

CARE's Approach to Evidence and Learning

Examining the evidence and applying what it tells us to our next steps, project design, and advocacy is critical to achieving CARE's goals. For the success of any individual project, we must take time to examine project-level monitoring and evaluation data, interpret what it means for our work, and use it to adapt our activities to keep that project on track. We must also work across different kinds of actors and evidence sources to ensure that projects are building on the best of knowledge, resources, and complimentary opportunities that are available in each context. This means having partnerships with research institutions, evaluators, and data analytic groups. It also means staying abreast of current academic literature and what other organizations in the field are learning from their own work.

Evidence and learning are also fundamental to the success development strategies and achieving effective outcomes. We need to deliberately generate spaces to share information, interpret what it means, and make changes to our work across projects, teams, and organizations. Truly achieving development outcomes must build on the best of what we can learn from every project—so we can correct and avoid the tools that are not working, and continually apply, refine, and share the ones that do.

At CARE, we think of evidence-based learning as the way in which we work across actors applying information to solve problems. If we do it correctly, this serves three major goals:

- **Innovation:** it can give us indications about what new and innovative solutions may work, and what new challenges and opportunities we face as the contexts where we work evolve. It helps us see potential new ways forward in our approaches and activities that can make big changes for the people we serve.
- **Influence:** learning and adaptation in our projects helps us build the case for when changes need to happen outside an individual project. Using evidence and learning from many places, we can advocate for cultural change within CARE, within our peers, and at national and global policy levels. This helps us achieve scale with interventions that work. Consistent collaboration means not only building relationships where we can influence others, but being willing to act on the influence of solid evidence coming from our partners across the development space.
- **Impact:** CARE's ultimate goal is always to have the best possible impact on the populations we serve. Taking time to learn from what we and our peers are doing, scaling up important ideas, and making changes when we need to ensures that we can achieve development outcomes. It is only through rigorously applying evidence to our decisions that we can apply information to solve problems that we and the people we serve face.

To achieve our outcomes, we look at evidence and learning at three levels: what it means for projects, for people, and for systems.

- **Projects** must have robust M&E systems, and regular feedback loops that allow them to take new information, learn from it, and make changes based on the evidence. Projects must also take a learning approach that focuses not just on hitting outcome targets, but also helps solve broader development questions. At CARE, projects also feed into larger programs—where we collect information and learning from across many projects and geographies to synthesize broader lessons and collaborate across silos. This requires consistent documentation and sharing of key lessons, and collaboration with networks of peers—both internal and external.

- **People** are a key cornerstone of the enabling conditions. CARE especially focuses on making sure that people (and their managers) regularly plan time to learn and reflect on learnings not just from their own projects, but also from across the development world. Collaboration and building relationships across staff, partners, and technical networks are essential to the success of any CARE employee. Another key behavior we promote with our staff is to learn to effectively communicate ideas and manage knowledge so that others can pick it up and learn from it—working effectively across the whole knowledge cycle. This is a skill we encourage and are working to build among all staff, not just designated Knowledge Managers.
- **Systems** support our staff’s ability to access, share, and learn from each other and from our program experience. We have several targeted platforms that reach key technical audiences, and work to share our lessons through external partners and their systems. Our systems also include a network of knowledge managers who serve as focal points for organizing and making evidence available to those who can make the best use of it.

Specific Challenges in this Context

For an organization like CARE—which operates 890 projects in 95 countries reaching more than 65 million people—effectively using evidence can be complex. Experience tells us that this does not happen automatically, and that we cannot thrive without it. Our analysis shows that we face 4 main barriers:

- 1) **Complexity:** The sheer size and diversity of the organization, the contexts where it works, and the partners we interact with create barriers to using evidence for learning. Every country, project, donor, and team has its own priorities, and finding the time and opportunities to make connections across them can be difficult.
- 2) **Rigidity:** Donors very often set up projects with very specific and concrete demands. In many cases, they are unwilling to make changes mid-stream to respond to new information or learning. Emphasizing collaboration and learning takes time, but it also generates excitement and expectations that projects can change and improve. Removing the ability to make changes as result of information cuts out the adaptation component from the cycle disappoints everyone and can cripple a projects’ credibility. If they know that they do not have permission to adapt, many staff, partners, and participants do not wish to put in the time on collaborating and learning.
- 3) **Compartmentalization:** The persistent vision among many actors—within and outside CARE—that learning and analyzing evidence is something that happens in addition to “real work.” Current funding patterns generally mean that staff are focused on one or two primary projects with overwhelming demands on time and resources. This project-specific focus means that despite our best intentions, learning too often remains primarily with one or two project implementers who have neither the time nor the incentive to share more broadly. Often, individuals and project plans have little space and time built in to pull back to look at the global picture—either to communicate out from their project or to learn from others.
- 4) **Lack of investment in learning:** Because the case is not clearly made that learning is contributing to development outcomes, projects, donors, and staff often do not invest enough time or money into it. Few staff have cultivated an interest in how to be creative, and worry that experimenting with new solutions will not be permitted. With the continued pressures of not enough time or budget, we do not dedicate management time

or accountability to encouraging good CLA behaviors and focusing on how to use learning to solve problems.

CARE Strengths in Evidence and Learning

As an organization, CARE provides strong opportunities for learning and using evidence to improve our work. There is a deep **organizational focus** on the issue in our CARE International Program Strategy¹ and all of our strategic documents. Our focus on “multiplying impact” is fundamental to all of our organization efforts, including staffing patterns and resourcing strategies. Additionally, our **global reach** is an excellent opportunity to take any learning from CLA and its impacts on development outcomes out to a broad scale of countries and individuals.

CARE has many **successful examples of these behaviors**. One pertinent example is the spread of our Community Based Adaptation and Participatory Scenario Planning² models through 135 communities and 8 countries outside of their initial program target areas based purely on the strength of the CARE’s learning culture and the evidence we were able to generate from existing programs. This evidence continues to influence billions of dollars of US government and bilateral funding. In Peru, CARE used evidence from a USAID-funded nutrition project that reached 4,000 children to build a nation-wide movement for change that cut malnutrition in half and helped 600,000 children in 10 years.

Our **strong project base** provides a wealth of opportunities for learning and evidence. Often the evidence already exists through project M&E plans, and simply taking more time to analyze and disseminate it can dramatically increase results. CARE’s [global Monitoring Evaluation and Learning \(MEL\) standards](#) set quality rules for how CARE measures change and gathers evidence relating to our work. This system includes 25 required global indicators that align what we are measuring across projects to build more global evidence about key approaches, tools, and impacts. CARE has a global Project Impact and Information Reporting System (PIIRS) that allows us to compare trends and impact from more than 1,000 projects globally.

¹ <http://www.care-international.org/files/files/publications/CARE-2020-Program-Strategy-English.pdf>

² <http://careclimatechange.org/tool-kits/cba-framework/>