Advancing Humanitarian Response to be Local and Women-led

Overview
Imagine what’s possible. August 2023. A deadly typhoon strikes the Philippines, destroying coastal communities and flooding farms. We’ve seen this kind of devastation before, but this time the next steps will look radically different than in years past. In the storm’s immediate aftermath, Filipinos are ready and able to take care of themselves and their neighbors. Local nongovernmental organizations get to work. There’s no longer a need to wait for institutional donor funding mechanisms to creak into action or legions of expats to fly in from around the world to direct community response. Local communities themselves identify their needs, with a focus on the most vulnerable people, including women and girls. Community organizations, including women’s group members, have been trained to assist in recovery and protection, helping reduce gender-based violence and other risks. Successful and time-tested approaches that CARE has pioneered, including cash transfers and village savings and loan associations that have been adapted for humanitarian contexts, enable speedy and efficient support to help people get back on their feet. Evidence and learning from the humanitarian response feed into global and national advocacy efforts.

We know this scenario is possible and we are already seeing glimpses of it. The traditional humanitarian system developed after World War II was built for a different time and a different set of challenges. It is time to embrace change, and CARE has a big role to play in transforming the system. Humanitarian response is starting to change to meet new challenges, including climate change and increasingly protracted emergencies. But
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despite these changes, most donors still support a system that relies on outdated delivery methods rather than locally driven analysis and operations, which reinforces traditional power structures, limits women’s voice and diminishes the efficacy of both community-based preparation and long-term response.

As a torchbearer in the sector, CARE must actively shift power to local community leaders and organizations and to do that we will fundamentally shift how we work to model transformational change in our humanitarian response. To this end, CARE is eager to partner with the Sall Family Foundation to redefine the new frontier of the way the world takes care of itself during times of crisis. True transformation that is driven by local actors, reflects on-the-ground needs and contexts, and upends traditional gender dynamics can only be achieved through new approaches and innovation. CARE is ready to drive this change, given our deep roots in local communities and our first-in-class expertise with women’s and girls’ empowerment.

We have set a bold vision for how we will have set in motion the transformation of our humanitarian efforts in three years: The future of CARE and our peers demands that we enable and empower locally led humanitarian response, direct funds to local actors through market-based approaches, disrupt entrenched policies and practices that stifle women’s advancement, and influence and advocate system-level change.

We will achieve this vision by1:

1. **Getting it right from the start** to make better decisions
2. **Enabling choice and dignity** through market-based approaches
3. **Shifting power** to local women leaders
4. **Holding the powerful accountable** and lifting local voices
5. **Getting louder** and sharper about the needs and changes required in the system
6. **Grounding our work** through place-based innovation
7. **Fostering solidarity at scale** through CARE Package 2.0

Described below are a series of activities that, when implemented together, will model a transformation of the humanitarian sector, starting with CARE itself. Each as a standalone has the capacity to move the needle in pursuit of this vision; however, their collective impact will be significantly greater than the sum of their parts. New investment will allow CARE to refine and scale these powerful approaches, leverage additional funding, and drive big change across the humanitarian sector.

### 1. GETTING IT RIGHT FROM THE START: Rapid Gender Analysis (RGA)

| Budget Amount: $358,302 (year 1) | CARE Leaders: RGA Coordinator (to be hired); Isadora Quay, Global Gender in Emergencies Coordinator; and Kelly Church, Director, Digital Impact |

How can CARE help drive the shift to locally driven and women-centered needs assessments in emergencies? When disasters strike, the international humanitarian community (UN agencies, donors, and international and national NGOs) currently implements time-consuming joint needs assessments that do not adequately reflect local or gender-balanced perspectives. CARE’s groundbreaking Rapid Gender Analysis (RGA) tool can be harnessed to drive a shift to locally driven and women-centered needs assessment, which would in turn flip the switch on how needs are defined and responses are developed. CARE began our RGA work in 2013, and we have since delivered RGAs in more than 60 crises. We seek to increase the influence of our RGAs by driving more frequent and updated analysis for a range of crises around the world. Through this effort, we expect RGAs to directly impact millions of women, improving the quality of assistance they receive. The aim is for CARE’s RGA methodology to become the gold standard of gender analysis in emergencies, and that its inclusion in early crisis

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1 The work has been conceived as a package that advances CARE’s work on these issues over a three-year period.
assessments becomes standard practice across the humanitarian community. To fully unlock the RGA tool’s potential to transform understanding of humanitarian needs, we need to:

**Increase its use and impact.** CARE’s RGA reports are mostly limited to the specific places where we work, i.e., not major emergencies in non-CARE presence countries. Broadening CARE’s RGA scope allows us to influence programming and outcomes for women and girls beyond our humanitarian responses. Over the next three years, CARE will build the necessary skills, expertise, technology and coordination so that the RGA tool is used across humanitarian contexts to help shift decision-making at local, national and global levels. In three regions, CARE will establish a unit of gender analysts working with local women’s organizations and CARE’s RGA coordinator to deliver analysis in real time. To ensure sustainability, we will first leverage our expertise through a pilot model where other agencies pay CARE to deliver RGAs.² There is no agency currently doing this, and we aim to fill the gap. We anticipate CARE will deliver RGAs on a consulting basis when other agencies lack the expertise or time to do so. Simultaneously, however, we will make the methodology and tool available to all agencies in the interest of an improved overall quality of response. Second, we will pursue a partnership with UNOCHA to leverage its global reach and influence and to ensure RGAs are a core part of all humanitarian assessments. Taking these steps toward financial sustainability means CARE must be able to deliver high-quality gender analysis at a rapid speed. We seek to increase the number of people able to use RGAs through a virtual RGA training program as well as the number of RGAs conducted in non-CARE presence countries.³

**Expand its user-base.** To fundamentally shift the ways needs are assessed – from the inside rather than the outside – we need to build local capacity to use the RGA tool. This also shifts power in gender dynamics – if typical power structures (even local) are doing needs assessments, they will design incomplete or potentially damaging responses without women’s voices. Through this work, we will see a **significant increase** in the number and scope of RGAs conducted annually, and local organizations and women’s collectives will be empowered to lead their own RGAs. The humanitarian sector also will benefit from an **enhanced RGA toolkit** that uses innovative qualitative data collection methods to elevate women’s voices. CARE already has a functional RGA online toolkit, which is open-source and open access, although it is not often used by local actors. To this end, we will: modify the RGA approach and toolkit to make it more user-friendly (e.g., simplified explanations); identify local actors interested in partnering with CARE to deliver local RGAs; and train them to use it to lead gender-responsive and adaptive emergency responses.

**Digitize and professionalize unstructured qualitative data collection and real-time analysis.** Although the RGA tool helps inform our understanding about gender roles, capacities and vulnerabilities within emergency settings, we lack sufficient digital tools to collect and analyze rich and nuanced qualitative data, particularly in tight timeframes, rapidly changing contexts and insecure environments. To advance the **digitization of qualitative data collection**, CARE will partner with a software firm to take the VoiceApp from a promising prototype to a field-tested, mobile data collection and analysis tool. Ericsson developed the VoiceApp as a corporate social responsibility engagement with CARE Australia and transformed it from an idea to a working product with many essential features. As of November 2019, the VoiceApp is fully owned by CARE. With funding from USAID, the VoiceApp will soon support voice-to-text automation that will transcribe and translate data, and it will be beta field-tested in three countries through June 2021 to generate initial findings. A portion of the $1.5M from USAID will go toward software development and user acceptance testing in Syria, South Sudan and Nigeria. However, the USAID funding doesn’t address our need for qualitative analysis, coding and real time

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² Previous work with the online Gender in Emergencies Learning Institute demonstrates that other agencies are prepared to pay CARE for RGA training.

³ The inclusion of CARE’s RGA methodology in the Inter-Agency Standing Committee gender handbook indicates a clear commitment to gender analysis in humanitarian action. IASC members have expressed significant interest in our online course. Clients for CARE’s RGA work also includes institutional donors and other organizations like Oxfam.
For the VoiceApp to be more effective in emergencies, it requires a powerful backend system capable of coding and analyzing qualitative data and quickly feeding actionable insights back to frontline staff and local communities. The VoiceApp is anticipated to make a valuable contribution to various assessments beyond RGA. CARE has the ability to effectively incubate the tool, but other actors are better placed to ensure the product’s sustainability. Once the VoiceApp is released as an open-source product, CARE will either partner with or hand over the VoiceApp entirely to a software firm or humanitarian actor such as the Harvard Humanitarian Initiative (creators of KoboToolbox), with which we have had initial conversations.

To create a product that will be transformative for CARE, local actors and the humanitarian system overall, we need to plan for the future of the VoiceApp beyond CARE’s programs. Specifically, we will:

- Assess needs and requirements of local actors (e.g., literacy levels) and potential uses beyond RGA and adjust the VoiceApp prototype to better fit this wide range of uses.
- Build in existing open source natural language processing and sentiment analysis algorithms to allow for swifter decision-making and coding and to help field staff predict where to focus their attention, and then field-test, and adjust algorithms as needed.
- Develop a business plan and go-to-market strategy for the VoiceApp.
- Release the tool as an open-source product, with full documentation and appropriate legal measures, build out application program interfaces to build interoperability with existing systems and cultivate an open-source community and secure a permanent home for the VoiceApp. After piloting the VoiceApp in RGAs in Year 1, we will develop additional features in Years 2 and 3 based on testing and feedback.

For this piece of work, the Humanitarian Team will take the lead in close partnership with Innovation and key Digital staff. While we will outsource all refinement of the digital tool, Digital will work closely with the development firm to ensure alignment with CARE systems and standards.

Leveraging resources and partnerships. As described above, we will initiate a pay-for-service model whereby other humanitarian agencies will pay for CARE’s RGA expertise. This will help ensure the sustainability of this activity beyond the proposed three-year period. CARE also has received funding from USAID to enhance the VoiceApp. Going forward, the VoiceApp will be maintained, supported and sustained by an external partner capable of servicing the technical needs of the humanitarian community. We also will leverage an existing partnership between the Innovation Team and universities including Carnegie Mellon University for in-kind software development and technical advice, as well as the University of California system for research capacity. Additionally, we will look to partner with UNOCHA’s Center for Humanitarian Data, which has a new workstream dedicated to predictive analytics.

Impact and Results by December 2020.
- RGAs delivered by CARE in at least five new crises with an estimated 3 million direct beneficiaries and nearly 1.7 million indirect beneficiaries; gender analysis used to better meet the needs of women, men, boys and girls.
- Enhanced RGA toolkit developed.
- In at least one country, local gender experts deliver RGAs to better meet the needs of women, men boys and girls.
- We have piloted a fee-for-service model and boosted our RGA training across UN and other agencies.
- The VoiceApp is piloted in RGAs in three countries.
- A partnership is advanced with UNOCHA and others to systematically deliver RGAs for the humanitarian
sector and to build a consortia of actors using RGAs across a range of contexts, leading to the potential to impact tens of millions of women through improved responses led by other actors.

**Impact and results by December 2022.**
- CARE’s own RGAs have directly benefited at least 9 million women.
- CARE’s RGA approach is adapted for easy use by local actors and systematically implemented across the humanitarian sector to inform emergency responses.
- CARE and UNOCHA have established a meaningful partnership resulting in increased impact and influence of RGAs across the humanitarian system.
- Funding and partnerships leveraged to ensure sustainable RGAs and associated technology.
- The VoiceApp is consistently used by a wide range of humanitarian actors to improve quality and timeliness of qualitative data collection and analysis globally.
- Advocacy directed toward key donors and UN agencies will ensure that RGA results – both from individual crises and collectively – continue to drive global discussion and decision-making around resource allocation and emergency responses.

**Data Protection and Privacy.** Over the last six months, CARE has begun implementing a responsible data workstream that aims to develop policies and improve practices around how we handle programmatic data throughout the data lifecycle. The VoiceApp and Community Score Card tools (see below on page 9) will be included as key considerations across our digital portfolio given the sensitive personally identifiable information (PII) we collect, and the potential risks inherent in utilizing digital platforms. CARE is focused on improving our practice data collection: examining the lawful basis for data collection (informed consent vs. legitimate interest); data controller and data processing obligations: conducting privacy risk assessments and implementing mitigation to ensure benefits outweigh any risks; data analysis – any time we’re using new technologies for automated decision making, such as in machine learning, we’re doing so through an ethical lens; and finally data storage – ensuring all data is either aggregated or anonymized, or that PII is stored in compliance with local data regulations. We have budgeted to ensure data is stored in encrypted cloud-based servers and are working with networks such as UNOCHA’s Center for Humanitarian Data and Nethope on questions around data residency in places like South Sudan where local cloud-based servers are not available. Over the next year, we will begin to incorporate responsible data into existing policies, develop new responsible data policies where there are gaps and devote adequate resources towards change management and communications across CARE International for improved data practice.

2. **ENABLING CHOICE AND DIGNITY: Market-based approaches in humanitarian action**

| Budget Amount: $645,065 (year 1) | CARE Leaders: VSLA coordinator (to be hired); Christian Pennotti, Global Director, Savings Groups; Holly Radice, Technical Advisor, Cash and Markets |

How do we take successful approaches from development programs and apply them to emergency contexts? Market-based approaches that increase women’s economic empowerment and autonomy, including village savings and loan associations (VSLAs) and cash assistance, have been shown to dramatically boost the ability of women and their families to prepare for, react to and recover from crises. We now seek to integrate these approaches into our humanitarian programing, while also filling critical gaps through innovation and broad contributions to the sector. We will focus on two inter-related opportunities:
1. **Drive adoption of best practices in targeting and supporting women with cash and voucher assistance.** Cash and voucher assistance allows vulnerable people, especially women, to meet their needs with dignity in an efficient, effective way that promotes local markets for crisis-affected populations. CARE recently consolidated lessons on how to ensure cash and voucher assistance programming is gender-sensitive. Through this activity, CARE will more consistently implement these cash tools in our own humanitarian work while also driving industry-level adoption of our tools through engagement with critical humanitarian forums such as the Grand Bargain and the Cash Learning Partnership.

2. **Expand VSLA promotion and engagement in emergencies, complementing cash and voucher assistance.** Recent research suggests that the combination of VSLAs plus cash and voucher assistance has the potential to immediately increase women’s involvement in household financial decision-making while also enhancing their financial management skills as a result of training and hands-on experience received through these groups. To expand on these findings, CARE will design and implement pilots in up to four crisis settings to help women drive their own recovery through cash plus VSLA models, while also developing a cash plus VSLA toolkit that can be widely shared.

Our market-based humanitarian approach – as with all of CARE’s work – places women and girls at the center. We seek to ensure that our cash and voucher assistance and “cash-plus” programming is informed by and meets their needs at the time of crisis and transforms their lives as the situation stabilizes. By combining advocacy, support for broad adoption of best practices in cash and voucher assistance, and innovations that strengthen women’s ability to respond to crises, this initiative will catalyze systemic changes in humanitarian response impacting millions of women, girls and their families for years to come.

**Addressing current challenges.** Although cash and voucher assistance is generally understood to be one of the most dignified means of assistance, particularly for women, there is limited evidence and practice employing the approach to help transform gender relations and power structures that impact women’s lives. Similarly, there is a lack of integration across humanitarian sectors, despite clear evidence that cash plus models reinforce lasting change. These gaps indicate the need to develop market-based approaches that are simple, scalable and can be rapidly deployed. Our plan includes:

- Identifying two to four pilot sites, targeting existing cash and/or voucher assistance programs with an expansion component centered on VSLAs. Through this activity, we expect many of the critical partnerships to include existing relationships with local implementing organizations.
- Selecting a research partner to ensure the work generates robust, credible evidence of effectiveness. CARE will use initial consultations with country teams and partners to narrow in on high-priority operational questions and evidence gaps. These will be translated into a clear and focused learning agenda. Depending on the nature of the questions, CARE will reach out to research and/or learning partners with the contextual expertise and skills necessary to support our efforts to fill these gaps. This component of the program will focus on action and improving program results.

**Leveraging resources and partnerships.** CARE will leverage our existing leadership in different global fora to identify opportunities, build alliances and publicize promising practices. We will work with crisis-affected populations to jointly create cash models that meet their needs and put women in control of resources. Other critical partnerships will include peer NGOs, the UN, major humanitarian donors such as USAID’s Bureau for Humanitarian Assistance and Global Affairs Canada, and researchers. A key partnership with ideas42 will help to advance CARE’s CVA work; we currently partner with ideas42 on how to use behavioral science to better guide our gender sensitive cash and voucher assistance. CARE has worked with a variety of industry-leading research partners including academic partners such as Yale’s Innovations for Poverty Action and Oxford University to top-tier market research firms like Ipsos. As described above, the selection of a research partner will be guided in
part by final country focus as well as learning priorities.

CARE will embed insights and/or models developed under this initiative in at least $100M in additional cash and voucher assistance programming proposals within the next three years. For the cash plus VSLA elements of the program, CARE will leverage existing and/or new grants, layering VSLA and research interventions onto existing cash and voucher assistance programs.

Impact and Results by December 2020.
- 60% percent of CARE’s humanitarian projects with cash and voucher assistance effectively using gender-sensitive tools and guidance (baseline: approximately 10%).
- 60% of humanitarian practitioners trained by CARE in the use of gender-sensitive cash and voucher assistance models report consistent uptake of these models and tools (baseline: <10%).
- $100,000 additional funds leveraged for cash voucher work.
- Promising practices on VSLA in emergencies are consolidated and models defined for implementation in the Middle East and North Africa region among Syrian refugees.
- Sector-leading efforts launched in 2-4 countries in order to: a) meet real and immediate human needs; and b) build the evidence base around when, where and how VSLAs can support crisis-affected populations.

Impact and results by December 2022.
- 95% percent of CARE’s humanitarian projects with cash and voucher assistance are effectively using gender-sensitive tools and guidance.
- 80% of humanitarian practitioners trained by CARE in the use of gender-sensitive cash and voucher assistance models report consistent uptake of these models and tools.
- $500,000 additional funds leveraged for cash and voucher assistance work.
- 11,250 VSLA members (80% women) and 56,250 family members reached through 3 pilots, 150 VSLAs each.
- CARE has a refined model that we project can reach at least 2 million new VSLA members by 2030 as part of our global scaling effort.
- Evidence base built to increase overall investment in/use of the VSLA model for refugee populations.
- We have raised at least 3x in additional funding for VSLA in emergencies.

3. SHIFTING POWER: Ensuring local women have the capacity to lead

| Budget Amount: $305,121 (year 1) | CARE Leaders: Isadora Quay, Global Gender in Emergencies Coordinator; Tam O’Neill, Senior Gender Advisor |

Most women affected by crisis have little or no influence over decisions that affect their lives. Why does this matter? Because emergency response situations often reinforce gender inequality, women’s voices are not heard, and their rights and needs are not adequately met. **We need to give women an equal voice and leadership and participation opportunities, particularly in times of crisis.** CARE’s **Women Lead in Emergencies tool** is designed to meet this need. This approach brings together the best of CARE’s programming and advocacy into a simple process that makes women’s participation in humanitarian settings a reality. Our proposed work will support not only CARE, but also the entire humanitarian community, to find more effective, innovative and local ways to address gender inequality in the context of crisis.

**Cultivating local women’s leadership in emergencies.** The Women Lead **model** enables women leaders to identify and solve problems in crisis using their own solutions. Through Women Lead, CARE partners with existing local women’s groups, such as VSLAs or women’s collectives, to plan for and respond to emergencies. The tool involves a CARE team going into a refugee camp or community, seeking out women’s groups or leaders,
finding out what they want to change in their communities and working with them to make the change happen. Put simply, Women Lead acts like a tool box – bringing CARE’s proven approaches in gender in emergencies together to promote local women’s leadership in humanitarian settings. The process involves five key steps: 1) exploration of community and organizational changes required to enable women’s participation and leadership in the given context; 2) rapid gender analysis on local power and decision-making; 3) co-creation, in which women collectively identify ways to address barriers and opportunities for emergency response; 4) action, where the identified activities are implemented; and 5) learning to adapt approaches as needed. All Women Lead projects engage men and boys to mitigate the increased risk of violence for women participating in public life. Women Lead is now being implemented with Congolese and South Sudanese refugees in Uganda and with internally displaced people in Niger. We also used it successfully in the aftermath of Cyclone Gita in Tonga.

What does Women Lead look like in practice? Just ask Jane. She’s a South Sudanese refugee who has been living in northern Uganda’s Omugo settlement with her four children for a year. Jane relies on aid agencies for her food, water, shelter, blankets and safety. She is grateful for this support but has suggestions on how it could be improved. For example, the food distribution point is far away. She spends four hours a day fetching water because there is no piped water in the area. Because Jane and her daughters don’t have enough menstrual hygiene products, she is forced to make them out of blankets. The lives of Jane’s family and others in her community would be improved if she had a voice in how the settlement was run and how resources were distributed. But Jane doesn’t know who makes decisions about camp infrastructure and services. She also lacks confidence because she is uneducated, does not speak English and suffers trauma from her ordeal. Women Lead has connected Jane with other women who want to change how things work in the camp. Jane and her group decided that their priority is changing the location of the food distribution point. Women Lead is helping them to engage with UNHCR to share their problems and discuss possible solutions. The group also asked Women Lead to help them address barriers to their participation and leadership in decision-making in Omugo settlement, including literacy classes and the provision of materials to make reusable menstrual hygiene products.

Leveraging resources and partnerships. This innovative approach is attracting recognition – including from the UN Special Rapporteur on Sexual Violence in Conflict. The model has generated interest and received funding from institutional donors in Australia, Canada, Norway, and the European Union. As we extend this work to additional countries with Sall Family Foundation support, we will use program evidence to make the funding case with other donors and bring this effort to scale. We also will conduct a social enterprise viability study for sustainability purposes and explore the possibility of CARE Social Ventures taking this future work forward.

Impact and Results by December 2020.

- Women Lead has worked directly with at least 2,000 women leaders across four new sites (currently, we work directly with 792 women leaders and 45 male leaders in three countries). One of the sites will be Colombia, as part of our place-based approach work (see page 12 below).
- At least 8,000 individuals across four sites benefit from actions taken through Women Lead.
- Women’s meaningful engagement and participation in decision-making has increased and improved at the four sites, based on indicators such as the # and % of women who have participated in formal and informal decision-making spaces and the % of women reporting that they can work collectively with other women in the community to achieve a common goal.
- Testing at four sites results in a refined Women Lead model, tools and resources.
Impact and results by December 2022.

- The sustainability of the Women Lead model through a social enterprise is determined through a viability study (year 2) and recommendations from that study are piloted (year 3).
- Implementation of Women Lead results in a refined model and approach for scaling.
- CARE has delivered evidence that women’s leadership and participation leads to improved outcomes for communities affected by emergencies.
- At least 40,000 individuals across the four sites benefit from actions taken through Women Lead.
- The Year 2 viability study drives piloting recommendations in Year 3, leading to final determination of what to take to scale.

4. HOLDING THE POWERFUL ACCOUNTABLE: Adapting the CSC tool for emergencies

| Budget Amount: $306,259 (year 1) | CARE Leaders: Etobsie Wako, Interim Director, Innovation and Learning, Sexual and Reproductive Health and Rights (SRHR); Dora Ward, Senior Director, SRHR; and Kelly Church, Director, Digital Impact |

The RGA can help us understand needs of crisis-affected communities, but how do we ensure locally led accountability mechanisms? Through an adapted and enhanced Community Score Card (CSC) tool, CARE seeks to refocus our accountability to the vulnerable and marginalized people we support in crises. Since 2002, CARE has implemented the CSC to elevate community needs, shift local power dynamics, and promote local leadership and community-generated solutions. In recent years, we’ve started using the CSC tool to meet the needs of people in humanitarian settings, but these efforts have been sporadic, with few spaces for sharing learning and enhancing the approach. Integrating the CSC within a larger humanitarian approach allows us to adapt this powerful process to generate locally driven humanitarian solutions in partnership with women and girls. Creating a digitized, streamlined process will elevate and aggregate citizen-generated priorities to improve programs and policy. It also will provide more timely responses, foster interactive processes, ensure transparency and enable scaling. We will build local leadership for the CSC in humanitarian settings through three interrelated approaches:

Adapting the CSC to strengthen women and girls’ leadership in humanitarian settings. Imagine if women and girls could work together and hold those in power accountable to their needs. To make this a reality, we need to support women and girls’ leadership in designing and implementing the CSC. CARE will engage with women and girls in diverse humanitarian settings – from refugee camps to remote villages – to form CSC women’s leadership groups. We’ll work with these groups to adapt and implement the CSC within affected communities to ensure that women’s voices are heard and authorities are accountable to them.

Digitizing the CSC tool. In times of crisis, it is challenging for local communities to inform humanitarian response efforts in a timely, coordinated way. During the CSC process, community members, service providers and power holders come together to identify core issues and challenges and together identify the changes they want to see. They then outline steps to a shared solution. Digitizing the CSC (building on the pilot digitization work in Malawi) will enhance the facilitation process and enable more streamlined tracking. Findings will feed into a comprehensive, web-based platform that will aggregate data from various sources, including that of the VoiceApp. The platform will serve as a dashboard that can be made accessible to multiple stakeholders. To protect vulnerable constituencies, the CSC digital app and dashboard will not contain personally identifiable information, and all data will be end-to-end encrypted, accessible only through a password/administrator rights system. Digitizing the CSC will allow us to: 1) improve facilitation of the approach itself, lessen the burden of data collection, and improve reporting and use in real time; and 2) facilitate access to data across multiple sites for use by various stakeholders, including civil society actors and governments to better inform advocacy and decision-making. Integration of the CSC digital app into broader CSC trainings will ensure scale of the approach across a wider range of contexts. As CARE trains external partners on the CSC, we will immediately link them to
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the maker of the digital tool for ongoing maintenance and support. CARE will provide the 'how to' and standards for using the digital CSC, but the digital company will ensure sustainability of the tool by providing technical support (at a minimal cost to the partner/external organization).

Integrating CSC into local leadership models. CARE will train government staff and local leaders on CSC principles and approaches and work with local and national governments to adapt the CSC for integration into humanitarian response. The CSC digital application will be integrated in these trainings.

The sector needs an inclusive social accountability tool in humanitarian settings, and this critical work will get us there. We aim use this funding to document and build evidence on comprehensive CSC programming in three different humanitarian settings (acute onset natural disaster, active conflict, protracted complex emergency), as an important step toward global scale. We will generate new evidence on how we can better adapt to meet the needs of women and girls in humanitarian settings, aggregate citizen-driven data for decision-making, and partner with local governments to be more accountable and responsive to the needs of communities in crisis.

Leveraging resources and partnerships. Partners include the Inter-Agency Working Group on Reproductive Health in Emergencies, the global health cluster and the health cluster in the respective humanitarian responses. The Center for Global Development, which is exploring shifting power and accountability in humanitarian response, is also a potential partner. We will harness these partnerships to raise visibility for the newly adapted women and girl-led CSC approach to promote its use and scale across various contexts. To ensure alignment across this integrated approach, we will work with a wide range of CARE colleagues, including those supporting the Market-based Approaches, Women Lead and RGA efforts.

Impact and Results by December 2020.
• The women- and girl-led CSC approach for humanitarian settings is designed and documented.
• The CSC application is created and rolled out in three humanitarian settings.
• The digitization process is documented through a toolkit that will be integrated into CSC trainings.

Impact and results by December 2022.
• 1,000 women and girls are capable of replicating the CSC process independently in humanitarian settings.
• The CSC approach is implemented and adapted in humanitarian settings, reaching 2 million people.
• Evidence is generated for a women-led and digitized CSC process, including toolkit for digital CSC process integrated into CARE Emergency Toolkit, adopted as CARE’s recommended accountability tool and widely available to external partners through the global health cluster, the Inter-Agency Working Group, and the cluster system in 100% of CARE’s specific responses.

5. GETTING LOUDER: Translating local achievements into systemwide change

| Budget Amount: $358,561 (year 1) | CARE Leaders: Sarah Lynch, AVP, Global Advocacy; David Ray, VP, Advocacy; Vanessa Parra, Executive Director, Media Relations; John Aylward, Chief Marketing Officer |

If we don’t lift up and amplify evidence and local voices at the global level, how will we bring about systemwide change? To do this, CARE will use the evidence and learning from the other workstreams to push for transformational, systems-level change and create accountability to put women and local communities in
charge of the decisions that affect them. The groundwork has been laid: The Grand Bargain⁴ has sparked growing recognition of the crucial leadership role women and girls can play in crisis response. However, such changes are occurring only in a small number of countries, and engagement of women’s groups remains limited. Evidence strongly indicates that local women’s groups cannot increase their engagement or impact without more resources, greater attention to gender in emergencies and women’s local leadership within the broader humanitarian sector. We therefore will target high-level decision-makers who can change the resources allocated, policies implemented, and the ‘rules of the game’ to make way for women and give them seats at decision-making tables. To this end, CARE will pursue two key goals:

- **Catalyze governments to uphold their commitments** to the Grand Bargain to commit 25% of global humanitarian funding to local organizations, of which 20% will be committed to women-led or local feminist organizations; and convince UNOCHA to support this by adopting meaningful standards that promote local women’s leadership and participation (by 2022).
- **Advance the structural policy changes above and ensure accountability, effectiveness and transparency in gender in emergencies program delivery** by developing a CARE-branded report card in 2021 for the sector and strengthening our ability to provide compelling, relevant media coverage. This will be a CARE product, helping to elevate our unique position, and will be done with a solid action research agenda and the consultation of targets being scored.

Our strategies to achieve these goals are:

1. **Increase global resources and improve policies promoting local and women-led organizations.** Due to our diverse points of access to global decision-makers and our strong support from CARE International members, we have multiple pathways to reach the IASC, UNOCHA and others to achieve our policy goal. With a strategic advocacy and communications investment, we can elevate compelling evidence from this entire project to help make gender in emergencies a global priority.
2. **Strengthen media coverage and tools for gender in emergencies.** To ensure we effectively gather key information from our workstreams and leverage it to amplify external messages, CARE will:

   - **Deliver media capacity and training.** We will equip ourselves to share compelling narratives and evidence with the media. In partnership with Thomson Reuters, we will focus on media training for local partners to increase their ability to engage effectively with the press.
   - **Create a gender in emergencies sector report card.** Based on data from other approaches, our media team will work with advocacy and program to develop an innovative report card that holds those in power accountable for the commitments they have made against gender in emergencies. The CARE-branded product will draw from and leverage the rich data generated through RGAs and the CSC to inform the grading process. This will allow local communities to contribute to the overall rankings, thereby further shifting the rules. The report card will be used for several purposes: compelling decision-makers and nonprofits to prioritize gender in emergencies in humanitarian responses; leveraging data and analysis to increase dedicated resources; and spotlighting compelling stories about women as emergency responders to raise public awareness. The report will come out every year going forward. Building a database of knowledge over time will increase media interest, as well as potential future support for the report card.
   - **Strengthen media and communications.** We will hire a humanitarian media position based in the U.S. to meet the advocacy and campaigning goals, educating media on these issues and spinning the goals into the news cycle whenever possible; develop policy messaging and press releases as emergencies and opportunities arise; and support deployments to locations where there is a strong focus on gender in

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⁴ The Grand Bargain is an agreement to change field practices and humanitarian resource allocation methods to generate an extra $1 billion over five years. Such resources are intended to increase cash programming and funding for national and local responders as part of the overall funding mix, as well as more intentionally coordinated donor reporting requirements.
emergencies, including building bridges between media outlets and CARE partners.

**Leverage resources.** CARE is working on a $250,000 investment from the Open Society Foundation to urge U.S. government investment in gender-based approaches to humanitarian response and for early components of CARE’s gender in emergencies global campaign (Women on the Front Lines). This initiative provides a complementary opportunity to engage policy makers.

**Impact and Results by December 2020.**
- 3-5 additional indicators are added or adapted to include gender factors in the Global Humanitarian Overview to track gender in emergencies progress.
- Policy brief completed to influence humanitarian decision-makers in support of project policy goals.
- 10-12 significant media hits secured to mark the launch of CARE’s first gender in emergencies report card.
- CARE offices from three regions involved in the gender in emergencies advocacy campaign.

**Impact and results by December 2022.**
- The Interagency Standing Committee has shifted resource allocations to include 25% of funding to local organizations annually with 20% devoted to women’s groups.
- CARE has successfully rolled out an annual gender in emergencies report card and leveraged branded product for fundraising purposes.
- CARE has developed 10-15 gender in emergencies/women’s leadership stories featured in global media that fueled the policy campaign.

### 6. GROUNDING OUR WORK: Place-based innovation

| Budget Amount: $493,790 (year 1) | CARE Leaders: See below |

To ground all the tools and approaches above in our field work, we will use a place-based focus to test, refine and scale in real time. The two place-based efforts include: 1) test lab in Colombia; and 2) regional advocacy and communications in the Middle East and North Africa region.

**Test Lab in Colombia**

| Budget Amount: $356,322 (year 1) | CARE Leaders: Marten Mylius, Colombia Country Representative; Tatiana Bertolucci, Regional Director, Latin America and Caribbean; Susannah Friedman, Humanitarian Policy Director |

We propose to use an ongoing crisis response to implement these approaches collectively, rather than as individual workstreams. CARE’s May 2019 RGA on the Colombia/Venezuela border revealed an astonishing crisis of gender. Women and girls are profoundly vulnerable in this particular emergency, in which they confront high rates of sexual violence and the total normalization of gender-based violence. To face this challenge in a region that has seen a considerable decrease in international aid investment but now confronts one of the biggest displacement crises in the world today, it is imperative that CARE find new ways of operating so that we can scale our impact across countries affected by the regional crisis and tap into the capacities of local partners.

We seek to use our planned response in Colombia as a test lab – bringing together all the locally led and women-focused approaches described above in a single humanitarian response. We will closely document our experience in Colombia and share learnings not only across CARE but also with the broader humanitarian community. As a result of our RGA, scoping mission and needs assessments, CARE has decided to establish a new country presence in Colombia. This allows us to test our solution across every phase of humanitarian response – including start-up, needs assessment, partner selection, program implementation, monitoring and evaluation and regional and global advocacy. Our vision is for Colombia to become our regional base for the
A Proposal for the Sall Family Foundation

Venezuela response, meaning it will guide our work and partnerships not only in-country, but also in Venezuela, Ecuador and Peru. A number of humanitarian actors responding to the regional Venezuela crisis are based in Colombia, but CARE brings a unique value to this crisis response through our expertise in gender in emergencies.

**Leveraging resources and partnerships.** CARE has placed a priority on raising funds to mount a full-scale, multi-year response in Colombia to meet immediate relief and long-term recovery needs of at least 200,000 vulnerable people within the migrant, refugee and host Colombian populations. To meet these needs, we aim to raise $20 million over three years for the Colombia response from other private supporters, national and bilateral donors. This effort will be led by CARE’s Latin America and Caribbean regional management unit, together with the Humanitarian Team and Program, Partnerships and Learning.

**Impact and Results by December 2020.**
- CARE’s Colombia country office is responding effectively to the needs of at least 20,000 people impacted by the Venezuela crisis, particularly women and girls.
- CARE has leveraged at least $5 million in donor funds for the Colombia response.
- Women Lead is successfully working in Colombia.
- Market-based approaches are standard interventions in the Colombia response.

**Impact and Results by December 2022.**
- CARE’s Colombia-based response to the Venezuela crisis is applying a full suite of locally-led and women-focused approaches successfully and has documented and shared lessons learned.
- CARE’s response to the Venezuela crisis, led from Colombia, successfully hits scale targets.
- CARE has raised $20 million for our Colombia response.

**Regional Advocacy and Communications in the Middle East and North Africa**

| Budget Amount: $137,468 (year 1) | CARE Leaders: Middle East and North Africa Gender in Emergencies Coordinator (to be hired); Sarah Lynch, AVP, Global Advocacy; Vanessa Parra, Executive Director, Media Relations |

While CARE has strong evidence from every geographic region where we work, a dedicated focus in the Middle East and North Africa region, which is grappling with deteriorating situations in both Yemen and Syria, will pay dividends beyond 2022. We will boost advocacy and communications capacity and capitalize on ongoing work, expand our influencing opportunities, and deepen partner capacity. Regional advocacy will link to the other workstreams described in the proposal and will play a critical role in the global gender in emergencies campaign. CARE will hire a strategist to work with our advocacy team and leadership in the region to lift up the most promising gender in emergencies approaches and narratives and compile policy reports to influence global decision-makers. They will work with their media counterparts to generate materials for global advocacy efforts.

**Leveraging resources and partnerships.** CARE has been working to ensure that gender-based violence training and guidance developed internationally over several years is incorporated into the global practices of humanitarian actors with help from an 18-month $600,000 advocacy grant from the Office of Foreign Disaster Assistance. Examples from the Middle East and North Africa region generated by this project will provide timely and relevant examples of the vital importance of supporting gender-sensitive programming and local women’s humanitarian leadership that can be delivered directly to global leaders. CARE USA and the regional team also are active in multiple coalitions that can amplify these narratives and policy reports with media and policymakers. This effort will be led by CARE USA’s Policy and Advocacy Department.

**Impact and Results by December 2020.**
- Five country offices in the region (Yemen, Syria, Jordan, Iraq, Palestine, Lebanon) are actively engaged in
delivering on advocacy strategy and staff and resources are in place to support advancing the strategy.

Impact and results by December 2022.

- CARE has built robust regional capacity and has produced five strong gender in emergency policy reports used by global policy-makers in support of project policy goals.
- The regional team is regularly sourcing gender in emergency impact stories from the field and pursuing a coordinated regional advocacy strategy (a total of 30 stories, with a focus on local and regional outlets with some international outlets over the project period).
- With roughly two-thirds of CARE's current programming in the Middle East being humanitarian-focused, an increase in advocacy effectiveness could lift our impact potential by hundreds of thousands of people.

7. FOSTERING SOLIDARITY AT SCALE: CARE Package 2.0

| Budget Amount: $298,980 (year 1) | CARE Leaders: Will Byrne, CARE Package CEO; Dar Vanderbeck, Chief Innovation Officer |

As humans, we are more connected than ever before, and yet how we show up for one another in crisis remains ad hoc and fragmented. Through the CARE Package 2.0, we will create a digitally enabled global community of CAREtakers that can give directly to those on the frontlines of crisis. This will fundamentally shift the way that CARE strengthens community bonds – linking donors here in the U.S. with people in need overseas, especially women.

Build a global community of CAREtakers through the CARE Package 2.0. This initiative will be designed to promote solidarity over charity, radically live out our values of transparency and community, and aim to realize our brand and global networks for the future. We conducted market research with the U.S. public, and this underlined the fact that the CARE Package 2.0 will give CARE a huge opportunity to cut through in our home market and help us recruit many new supporters who will donate and take other actions to support the fight against poverty and inequality. This effort also will strengthen and significantly leverage CARE’s supporter base for the future, helping advance our humanitarian and women’s economic empowerment impact goals.

Leveraging resources and partnerships. CARE has held preliminary partnership conversations with Give Directly, as well as with payments leaders including PayPal, Square, Ripple, Google Pay and Mastercard. The initial stages of the CARE Package 2.0 work would define critical partnerships to develop, pilot and launch this initiative. During this period, CARE Package 2.0 will also explore and learn from GlobalGiving as well as the membership model. CARE envisions the CARE Package 2.0 effort as an ongoing vehicle to mobilize funding to fuel our efforts to increase women’s control over resources in crisis. The CARE USA board contributed $300,000 to initiate the product development process.

Impact and Results by December 2020.
1. The CARE Package minimum viable product will be developed and launched.
2. We will fundraise to meet the $3M launch target.
3. Steering committee formed and monthly milestone check-ins occurring to track progress and course-correct as needed.

Impact and results by December 2022.
4. CARE will create a breakthrough digital product that disintermediates the aid sector, breaks down barriers and builds a global constellation of people committed to ending poverty and achieving social justice.
5. The initiative reclaims the CARE Package brand with a new generation of supporters.
6. We build and activate a global constituency of over 1 million changemakers who can share resources and strategies to achieve our mission.
8. Project Management

<table>
<thead>
<tr>
<th>Budget Amount: $197,178 (year 1)</th>
<th>CARE Leaders: Project Coordinator (to be hired); Sheba Crocker, Vice President, Humanitarian Policy and Practice</th>
</tr>
</thead>
</table>

Pulling together this many streams of work requires strategic vision, direction and coordination. To ensure the highest level of cross-team collaboration and a genuinely integrated approach, we have built in a project management role. We envision this new hire will both ensure cross-pollination between the different teams and will also monitor progress against our short-term and annual milestones. This role will also take the lead on budget management, informal updates and formal reporting.

## Conclusion

January 2010. A 7.0 earthquake strikes Haiti, resulting in the worst recorded disaster in the Western Hemisphere. The quake affected more than 2 million Haitians, claimed over 200,000 lives, and left 300,000 injured. In response, the aid industry responded as it had for virtually every major disaster in previous decades – hundreds of NGOs set up shop or expanded operations, thousands of expat aid workers deployed, vast warehouses of donated items flooded in and the donor funding machine went into action. Locally led efforts were limited, coordination was inefficient, and women’s voices were not fully heard. And now nearly nine years later, despite this massive response, the country remains impoverished and most Haitians are still vulnerable.

We need to start transforming the humanitarian system that has historically relied on a donor-agency-beneficiary paradigm – where information, resources, decision-making and power are tightly held – to a model that truly puts power in the hands of affected people, making women-centered humanitarian response as local as possible. CARE’s decision to embark on this landmark work is based on significant evidence that localized aid will deliver more effective and impactful humanitarian responses so that the Haiti model will not occur again. It also is a more equitable approach, redistributing power and resources to local responders, particularly women.

With Sall Family Foundation support, along with ongoing investments and additional donor outreach, CARE will contribute to developing, improving and scaling localization and women-centered emergency response approaches within the broader humanitarian community. We will work in partnership with the Foundation throughout the three-year timeframe to monitor milestones and quickly adapt and course-correct where necessary based on our learning. We appreciate the Foundation’s consideration of partnership in implementing this transformational work to help humanitarian-affected communities assess and meet their own needs.

### SALL FAMILY FOUNDATION HUMANITARIAN INVESTMENT BUDGET

<table>
<thead>
<tr>
<th>Transforming Humanitarian Response</th>
<th>Current request Year 1 (CY20)</th>
<th>Year 2 (CY21)</th>
<th>Year 3 (CY22)</th>
</tr>
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<tbody>
<tr>
<td>1 - Getting it right from the start: Rapid Gender Analysis</td>
<td>$358,020</td>
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<td>2 - Enabling choice &amp; dignity: VSLA &amp; cash vouchers in emergencies</td>
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<td>3 - Shifting Power: Women Lead</td>
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<td>4 - Holding the powerful accountable: Adapting the Community Score Card</td>
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<td>5 - Getting louder: Advocacy &amp; communications</td>
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<tr>
<td>6 - Grounding our work in place-based solutions: Colombia, Middle East</td>
<td>$493,790</td>
<td>$593,790</td>
<td>$593,790</td>
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<tr>
<td>7 - Fostering solidarity at scale: CARE Package 2.0</td>
<td>$298,980</td>
<td>$250,008</td>
<td>$</td>
</tr>
<tr>
<td>8 - Project Management</td>
<td>$197,178</td>
<td>$220,000</td>
<td>$250,000</td>
</tr>
</tbody>
</table>

**Year 1 numbers are based on detailed budgets. Year 2 and 3 budgets are directional and shared here for context. We are not seeking three-year commitments and will instead revisit these investments with the Foundation annually.**
CARE’s partnership with the Sall Family Foundation has continued to allow us to plant seeds of new energy in the organization and lift up innovation across our program and advocacy work and thereby significantly increase our impact. We are proud of what we have accomplished together, and we look forward to deepening this progress with a significant emphasis on our humanitarian work in the next investment cycle, as described in the separate proposal. This supplemental investment proposal focuses on five critical programs that sit outside of the requested humanitarian support, but which are critical to our continued focus on innovation and scale:

1. Water Ecosystems Pilot extension (initiated in 2019)
2. Applied Learning and Innovation Hub in West Bank and Gaza (Year 3; final year)
3. Collective Impact for Nutrition (Year 3; final year)
4. Building Market-based Approaches Capacity
5. President-Directed Fund

Each program is described below, along with the anticipated outcomes and results.
1. WATER PILOT EXTENSION

| Budget Amount: $27,692 | CARE Leaders: Stephanie Ogden, Water Team Director; Juan Echanove, Senior Director, Food and Water Systems |

The Valuing the Ecosystems Contributions of Small-Scale Farmers learning initiative, currently funded by the Sall Family Foundation, seeks to build on CARE’s robust work with small-scale farmers and focus on understanding and quantifying the value of the ecosystem services they provide. Around the world, farmers make their community ecosystem healthier and more sustainable by restoring land, protecting water sources, contributing to carbon sequestration and addressing food shortages, but the public value of these larger benefits is largely unaccounted for. This learning is helping CARE revise our Water Strategy and ensure that we speak clearly and commit boldly to ecosystem conservation, climate-resilient actions and water resource protection that is vital to the sustainability of CARE’s broader efforts. Our current learning cycle ends in December 2020, and we are eager to share our results with Sall Family Foundation colleagues. We also would like to continue this work and ensure that we have a CARE champion/bridge person who will ensure that sustainability of ecosystems is a primary outcome of our work in food and water systems and security.

We have learned that some of our most catalytic investments are in staff that bridge or champion particular thematic areas. This is particularly true in cross-sectoral programming, such as CARE’s water-smart agriculture (WaSA) work, where getting sectors to truly communicate requires regular facilitation – a person to stand at the intersection of the different sectors, understand and translate their respective priorities and incentives, and orient them in a single common direction. In CARE’s WaSA work, we seek to bridge the water, agriculture, and environmental/resource management sectors towards sustainable water access and management for all uses, in perpetuity. But this is easier said than done. We therefore propose using an additional $27,692 to partially fund a position on the Food and Water Systems team to support opportunities at this critical intersection. We have secured $25,000 from the Gordon Getty Foundation and will cover the remaining 2020 gap with Water Team funds. We will gradually identify additional funding opportunities to sustain the champion in the long term.

Impact and Results by December 2020.

- 30% of CARE's Food and Water Systems programs developed in 2020 will apply a refined ecosystems framework, with a goal of 60% of all relevant programs applying an ecosystems framework by the end of 2020, and 85% by the end of 2022.
- Two new partnerships that advance CARE’s water-smart agriculture and ecosystems approaches are developed, leveraging at least $250,000 in new funding for this work.
- A model of payments for ecosystems services to small-scale farmers through CARE-supported village savings and loan associations (VSLAs) is refined and tested in at least two settings (the results of this pilot will extend into 2021, but we will consolidate learning in December 2020). Our current learning phase will culminate in a report and recommendations around how CARE can best test and engage in payments for small-scale farmers as co-investment for the ecosystem services and other public benefits to which they contribute. One of the broader models emerging from this learning is payments for ecosystems services through VSLAs, and we’d like to pilot a few versions of this in our ongoing work.

2. APPLIED LEARNING & INNOVATION HUB – WEST BANK & GAZA

| Budget Amount: $100,000 | CARE Leader(s): Hiba Tibi, Economic Empowerment Coordinator; Salam Kanaan, CARE Palestine Country Director |

Since January 2018, the Sall Family Foundation has supported CARE’s innovative Applied Learning and Innovation Hub led by CARE’s team in the West Bank and Gaza. The Hub has four pillars: technical assistance, consulting, innovation, and thought leadership. It focuses on resilient market systems in crisis and fragile contexts, gender-transformative programming, and integrating innovations like social enterprise acceleration to unlock and tap into local socio-economic opportunities, while also saving lives. The Hub captures, develops and
shares best practices for project design and implementation with other CARE country offices through technical assistance, and by presenting our work in other external forums. To date, some 25 CARE country offices have benefited from the Hub’s technical support. This initiative enters its final year of funding (through December 31, 2020) during a critical and increasingly difficult time for Palestine. The focus on meeting the needs of people in one of the world’s longest protracted crises is critical both for Palestinians caught in the center and others who can learn from one of CARE’s most experienced and agile teams on this issue. In 2020, the Hub will focus on:

• In cooperation with the Middle East and North Africa regional management unit, hold a regional donors’ meeting to highlight key achievements and promote and share learnings and tools.
• Launch specialized learning modules/documents on resilient market systems in fragile settings, social entrepreneurship and gender-transformative approaches for women’s economic empowerment programs.
• Conduct a learning exchange to enhance the skills of additional program teams in in the Middle East and North Africa region to drive new approaches and evaluate new ways of using tools and designing programs.
• Hold a roundtable on nexus programming in Palestine and share learning with other countries.
• Help develop the guiding framework for the Arab Women’s Economic Empowerment Index to be implemented in 12 countries in the Middle East and North Africa region. Implementation will include activists, women’s NGOs and confederations, and relevant government ministries.
• Assess program impact and performance of the Hub in terms of: 1) impact on country offices and their target groups, 2) the distributed thought-leadership model; and 3) the evolution of the Hub business plan.
• Continue negotiations with CARE Norway to integrate funding for the Hub within a 3-year livelihood project that will start on January 1, 2020. Moreover, CARE Netherlands has expressed interest in funding the Hub to manage a thought leadership component in a large H&M Foundation-funded project.

Impact and results by December 2020.
• Practical learning from this work and from other similarly challenging contexts is shared and replicated through the Hub to enhance the integration of emergency response with development and peace initiatives across CARE and with donors, partners and other humanitarian agencies.
• We will continue to work with more than 100 social enterprises at a critical time in Palestine, with a focus on building towards sustainability.

3. COLLECTIVE IMPACT 4 NUTRITION

| Budget Amount: $1,115,000 | CARE Leader(s): Thomas Schaetzel, Nutrition Plus Director; Juan Echanove, Senior Director, Food and Water Systems |

Collective Impact 4 Nutrition (CI4N) was launched on January 1, 2018 to build on more than a decade of previous nutrition efforts funded by the Sall Family Foundation. The program’s goal is to eradicate stunting through the power of working collectively and leveraging additional resources from others to increase impact. We do this by replicating and scaling up proven CARE programming models. CI4N aims to harness and coordinate the efforts of other actors who implement a portion of the overall Nutrition at the Center model, with CARE serving as a “backbone” to focus these joint efforts around a single vision. Because the mechanisms for achieving impact is highly context-specific, CI4N works somewhat differently in different countries.

In the upcoming final year of the three-year initiative (January 1 – December 31, 2020), CARE will continue to focus on building capacity and scaling up the multisectoral nutrition programming model in Bangladesh and Benin, leveraging hard-won influence and trust development among partners during the project’s first two years. With CARE’s new position as co-chair for the Scaling Up Nutrition Civil Society Alliance (SUN-CSA) in Benin and Bangladesh, we are well-positioned to take our role as the backbone organization of this critical work to another level. The third year also will see CI4N’s first expansion, as we will apply program learning from Bangladesh and Benin to initiate a similar strategy in Nepal, taking advantage of CARE Nepal’s current
involvement in a variety of nutrition-related sectors.

Impact and Results by December 2020.

Benin
- Build the capacity of selected national and regional development actors and support regional coordinating platforms to replicate the CARE multisectoral nutrition model. With a current membership of 34 organizations working across Benin, over 2 million households will be reached once fully rolled out.
- Leverage our new role as co-chair of the Benin SUN-CSA to activate and coordinate nongovernmental actors, in particular by codifying roles and disseminating practices for stunting prevention and elimination.
- Support the SUN-CSA to develop and engage with governments to facilitate and enforce policies for birth registration. This has the potential to significantly improve complementary feeding and growth monitoring and promotion by up to 40% in Benin. The current lack of information on children’s birth records hampers growth monitoring and counseling on age-appropriate feeding practices.
- Collaborate with the Benin Nutrition Society and the University of Abomey to include the Social Analysis and Action model in nutrition curriculum for bachelor’s degree programs. This ensures that women’s empowerment is a critical skill for practitioners and a component in all nutrition programming nationwide.
- Lessons learned will inform the development of CARE’s West Africa Regional Nutrition strategy, thus shaping the focus of nutrition programming in the dozen-plus countries where CARE works in the region.

Bangladesh
- Provide lead technical support, at the government’s request, to the Bangladesh National Nutrition Counsel and other stakeholders for the establishment of vertically and horizontally coordinated multi-level nutrition coordination platforms throughout Bangladesh – reaching over 5 million households through the 2nd National Plan of Action for Nutrition in all 68 districts in Bangladesh.
- Support the Bangladesh SUN-CSA platform to formalize structures that position CARE more strategically as a backbone organization and to strengthen the capacity of government and other NGOs to replicate and scale up CARE’s tested models.
- Explore possibilities for establishing other backbone organizations through major nongovernmental organizations, e.g., Save the Children, CONCERN, BRAC, etc.

Expansion and learning
- Expand to Nepal based on the high level of need and potential for multi-actor collaboration.
- Consolidate our learning around the collective impact programming approach for nutrition – i.e., how did it shift the emphasis from direct implementation to the establishment of a long-term process of social change to prevent stunting? We look forward to sharing this information with the Sall Family Foundation, which has been such a vital supporter of CARE’s nutrition work, and more broadly across the nutrition sector, including peer NGOs, donors and government counterparts. The project has secured funding from the World Bank and private donors including Latter-day Saints Charities, Pfizer and the World Wings Foundation to continue supporting this critical work.

4. BUILDING THE CAPACITY FOR MARKET-BASED APPROACHES

| Budget Amount: $294,053 | CARE Leader(s): Mark Muckerheide, CEO CARE Social Ventures; Jamie Terzi, Vice President, Program, Partnerships and Learning |

The United Nations estimates $1.4 trillion per year is needed to end extreme poverty by 2030, but global aid and philanthropy only amount to roughly $150 billion per year. To bridge this gap, we believe we must harness the power of the world’s annual $80 trillion economy. CARE’s market-based approaches work is about identifying where we can best use business- and finance-based interventions to help end poverty and injustice. At the beginning of 2019, a cross-functional team with representation across and outside CARE helped identify the big
bets we should make to maximize market-based approaches across our work. One of the key next steps was to build a single cohesive team responsible for championing and coordinating this effort across CARE.

We seek to add a leadership role, an associate vice-president of market-based approaches, to build and guide this team around the broader work. The position will lead six key focus areas: Village Savings and Loan Associations, CARE Consulting, CARE Enterprises Inc., CARE Social Ventures, CARE USA’s Women’s Economic Empowerment team and CARE’s global 2030 Market Approaches strategy. With a tentative goal of reaching 100 million people through market-based approaches by 2030, it is critical to resource the leadership of this dynamic team – which is currently small in numbers but with significant ambition.

We believe this role can be primarily funded by commercial revenue within three years. We are seeking a $300,000 investment to cover 60% of the role in the first half of CY2020 and 40% in the second half of CY2020. We also will make investments in 2020 that will cover 20% of the role by CARE’s FY22 (July 1, 2021 – June 30, 2022) via a return on these investments. This would put us on the path to no longer needing any grant or philanthropic funding in FY23 (July 1, 2022 – June 30, 2023) to staff this leadership role, which is the linchpin of building out the team and the growth of market-based approaches at CARE.

Impact and Results by December 2020.
• Complete baseline of CARE’s impact and reach through market-based approaches (early impact estimates range from 35M-55M).
• Advance work on our 2030 Market-Based Approaches impact goal, which will contribute to CARE International’s overall 2030 impact goals (strategic planning is already underway for 2030).
• Ensure sustainability: These 2020 funds provide the staff and investments to make the associate vice-president of market-based approaches fully sustainable by CARE’s FY23, through the growth of primarily commercial sources of revenue.

5. PRESIDENT-DIRECTED FUND

<table>
<thead>
<tr>
<th>Budget Amount: $500,000</th>
<th>CARE Leader: Michelle Nunn, President and CEO</th>
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</thead>
</table>

The President-Directed funds will be allocated at the CEO’s discretion to critical areas that can be catalytic to creating change and impact. We will provide detailed reporting on the use of these funds and the resulting impact from these timely and targeted allocations.

<table>
<thead>
<tr>
<th>SALL FAMILY FOUNDATION INVESTMENT BUDGET</th>
<th>Current Request Year 1 (CY20)</th>
<th>Year 2 (CY21)</th>
<th>Year 3 (CY22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Eco-systems &amp; water resources management pilot extension</td>
<td>$27,692</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>2- Applied Learning &amp; Innovation Hub - West Bank &amp; Gaza</td>
<td>$100,000</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>3 - Collective Impact 4 Nutrition</td>
<td>$1,115,000</td>
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<tr>
<td>4 - Market-based Approaches - Capacity building</td>
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<td>5 - President-Directed Funds</td>
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