where possible, reducing complexity and cost to enable others to adapt or replicate in new contexts. This means paring back models to "optimum fidelity", and developing adaptation guidelines for model 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.



8. Technology

Digital solutions are proving increasingly important in enabling scaling of successful models. 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

Internal systems and capacities:



9. Capacities for scaling

Building on some of the materials already developed in CARE, including the ScaleXDesign [Designing for Scale Labs and materials](#), the CARE International [Advocacy Handbook](#), on [social norms](#) change, and Social Movements [position paper](#), CARE will need to develop online training materials around Impact at Scale and the six pathways outlined in this document. Guidance for designing for scale will be needed, to influence program and project strategy and design, for example drawing on learning from Bangladesh's [health and nutrition programming](#), and their leadership of [joint humanitarian response](#).

A scaling Community of Practice should also be established across CARE, to support learning around impact at scale. Peer to peer networks and south-south platforms are also important to facilitate cross learning and the uptake of models and approaches to scale impact, as in the Learning Exchange for Adaptation and Diffusion ([LEAD](#)) program in Asia.



10. Scaling strategies

At a global level, CARE will need to develop scaling plans around its priority global models (or “products”), articulating how CARE will contribute to impact at scale using different pathways and tactics (as in the [VSLA scaling strategy](#)). This should be part of the work to develop operational strategies around each of the program priority areas agreed in Agenda 2030. At regional or country level, scaling strategies should be included within existing or updated [long-term program strategies](#) (see also the [Six questions for reviewing strategies](#), above). Strategies need to be built on analysis of underlying causes and drivers of injustice, using tools such as [gender-integrated Political Economy Analysis](#) and CARE's [Gender Analysis Toolkit](#).



11. Monitoring, evaluation and learning (MEL) and knowledge management

Scaling strategies will need to determine a small set of high level metrics/indicators and tools to track progress in influencing change at scale, that would cover: a) model adaptation and fidelity; b) implementation of scaling strategies; and c) the impacts and outcomes achieved, aligned with CARE's global [indicators of change](#). The [PIIRS](#) question on scaling up will need to be adjusted, in the light of this Guidance Note.

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.



12. Adaptive management

CARE's [approach to adaptive management](#) is particularly relevant in work for impact at scale, to enable teams promoting scaling to respond rapidly to changes in context, learning on what works and what does not work, and adjusting plans and actions accordingly.

Annex 1: Glossary of terms

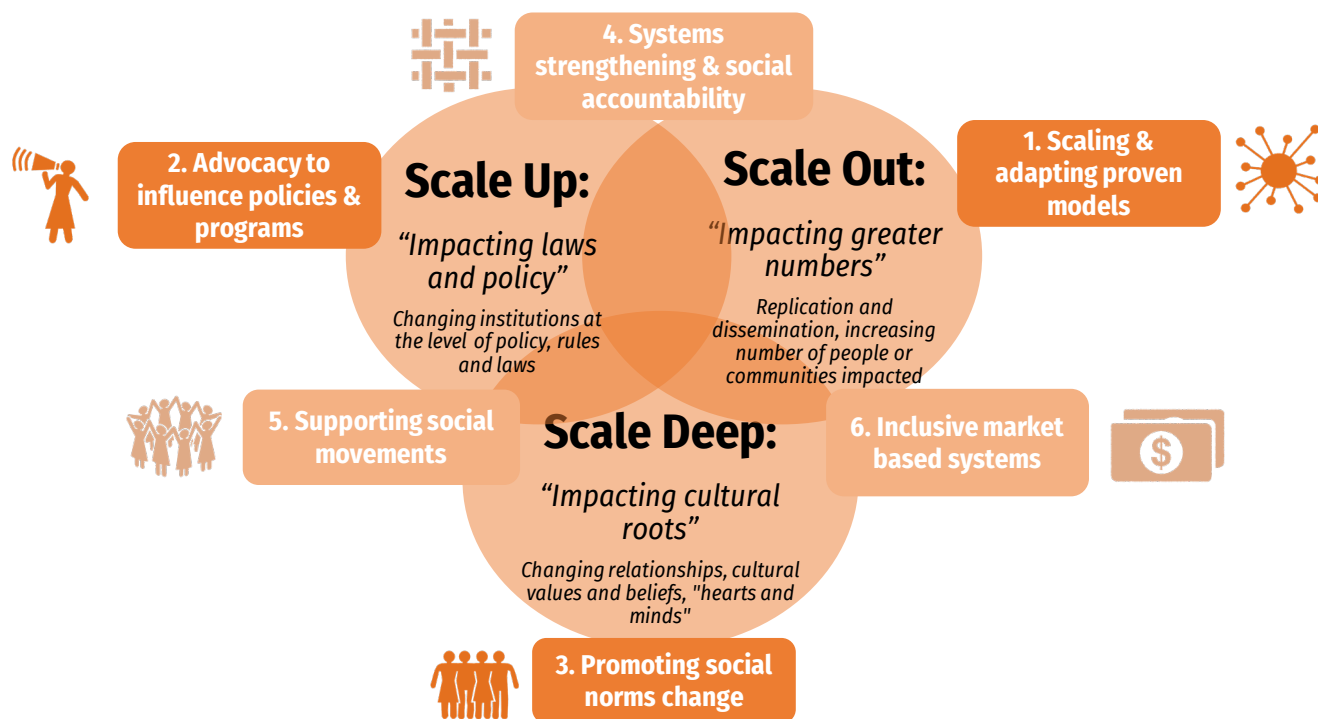
Core Models	A clearly-defined, evidence-based intervention based on a theory of change to address a specific priority problem, principally for women and girls, with a clear comparative advantage over alternatives, and which can be adapted and replicated in other contexts.
Enablers	The capacities, relationships and ways of working required within CARE for successfully contributing to impact at scale
Evidence	Proof from an external (3 rd -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 transformational change	Given CARE's commitment to gender equality, we are looking 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 for 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 lasting, systemic change, beyond CARE and partners' direct work with communities, in the lives of women and girls for at least 2 million people or 20% of the population (e.g. in a smaller country like Vanuatu), or 70% of a particular marginalized group (e.g. sex workers in Vietnam, or ethnic minority children in Cambodia).
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 new 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.
Pathways (to impact at scale)	The different routes through which impact at scale can happen in the societies where we seek to see impact (models being scaled up, changes to policies, etc.). Pathways to scale represent non-mutually exclusive, non-hierarchical, non-exhaustive means of scaling impact. 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.
Scaling down	Stopping efforts to scale up a model, based on evidence of insufficient replicability, adaptability or fundability, or an inadequate scaling strategy.
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).

Annex 2: Further reading

- Bradach, Jeff and Abe Grindle, ***From Scaling Impact to Impact at Scale***. Stanford Social Innovation Review (2017) - [link](#)
- Bradach, Jeff and Abe Grindle, ***Emerging Pathways to Transformative Scale***. Stanford Social Innovation Review (2014) - [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*** (SSIR, 2017) - [link](#)
- Gugelev, Alice & Andrew Stern, ***What's Your Endgame?*** (SSIR, 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](#)
- 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](#)
- Spring Impact, ***Social Replication Toolkit*** (2018) - [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, ***Nine steps for developing a scaling-up strategy*** (2010) - [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:

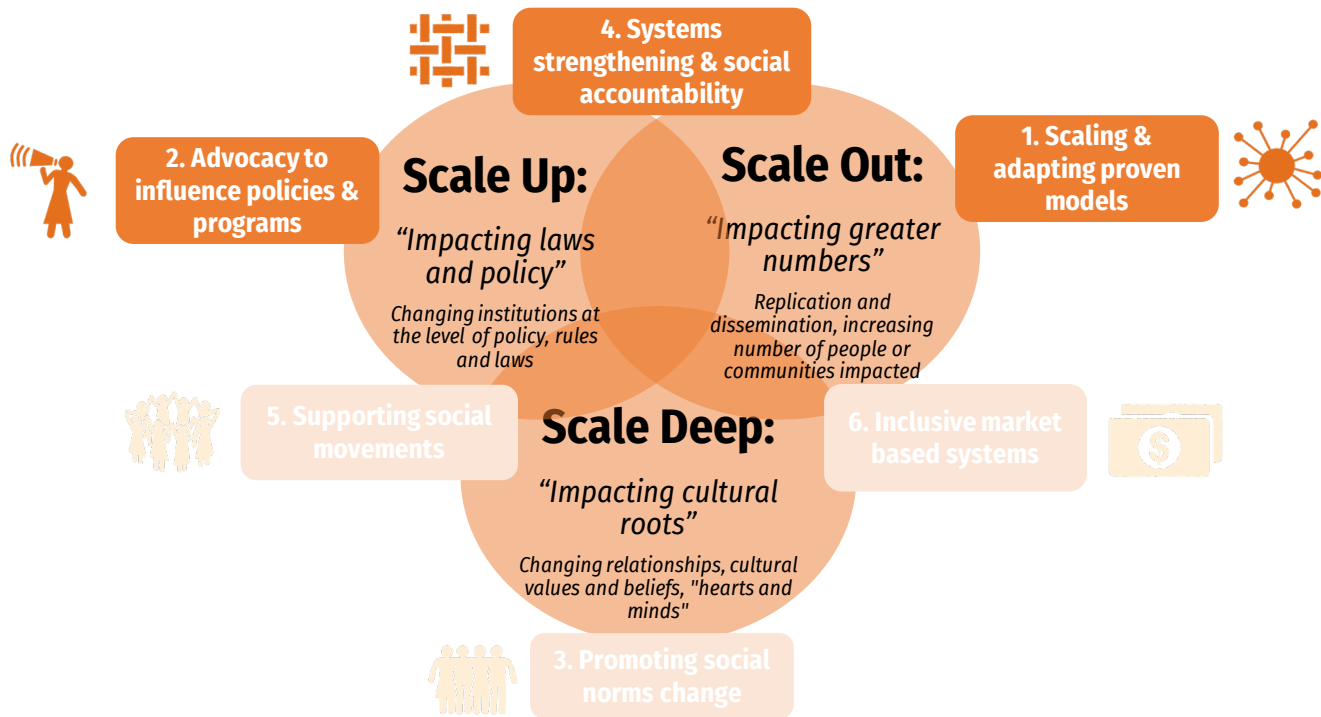
- **Scaling models:** Adapting the Promundo Program H and Program M models, for implementation in schools. The model - comprising educational workshops, Be a Man campaigns, and Be a Man Clubs - was piloted at small scale (five schools each in five cities), and then expanded to new schools, areas and 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:

- **Systems strengthening:** 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)

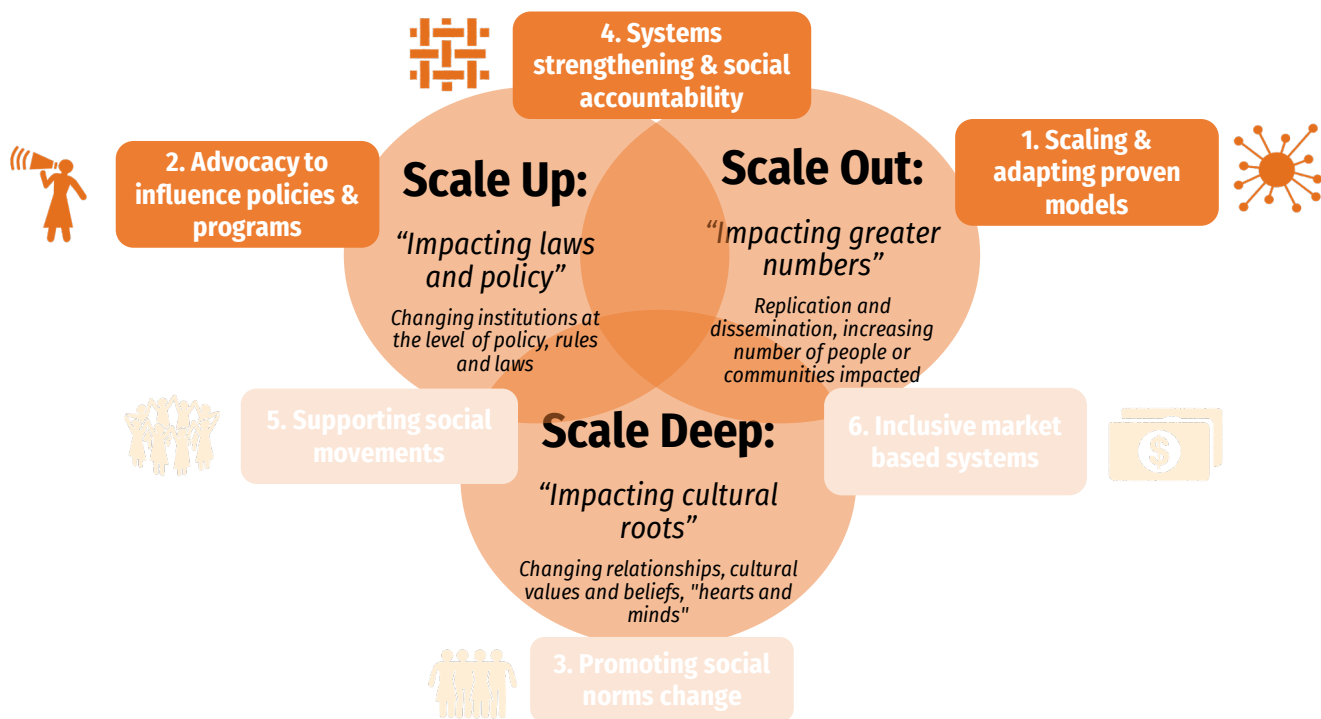


CARE's [Bihar Technical Support Program](#) has helped the Government improve maternal, new-born, and child health, across the whole state (population 128 million). Initially designed to scale proven approaches, it was quickly realized that a very strong component of systems strengthening would also 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.
- **Systems strengthening:** 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

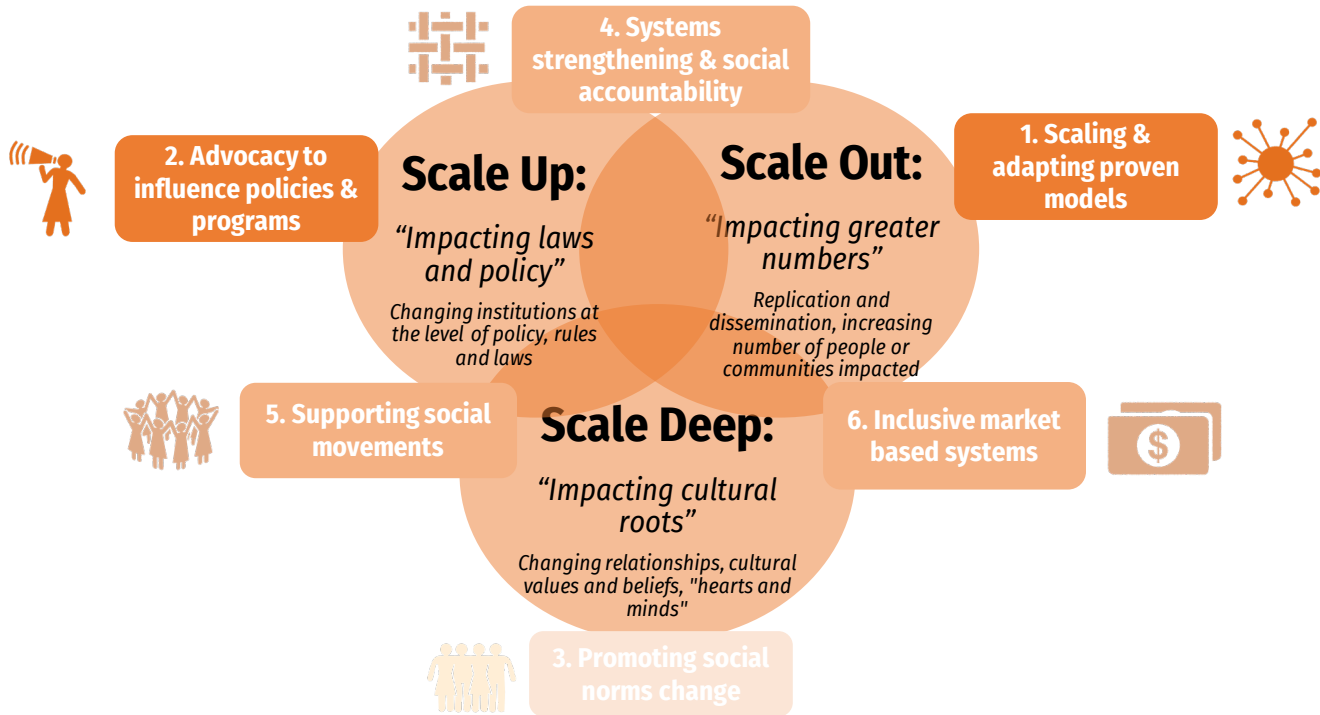


CARE's multilingual education program in Cambodia has worked with local partners, the Government of Cambodia and UNICEF to pilot, scale up and institutionalize a model of mother tongue education for ethnic minority children in Cambodia. This is now enabling a significant percentage of ethnic minority 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).
- **Systems strengthening:** 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 50 million women and girls by 2030, CARE's [VSLA scaling strategy](#) works across a number of pathways to impact at scale:

- **Scaling models:** Aiming to expand VSLAs within CARE's programs through integrating VSLA as a foundation of all our global development programming, and adapting VSLA for humanitarian contexts to promote adoption across agencies. 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:

- **Systems strengthening:** 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](#).