



CARE AND THE SDGS: IMPACT AND LEARNING ANALYSIS

2015-2020

Cover page shows Syrian sisters Haneen, 14, (left) and Sidra, 13, (right) join friend Reem, 14, (centre) in a peer-to-peer support group for Syrian and Jordanian teens at a CARE community centre in Irbid, Jordan.



EXECUTIVE SUMMARY

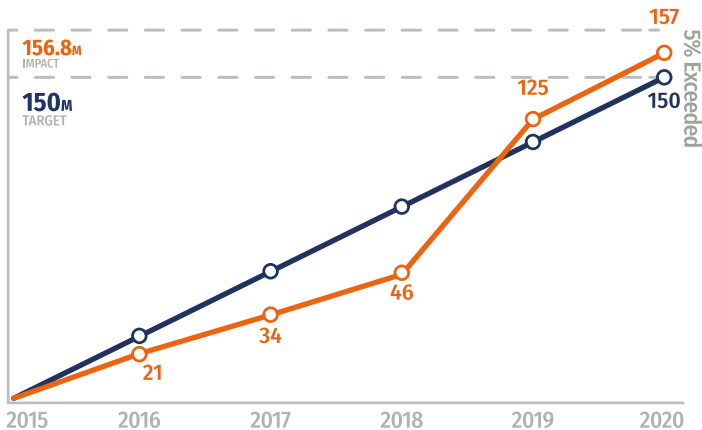
When CARE developed our 2020 Program Strategy, aligning our measurement system with the Sustainable Development Goals (SDGs) seemed an obvious choice; as the SDGs represent a collective, global commitment to a transformed world, it is only right that an organization like CARE also show how its work contributes to these shared goals toward this collective vision.

In this report, we account for the **contributions** CARE and our partners have made to these global goals, drawing on **evaluations**, learning summaries or periodic outcome reports from over 1,300 projects and **advocacy/influencing** initiatives, from 2015 to 2020. We use the word “contributions” deliberately: in all our work, change happens through the combined efforts of many different actors, including civil society and movements, governments, and the private sector. Our programs are just some of the contributing factors that **lead to these impacts and outcomes**. The report also highlights what we have learned over the last six years, and the areas we need to focus on and improve over the next 10 years of the SDG period, to 2030.

81 COUNTRIES HAVE CONTRIBUTED

TO CHANGE FOR 157 MILLION PEOPLE

Progress Towards CARE's 2020 Impact Target (150M)



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EXECUTIVE SUMMARY



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Overall, we have contributed to significant change in **11 of the 17 SDGs**, with the largest contributions being to SDGs 1 (poverty), 17 (partnerships), 3 (health), 8 (inclusive growth) and 5 (gender equality):

1 NO POVERTY

71.1m
People supported with quality humanitarian assistance, access to basic services, or to reduce poverty, in 51 countries

For example, **7.4m** crisis-affected people in **Yemen** obtained cash, improved hygiene or access to clean water

2 ZERO HUNGER

22.1m
People helped to increase food security, or improve nutrition or sustainable agriculture, in 51 countries

For example, **1.6m** people in **Nepal** improved their food security, through participatory social accountability approaches

The gender transformative approach of the **Win-Win project** in **Burundi** led to increases in rice production, food security, and incomes, as well as feelings of safety and attitudes rejecting gender-based violence. Adapting the EKATA model from CARE's work in **Bangladesh**, women's solidarity groups and community dialogue helped women access the support they need to change discriminatory social and gender norms. The approach produced a return of \$5 for every \$1 invested, compared to a \$3 return from a gender mainstreaming approach that just shared messages on gender equality.

3 GOOD HEALTH AND WELL-BEING

42.6m
Women supported to exercise their right to sexual and reproductive health, in 37 countries

For example, **7.8m** couples in **Bangladesh** got modern contraceptives from NGO service delivery partners

4 QUALITY EDUCATION

4.0m
Children helped to access better quality or more inclusive education services, in 20 countries

For example, **420,000** children in **Timor-Leste** have quality education materials to support literacy skills

The **Bihar health program** in **India** has improved health services for **28.3m** women and children, strengthening capacities of the Government health system to provide family planning, child health, nutrition and maternal health services. Use of modern contraceptives increased from 44.5% to 77.8%, and the proportion of births attended by skilled health personnel increased from 68.4% to 79.2%.

5 GENDER EQUALITY



12.5m

Women and girls supported to increase their levels of **empowerment** and **gender equality**, in **66 countries**

For example, CARE and our partners helped over **260,000** women in **5 countries** reject intimate partner violence

6 CLEAN WATER AND SANITATION



8.2m

People helped to access clean **water** or improved **sanitation** services, in **17 countries**

For example, **5.8m** people in **Peru** got access to better water and sanitation services

With our local partners **RWAMREC** and **RWN** in the **Indashyikirwa** project in **Rwanda**, a couples' curriculum program contributed to a 55% reduction in the odds of women experiencing physical and/or sexual intimate partner violence (IPV). Amongst men, the curriculum led to a 47% reduction in the odds of reporting having perpetrated physical and/or sexual IPV.

8 DECENT WORK AND ECONOMIC GROWTH



16.5m

People supported to increase their economic **empowerment** and **dignified work**, in **64 countries**

For example, **12.5m** people supported to join **community savings groups**, **78%** women

10 REDUCED INEQUALITIES



8.8m

People from most excluded groups experiencing **reduced inequality**, in **49 countries**

For example, the **Domestic Workers' program** in **Latin America** helped **90,000** increase awareness of their rights

Made by Women has enabled **167,000** women garment factory workers in Asia to claim their rights or reduce risk of sexual harassment in the workplace, and a further **4.1m** stand to benefit from improved legal practices CARE and our partners have influenced. **77** factories have worked with CARE to make changes to their policies, systems, and workplace cultures.

13 CLIMATE ACTION



5.4m

People supported to strengthen their ability to build **climate resilience** or reduce their vulnerabilities, in **39 countries**

For example, in Madagascar we contributed to increased resilience for **280,000** people

16 PEACE, JUSTICE AND STRONG INSTITUTIONS



4.1m

People increased their meaningful **participation in decision-making**, in **44 countries**

For example, in **Ghana** we helped increase meaningful participation in local government decision-making for **2.4m** people

17 PARTNERSHIPS FOR THE GOALS



57.8m

People have seen improvements in their lives derived from **242 advocacy and influencing successes**, in **53 countries**

CARE and allies successfully advocated for an additional \$1bn in US Government global **humanitarian funding for famine relief**, providing assistance to 20-30m people a year from 2018 onwards.



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Reviewing our global evidence and learning, we highlight three main lessons that validate our hypothesis in the [2020 strategy Theory of Change](#) that we could best contribute to change by multiplying impact, working in partnership with others, and putting gender equality at the heart of our work:

- The majority of our contributions to the SDGs (63%) have come from **advocacy, systems strengthening** or work to **influence others to scale up models**. Leveraging the learning from innovative programs to influence others is critical for achieving [impact at scale](#).
- Scale is possible when we make the right investments in **locally-driven solutions with a range of partners**. Consistent commitment to a common impact goal over at least 10 years, with funding flexibility to enable adaption and operating outside the standard project structure have proven essential, along with the ability to read the political context and seize opportunities for influence.
- Putting **gender at the heart** of our work has seen important successes, but needs further prioritization: we recognize that we need to further deepen our commitment to gender equality, in our programming and our measurement of impact.

For the future, we are committing to: **strengthen our partnerships**, shifting power and working in solidarity; **adapt faster** and more proactively; more consistently **seek and respond to the feedback** from the impact groups in whose lives we seek change; and continue improving our impact measurement systems and capacity across the organization.

While we have seen significant progress over the first five years of the SDGs, the COVID-19 pandemic and the [increasing numbers of people in need](#) as a result of climate change and other crises make it clear that achieving the SDGs targets is harder to imagine today than perhaps it was when they were agreed in 2015. As CARE embarks on a [new organizational strategy towards 2030](#), our evidence shows that we will need to increase our focus on equitable partnerships and gender equality if we are to contribute to greater impact at scale in the future. We invite you to join us.

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When we launched our [2020 Program Strategy](#), CARE also developed a measurement framework to track our progress towards our impact ambition of helping 150 million people experience positive change. This included the use of SDG indicators or other proxy/related indicators. Alignment with the SDGs seemed an obvious choice because the SDGs represent a collective, global commitment to a transformed world: it is only right that an organization like CARE be able to transparently demonstrate how its work contributes to these shared goals and this collective vision. Using the SDG indicators as metrics to guide our data collection gives us a common global frame and set of commitments to shape our evidence base, and a shared platform to discuss results with others, especially governments and UN bodies. Given that so many actors have made commitments to the SDGs, being able to show that a specific intervention contributes to achieving those common goals enables CARE to speak a common language within the global humanitarian and development sector and therefore helps make the case for adopting proven approaches or successful strategies more broadly.

“ The Sustainable Development Goals reflect a global vision of a brighter world of dignity, equality, sustainability and prosperity for all. These aspirations not only unite and inspire us, but also provide a common language and framework to hold each other to account ”

Sofia Sprechman Sineiro,
CARE International Secretary General

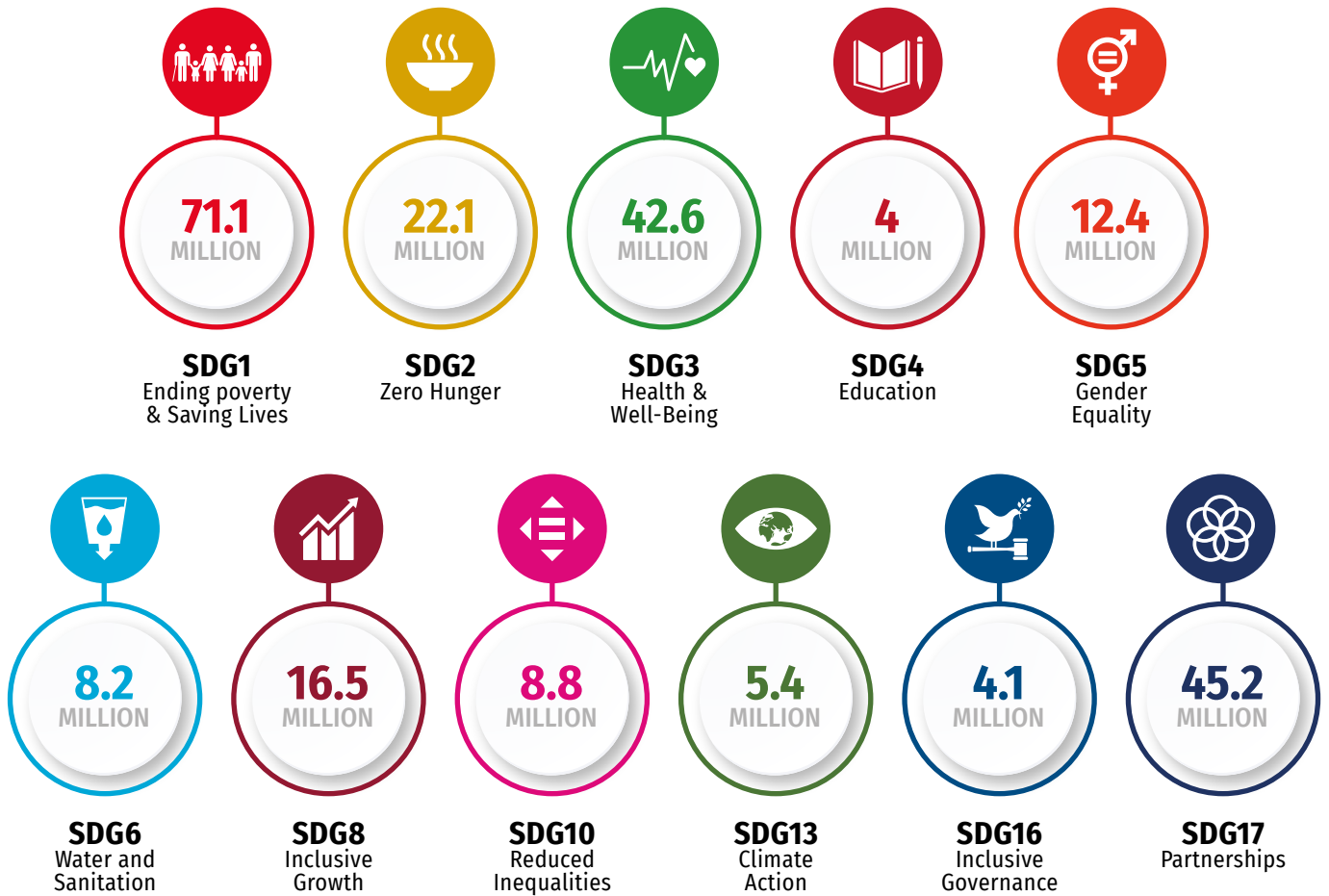
This report outlines the contributions CARE and our partners - from civil society¹, government, private sector, and academia - have made to improve the lives of people and advance **11 of the 17 SDGs** over the last five years, from 2015 to 2020. It also shows some examples of what we have learned, who we have worked with, and what we need to improve over the coming 10 years as part of our [new strategy](#), as we seek to help accelerate progress towards the SDGs.

¹Including social movements, women's rights organizations, grassroots or community based organizations, local and national non-governmental organizations (NGOs), associations, alliances and networks, and regional and international NGOs.

OUR GLOBAL ACCOUNTABILITY

We first reported our contributions to the SDGs in 2019, based on data from 2015 to 2018. At that point, we could report positive impacts for **45.8 million** people (70% of whom are women and girls). Over the last two years we have expanded our data collection, from 713 projects reporting impacts and outcomes, to over 1,300, and greatly improved our ability to capture the **impact of our advocacy and influencing** work. Overall, CARE and our partners in **81 countries** have contributed to positive change for **157 million people, 63% of whom are women or girls**. This has exceeded our impact target of 150 million people by 5%, by the end of 2020.

CARE and Partners' Contributions to the SDGs



We have **surpassed our target** for humanitarian assistance (70m impacts or outcomes vs 20m target) and nearly met that for food and nutrition security and resilience to climate change (49m impacts vs 50m target), but we have not met all the targets we set ourselves: in particular, for reducing gender-based violence (GBV) we were only able to show impact for 12% of our 12m target. We believe that this may be reflective of how complex it can be to **measure change in relation to GBV**, as well as relatively **low levels of funding** for that area of work. We also met less than half our targets for improving sexual and reproductive health (40% of our 88m target) and women's economic empowerment (48% of 30m target). Although our contribution to SDG17 may be significant, we recognize that along with many other international humanitarian and development organizations, we have not sufficiently **lived up to our collective commitments on partnership** with local actors, particularly women's organizations promoting gender equality. We describe later in this report in further detail **what we need to do to improve** and our **plans for the next decade**.

METHODOLOGY

The data in this report come from a process of summative analysis of evidence from [project evaluations](#), periodic outcome reports or studies, where change was demonstrated in relation to one or more of CARE's core [indicators](#). In most cases, we measure our [contributions](#) to change, rather than proving impacts or outcomes are uniquely attributed to our programs, as our [approach to monitoring, evaluation, accountability and learning](#) is based on the principle that there are almost always other actors who also contribute to changes in the contexts in which we work.²

The table to the right shows how such contributions to change against a specific indicator (in this case hunger) are calculated from an individual project.

Based on a representative survey of the impact population with which a project is working, we can apply the change in baseline **(A)** and latest measurements for a specific indicator **(B)** to the total impact population number **(D)** to obtain the number of people experiencing positive change on this indicator in this project **(E)**.

Project: SHOUHARDO II in Bangladesh	% of household experiencing hunger in last 4 weeks
(A) % the start of the project	91,4%
(B) % the end of the project	42,4%
(C) % the difference (=A-B)	49,0%
(D) # of people in the impact population represented by the sample surveyed in the final evaluation	3,060,050
(E) # of people experiencing less hunger (=C*D)	1,499,425

SHOUHARDO II IMPACT DATA, FROM TABLE 4 OF THE PROJECT FINAL EVALUATION

This data is then compiled in CARE's global Project and Program Information and Impact Reporting System ([PIIRS](#)), along with that from other programs in other countries that have also reported change in the numbers of people experiencing hunger or food insecurity. This summative process enables us to calculate the total number of people for whom CARE and our partners can show contributions to improved food security (the sum of all the E's from the table above, across all projects that report change in relation to food security or hunger). We also use this data to identify particularly successful or high impact strategies that should be applied in other programming, adapted to the local contexts: our [learning behind the numbers](#).

While we have tried as far as possible to capture evidence from all CARE's programs over the last six years, there are still many cases where projects have not been able to report. Sometimes projects do not have funding for evaluation studies, or donors may require that they use very different indicators that are not comparable with the SDG indicators largely included in this report. There are some projects that have not reported their outcomes or impacts into our global system, while others saw evaluations or activities postponed due to COVID-19, or were unable to carry out measurement of impacts at household or individual levels due to COVID-19 restrictions. We have erred on the side of caution, probably under-estimating impacts where there were choices to be made about what to count. Further details can be found in the [Annex](#) on the methodology used to collect and validate the data in this report, and in these [frequently asked questions](#).

²There are a few cases where we do [attribute](#) the impact of an intervention to a project through a Randomized Control Trial or quasi-experimental design, where we are seeking to "prove" the validity of a specific model or approach, such as the cases of Win-Win in Burundi (described under [SDG 2](#)) or Indashyikirwa in Rwanda (under [SDG 5](#)).

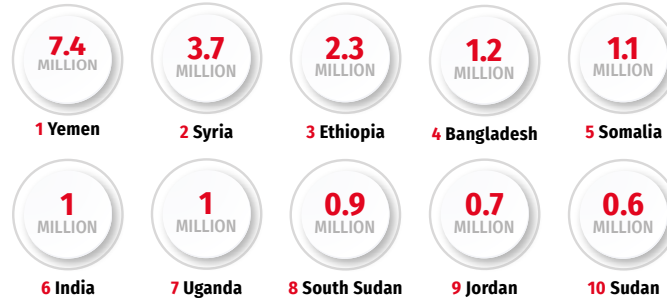
SDG 1: ENDING POVERTY AND SAVING LIVES

1 NO POVERTY

CARE and partners have helped **71.1m** people in **51** countries, **52% women and girls**, obtain quality **humanitarian assistance**, reduce **poverty** or access better quality **basic services**



SDG 1: Top 10 Countries

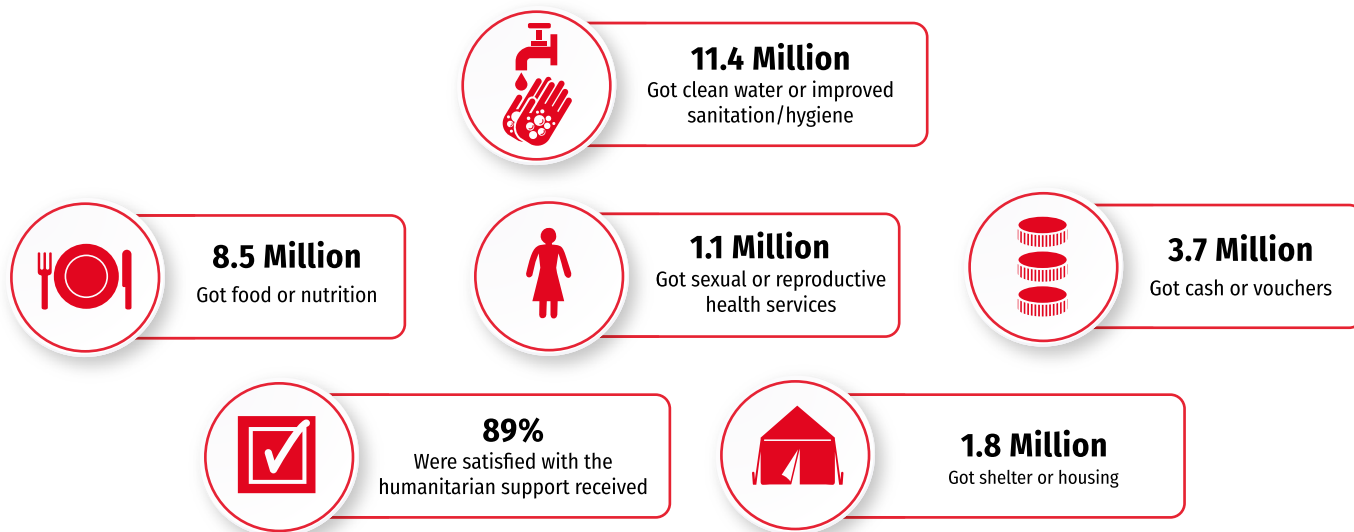


SDG **Target 1.5** seeks to reduce exposure and vulnerability to climate-related extreme events and other economic, social, and environmental shocks and **disasters**, a core focus for a humanitarian and development organization such as CARE. Together with our partners we have influenced humanitarian donors such as the United States Government or the European Commission to increase **funding for famine relief** or resilience, enabling an additional **45m** crisis-affected people to access quality assistance (see further details under **SDG 16**). We have supported a further **25.5m** people directly through CARE and partners' programs in disaster and crisis-affected countries, such as Yemen, Syria, Ethiopia, Bangladesh, and Somalia. **52% of those provided supported with humanitarian assistance are women and girls.**

CARE's largest humanitarian response program has been to multiple crises affecting **Yemen** - conflict, cholera, drought, and floods - working with partners to provide water, food security and cash support:

- **Cash transfers** to families in the European Union-funded Addressing Food Crisis in Yemen project ensured people were 5.6 times more likely to have enough food at the end of the project. 3 months after the cash transfers ended, families were still 3 times more likely to have enough food than they had been before. 70% of women said that they can make more decisions
- The **Emergency Assistance for Conflict-Affected and Vulnerable Communities** project, supported by the US Government, enabled 31,000 people to access clean water, and close to 440,000 to adopt improved hygiene practices. 90% more people at the end of the project had more than the minimum required of 15 litres of clean water a day, and people were 3 times more likely to treat their water before drinking it
- The Dutch Government supported **Yemen Joint Response program** enabled over 400,000 people to access clean water, and 30,000 to access health services

Our most significant areas of assistance are ensuring access to clean water or improved sanitation and hygiene (**11.4m**), support for food and nutrition security (**8.5m**), cash or voucher assistance (**3.7m**), **shelter** and housing (**1.8m**) and sexual and reproductive health services (**1.1m**). **89% of 17.4m people provided with humanitarian assistance across 276 projects reported being satisfied with the quality, relevance, timeliness and accountability of CARE and our partners' support.**



The [story of Mona](#) (to right) shows the power of the leadership, solidarity and initiative that women show all around the world in humanitarian crises. The focus on promoting gender equality is at the heart of our humanitarian assistance. This process includes ensuring [Rapid Gender Analysis](#) (RGA) at the start of our humanitarian programming - including over 60 RGAs at national, regional and global levels to inform our response to the COVID-19 crisis. RGAs are increasingly being [taken up by other organizations](#) beyond CARE, and are now frequently carried out in partnership with national Governments, UN Agencies or other NGOs.

[Women Lead in Emergencies](#) (below) is a particularly promising new approach to put power and decisions in the hands of women best able to know their family and community needs, and how to respond most effectively to these.



Mona Ayash Hassan is a community health volunteer in the UN OCHA-funded Yemen Humanitarian Fund, working as part of a rapid response team to improve communities' preparedness and cholera prevention. With the help of her colleague Nagib, pictured here, she started a personal initiative to clean and sterilise water tanks at the distribution points. Savings from her allowance as a volunteer enabled her to build a new cottage for her family.

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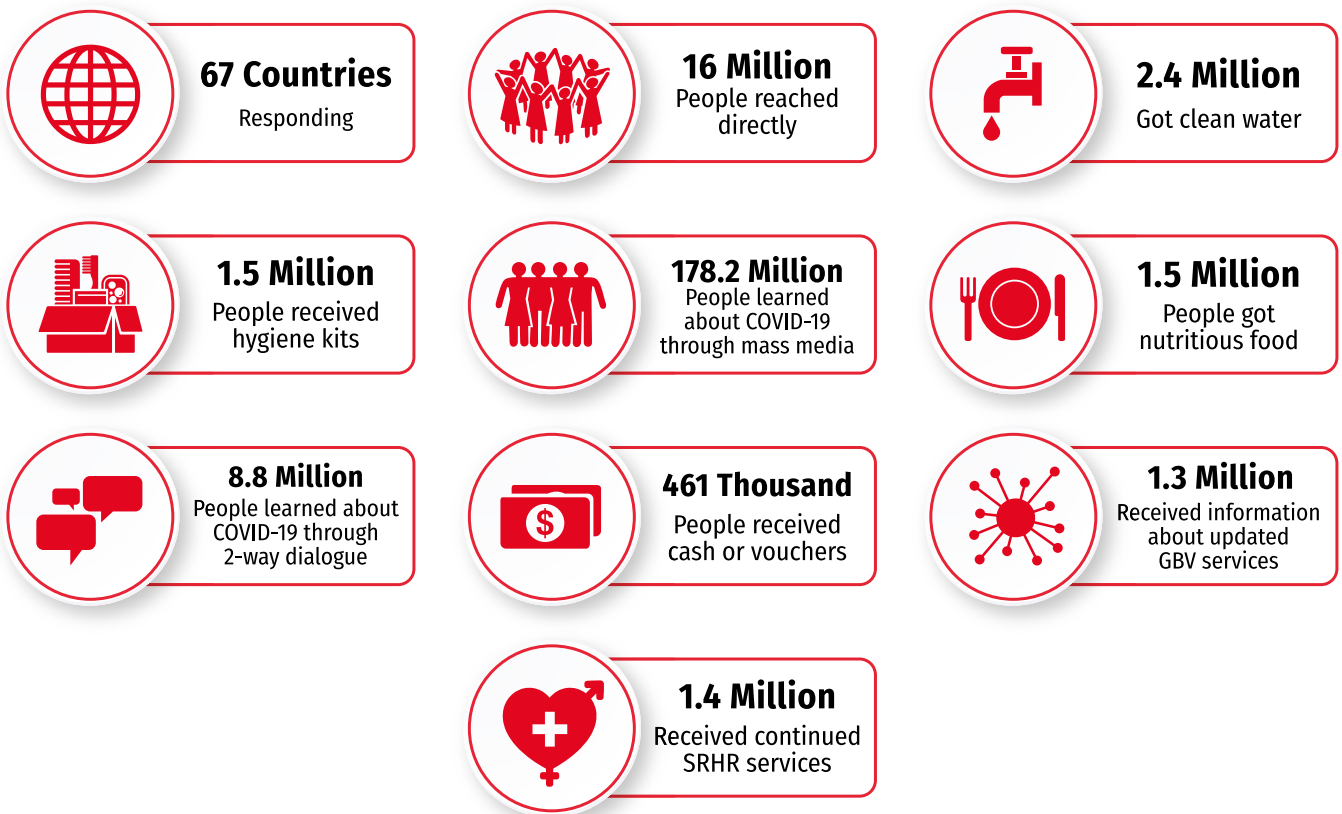
Don't plan for us, plan with us: How women's voice and leadership improves humanitarian assistance

CARE's [Women Lead in Emergencies](#) model is already showing powerful results in Uganda. The Yoleta Women's group, for example, collaborated with male leaders to organise a peaceful strike when no action was taken on complaints that they had to walk 10km to the nearest food distribution point. Dialogue with humanitarian agencies then persuaded them to move the distribution point closer to the community. Women who said they are confident in their own negotiation and communication skills more than doubled to **91%**, while those that said they can work with other women to solve problems more than tripled to **92%**.

Groups also responded to COVID-19 and its impacts on gender-based violence (GBV). One of the women's groups adapted their business to make face masks, which were then purchased by CARE and distributed to women who needed them. Women's groups and role model men were also able to respond to an increase in GBV, supporting survivors when many service providers were unable to access refugee settlements due to COVID-19 restrictions.

The **COVID-19** pandemic was spreading towards the end of the period of this report (up to June 2020), so we do not yet have impact or outcome data from our COVID-19 response. But by the end of June, CARE and partners had already **reached 16m people directly with interventions to protect or mitigate the effects of the pandemic**, including information and risk communication, clean water, hygiene kits, food support, cash assistance, SRHR services, or GBV service information; **178m** had also been reached through mass media.

CARE's COVID-19 response



ENDING POVERTY



Target 1.1 of the SDGs aims to eradicate **extreme poverty** as measured by the international poverty line (US\$1.90 a day) while **Target 1.2** seeks to at least halve rates of poverty according to national poverty lines. Overall, **close to half a million people have been supported by CARE and partners to escape poverty**. The

Typhoon Haiyan Reconstruction Assistance project in the Philippines, for example, worked with local partners Antique Development Foundation, **Fatima Credit Cooperative** and **TSKI**, contributing to reducing poverty by 9 percentage points (from 95% to 86%), enabling 11,858 people to escape poverty (76% women and girls).

These overall poverty impact numbers are almost certainly underreported; the resources required to gather data on household consumption and calculate poverty rates means that most programs are not in a position to measure their impact on income poverty.

Shomoshti (*Prosperity for the Poor and Disadvantaged*) in Bangladesh contributed to **reducing poverty** by 16 percentage points (from 81% to 65%), as measured by the national poverty line, enabling **130,540** people to escape poverty (51% women and girls). Local women service providers have had a 73% increase in their monthly income, from US\$34 to \$54, and 53% of these women have also reported an increase in control of their income. The project applies a Making Markets Work for the Poor (M4P) approach with a focus on addressing the causes of both poverty and gender inequality within markets.

Shomoshti is funded by the Swiss Development Corporation, and implemented with 5 local partners (**BDO, DAM, GBK, IDEA, and SOLIDARITY**), along with 7 national private sector partners (**Lal Teer, Bengal Meat, ACI Animal Health, Aarong Dairy, ACI Godrej, Pragati LIC and GME Agro**).



Lima Rani in Rangpur tending her cows. Shomoshti has helped farmers increase productivity and access to markets, ensuring private sector buyers pay more for better quality dairy products.

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INCREASING ACCESS TO BASIC SERVICES



1 Million People

Increased their access to basic services (SDG 14)

Target 1.4 seeks to ensure access to **basic services** for all women and men, particularly the poor and vulnerable. In addition to our work to promote access to services such as health, education, water and financial services (which are covered under SDGs 3, 4, 6, and 5 and 8, respectively), CARE

and partners contributed to **increasing access to other basic services such as agricultural extension or social protection for over 1m people**, 57% women and girls.

For example, **Souqona** in the Palestinian Territories contributed to increasing access to productive infrastructure and agricultural services by 20 percentage points (from 15% to 35%), enabling **70,000** people to live with greater dignity (33% women and girls). 63% of participating women increased their self-confidence and position in the family, due to the increased choice in their economic activities, and women making decisions around market channels increased from 1% to 51%. **Souqona** is supported by the Australian Government, and works in partnership with the **International Centre for Agriculture and Research in Dry Areas** and **Applied Research Institute – Jerusalem**.

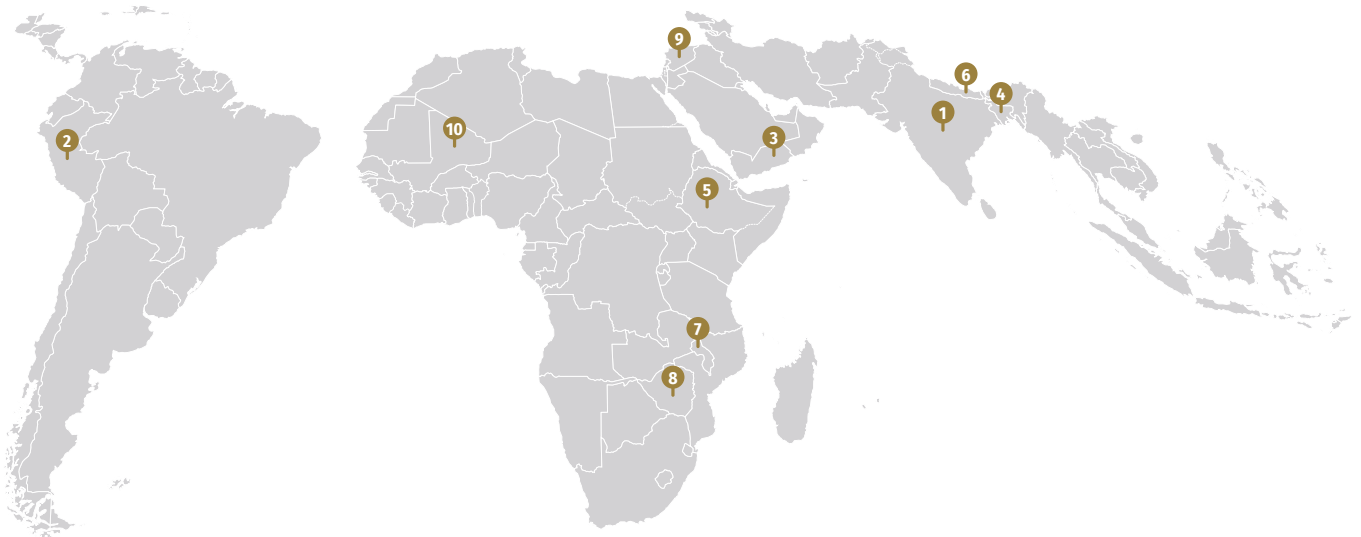
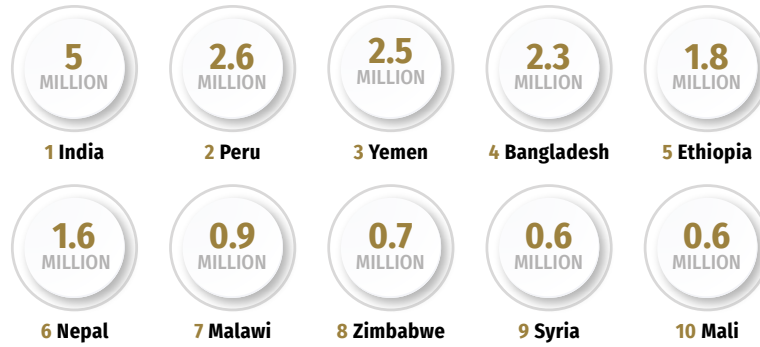
SDG 2: ENDING HUNGER

2 ZERO HUNGER



CARE and partners have helped **22m** people in **51** countries, **56%** **women and girls**, increase **food security**, or improve **nutrition** or **agriculture**

SDG 2: Top 10 Countries



5.3 Million People
Are more food secure (SDG 2.1)



1.4 Million People
Got enough nutrition to grow properly (SDG 2.2)



5.5 Million
Improved other measures of food & nutrition security (SDG 2)

CARE and partners helped **reduce food insecurity for 5.3m people in 28 countries**, 50% women and girls, a reduction of 20 percentage points (from an average of 40.1% to 20.4%). For example, the Canadian Government-supported **GROW** project, in close partnership with the Government of Ethiopia, contributed to reducing food insecurity by 26 percentage points (from 36% to 10%), while increasing food security for nearly **260,000** people.

Suaahara II in Nepal has contributed to reducing food insecurity by 12.5 percentage points (from 25.1% to 12.6%), increasing food security for **1.6m** people. Working with 4 local partners (**DBI EAN**, **ENPHO**, **NTAG**, and **VDRC**) as part of a consortium coordinated by **HKI**, the US Government-funded program works in 42 of Nepal's 77 Districts. The project has successfully scaled up a participatory health mapping tool at national level (Self-Applied Technique for Quality Health, **SATH**), as well as Community Health Score Boards (**CHSB**) to promote social accountability.

CARE and partners have also contributed to close to almost **1.4m children under five in 18 countries escaping stunting**, an average reduction of 9.5 percentage points (or 1.1 percentage points per year), increasing the food and nutrition security for nearly **3.3m** people. This includes:

- **1.2m** children under five in Peru have escaped stunting since 2011, influenced by CARE and partners' advocacy work as part of the [Child Malnutrition Initiative](#)
- The Support for Service Delivery Integration (SSDI) Services project in Malawi, a US-government funded consortium coordinated by [Jhpiego](#), contributed to reducing stunting by 10 percentage points (from 47% to 37% - a reduction of 2.5 percentage points a year), reducing stunting for **50,000** children under five

What does it take to eliminate stunting? CARE and our partners' [learning](#) is that this involves:

- Promoting an integrated food systems approach, so all food and nutrition security programs include objectives for improved nutrition, especially for women and children
- Promoting multi-stakeholder platforms that bring a range of actors together to solve malnutrition
- Promoting gender equality and changing social norms, through participatory dialogue to challenge negative power dynamics, and harmful gender and social norms around nutrition
- Adapting for emergencies, particularly with cash transfers or voucher assistance programs
- Advocating for results, to increase ambition and funding for nutrition, at national and global levels

Our programs also contributed to over **5.5m people in 34 countries improving other measures of food and nutrition security**. For example, the Bill and Melinda Gates Foundation-funded Technical Support to the Government of [Bihar](#) program contributed to improving Minimum Dietary Diversity from 21% to 24%, improving nutrition for nearly **3.6m** women. The [POWER Africa](#) program in Cote d'Ivoire, supported by the MasterCard Foundation, helped see an increase from 43% to 74% in the share of people having three meals a day, improving food security for **36,000 people**.



A community gender dialogue in Gitega, Burundi. Discussions aim to shift attitudes about gender and the power relations between men and women.

© Irene Nduwayezu/CARE

How gender equality contributes to food security.

The Bill and Melinda Gates Foundation-funded [Win-Win project](#) in Burundi compared a “gender mainstreaming” approach that simply shared messages on gender equality, with a more intensive, solidarity-based approach that helped women access the support they need for gender equality and to change discriminatory social and gender norms, adapting the EKATA model from CARE’s work in [Bangladesh](#). The project partnered with the [Africa Center for Gender, Social Research and Impact Assessment](#), [GLID](#), [RBU 2000 Plus](#), the [University of Burundi](#) and [IRRI](#).

The gender transformative approach led to significantly greater increases in rice production, food security, and incomes, as well as feelings of safety and rejection of gender-based violence. It saw a return of \$5 for every \$1 invested, compared to a \$3 return for every \$1 spent from the gender mainstreaming approach.

In crisis and disaster-affected contexts, CARE and partners have also provided food and nutrition support to **8.5m** people, including:



8.5 Million
Got food or nutrition support

- **7.1m people provided with adequate and sufficient food** in 25 countries, 52% women and girls
 - **1.1m** people (52% women and girls) provided with adequate and sufficient food by the Food Assistance Program in Amran and Abyan Governorates in Yemen, supported by the World Food Program
 - **800,000** people (50.1% women and girls) provided with adequate and sufficient food by **JEOP** in Ethiopia, supported by the US Government
- **1.7m people adopting adequate nutritional** in 25 countries, 52% women and girls
 - **220,000** people (50% women and girls) adopted adequate nutritional practices through the support of the UNHCR-funded Emergency Assistance project for Somali Refugees Hosted in Dadaab as well as the surrounding host population in Kenya
 - **170,000** people (55% women and girls) adopted adequate nutritional practices with the support of the Emergency Response to Drought and Cyclone project in Mozambique, funded by the US Government

The US Government-funded **Emergency and Regular Food Assistance in Syria** project provided **34,000** people with adequate food and **84,000** with cash or vouchers, working with local partners **Ihsan RD, IYD, Shafak, and Syria Relief**. People were 10 times more likely to have enough food. 48% of people ate better quality food, and 63% of people ate more diverse meals. Farmers actually grew more food, and bakeries were able to produce and sell more bread. Prices were more stable and higher demand made it possible for everyone to produce more food. *“I felt like life will go on, and we are able to find new ways to live a better life,”* says Nidal, a local baker, when asked about what’s different about his life after working with his community to improve wheat production. What’s his advice was to others who face the same challenges? *“Depend on yourself to improve your situation and your life.”*



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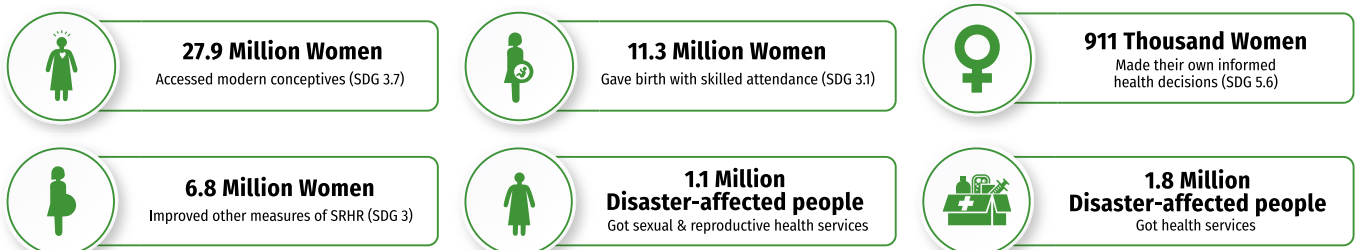
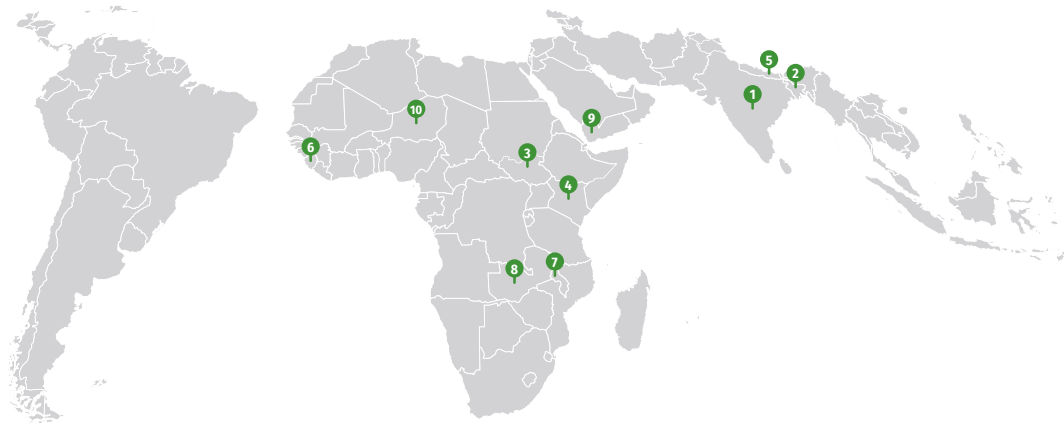
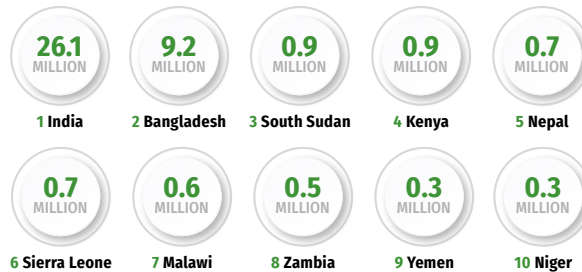
SDG 3: HEALTH AND WELL-BEING

3 GOOD HEALTH AND WELL-BEING

CARE and partners have helped **43m** people, **86% women and girls**, in **37 countries** exercise their **rights to health**, particularly **sexual and reproductive health**



SDG 3: Top 10 Countries



In 40 projects across **22 countries**, CARE and partners have helped enable **access to modern contraceptives** for **28m** women (with an average increase of 33 percentage points, from 45% to 78%). In addition to the **Bihar** health program in India (see box below), other programs with impacts on family planning include:

- **7.8m** couples were provided modern contraceptives through over 25 local NGO partners supported by the **NGO Health Service Delivery Project** in Bangladesh, a consortium coordinated by **Pathfinder** and funded by the US and UK Governments
- **660,000** women exercised their Sexual and Reproductive Health (SRH) rights through the **ECRHS** in Sierra Leone, supported by the German Government. ECRHS worked with 4 local partners (**ABC Development**, **ADP**, **MADAM**, and **RODA**) and the **Mano River Union** to help increase use of modern contraceptives by 12 percentage points (from 47% to 59%)

CARE's **Bihar Technical Support Program**, supported by the Bill and Melinda Gates Foundation, has helped the Government improve maternal, new-born, and child health, across the whole state (population 128 million). **19.4m women and girls have seen improved health services**. Use of **modern contraceptives** has increased by **11.5** percentage points, from 46.5% to 58%, while **skilled birth attendance** increased by 11 percentage points (from 68% to 79%). The proportion of live births for which the mother received at least **4 ante-natal care visits** also increased, from 8% to 35%.

CARE and partners also contributed to increasing **skilled birth attendance** (SBA - the proportion of births attended by skilled health personnel) by 13 percentage points (from 63% to 76%), enabling an additional **1.2m** women to have their births attended by skilled personnel, and a total of **11.3m** women to exercise their SRH rights in **18 countries**, including:

- **200,000** women are exercising their SRH rights, with SBA increasing by 24 percentage points (from 13% to 37%) in the CARE-GlaxoSmithKline [Community Health Worker Initiative](#) in Bangladesh
- [SSDI](#) in Malawi contributed to increasing SBA by **24** percentage points (from 71% to 95%)

Other areas of improved health include **women's reproductive health decision-making** (covered under [SDG 5](#)), and access to improved health services. For example, in partnership with three local NGOs ([AFV](#), [ISCV](#) and [Leadership Challenges](#)), the Norwegian-Government funded [PROMEESS II](#) in Niger increased the proportion of women aged 15 and above who had **used SRHR services and were satisfied** with them, from 57% to 90%, enabling nearly 320,000 women to exercise their SRH rights. [MANI](#) in Kenya, a consortium coordinated by [Options](#) and funded by the UK Government, helped increase the proportion of women receiving **at least 4 ante natal clinic contacts** during pregnancy, from 41% to 54%.

CARE and partners also play important roles in enabling access to **health services in humanitarian crises**. The US Government-supported South Sudan [Emergency Mobile Health, Nutrition, and Protection](#) Project supported mobile health teams that brought health services closer to the population; from an average of 36 km to a little less than 5 km. This enabled **31,000** people to get health care who would not have been able to access it without the project. People were 29% more likely to take a child to a health centre, and 33% more likely to get their children vaccinated. Women were 60% more likely to get a visit from a health worker after they gave birth. In Syria, the UNFPA-funded Promoting Access to Family Planning and Gender Based Violence Services in conflict-affected communities program has enabled access to at least one SRH service for nearly **160,000** women.

The Canadian Government-funded [Shelter, Protection, and Health project](#) for South Sudanese Refugees in Uganda increased access to health services, in partnership with local Refugee Welfare Councils. The number of women who give birth in a health centre went up **2.3 times**, and 91% of health workers said they felt more prepared to handle the influx of refugees. The project worked with community volunteers to do door-to-door health visits and referrals so that people can access the services they need, and set up a case management system to help GBV survivors seek support and referred survivors to local health services.

58% of women and 52% of men feel less exposed to risks of violence now, and **100%** of people report feeling they are now living a more dignified life.



Hair braiding in the Uganda Rhino camp for South Sudanese refugees.

© Jakob Dall/CARE Danmark

CARE and partners also have significant experience **strengthening other areas of health services:**

- **1.2m** people increased access to HIV testing or treatment services through US Government-funded **HIV and AIDS** programs in [Kenya](#) and [Zambia](#)
- **507,000** women and girls in Bangladesh, Cameroon, Chad, Cote d'Ivoire, DRC, Mali, Niger and Pakistan accessed **safe post-abortion care** and other SRH services through the support of the [SAFPAC](#) project
- **70,000** people affected by drug or substance abuse, including 531 people of diverse Sexual Orientation or Gender Identity, accessed improved **mental health** services through the [GROW](#) project in Peru. GROW is supported by the US Embassy and works in close partnership with the Ministry of Health

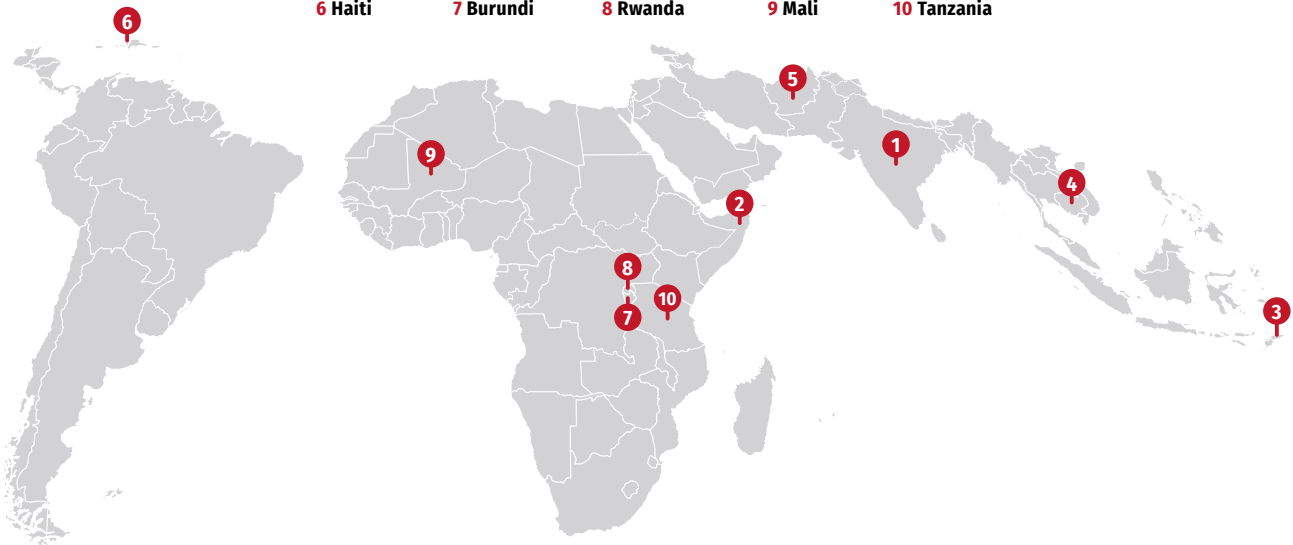
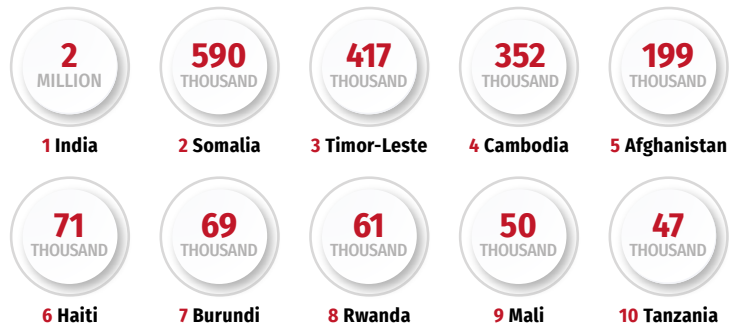
SDG 4: QUALITY EDUCATION

4 QUALITY EDUCATION



CARE and partners have helped **4.0m** children **20 countries**, **60% girls**, to access better **quality** or more **inclusive education services**

SDG 4: Top 10 Countries



CARE's work on education focuses primarily on SDG **Target 4.1** (free, equitable and quality primary and secondary education) and **4.2** (quality early childhood development, care and pre-primary education). Around half of CARE and our partners' impacts on **SDG 4** come from our education program in India, **improving education for over 2m girls and boys**, including:



4 Million Children

Increased their access to quality education services

- **1.3m** children, 51% girls, increased their access to quality education services through **Start Early: Read in Time**, a model for Early Grade Reading developed with support from the US Government. The program **helped increase** the proportion of students able to read with comprehension from 21% to 41%. The model has also been adopted and scaled up by the state of Uttar Pradesh
- **620,000 girls** accessed education through the Government of India's Kasturba Gandhi Balika Vidyalaya (**KGBV**) program, a residential education model (6-8 grade classes) for minority and/or scheduled-caste adolescent females who never enrolled or dropped out early. CARE India supports the Government in planning and capacity strengthening, helping create curricular frameworks and pedagogical approaches, drawing on learning from CARE's **SOAR model**. 95% of the girls in the SOAR model (known as **Udaan** in India) passed grade five exams, and 91% continued schooling into subsequent grades
- **Teachers' Resource Laboratory**, supported by the Charities Aid Foundation, is an innovative model addressing barriers preventing marginalised children, especially girls, from choosing to study science, technology, engineering, and mathematics (STEM). Girls mentored through the TRL model have scored in the range of 90 percentile, as compared to non-mentored children who scored in the range of 50 percentile. TRL is being scaled up by the Government of Uttar Pradesh to all 18 divisions of the state



Students in grade one at Metagou Primary school in Liquica work through their Lafaek magazine.

© Josh Estey/CARE

CARE in Timor-Leste has been producing and distributing [Lafaek](#) educational magazines to students since 1999, and they now go to **every school in the country**. The project provides learning materials to all students in cycles 1-3 of basic education, the only learning material available for 83% of the student population. The [Lafaek Facebook](#) page is the sixth most popular page in the country.

Lafaek has improved education services for nearly **420,000** children, 48% girls. 96% of students surveyed report using the magazine for literacy skills development, with 66% of mothers also using the content for basic literacy skills development.

Much of CARE's education programs focus on systems strengthening in support of Governments, to **expand education services or improve their quality, particularly for the most marginalized groups**. This includes:

- **340,000** children, 48% girls, accessed improved education services as a result of the [Multilingual Education Program](#) in Cambodia. Supported by the Australian Government and in collaboration with UNICEF, the program has [helped](#) the Government [develop and implement a Multilingual Education plan](#)
- **300,000** children, 44% girls, increased access to learning materials and improved school conditions through support to students, teachers, community education committees and State Ministries of Education provided by [ESPIG](#) in Somalia, funded by the [Global Partnership for Education](#)
- The Young Men's Initiative ([YMI](#)) has worked with [multiple local partners](#) across the Balkans since 2007, supported by the Austrian and Swiss Governments, the OAK Foundation and other donors. Adapting and pilot testing a curriculum originally developed by [Promundo](#) in Latin America, YMI has [scaled up its norm-shifting interventions](#), through expansion to new countries and adoption of the program by Government at national levels. YMI has led to greater participation of young men and young women in different daily house chores, increased knowledge of sexual and reproductive health, and improved views on gender roles and norms, such as GBV and homophobia.



Layla Bilie Cige, 14, is from Ayanle primary school, Einabo district, Somaliland.

© Toby Madden

Somalia is a difficult place for girls to finish their education. Only 30% of Somali children are in school, only 40% of whom are girls. Years of civil war, drought and displacement have resulted in the country having one of the lowest primary school enrolment rates in the world. CARE and partners help girls in Somalia to gain an education through looking at the wider reasons children can't get to school. We provide tailored support to school-aged girls and their families, to help girls stay in school, transition from primary into secondary school, or enrol in non-formal classes if they have already been out of school for some time.

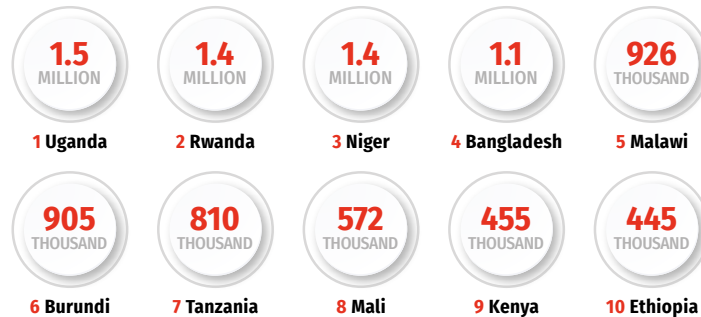
*"If I ruled the world", Layla says, "first of all I'd make sure there is justice and I'd encourage people to get an education. Especially those who didn't go to schools but have reached school-age. **Going to school is like someone going from darkness to light.**"*

SDG 5: GENDER EQUALITY



CARE and partners have helped **12.5m** women and girls increase their levels of **empowerment** and **gender equality**, in **66 countries**

SDG 5: Top 10 Countries



Gender equality is at the heart of all CARE’s work. CARE’s [Gender Equality Framework](#) makes clear that gender equality is sustainably achieved through mutually reinforcing efforts to: **build agency** of people experiencing gender discrimination, **change relations** between them and the people in their lives, and **transform structures** in order that they realize their full potential in their public and private lives and are able to contribute equally to, and benefit equally from, social, political and economic development. This reflects the key point in the 2030 Agenda for Sustainable Development (UN, 2015) that the SDGs “seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls”. Under SDG 5, we particularly highlight the contributions CARE and our partners have made on improvements in relation to gender-based violence (SDG [Targets 5.2](#) and [5.3](#)), women’s participation and leadership ([Target 5.5](#)), decision-making on sexual and reproductive health ([Target 5.6](#)), and economic empowerment ([Target 5.a](#)).

ADDRESSING GENDER-BASED VIOLENCE



CARE and partners have helped over **2.3m women in 34 countries to change attitudes around gender-based violence (GBV), to reduce levels of GBV, or to access support services for GBV survivors**, including:

- **680,000** additional people [reject Intimate Partner Violence \(IPV\)](#), increasing by 30.5 percentage points (from 42.5% to 73%), enabling **1.7m** people overall to exercise their right to a life free from violence. The proportion of men and boys rejecting intimate partner violence in 21 projects that measured this also increased, although to a lesser degree: from 53% to 65%

- **175,000** fewer women experienced violence: the proportion of women experiencing violence from an intimate partner reduced by 16 percentage points (from 32% to 16%). CARE and partners' programs also helped 29,000 fewer women to experience sexual violence from someone other than an intimate partner, reducing by 8 percentage points (from 47.5% to 39.5%)
- **670,000** people accessed support services for GBV survivors or other measures of GBV prevention or response. CARE has also supported **2.3m** people in **64 countries** to access [information and services about GBV in COVID-19](#)

What does it take to prevent and respond to GBV? CARE and our partners' [learning](#) is that this involves:

- Engaging men and boys as equal partners/family, through approaches that involve dialogue
- Supporting or setting up Safe Spaces for Women and Girls
- Helping women learn about GBV, rights and relevant laws, as well as building leadership skills
- Getting local leaders, traditional authorities and government support services involved
- Partnering with local coalitions and service providers, and co-creating approaches with Government and communities



Eric and Olive, above, received couples' training on positive power relations, as part of the [Indashyikirwa](#) project in Rwanda. The project focused on preventing gender-based violence by working with men and women - as couples and individuals - to challenge harmful and restrictive constructions of masculinity and femininity that drive inequality leading to GBV. One of the central points the couple took away from the training was the importance of balancing power. There was 'economic violence' in the relationship, which meant that Erik had full control over the family's property and finances. They now share this responsibility, and teach their children that there are no separate jobs for boys and girls.

Working with local partners [RWAMREC](#) and [RWN](#), and with funding from the UK Government's [What Works to Prevent Violence Against Women and Girls](#) program, [Indashyikirwa](#) has a wealth of qualitative and quantitative research and evidence to support the model's success. The project's [impact evaluation](#) found substantial and statistically significant overall reductions in the experience of physical and/or sexual IPV at 24 months of follow-up among women.

WOMEN'S VOICE AND LEADERSHIP

CARE and partners have helped 1.4m women have greater **voice and leadership**, influencing decision-making in public and private spheres. This includes increasing women's access to decision-making in the household:



54 Thousand Women

Increased their leadership in decision-making spaces (SDG 5.5)



999 Thousand Women

Participated equality in household financial decisions (SDG 5.a)



911 Thousand Women

Made their own informed health decisions (SDG 5.6)

- **1m women in 36 countries have greater control over economic resources**, increasing the proportion of women able to participate equally in **household financial decisions** by 13 percentage points (from 18% to 31%). The GlaxoSmithKline-funded **HALOW+** project in Bangladesh, for example, contributed to increased household financial decision-making for **200,000** additional women, a 33 percentage points increase (25% to 58%)
- **450,000 more women make their own informed SRH decisions**, increasing the proportion of women able to make informed decisions by 31 percentage points (from 36% to 67%). **SAFPAC** in DRC, for example, contributed to an additional **107,000** women being able to make their own informed SRH decisions, an increase of 47 percentage points (from 40% to 87%)

What helps increase women's participation in financial decision-making? CARE and our partners' **learning** is that this involves:

- Helping women increase their incomes or savings, which makes them more likely to then be able to make joint or sole financial decisions
- Challenging negative social norms to enable women to participate in collective action or in community decision-making processes
- Ensuring women have access to training and learning opportunities
- Getting men engaged in women's economic empowerment activities

CARE has also increased women's access to **decision-making in the public sphere**. This includes increasing access to financial services, enabling women's participation in the market-place, including:

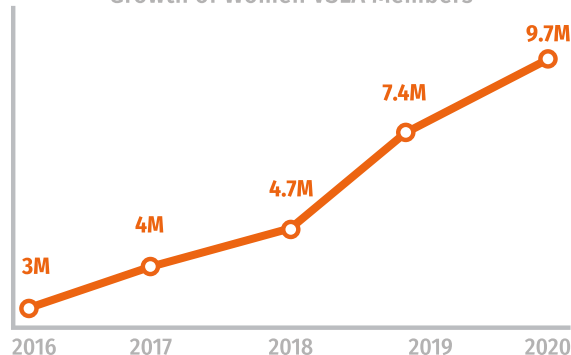
- **54,000 women exercise leadership in formal and informal decision-making spaces**. The US Government-funded **ENSURE project** in Zimbabwe, for example, helped 8,000 women leaders in water point or disaster management committees, and producer/marketing groups
- **13.3m women in 62 countries** have accessed formal or informal financial services. This includes CARE's Village Savings and Loans Association (**VSLA**) model, as well as access to credit, savings or micro-insurance services from microfinance institutions or banks. Globally, CARE and partners have helped significantly grow VSLA membership over the last years, from around **3m** women members in 2017, to **9.7m** in 2020, as part of a deliberate **scaling strategy**. **3.9m** women also increased their access to formal financial services, including over **720,000** from **Microvest**-supported financial institutions³.



13.3 Million Women

Accessed formal or informal financial services (SDG 5.a)

Growth of Women VSLA Members



³Between 2012 and 2019, microfinance institutions in which MicroVest had invested increased their number of active borrowers by 8.3 million people (88% of whom are women) in 32 countries. As MicroVest contributes 10% of capital needs to the institutions they invest in, this strategy can reasonably claim to have contributed to increased financial inclusion for 830,000 people.

CARE has also increased women's access to decision-making in political spaces (formal and informal), through supporting their leadership in community development committees and budget planning meetings, including:

- **3,400** women participated in **open budgeting** processes in the World Bank-funded **JATRA** program in Bangladesh. Citizen participation in pre-budget ward meetings more than doubled to 12% of total population, including 51% of women and 68% of the poor/marginalized
- **VSLAs** also serve as an important space for **women's solidarity and collective action**, with **impacts for women that are transformative well beyond** the act of saving and the ability to increase credit and incomes. In **West Africa**, for example, VSLA networks include over **1.9 million women**, with proven power to convene, build political will, and support girls' aspirations and growth in their communities. As a result, marginalised women through VSLA networks in Niger, Ghana, Benin and Mali have collectively advocated for policy change and women's representation in local governance, and have built networks of potential voters for women political candidates. The **VSLA movement in Niger** - known as Mata Masu Dubara - has led to significant advances in **women's political participation**



© Josh Estey/CARE

Salamatou Dagnogo, above, first joined a VSLA in Niger, after she found herself penniless and stranded there by her abusive husband. After 18 months, Salamatou used her earnings to purchase a bus ticket back home to Côte d'Ivoire where she was reunited with her children. Knowing the difference that this savings group made to her life, she began thinking about bringing the model to women in her own country. She approached her friend Fati Abdou, a community educator at the local CARE office, who she suspected would support the idea.

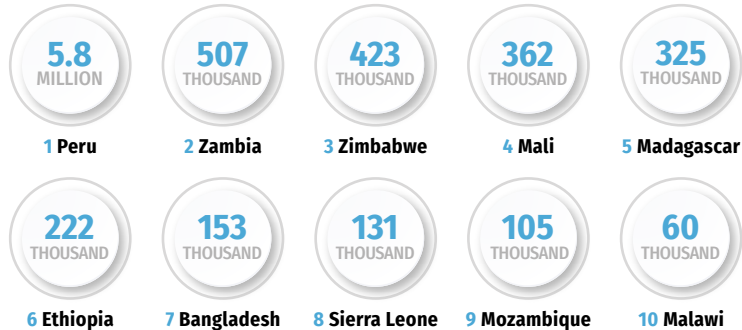
Together, they made a formidable pair: Salamatou with her determination for a better life for all women, and Fati with her skills in organizing communities and teaching new ideas. *"I used nights and weekends with Salamatou to start groups and prove that savings changed more than just women's income,"* Fati says. *"We knew we could do more."* Gradually, more women were convinced to join the savings groups. Salamatou founded 150 groups herself. Between them, Salamatou and Fati have helped more than 260,000 women across Côte d'Ivoire start saving and begin to build futures. But VSLAs are about much more than just savings. *"People who knew me before — they now see the difference in my life,"* Salamatou says. *"But it's not me alone. My story is the same for a lot of women. We help ourselves, and we change our situation."* In 2020, Fati visited CARE's office in Atlanta to teach staff how savings groups can work to support women in the United States.

SDG 6: CLEAN WATER AND SANITATION



CARE and partners have helped **8.2m** people, **54% women and girls**, in 17 countries access new or improved **clean water** or **sanitation services**

SDG 6: Top 10 Countries



7.5 Million People
Got dean water (SDG 6.1)



682 Thousand People
Got improved sanitation (SDG 6.2)



35 Thousand People
Got solid waste collected (SDG 6.3)

CARE and our partners' programs contributing to **increase access to water and sanitation services (Target 6.1 and 6.2)**⁴ include:

- **5.8m** people increased access to or better managed water and sanitation services through the support of **SABA** in Peru, funded by the Swiss Government, and in partnership with national/local Government
- **320,000** people in Madagascar have better water and sanitation services through **RANO WASH** (see box below)
- **260,000** people accessed clean water and **160,000** improved sanitation through **SPLASH** in Zambia, a US-Government funded consortium led by **FHI 360**, that worked in partnership with local government and Ministry of Education to increase access to services in schools and their communities
- **34,000** people increased access to solid waste collection services through **COMEQS** in Zambia, supported by Comic Relief, and working in partnership with **KZF**, **PPHPZ** and local **Water Trusts**, an increase of 30 percentage points (from 6% to 36%)

⁴We do not include people assisted with humanitarian water, sanitation, or hygiene support here, except for cases where projects can show they have met standards for water and sanitation outlined under SDG 6. See also **SDG 1** for further details of CARE and partners work on water, sanitation, and hygiene in our humanitarian programs, including in response to COVID-19.

RANO WASH in Madagascar is a US Government-funded consortium led by CARE, in partnership with **Bushproof**, **CRS**, **Sandandrano** and **WaterAid**, working to help rural communities create solutions for sustainable and equitable water, sanitation, and hygiene (WASH) systems. The project works with the government and private sector enterprises, so they can invest in, build, and operate rural water systems through public-private partnerships. To date, **68,000** people have gained access to safe, clean water, and **253,000** people to adequate sanitation.



©Timothy Buckley/CARE

Precious is one of **75,000** people in Zimbabwe who now have access to clean drinking water, through CARE and the **Chivi Rural District Council**'s efforts under the Australian Government-funded **Chivi WASH project**. *"When we used to go at the river, we would drink dirt. Cattle would drink in the mud and we would also drink there, having no idea at all how safe it was. Even goats would walk in our drinking water...People will be singing, men will be whistling, celebrating the borehole. ... I am so happy to have seen our water coming out. I feel happy that I washed with the water and got to play with it. I played with the water, I washed with it and I stomped in it. And I poured it over myself. I stood in the water, and I jumped up and down in it.*

We need to take care of the borehole, so that it doesn't break down... I am happy because the river is quite a distance from here. It was the norm to get there and find a long queue of people waiting for their turn to get water. There is a large population here, and I had waited sometimes until it got dark. And one is bound to come across many things at night. No crocodiles are found at the borehole. Nothing there poses any danger."

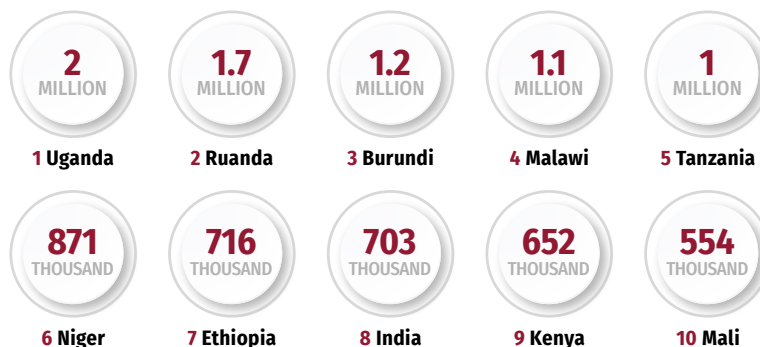
SDG 8: DECENT WORK AND INCLUSIVE GROWTH

8 DECENT WORK AND ECONOMIC GROWTH



CARE and partners have helped **16.5m** people in **64 countries**, **81% women**, increase their **economic empowerment** or access to **dignified work**

SDG 8: Top 10 Countries



A primary focus of CARE's work on **SDG 8** is around **dignified work**, particularly for economically marginalized groups such as female garment workers in Asia, or domestic workers in Latin America (see further under [SDG 10](#)). CARE and partners contributed to increasing the proportion of **women who are members of groups that enable them to claim their labour rights** by 42 percentage points (from 4% to 46%), enabling an additional **117,000** women to claim their rights.

Made by Women works with national and regional partners from trade unions and other civil society organizations and with garment factories and brands, to promote the rights of female garment workers. The program has enabled **167,000 women garment factory workers to claim their rights or reduce risk of sexual harassment in the workplace**, and a further 4.1m stand to benefit from improved legal practices CARE and our partners have influenced. 77 factories have worked with CARE to make changes to their policies, systems, and workplace cultures in order to be more responsive to the rights of women workers, resulting in more than 154,000 workers gaining more dignified working conditions.

Navy, pictured below, is an infirmary nurse and is part of her factory's sexual harassment committee in Cambodia. She has trained over 200 workers about what actions are inappropriate and is helping women workers take action if they experience harassment.

Across the regional program, women workers are **observing and experiencing less harassment**, with **proven tools** developed to address GBV and harassment in the workplace.



© Kate Adelung/CARE

CARE's work on financial inclusion, through VSLAs, is highlighted under **SDG 5**, enabling a total of 12.5m people in 57 countries to access financial services, 78% women. Other contributions to SDG 8 include:

- **2.5m** additional women **are accessing financial services** and **930,000** have improved their working conditions for through the US-Government's **Women's Global Development and Prosperity Initiative**. CARE and partners influenced the program to ensure inclusion of a strong focus on financial inclusion and the enabling environment (e.g. GBV)
- **16,000** additional women are part of **groups that enable them to claim their rights** through **RIDAP** in Mali, implemented in partnership with **AMAPROS**, **ODI-Sahel** and **Tassaght**, and funded by the Danish Government
- **1.6m** women in **32 countries** increased their **economic empowerment on other measures**, including **PROMEES II** in Niger (increased influence on economic decisions for **150,000** women) and **POWER Africa** in Cote d'Ivoire (increased employment for **61,000** women)



Masresha Nigussie and Fikeru Legesse, Piassa area of Addis Ababa, Ethiopia.

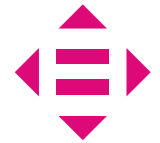
© CARE Ethiopia

Women in Ethiopia say that the results of the H&M Foundation-funded [Women For Women](#) project are “*personal satisfaction and joy*” because they could make decisions. Women weren’t the only ones who changed. Men like Fikeru—married to Masresha Nigussie, said his main takeaway was: “*Get rid of your pride. Support your wife and take on some tasks.*” Masresha notices the difference: “*My husband supports me in everything. He is one of the reasons behind my business success. He can replace me and handle most of the tasks I do. There is no division of labour in our family.*”

The [Women for Women](#) project reached nearly **270,000** women entrepreneurs in **11 countries**, with women seeing a **91%** increase in daily enterprise earnings.

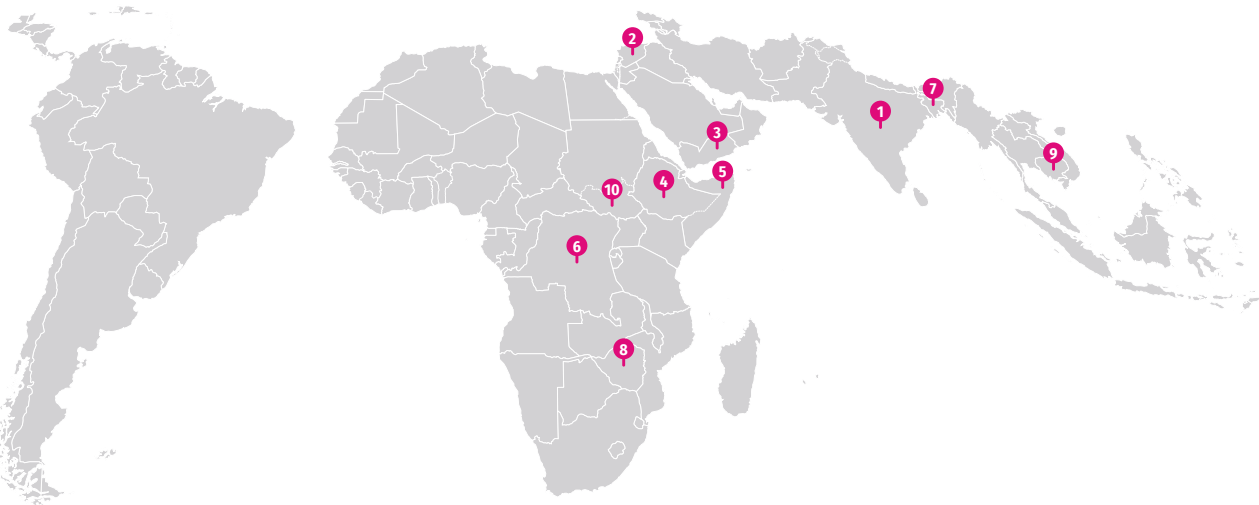
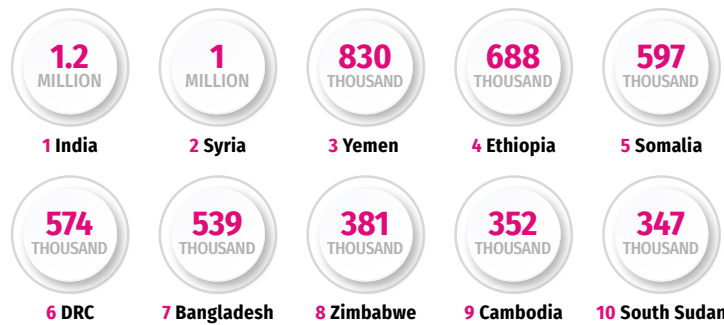
SDG 10: REDUCED INEQUALITIES

10 REDUCED INEQUALITIES



CARE and partners have helped **reduce inequalities** for **8.8m** people in **49 countries**, **61% women and girls**

SDG 10: Top 10 Countries



SDG **Target 10.1** focuses on increasing the incomes of the **poorest 40%**, and so CARE has recently begun collecting data from its projects on what proportion of the people they work with are from the poorest two quintiles in the country. Overall, we calculate that CARE and partners have contributed to improvements related to different SDGs for **7.8m from the poorest 40% of societies**. 22% of the projects that have reported contributions to the SDGs were able to report what share of their impact populations come from the poorest 40%, on average reporting that 78% of those they work with are from these poorest groups. But this still only represents 6% of the total impact numbers, so needs to be more consistently applied and reviewed over coming years.



7.8 Million People from the poorest 40%
Experienced impacts or outcomes (SDG 10.1)

In line with **Target 10.2's** focus on **leaving no one behind** and ensuring inclusion of all, regardless of race, ethnicity, or other status, in many contexts our programs focus on **ethnic minorities and other excluded groups**. These projects have seen progress towards different SDGs for at least **1m** people.



1 Million People from ethnic or other minorities
Experienced impacts or outcomes (SDG 10.2)

This includes the KGBV education initiative in India mentioned under **SDG 4**, where a minimum reservation is made of 75% enrolment for girls from scheduled castes, scheduled tribes or other minority communities, and the remaining 25% priority is accorded to girls from families below the poverty line. The Multilingual education program in **Cambodia** is another such example, as well as the EU-funded **Kawsay** intercultural, bilingual education program in Peru, or the Cartier-funded **Más Mujeres** in Ecuador.



© Heidi Natkin/CARE

[Equal Value, Equal Rights](#) is a regional program in Latin America supporting the rights of domestic workers in partnership with the domestic workers' movement. To date, over **90,000 additional domestic workers are aware of their rights** in Colombia, Ecuador and Mexico, with **9.4m** potentially able to benefit in the future as legal protections in relation to [ILO Convention 189](#) on domestic workers and [Convention 190 on sexual harassment](#) in the workplace are ratified by countries in the region and incorporated into national policies and programs.

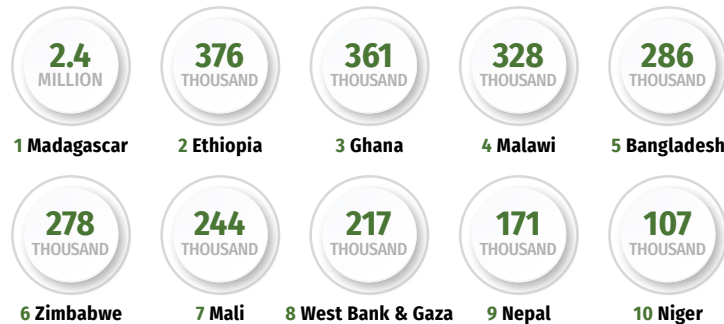
Alicia Lanchimba, pictured above, experienced workplace abuse as a domestic worker; now she is an activist for women's rights as part of [UNTHA](#), CARE's main partner and ally in the program in Ecuador. The domestic worker's movement enables otherwise isolated women to come together and advocate for change and defend their rights collectively, from national to regional to global levels.

SDG 13: CLIMATE ACTION



CARE and partners have helped **5.4m** people in 39 countries, **55% women and girls**, to strengthen their ability to build **climate resilience** and reduce their **vulnerabilities**

SDG 13: Top 10 Countries



CARE and partners have contributed to **increased abilities to build resilience to the effects of climate change** for over **2.7m** people in **27 countries**. This includes abilities to plan for climate change, adopt climate-resilient agriculture strategies, or protect assets against future climate shocks. Programs with impacts on resilience include:



2.7 Million People
Increased resilience to climate change (SDG 13.1)

- **330,000** people increased their resilience through [ALP](#) in Ghana, a multi-donor project
- **280,000** people (82% of participants) increased resilience through the [FARIMBOGNA](#) project in Madagascar, funded by the EU and working in partnership with [Humanité & Inclusion](#)

CARE and partners have also enabled over **3.6m people in 36 countries to actively engage in reducing their vulnerabilities** to the drivers of shocks and stresses that affect them, 49.4% women and girls, including:



3.6 Million People
Took action to reduce their vulnerability to shocks

- **750,000** people have actively engaged in reducing their vulnerabilities through CARE's Madagascar [Disaster Risk Reduction \(DRR\)](#) program, supported by the European Commission and US Government, by influencing Government and others to adopt and adapt proven DRR models
- **215,000** people are using climate information or implementing risk-reducing actions in [SHOUHARDO III](#) in Bangladesh, an increase of 32 percentage points (from 27% to 59%). [SHOUHARDO III](#) is funded by the US and Bangladesh Governments, and implemented in partnership with 8 local and international organizations ([DAM](#), [ESDO](#), [IDE](#), [MJSKS](#), [NDP](#), [POPI](#), [RIMES](#), [SKS](#)).



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Kien Quang Thi is a human weather app. Not only does she forecast the weather, but she also provides advice for farmers on what, when, and how to plant. Her objective is to better prepare her community for extreme weather events.

Kien knows hunger, in 2008 she experienced a total crop failure and had to live on only manioc and maize for several months. In cooperation with meteorologists, local authorities, and farmers, she wants to avoid crop failures in the future.

"I trust that our village leader acknowledges the importance of our forecasting and the information exchange amongst people. The government also needs to listen to those who are most affected by climate change and take advantage of our knowledge."

Over 70 percent of the populations of Vietnam, Cambodia and Laos live in rural areas. Harsh climatic conditions are further aggravated by climate change. CARE's Agro-Climate Information Service Program (ACIS) for women and ethnic minority farmers in South-East Asia enables women farmers, ethnic minority farmers and agricultural planners in Vietnam, Cambodia and Laos to better anticipate and respond to risks and opportunities from changes in the weather, through participatory and equitable agro-climate information services. In Vietnam, the program helped over 5,000 people in Vietnam to better build resilience to climate change of which 62% were women and girls.

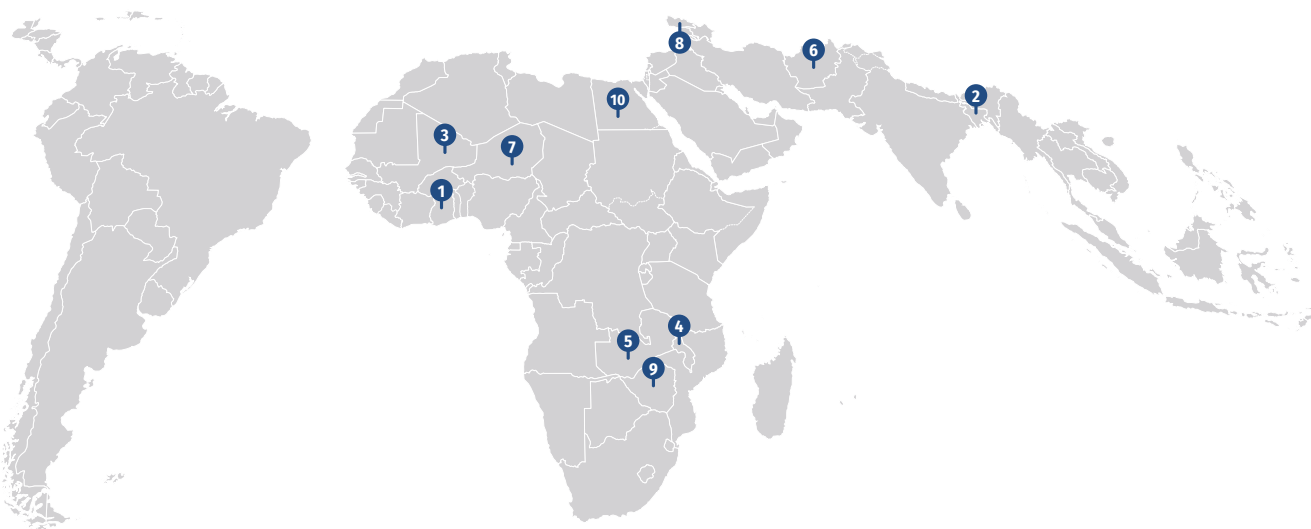
SDG 16: PEACE, JUSTICE AND STRONG INSTITUTIONS

16 PEACE, JUSTICE AND STRONG INSTITUTIONS



CARE and partners have helped **4.1m** people in **44 countries**, **49% women and girls**, increase **meaningful participation in decision-making**

SDG 16: Top 10 Countries



Target 16.7 of the SDGs promotes responsive, inclusive, participatory and representative decision-making at all levels, and promoting **meaningful public participation, social accountability and systems strengthening** are a core focus of CARE's **Inclusive Governance approach**. With our partners, we have contributed to over **4.1m**

people in **43 countries** participating in formal or informal decision-making spaces, 49% women, an increase of 3.3m people, with over **130,000 people assuming leadership positions** (41% women), including:



3.3 Million People

Participated meaningfully in decision-making spaces (SDG 16.7)

- **2.4m** people increased their participation in formal or informal decision-making spaces through **GSAM** in Ghana. Funded by the US Government, and in partnership with **Oxfam IBIS** and **ISODEC**, GSAM contributed to strengthening citizens' oversight of capital development projects to improve local government transparency, accountability and performance in 100 districts. **Meaningful participation** by service users increased by 46 percentage points (from 13% to 59%), and over **1.8m** citizens reported that their concerns on capital projects have been addressed (59% of those surveyed)
- **7,000** people participated in open budgeting and other **social accountability** processes in the World Bank-funded **JATRA** program in Bangladesh. As a result, 30% of local government budgets are now allocated for priorities of women and 25% of local government budgets are now allocated to meet the demands of the poor in these local government areas
- **Systems strengthening** is critical to CARE and partners' contributions to all the SDGs, supporting institutions to increase their capacities to provide inclusive, effective and accountable services. Examples include the Bihar health program in India (**SDG 3**), **ESPIG** in Somalia (**SDG 4**), or **RANO WASH** in Madagascar or **SABA** in Peru (**SDG 6**)

What helps improve good governance? CARE and our partners' **learning** is that this involves:

- Models that strengthen civic participation and social accountability, such as **Community Score Cards**, **community action planning**, **social audits** or **citizens' charters**, or accountable governance and planning, such as **Local Governance Performance Assessments** or **Community Action Planning**
- Supporting local organizations to generate evidence and advocate for change, for example through **CARE's Women Lead in Emergencies model**
- Using CARE's **Inclusive Governance marker** to ensure programs are built on political economy analysis, convene spaces which enable effective and inclusive relations and negotiation between people and their organizations and power-holders, and work from local to national levels
- Promoting CARE and partners' own accountability, through **feedback and accountability mechanisms**
- In **Fragile and Conflict-Affected Settings** (FCAS) in particular, CARE's learning is that **building inclusive and effective governance** requires: mutual capacity strengthening with excluded groups; civic mobilisation to connect local governance work to advocacy initiatives; spaces for dialogue built on understanding how sanctions and incentives work for public authorities; and changing norms, including those that impact public authorities' responsiveness and accountability

Advocacy and influencing is a core strategy of all CARE's programs, at global, regional, national, and local levels, to ensure policies, laws, budgets, and programs are more responsive to the rights, needs and demands of people of all genders. Across **242** successful influencing cases in 57 countries, positive **impacts can be already seen for 57.8m people**, including:



57.8 Million People

Have seen improvements in their lives from 242 advocacy successes in 57 countries (SDG 16.7)

- **44m people** in total received quality humanitarian assistance through the additional \$1bn in US Government global **humanitarian funding for famine relief**, as a result of advocacy by CARE and allies. This extra funding has enabled assistance to 20-30m people a year from 2018 onwards (the 44m excludes those directly supported through CARE's US Government-funded humanitarian programs)
- Other examples of successful advocacy and influencing include the **inheritance law in Egypt**, **GBV law in Burundi**, or promoting women's economic **empowerment in West Africa**

A central part of our influencing and advocacy work involves **working with local organizations to generate evidence and advocate for change**. In **Niger**, we worked to support evidence-based policies for land rights and climate change protection, while in **Bangladesh**, local planning and budgeting meetings helped ensure budget commitments were more pro-poor across 15 Union Parishads (the lowest tier of government). In **Uganda**, public forums were also an important tactic which helped revoke illegally-issued land titles in Central Forest Reserves.

What have we learned about advocacy and influencing? Key **effective strategies** include:

- Partnership, collaboration, and coalition building
- Generating evidence, particularly sex and age disaggregated data, to put women and girls at the centre of our advocacy
- Leveraging that to influence decision makers and mobilize support
- Consistent engagement over time



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Denis Tumwesige used to make his living illegally cutting trees in protected forests in Uganda, until he got arrested. Instead of making him stay in jail, the local officials connected him with CARE's **FOREST** project, which taught him about the importance of forest conservation. With the training and some encouragement from the local field officers from the Mid-Western Anti-Corruption Coalition, Denis decided to write a song about forests. The song is a huge hit and is routinely played on national radio. He transformed it into a successful concert series on the environment. Then Denis went on to open his own recording studio. He's proud to be a role model for his community.

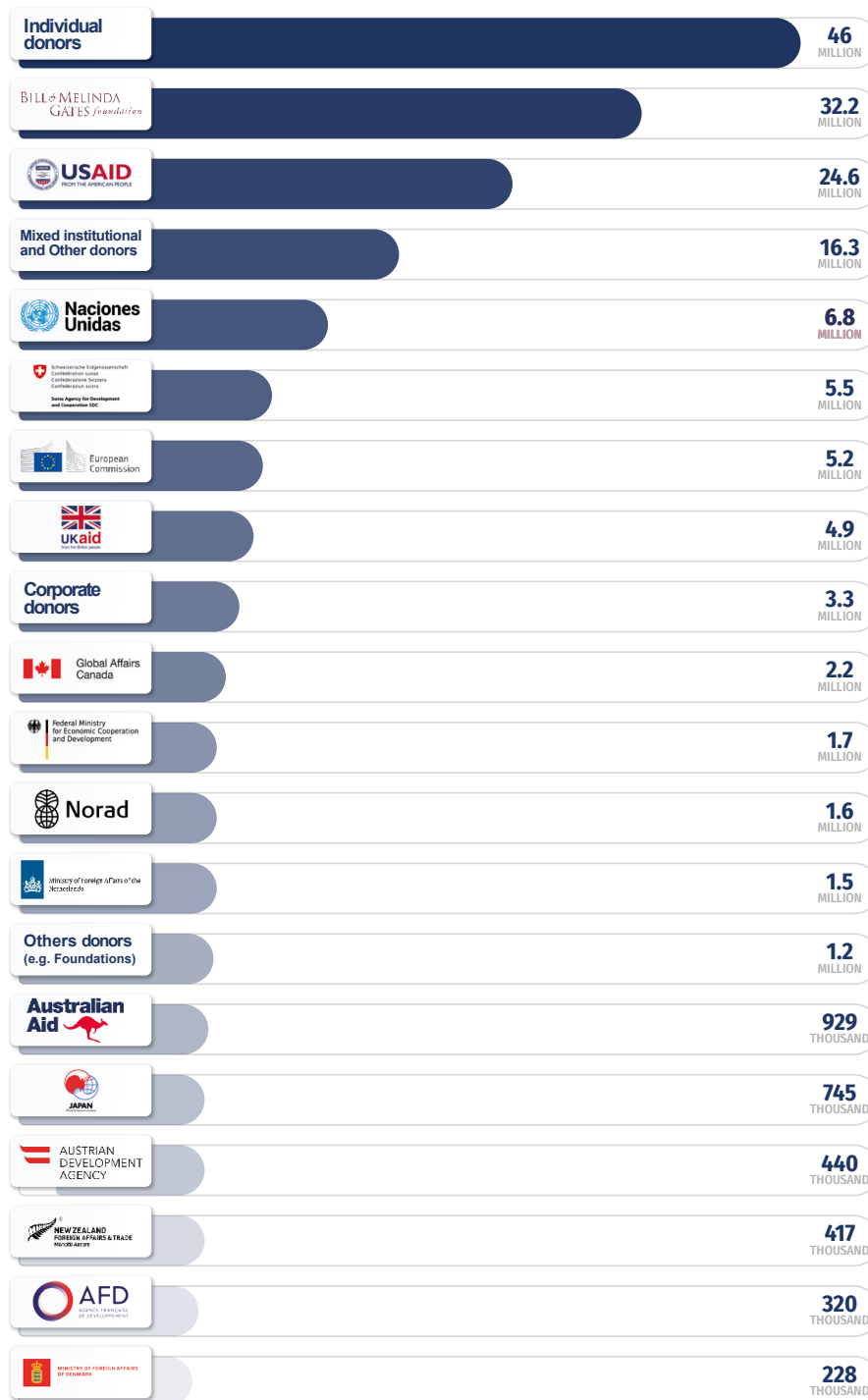
FOREST was funded by the Danish Government, and implemented with 6 local partners (**ACCU**, **ACODE**, **CDRN**, **Environmental Alert**, **JESE**, and **Panos**). The project saw a 70% reduction in illegal destruction of forests, a 68% reduction in the number of illegal farms destroying forests, and a complete end to livestock grazing in forests. Governments have also increased investments in forests: The Kyegewa district government increased their budget to the local forest service by 27 times, up to \$15,000. The national government is now paying for a consultation group the project used to pay for, so civil society can continue to influence policies around protecting forests.

SDG 17: PARTNERSHIPS FOR THE GOALS



The contributions to the SDGs in this report were only possible due to the generous support of and strategic collaboration with many different **donors and supporters** of CARE Members and their partners around the world. The largest donors, and the contributions to the SDGs they have supported, can be seen below: individual donors were responsible for the largest impact numbers, as their flexible funding have supported high impact strategies such as advocacy and influencing

CARE and partners' contributions to the SDGs, by donor



39% of CARE and partners' contributions to the SDGs were supported by **Governments**: United States, Switzerland, United Kingdom, Canada, Germany, Norway, Netherlands, Australia, Japan, Austria, New Zealand, France, Denmark, Luxemburg, Uganda, Czech Republic, Sweden, Honduras, Ireland, Romania, and Kenya

29% were supported by **individuals** who donated or left legacies to CARE Members

24% came from **foundations** or from **corporate donors**

8% were funded by **multilaterals**, such as the European Commission, United Nations agencies or the World Bank

Nearly all of the contributions towards the SDGs come from programs where CARE worked in partnership with others: **92%** overall, and **63%** where all or most activities were implemented with or through partners. In recognition of this critical role played by partners, where possible in this report we have included links to the partners we have worked with.

63% of impacts come from projects where all or most activities were implemented with or through partners



CARE has extensive and varied collaborations with hundreds of **civil society partners**; community-based organisations, **social movements**, local, national and regional NGOs, and international NGO peers. We aim to continue to develop new strategic and project-based partnerships. But we also recognize that we have a great deal of work to do to improve our partnership approach and practices, to transfer more power and resources to our local partners, and to consistently listen to and learn from them. We need to consistently support locally-led, but globally-connected approaches to humanitarian assistance and long-term development, in line with our commitments to join with local partners in efforts to decolonize aid.

None of CARE's impact would be possible without strategic and programmatic collaboration with host **government partners**. Right across the world CARE has established and cultivated working relations with governments at national, sub-national and local levels and we will continue to support the development of responsive, accountable, and rights-based government policy and to ensure effective and equitable implementation of these policies.

Our partnership work with **the United Nations** is of particular importance where the SDGs are concerned. We have established and cultivated multi-lateral partner relations with the key UN institutions that are tasked with leading the SDGs and we develop joint programs and technical, learning and policy outputs with them on a regular basis.

CARE's partnership with the **private sector** is also extensive and we engage to amplify impact and improve industry practice.

Finally, CARE's partnerships with **academia** and the wider research and learning community are critical for our collective work towards realising the SDGs. In the last five years, we have widened our research and learning partnership base by engaging with platforms, hubs, and communities of practice to engage in learning for influence and impact. Partnerships with formal academic institutions, independent think tanks and research organisations – in the global north and the global south – have allowed us to pilot, innovate and evaluate our work and engage with new audiences and collaborators.

WHAT WE HAVE LEARNED

When we developed CARE's [2020 Program Strategy](#), we believed that we could collectively contribute to much greater impact if we did two things very differently. One was integrating gender, governance, and resilience into all of our programs, at the heart of how CARE works. The other was playing three different roles: humanitarian action in disaster or crisis-affected contexts; promoting innovative and sustainable development solutions in other contexts; and across all our work, leveraging the learning and evidence and partnership relationships from our programs to influence others, or “**multiplying impact**”. To some degree, this hypothesis in the 2020 strategy Theory of Change has been validated: **63% of our contributions to the SDGs come from advocacy, systems strengthening or work to influence others** to scale up models. This has shaped our thinking on [impact at scale](#) for the next 10 years, and our strategy for the [next 10 years](#).

Scale is possible when we make the right investments in locally-driven solutions with a range of partners. We looked at our highest impact programs from 2015-2020 to understand what we need to do to achieve scale more consistently. The work that scaled most successfully with the most partners had the following key ingredients:

- **Partnerships with a range of actors.** Every program that has had impact at scale demonstrates the importance of partnership – with governments, with civil society, with peers, and with donors – to get a seat at the table and to influence conversations as they evolve. Having partners with a range of different skills and a commitment to the issue is key. 91% of our highest impact programs noted that partnership was a key success factor.
- Sustained **leadership and funding commitment to a common impact goal over at least 10 years.** Programs that achieved impact at scale were driven often by a small core of staff who focused on working collaboratively with local partners and key local stakeholders. Innovative models were co-developed with key scaling partners from the beginning, to increase possibilities of scaling. Consistent funding and attention from at least one major institutional donor were also usually critical.
- **Local expertise with the flexibility to adapt and operate outside the standard project structure.** While the majority of staff time comes from donor funding, having at least some flexibly-funded expertise and time was crucial to credibly influence government actors for scale. This was especially true in later years of a program when they had evidence to work towards scale. Flexible resources for local experts—either inside CARE or supporting local partners to allow their staff to engage in policy processes—help sustain the momentum for change over the long-term.
- **The ability to read the political moment and connect potential approaches to pressing needs in a specific context.** While solid evidence and a coherent package of materials and tools can help support scale, they are only useful to the extent that a diverse team with a coalition of genuine partners and key stakeholders can seize a moment where there is political will to make a change. Investing in the skills and time for local experts to scan the environment and identify opportunities is essential.





Putting gender at the heart of our work has seen important successes but needs further prioritization: While many of the strongest examples of contributions to change highlighted under all the SDGs above are programs that apply gender transformative programming approaches, we recognize that we need to further deepen our commitment to putting gender equality at the heart of our programming, and our measurement of impact. Reviewing CARE’s work on gender transformative programming, and holding ourselves accountable to putting gender equality at the heart of all of our work, the following lessons show the most promise for future success:

- **Developing universal metrics:** CARE has launched the [Gender Marker](#)—a tool that 98% of projects now use to share a common understanding of the quality of our gender programming and how to use this data to continuously improve our work. We also have [global gender indicators](#) that projects can use to measure progress towards gender equality.
- **Holding ourselves accountable:** CARE’s global standards now require sex-disaggregated data, and our global PIIRS system reflects 83% of our projects reporting sex-disaggregated reach data (compared to 60% before we adopted the standards).
- **Innovating and influencing in Gender MEAL:** CARE’s [Rapid Gender Analysis \(RGA\) Tool](#) for emergencies is now used widely around the world, and is [recommended by the Inter Agency Standing Committee](#). RGAs have been [scaled up to 60 countries](#) as part of the COVID-19 response, feeding into our [Women Respond](#) global analysis platform. CARE’s [Social Norms Measurement](#) framework is at the forefront of thinking in how to practically understand and start to shift social norms.

WHERE WE NEED TO IMPROVE

Four main areas where we need to significantly improve over the coming decade are: partnerships and shifting power relations within these; adapting faster and more quickly; consistently seeking and responding to the feedback from the impact groups in whose lives we seek change; and improving our global measurement of impact and contributions to the SDGs:

Strengthen our partnerships, shifting power and working in solidarity: CARE recognizes that we cannot achieve our vision of a world of hope, inclusion and social justice alone. The examples above and our data show that when our activities are delivered predominantly with **partners** our interventions are of a higher quality and more impactful. The trend is toward more strategic, transformational relationships, toward collaboration between multiple stakeholders, moving forward from a preoccupation with partnerships just with one organization.

Our commitment to work with a range of actors and in different ways requires us to become more adaptable, flexible, and accountable to many kinds of partners. CARE needs to pay attention to reciprocity and recognize the mutuality of what the parties bring to a partnership, the risks they face and what they will get out of the relationship. Further attention is needed to reduce the requirements and administrative burden we create for partners, building on existing experiences to reduce bureaucracy and nuancing requirements to different types of partnerships based on the nature and purpose of the relationship and profile of each organization. CARE must better understand and acknowledge the power imbalance when an organization of its size and positioning works with smaller organizations; we must manage this proactively to avoid harm, recognizing that a financially larger organization should not abuse unequal power relations. This also means that CARE will **continue to call for change** more broadly within humanitarian and development assistance to reduce the obstacles to funding local organizations, particularly women's rights organizations, and ensure that existing commitments such as the **Grand Bargain** and **Charter for Change** are implemented with accountability.

CARE must develop standards that enable partnerships, and ensure that we adhere to the principles of good partnership, including in engagement with the corporate sector. We can learn from others in the development of these standards and ensure that their implementation promotes learning, change and accountability. We have embarked on a process of simplifying and harmonizing policies, systems and procedures and enabling skills and behaviours that demonstrate humility, transparency, fairness, dialogue, compromise, co-creation, and ceding control. We also need to invest in sustained and flexible funding to support mutual capacity strengthening and diverse relationships with partners, including in local partners' capacities to measure and report their contributions to the SDGs. This must be supported through increased unrestricted funding or through the securing of specific grants that can contribute to this endeavour. We can apply tools like the **Community Score Card** that promote accountability and ensure that we are working in authentic partnership and serving the needs of social justice.



Adapt faster and more proactively: While CARE has a longstanding practice on [adaptive management](#), the increasingly complex and dynamic contexts in which we operate require us to build the agility to adapt more quickly, the systems to adapt with others and based on feedback from communities and partners, and the rapid data to be more proactive in our adaptations. For massive global shocks like COVID-19, teams were able to adapt very quickly. However, this can be a challenge for more slow-onset or localized changes in circumstances. We need to build our learning and evidence more quickly into changes in practice and create space for others to participate in adaptation decisions that meet local needs.

More consistently seek and respond to the feedback from the impact groups in whose lives we seek change: CARE has developed detailed guidance on ensuring programs have [feedback and accountability mechanisms](#), but we have not yet ensured that these are applied in all programs, are developed with full participation of those who would use them, and we are consistently responding to and acting on the feedback we receive.

Continue improving our impact measurement systems and capacity across the organization: Building on what we have learned over the last 5 years, we need to adapt our global measurement system over the coming decade. This includes continuing to adopt SDG and other indicators systematically at a global level, improving methods and tools to collect data, facilitating learning dialogues, ensuring donor engagement and funding for impact measurement in contribution to SDGs, and opening channels for greater dialogue on SDG impact measurement with other actors. We will put measurement of impact on gender equality (SDG 5) and how gender equality contributes to impacts in all other SDGs at the front and centre of this adapted measurement system.

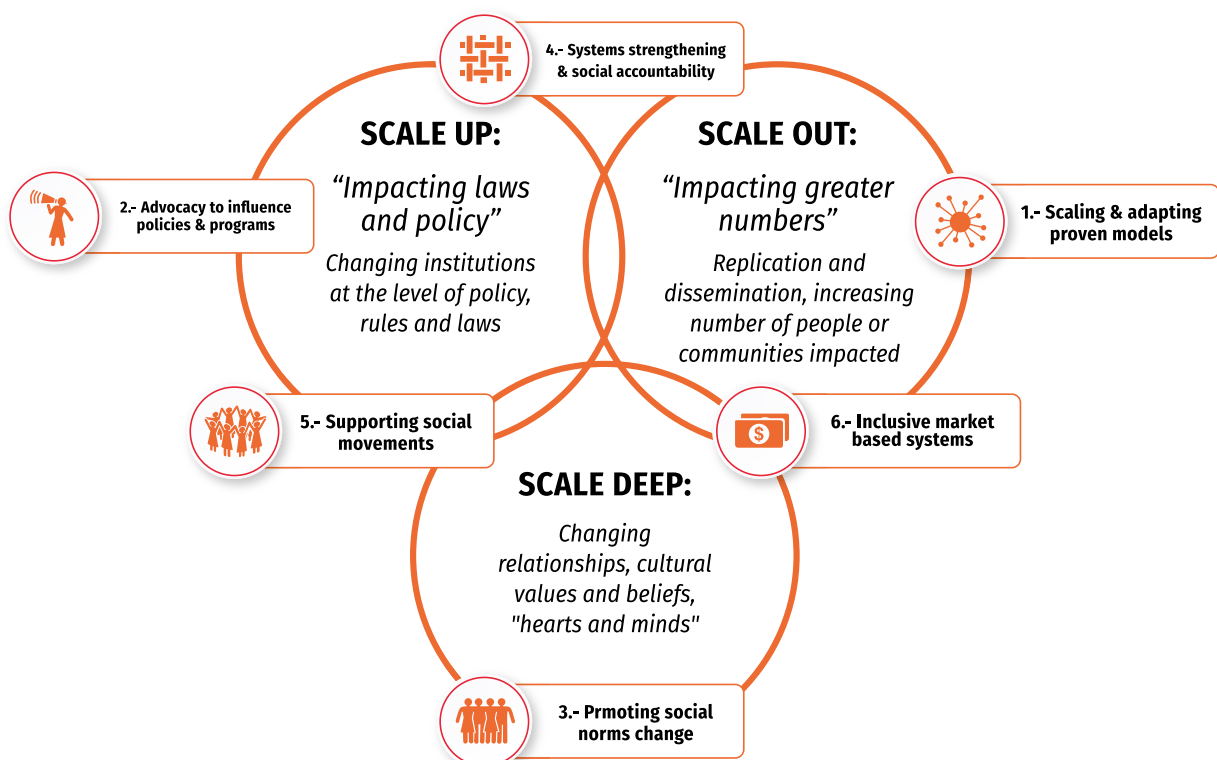
INCREASING SDG PROGRESS: OUR PLANS TO 2030

Drawing on our learning from the last five years, and the key areas where we need to improve, CARE's new organizational strategy - [Vision 2030](#) - outlines six impact areas where we will continue to focus our efforts to contribute to the SDGs:

- **Gender equality** (SDG 5), including education (SDG 4) and gender equality and women's voice as a core approach to contribute to all other SDGs
- **Humanitarian assistance** (SDG 1, along with SDG 5)
- **The right to food, water, and nutrition** (SDGs 2, 5 and 6)
- **Women's economic justice** (SDGs 5 and 8)
- **The right to health** (SDGs 3 and 5)
- **Climate justice** (SDGs 5, 7, 11, 13 and 15)

We will deepen our focus on equitable partnership, and expand our work to contribute to [impact at scale](#), along six main pathways across [Riddell and Moore's](#) three areas of scaling: scaling up, scaling out and scaling deep.

1. **Scaling and adapting proven models**, both directly through CARE and our partners, and indirectly with governments or other allies. Examples of proven models are Village Savings and Loans Associations (VSLA), Community Score Cards, Rapid Gender Analysis, and Social Analysis and Action
2. **Advocacy to influence** changes to the policies, programs and budgets of governments and other power holders, and how those are implemented
3. **Promoting norms change** by addressing harmful norms in the economic, social and political spheres, through community dialogue and other norms-shifting interventions, as well as through broad media campaigns
4. **Systems strengthening and social accountability**, to increase the capacities of institutions to provide inclusive and effective services and fulfil their obligations to the rights of the poor
5. **Supporting social movements** and other representative organizations of excluded groups in line with our vision and mission to contribute change through their collective actions, as conveners, allies, resource partners and amplifiers
6. **Inclusive market based approaches** that mobilize the power of markets to contribute to broad scale change in ways that are economically and environmentally sustainable, uphold labor rights and are inclusive of the poor and marginalized



ANNEX: DETAILED METHODOLOGY

The data in this SDG report covers the impacts or outcomes from our work, not just the reach or those touched by our programs⁵. CARE's global impact numbers come from external evaluations, showing changes primarily against 21 [global indicators](#), mostly taken from or aligned with the indicators of the SDGs. For some indicators (such as [access to informal financial inclusion](#), or [crisis or disaster-affected people obtaining quality humanitarian assistance](#), or [being satisfied with quality of that assistance](#)) we also include data from project Monitoring, Evaluation, Accountability and Learning (MEAL) systems. Nearly all of CARE's external evaluations are available online. Data has been compiled for all projects reporting impacts between July 2014 and June 2020, the period of [CARE's 2020 Program Strategy](#).

Impact/outcomes data is gathered in the annual [PIIRS](#) process, which has been carried out globally by all CARE country offices and members since 2016. Numbers are supported by evidence from CARE's MEAL systems and/or external sources to demonstrate changes in people's lives. They are not estimates or projections. Figures are checked for reasonableness by global MEAL advisors working in CARE's Outcome and Approach teams (such as Gender Justice, Sexual and Reproductive Health Rights, or Humanitarian Assistance). Numbers reported are also double-checked against evaluation reports or other sources to prove the data is valid. Advocacy impact numbers are particularly checked to ensure there is reasonable evidence of CARE's contributions to change. Where projects report negative outcomes, a worsening of food insecurity for example, we subtract those numbers from other positive impact numbers on that indicator, to determine our total contribution to that SDG.

In many cases, the indicators CARE uses are exactly the same as those used to measure progress against the SDGs; in other cases, the indicator is a good enough proxy to be able to report progress towards an SDG target given the core concepts expressed in that target (SDG 2.1: end hunger and ensure access...to safe, nutritious and sufficient food). Where a concept in the SDGs appears in multiple SDGs - such as resilience and the impacts of disasters, which appear under both SDG 1.5 and 11.5, we report the change under the SDG where we felt it best fitted (in this case, SDG 1, given SDG 11's focus on urban areas). The mapping of CARE indicators to SDG indicators is shown in the table on the following pages. Further details can be found in this [Frequently Asked Questions document](#).

⁵*Impact* is different from the reach of CARE's programming. People reached include the individuals that a CARE program connects with as it implements its activities, while people impacted refers to individuals who experience positive, measurable change, as a result of the materialization of the goals of a project or initiative supported by CARE. Reach, for example, might be numbers of farmers trained in climate resilient agricultural practices; impacts or outcomes would be the number of farmers who have adopted and are applying two or more such practices (Outcome), or who have improved their food security as a result of having done so (Impact)

SDG Goal and Target

SDG Indicator

CARE Indicator

Goal 1. End poverty in all its forms everywhere

1.1 By 2030, eradicate extreme poverty for all people everywhere...

1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty... according to national definitions

1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have...access to basic services...

1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

1.1.1 Proportion of the population living below the international poverty line...

1.2.1 Proportion of population living below the national poverty line...

1.4.1 Proportion of population living in households with access to basic services

1.5.1 Number of deaths, missing persons and directly affected persons attributed to disasters...

1: Proportion of the population below the international poverty line

2: Proportion of the population below the national poverty line

3: Proportion of the population living in households with access to basic services

4: # and % of disaster/crisis-affected people supported through/by CARE who obtained humanitarian assistance that is fully in line with CARE's and other global standards ([shelter/housing](#), [WASH](#), [food & nutrition](#), [SRH](#))

5: % of disaster/crisis affected people in areas of CARE responses who report satisfaction with regards to relevance, timeliness and accountability of humanitarian interventions

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

2.1 By 2030, end hunger and ensure access by all people...to safe, nutritious and sufficient food all year round

2.2 By 2030, end all forms of malnutrition...

Other targets, including 2.3 (agricultural productivity) & 2.4 (resilient agricultural systems)

2.1.2 Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)

2.2.1 Prevalence of stunting...

13: Prevalence of population with moderate or severe food insecurity, based on the Food Insecurity Experience Scale (FIES)

14: Prevalence of stunting among children under five years of age

[Supplementary](#) FNS indicators

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live birth

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning...

Other targets, including 3.3 (AIDS, TB & malaria) & 3.4 (non-communicable diseases)

3.1.2 Proportion of births attended by skilled health personnel

3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods

3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group

7: Proportion of births attended by skilled health personnel

6: Demand satisfied for modern contraceptives among women aged 15–49

8: Adolescent birth rate (disaggregated by 10–14; 15–19 years) per 1,000 women in each age group

[Supplementary](#) SRHR indicators

SDG Goal and Target

SDG Indicator

CARE Indicator

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education...

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples...

4.1.1 Proportion of children and young people (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex

Education indicators, including retention, completion and achievement

Goal 5. Achieve gender equality and empower all women and girls

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

5.6 Ensure universal access to sexual and reproductive health and reproductive rights...

5.a Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services...

Other SDG 5 targets, including 5.3 (child, early & forced marriage), 5.4 (unpaid care & domestic work), and 5.c (policies to promote gender equality)

5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner...

5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner...

5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

10: % of people who reject intimate partner violence.

11: % of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months

12: % of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months

19: # and % of women and girls who have meaningfully participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces

9: Proportion of women aged 15–49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

16: # and % of women who are active users of financial services

17: # and % of women who report they are able to equally participate in household financial decision-making

Supplementary WEE and GEWV indicators

Goal 6. Ensure availability and sustainable management of water and sanitation for all

6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation...

6.1.1 Proportion of population using safely managed drinking water services

6.2.1 Proportion of population using (a) safely managed sanitation services...

3: Proportion of the population living in households with access to basic services (safe drinking water, safely managed sanitation)

SDG Goal and Target**SDG Indicator****CARE Indicator****Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all**

8.10 Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all

8.3 Promote development-oriented policies that support productive activities, decent job creation, entrepreneurship...

8.10.2 Proportion of adults (15 years and older) with an account at a bank or other financial institution or with a mobile-money-service provider

16: # and % of women who are active users of financial services

18: # and % of women with union, women's group or cooperative membership through which they can voice their labor rights

Supplementary [WEE](#) indicators

Goal 10. Reduce inequality within and among countries

10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

10.1.1 Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population and the total population

SDG impacts from impact populations from bottom 40% of the population

SDG impacts from impact populations from ethnic minority or indigenous populations

Goal 13. Take urgent action to combat climate change and its impacts

13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries

15: % of people better able to build resilience to the effects of climate change and variability.

21: % of people that have actively engaged in reducing their vulnerabilities to the shocks that affect them

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels

16.b Promote and enforce non-discriminatory laws and policies for sustainable development

16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group

19: # and % of people of all genders who have meaningfully participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces

20: # of new or amended policies, legislation, public programs, and/or budgets responsive to the rights, needs and demands of people of all genders

SDG Goal and Target

SDG Indicator

CARE Indicator

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

Target 17.1 (domestic resource mobilization) and 17.3 (mobilizing additional resources)

17.3 Mobilize additional financial resources for developing countries from multiple sources

20: # of new or amended...budgets responsive to the rights, needs and demands of people of all genders

Contributions by donors to SDG impacts

CARE

AND THE SDGS:

IMPACT AND
LEARNING ANALYSIS
JUNE 2021