

## CARE's Impact to end FY19 - final PIIRS results

February 2020

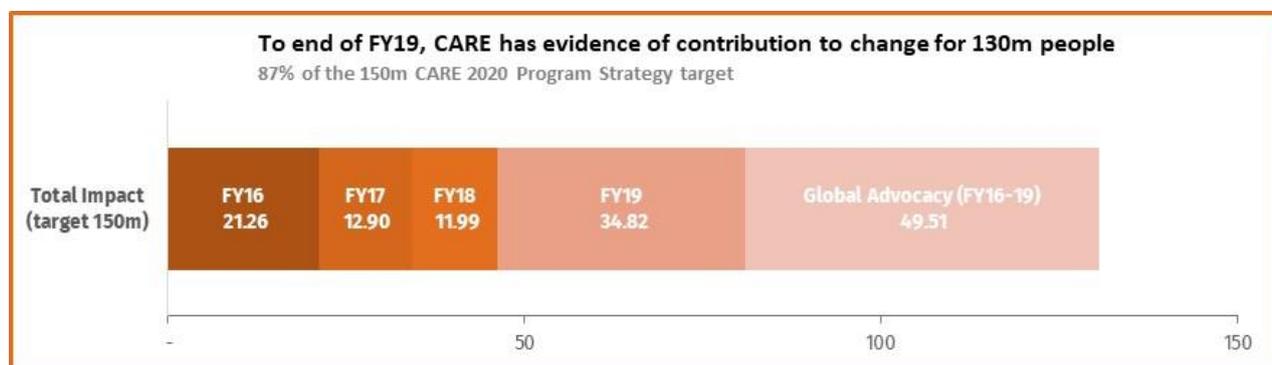
### Highlights:

- CARE and partners have contributed to impacts for 130m people, 87% of our 2020 target of 150m
- We have surpassed our 20m target for humanitarian assistance, but are not yet (6%) meeting the target of meeting 10% of humanitarian need in the largest crises
- Investments in increasing ability to measure impacts from advocacy and influencing work have led to a large increase in impact numbers from our "Multiplying Impact" role (58.8m)
- Over three of every five people for whom we have evidence of impact are women and girls (62%)

This report outlines CARE's global impacts to end of FY19, in eight sections below, covering: Our overall impact numbers; Impacts by role; Sustainable Development Goals (SDGs); Outcome Areas; Regions; Top Countries; Advocacy & influencing; and our proposed next steps.

### 1. Overall impact numbers:

By the end of FY19, CARE has reached **87% of the 150 million impact target** for the CARE 2020 program strategy, with evidence of impacts for **130 million people, 62% of whom are women or girls**. These figures represent the [cumulative impacts](#) from FY16 to FY19 of 1,020 projects/ initiatives, across 81 countries.

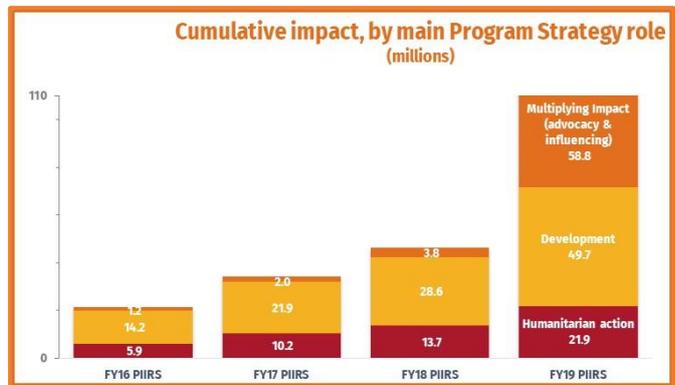


### 2. Impacts by role:

The [CARE 2020 program strategy](#) outlined three roles that CARE would need to play to contribute to our global targets: humanitarian action, promoting lasting change and innovative solutions, and multiplying impact. In terms of the **main**<sup>1</sup> role played by projects reporting impact numbers:

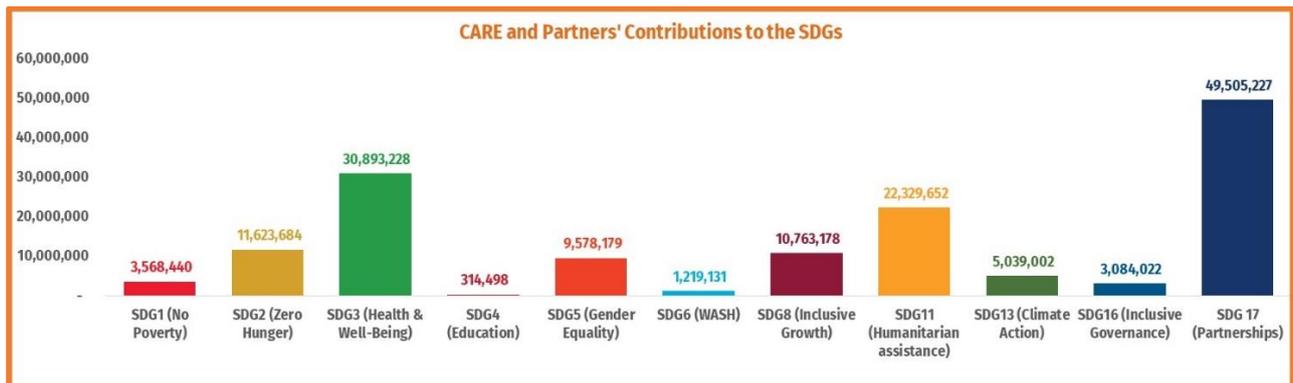
<sup>1</sup> Projects may play multiple roles, but are counted here under the role related to their highest impact numbers. That is why the humanitarian number here (21.9m) is lower than the total reported against the humanitarian outcome below (22.3m), as some of the 22.3m come from projects whose highest impact numbers are related to their Development or Multiplying Impact roles.

- 21.9 million is from projects whose main role was humanitarian action.
- A further 49.7 million comes from CARE’s long-term development programs (“promoting lasting change and innovative solutions”)
- 58.8 million comes from projects whose main role is Multiplying Impact, i.e. advocacy and influencing, a reflection of efforts across CARE over the last few years to better tell the story of the [impact of our advocacy work](#). A significant proportion of this comes from global advocacy work (i.e. advocacy not related to only one country or region), where a CARE USA-led advocacy coalition successfully [increased US Government funding for famine relief](#), that has led to 50 million people receiving humanitarian food and other assistance, beyond those supported directly by CARE programs. All this Multiplying Impact work, of course, contributes to both development and humanitarian impacts.
- 4.6 million of impacts come from projects reporting both humanitarian and long-term development outcomes (*the nexus*).

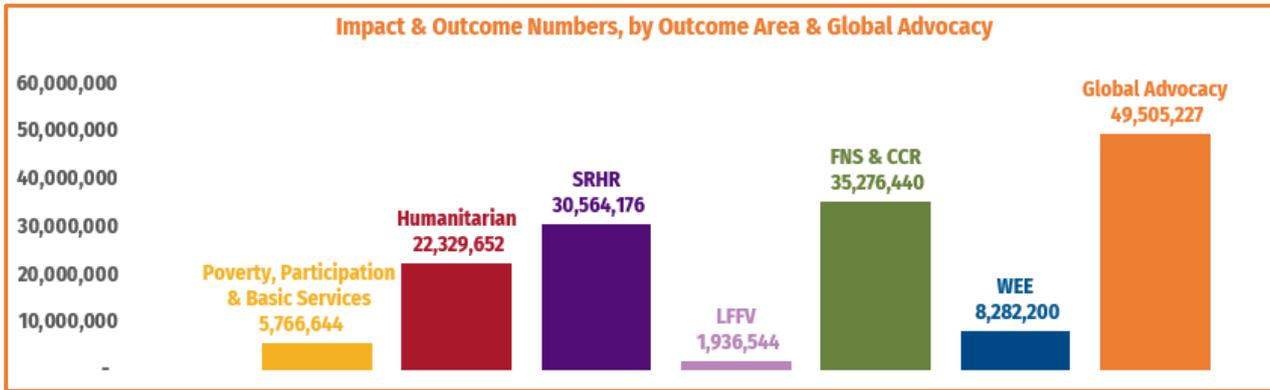


### 3. Impacts by SDG:

In terms of the Sustainable Development Goals, CARE and partners are making significant contributions to SDG 17 (partnership), 3 (health), 11 (resilience/humanitarian assistance), 2 (hunger), 8 (growth), 5 (gender), 13 (climate), 1 (poverty) and 16 (governance). These figures update those reported in the [SDG Impact Report](#) published earlier this year, with the addition of initial (though so far incomplete) figures for SDGs 4 (education) and 6 (WASH). As far as we are aware, CARE stands out amongst our peer multi-mandate INGOs as the only one currently able to report global impact contributions towards the SDGs.



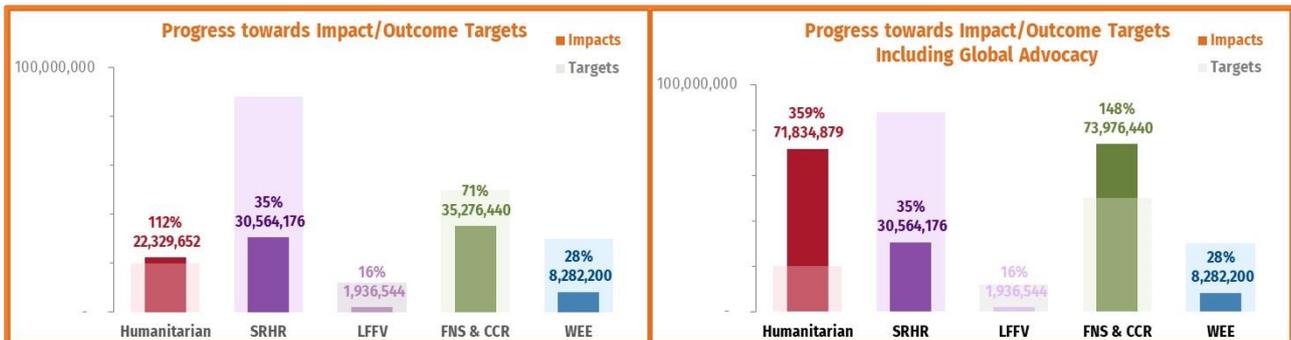
### 4. Impacts by CARE’s 2020 Outcome Areas:



By outcome area, CARE and partners have contributed to:

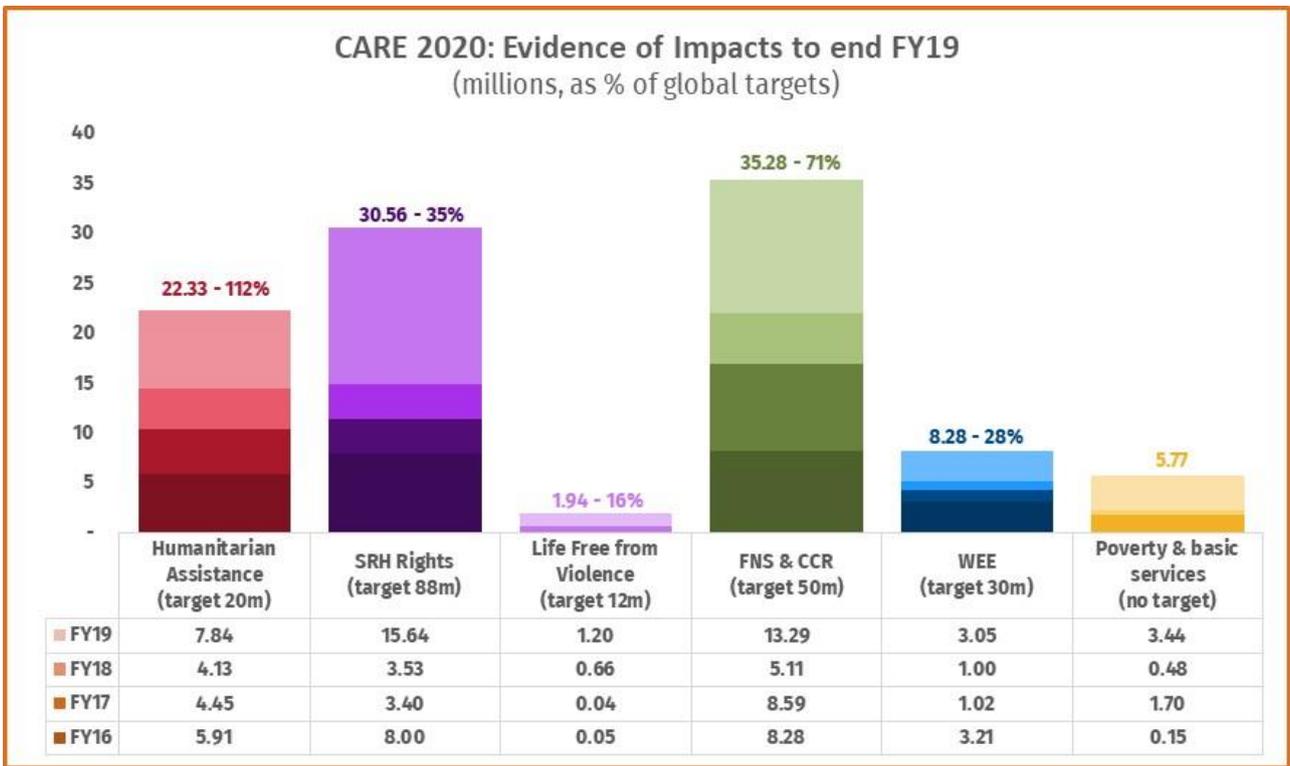
- Quality humanitarian assistance for 22.3 million people;
- 30.6 million women exercising their rights to sexual and reproductive health (SRHR);
- 1.9 million women and girls exercising their rights to a life free from violence (LFFV);
- Improved food and nutrition security and resilience to climate change (FNS & CCR) for 35 million people;
- Increased access to and control of economic resources (WEE) for 8.3 million women; and
- Reduced poverty or increased participation or access to basic services for 5.8 million people.

This represents 112% of the CARE 2020 Program Strategy target for humanitarian assistance<sup>2</sup>, 35% for SRHR, 16% for LFFV, 71% for FNS & CCR, and 28% for WEE. If we were to include the 50 million from global advocacy under our Global Outcome Area numbers, we would have surpassed the humanitarian assistance target by 259% (74 million) and the FNS & CCR target by 48% (71.8 million).



In terms of the increase in numbers in PIIRS FY19, compared to our [impact data to the end of FY18](#), our cumulative impacts on LFFV increased by 162%, SRHR by 105%, FNS & CCR by 60%, WEE by 58%, and humanitarian by 54%.

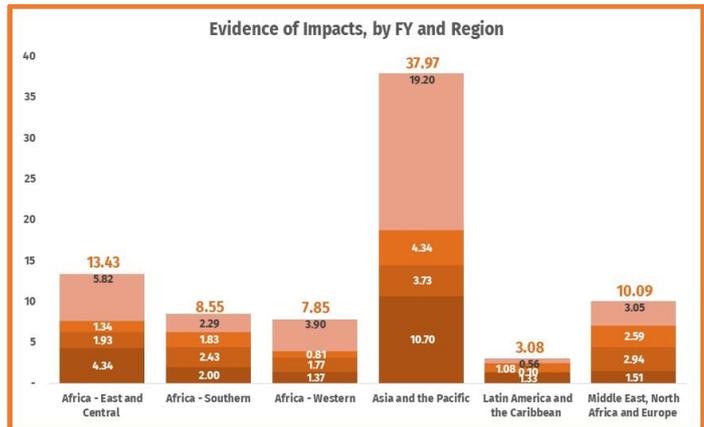
<sup>2</sup> Our humanitarian numbers are, however, lower than the target in our Humanitarian strategy of meeting 10% of need across all major (Type 4) emergencies. See the [December 2019 CEG overview](#) for further details.



## 5. Impacts by region:

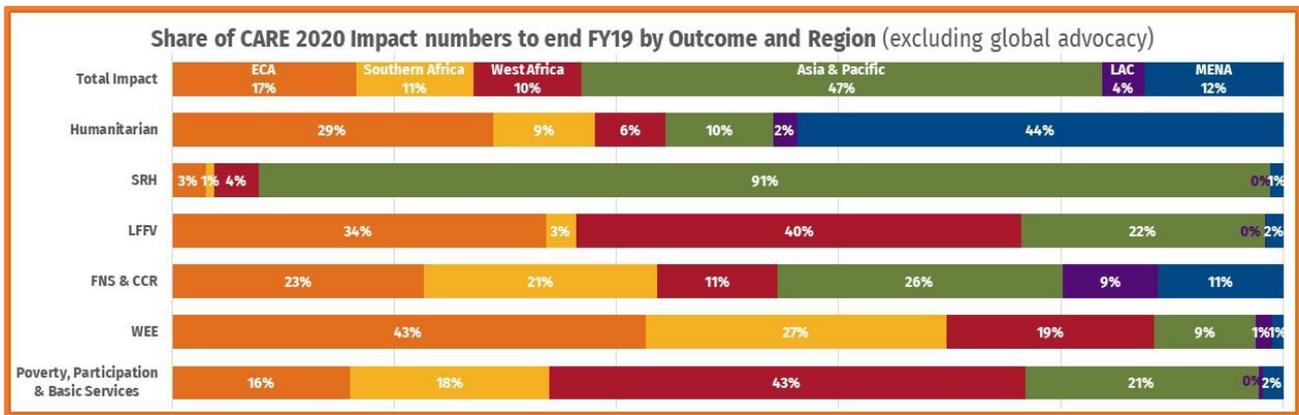
CARE and our partners have had an impact on nearly 38 million people in Asia and the Pacific and nearly 30 million people in all African regions. In the Middle East, North Africa (MENA) and Europe, CARE and partners have had an impact on 10 million people since the start of the Program Strategy period, and in Latin America and the Caribbean on 3.1 million.

The largest increase in impact numbers reported in FY19 came from Asia and the Pacific (19.2 million), followed by East and Central Africa (5.8 million), West Africa (3.9 million), and MENA/Europe (3.1 million).



By region, excluding the global advocacy numbers, Asia and the Pacific report 47% of CARE's global impacts, and 91% of SRH numbers (primarily India and Bangladesh). Humanitarian assistance is dominated by the MENA region (44%) and East & Central Africa (29%), while Life Free From Violence impact numbers come primarily from West Africa (40%), East & Central Africa (34%) and Asia & Pacific (22%).

FNS & CCR is more evenly spread across regions, led by Asia & Pacific (26%), then East & Central Africa (23%) and Southern Africa (21%), while WEE is spread predominately across the three African regions, led by East & Central Africa (43%). Numbers from the LAC region are smaller, and only above 5% for FNS & CCR.



## 6. Impacts by country:

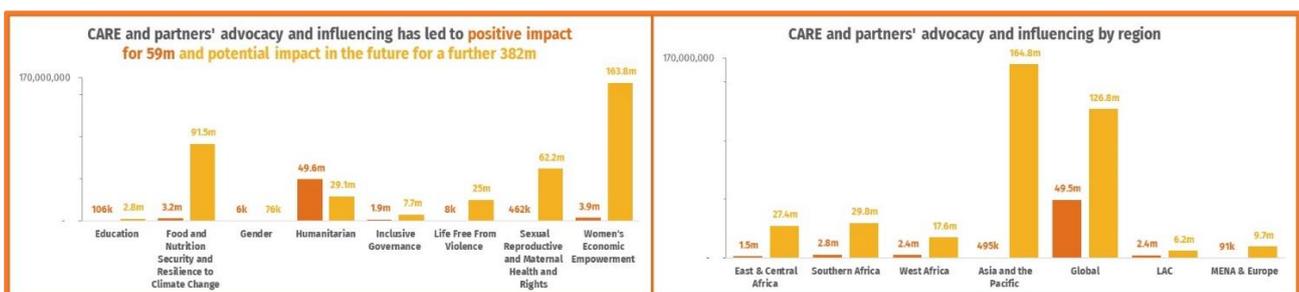
The Top 10 countries by impact numbers and by share of the population, are shown to right. While largest impact numbers are to be found in some of CARE's larger programs, such as India, Bangladesh, Yemen and Ethiopia, as a share of the total population, CARE's impacts are particularly significant also in some smaller countries, such as Tonga, Madagascar, Vanuatu, West Bank and Gaza, Sierra Leone and Malawi.

Top 10 Countries by Impact #s		Top 10 Countries by % of population	
India	22,295,956	Yemen	19.4%
Bangladesh	12,594,826	Tonga	15.1%
Yemen	5,352,071	Syria	13.9%
Ethiopia	3,485,530	Madagascar	11.5%
Uganda	3,039,246	Vanuatu	10.9%
Madagascar	2,868,315	West Bank and Gaza	10.7%
Syria	2,556,778	Sierra Leone	10.6%
Ghana	2,551,346	Malawi	10.4%
Peru	2,321,100	Niger	9.1%
Kenya	2,275,530	Ghana	9.0%
<b>Subtotal</b>	<b>59,340,698</b>		

By country, the largest increases in impact numbers reported in FY19 are for: India (an increase of 9.2m), Bangladesh (8.8m), Uganda (2.5m), Ghana (2m), Yemen (1.7m), Syria (1.1m), Ethiopia (1.1m), Nepal (1m), Madagascar (679k), and Sierra Leone (661k).

## 7. Impacts from advocacy and influencing:

Finally, this year, as part of efforts to improve how we are capturing the impacts from our advocacy and influencing work, we are capturing not only data on the actual impacts of such initiatives, but also the potential impacts into the future, were policies or other changes that we have influenced to be fully implemented. To date, the cases of advocacy and influencing that we have reviewed have contributed to **positive change for 59 million people, with potential impact for a further 382 million in the future**. We will continue to track these cases over the coming years, to update our actual impact numbers as new data becomes available.



## 8. Next steps:

- We will continue to work with thematic, regional and country teams during FY20 to update these figures, particularly where we know they are currently under-representing our global impact (e.g. in education, or WASH);
- We will organize dialogues with regional teams, program directors, the MEL network and others to discuss and deepen our learning about CARE's impact and reach data from PIIRS. *Where and why are we having impact? What do we need to do more of, less of?* We are looking forward to everyone's reflections and engagement;
- Outcome and approach teams will develop analysis of what strategies are proving most effective in contributing to specific impacts, as has been done in FY19 for [GBV prevention](#) and [response](#), and for [advocacy](#);
- We will conduct a deeper analysis of what can be learned from projects that have not been able to report impact;
- In February, we will update [CARE's Impact Map](#) with FY19 figures. We can be proud of this map: no other large INGO shares its aggregated impact data on their website.