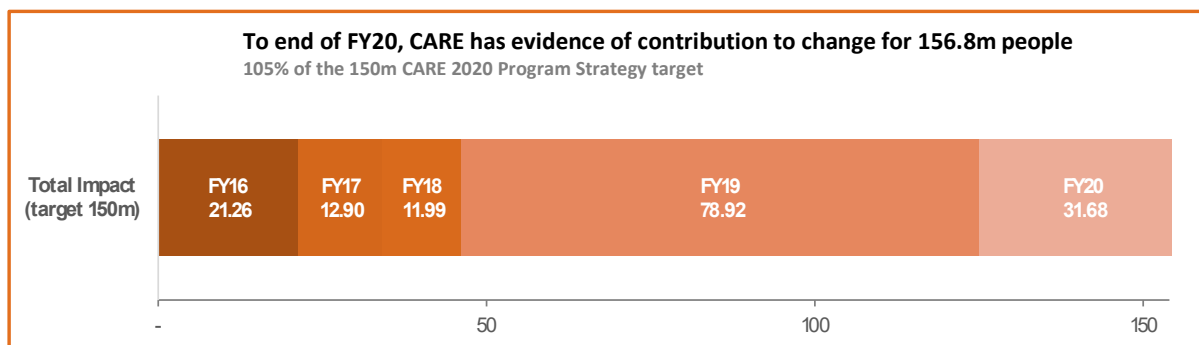


CARE's Final Impact & Outcomes Data for the 2020 Program Strategy

Over the life of the CARE 2020 [Program Strategy](#), CARE and our partners have together **contributed to change for 157 million people, 63% of whom are women or girls**. We have collectively **exceeded by 5% our impact target of 150 million** people by the end of 2020. This represents the cumulative impacts/outcomes¹ contributed to by **over 1,300 projects** and initiatives in **85 countries**, during the period July 2014 to June 2020. Data comes from PIIRS (CARE's Project/Program Information and Impact Reporting System)².



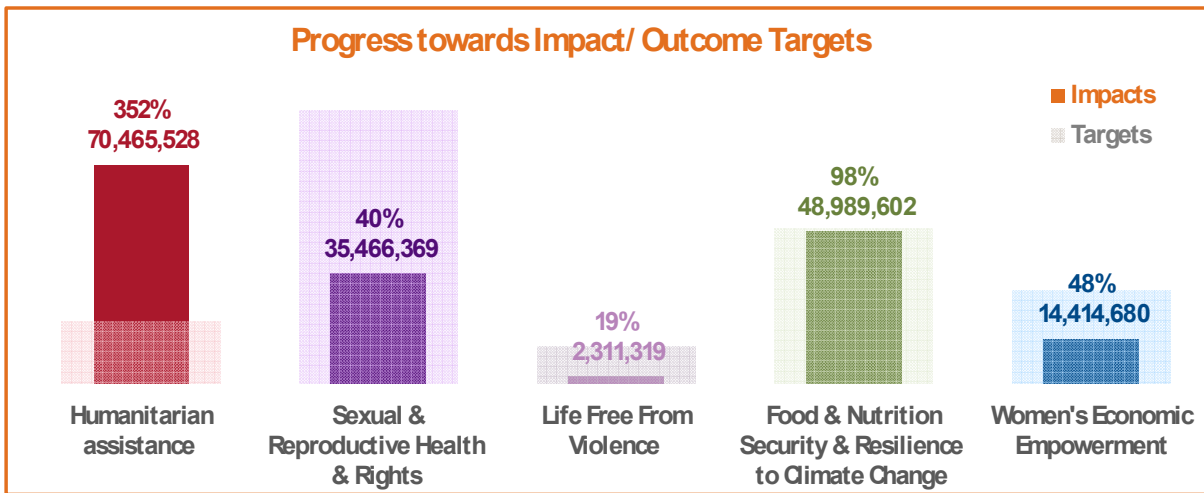
When we look at the different priorities of the program strategy, overall we have surpassed our target for Humanitarian Assistance (70.5m - 352% of our target for 2020) and nearly met that for Food & Nutrition Security and Climate Change Resilience (49m - 98%), but fallen below our targets for Women's Economic Empowerment (14.4m - 48%), Sexual & Reproductive Health & Rights (35.5m - 40%) and Life Free From Violence (2.3m - 19%).

The **Humanitarian Assistance** numbers include 25m crisis or disaster-affected people receiving assistance³ from CARE or partners, and a further 45m who will have received assistance as a result of CARE's advocacy work towards the [US Government](#) and European Commission. Note that in previous years we reported such impacts as "Global Advocacy", but have included them this year in the Outcome Area numbers, to reflect the fact that people have experienced these outcomes or impacts regardless of whether that was through CARE's programs or as a result of advocacy.

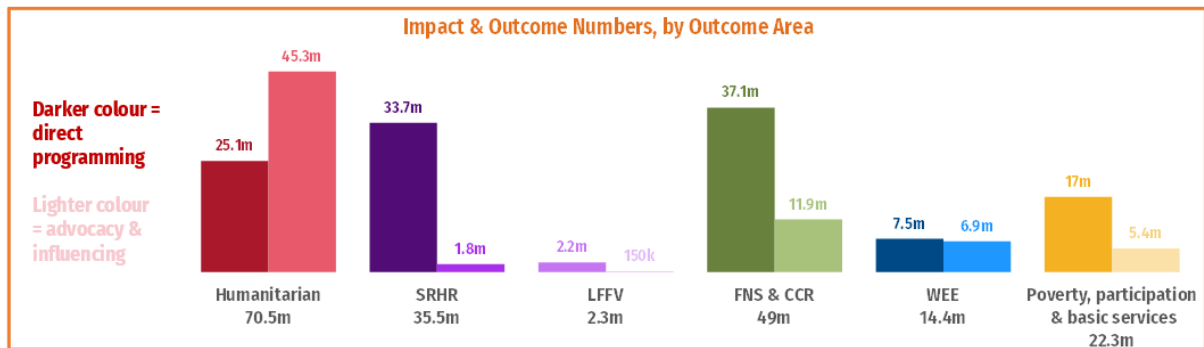
¹ CARE defines Impact as sustainable, significant and measurable changes in well-being, poverty and social injustice conditions of a specific impact group. Outcomes refer to changes on behaviours (e.g. individuals putting into practice new knowledge, attitudes or commitments) and changes that are structural or systemic (e.g. policy changes, new practices in service provision), that involve multiple actors or groups.

² For further details, a Frequently Asked Questions document on our impact data, and full details of our impact data by region, country, CARE Member or other filters can be reviewed at http://careglobalmel.careinternationalwikis.org/fy20_data#fy20_impact_outcomes_data.

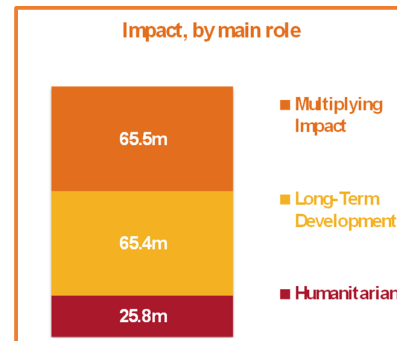
³ Humanitarian outcome numbers reflect those supported with assistance that is relevant, timely and accountable.

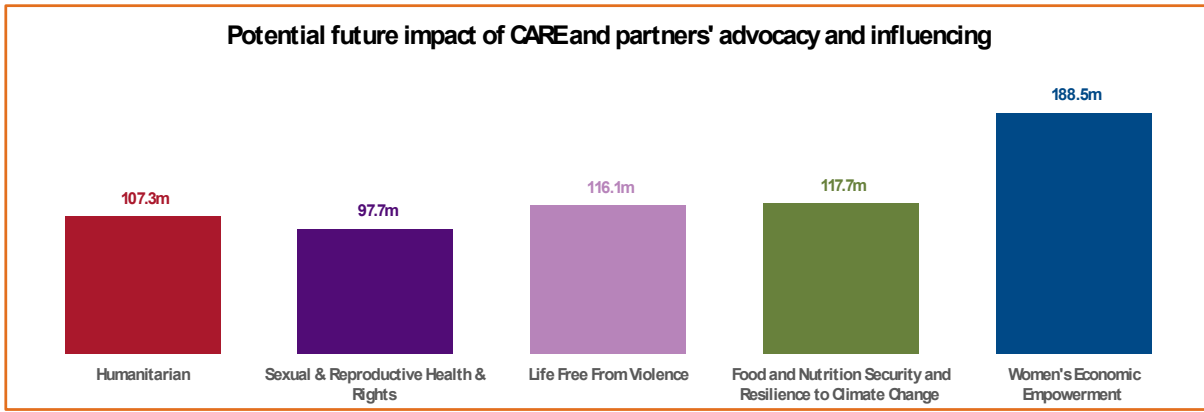


Food & Nutrition Security and Climate Change Resilience (FNS & CCR) all but made its target of impacts for 50m people. For **Sexual & Reproductive Health & Rights (SRHR)**, while we made good progress, the target of 88m was set too high given that we are measuring change only amongst about a quarter the population (women of reproductive age, or 26% of the global population). **Gender Based Violence** (the Life Free From Violence outcome area) remains the hardest area to measure and show change in, or raise funds for, and this is reflected in the lower impact numbers in that area of our work. In **Women's Economic Empowerment (WEE)**, we met nearly half the 30m impact target, primarily in the areas of informal or formal financial inclusion; however, advocacy successes have the potential to become impact numbers in the future.

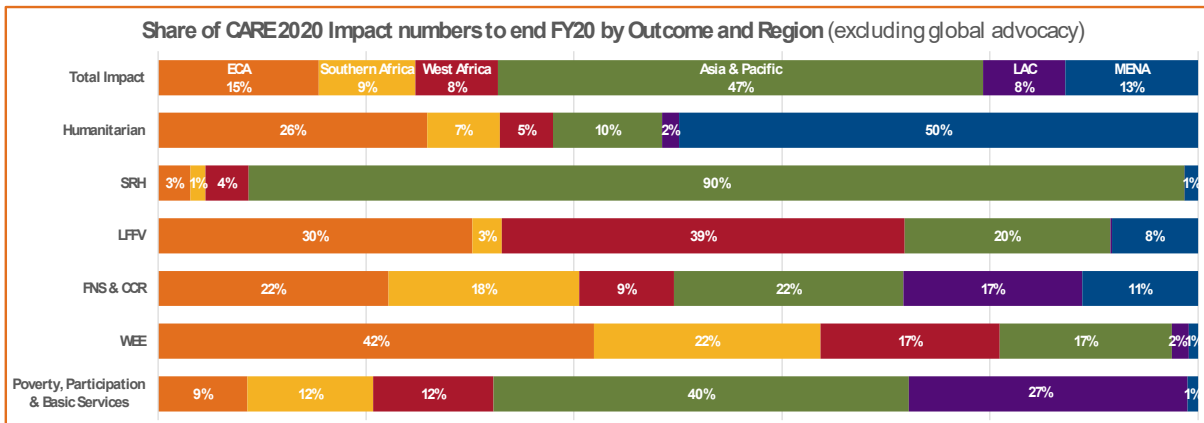


About 40% of our impact (65.5m) has come from advocacy and influencing work (“multiplying impact”), particularly in the Humanitarian Assistance outcome area, Women’s Economic Empowerment (WEE), and Food & Nutrition Security & Climate Change Resilience (FNS & CCR). A further 40% came from long-term development programs (65.4m), while the rest came from projects that were primarily humanitarian (25.8m). For nearly all Outcome Areas, future potential impacts from advocacy successes, that could be realized over the coming years as policy changes and other advocacy successes are implemented, could lead to impacts for many more than those for whom we can show change over the 2014-2020 period. For WEE and LFFV in particular, there is significant potential future impact of the programming on dignified work, related to the successful advocacy on an ILO convention on sexual harassment in the workplace. We will track this impact over the course of Vision 2030.

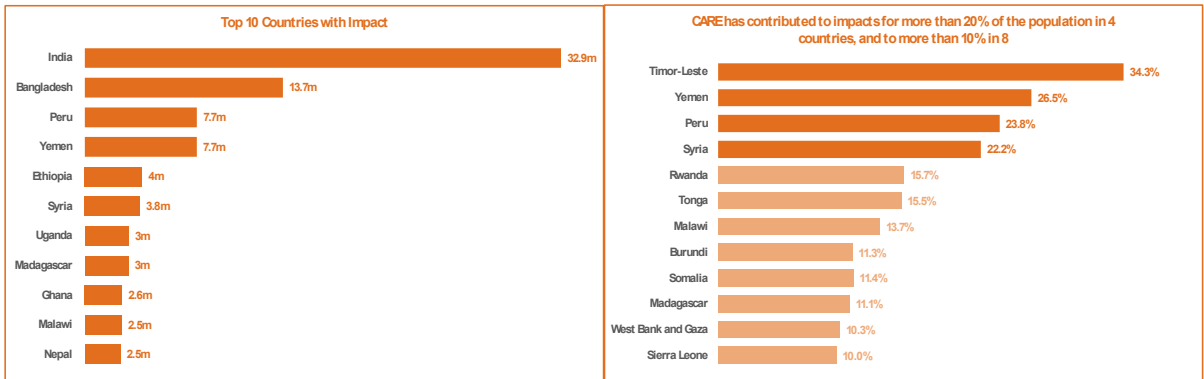




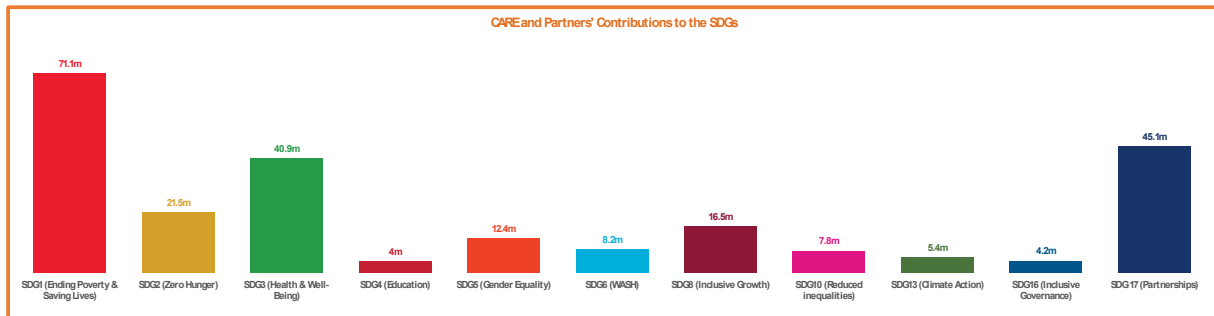
By region, our largest impacts and outcomes are in the Asia & Pacific region (51.4m), which also dominates the SRHR numbers, and those related to poverty, participation & basic services. East & Central Africa follows (17m), contributing the largest share of WEE impacts, and contributing significantly to LFFV, Humanitarian and FNS & CCR. MENA (14m) contributes half of the humanitarian impact numbers (excluding global advocacy), reflective of particularly significant response programs in Yemen and to the Syria crisis, while Southern Africa (10.3m) contributes particularly to WEE and FNS & CCR. West Africa's contributions (8.8m) are most significant to our LFFV and WEE impact numbers, while LAC (8.7m) contributes particularly to poverty, participation & basic services and to FNS & CCR.



In terms of countries with highest impact and outcome numbers, the figures below show the Top 10 countries, and those countries where these impact numbers make up more than 10% of the population:



Finally, in terms of the Sustainable Development Goals (SDGs), our largest impacts are in SDGs 1 (ending poverty & saving lives⁴), 17 (partnerships), 3 (health), 2 (hunger), 8 (sustainable growth) and 5 (gender equality), and to a lesser degree on SDGs 13 (climate) and 16 (governance). We now also have more significant evidence of impacts on SDGs 6 (WASH) and 4 (education), as well as on SDG 10 (inequalities) where we have evidence of impacts on the poorest 40% of the population.



We will update the [SDG impact report](#) in the coming two months to cover the full CARE 2020 program strategy period. We will also be developing a more internally-focused learning report, highlighting the key approaches that have proven most effective under each outcome area, what we have learned over the 2020 Strategy period, and what we need to change or adjust or maintain as we move towards [Vision 2030](#). This data represents the evidence we were able to capture over the past five years but we have also learned a great deal about our Impact Measurement gaps and how important it is to adopt standard indicators and metrics, both quantitative and qualitative. The picture of CARE and our partners' contributions to impacts and outcomes will be more and more complete as we continue strengthening Impact Measurement practices, continue to adopt common metrics, and expand our ability to use our evidence and learning to influence further for impact at scale over the coming decade.

⁴ We have moved our humanitarian assistance numbers under SDG 1, as the target on reducing vulnerability and exposure to shocks and disasters (Target 1.5) was felt to be a better fit for this work than SDG 11 (urban), given that by no means all of our humanitarian programming is in urban areas; both SDGs also have the same indicator (1.5.1/11.5.1: *Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population*).