




# **CARE International Advocacy and Influencing**

*A Review of Pathways to Success*

Tom Aston

Independent Consultant  
[thomasmtaston@gmail.com](mailto:thomasmtaston@gmail.com)



## Table of Contents

<b><i>i. Executive summary</i></b> .....	<b>2</b>
<b><i>ii. Literature review</i></b> .....	<b>3</b>
<b><i>iii. Methodology</i></b> .....	<b>5</b>
<b><i>iii) Findings from country offices and southern members</i></b> .....	<b>8</b>
a) Lobbying decision-makers .....	9
b) Coalition-building .....	10
c) Method replication.....	11
d) Public forums.....	12
e) Media engagement .....	13
<b><i>iv. Findings from northern members</i></b> .....	<b>13</b>
a) Lobbying decision-makers .....	15
b) Public forums.....	16
c) Coalition-building .....	16
d) Champion development .....	17
e) Policy analysis and research.....	18
f) Media engagement .....	18
<b><i>iv) Conclusions</i></b> .....	<b>18</b>
<b><i>v) Strategic recommendations</i></b> .....	<b>23</b>
<b><i>vi) Methodological recommendations</i></b> .....	<b>24</b>

## Acknowledgements

My thanks to Ximena Echeverría, Jay Goulden, Omar García, and Amanda Mathies for their guidance and support with databases and to Rasha Natour, Andrew Wells-Dang, and Shaughn McArthur for their feedback on an earlier version of this report. I also thank various country office and southern member staff who provided information and discussed case specifics with me, especially Amr Lashin, Amilcar Miron, Murad Bin Aziz, and David Waller. Any errors are my own.

## i. Executive summary

This report constitutes a review of 208 advocacy and influencing initiatives that reported having successfully influenced policies, plans and budgets. A sample of 31 cases were included in for review. These comprised influencing outcomes across 16 countries in Africa, Asia, Latin America, the Middle East, North America and Europe. We estimate that outcomes these initiatives influenced have so far improved the lives of more than 4.2 million people, with the potential for future impacts for a further 116 million people. 20 cases were from national or local level policy, plan or budget influence in the global South, and 11 case from the global North, influencing donor strategies or international negotiations.

Overall, the top 4 strategies employed across the North and the global South were: (i) lobbying-decision-makers; (ii) coalition building; (iii) public forums and (iv) method replication. **Twice as common as any other strategy was lobbying decision-makers.** This was also judged to be the **most effective strategy** in both the South and the North. 23 initiatives employed some form of lobbying decision-makers, and in 19 of these it was ranked as the most influential strategy. This lobbying was commonly a form of “insider” approach where CARE and partners already had a good relationship with government line ministries, having built credibility and trust over a number of years. Particularly in the South, advocacy efforts were part of a strategy over more than five years. Such efforts demonstrate that long-term investment is required for policy change to materialise into impact. The main tactics or strategies which did not feature strongly were activism and campaigning such as marches, petitions and use of social media, and evidence for the use of research was also uneven. We consider why this may be the case in greater detail toward the end of the paper.

### *Main findings in the South*

Over three quarters of cases (n=17) included lobbying decision-makers as a key strategy. Over half of cases (n=13) included some form of demonstration of a model or tool. Public forums (n=7) and coalition-building (n=6) were also important tactics. While **lobbying decision-makers was the most important tactic**, in various country programmes this was combined with technical knowledge and the **promotion of a specific method or tool** (“innovation diffusion”). Working through networks or coalitions is also an increasingly important tactic, but so far this is only highly prevalent in Latin America. Close relationships with multilateral agencies were also crucial in a number of cases. We found that the **most significant successes took at least five years of effort for significant change to materialise.**

### *Main findings in the North*

We find that **lobbying decision-makers was the most common tactic** mentioned (n=9). The tactic was also judged to be the most effective and was employed in four-fifths of the most successful cases. This was closely followed by public forums (n=8), which **featured in the majority of successful cases.** Coalition-building (n=5) and champion support (n=3) were also mentioned, albeit less frequently. Initiatives were most typically **focused on “windows of opportunity”** with efforts rarely lasting more than 18 months.

Key strategic recommendations include:

- **CARE ought to reinvigorate its programme approach**, bringing various projects under a common banner and with a longer-term strategic plan and common advocacy asks;

- CARE should seek more **strategic partnerships**, whereby CARE's value-added is clearly articulated to local partners beyond its funding capacity (e.g. through its technical knowledge and ability to convene and broker new relationships);
- CARE must support greater **vertical integration**, whereby the voices of local CSOs and CARE staff are not simply inputting into global level discussions, but these discussions more clearly inform and contribute to advocacy at national-level in the South;
- CARE ought to place greater emphasis on developing and promoting the **use of high-quality evidence** about what works;
- Finally, CARE should pay closer attention to appraising the **value for money of media campaigns** and large international forums. Such expenditures appear to be merited only when there is a clear strategic justification, based on a solid theory of change, with a clear audience and demonstrated potential for impact.

The report is organised in the following manner. It will provide a brief literature review of similar efforts from peers in the sector to capture and analyse contribution to advocacy and influencing achievements. It will then provide a methodology to select, analyse and evaluate advocacy and influencing cases deemed to be significant successes. It will then present findings on cases with the best quality data and plausible claims, considering the most common and effective strategies and tactics. Finally, it will propose strategic and methodological recommendations to improve practice and better report and assess advocacy and influencing work in the future.

It should be borne in mind that this report is primarily aimed at advocates and management within CARE. Some findings may be of interest and use to other similar organisations, and in some small way hopefully contribute to an emerging debate on how to assess contribution to change in advocacy and influencing work.

## ii. Literature review

Few of CARE's peers have dedicated significant time or energy to understand their potential influence over policies, plans or budgets. In 2017, Save the Children International convened a meeting in London to bring together International NGOs to share learning on agencies' efforts to measure advocacy and campaigns impact monitoring. At the meeting, Save the Children, Plan International, Water Aid and Oxfam International all gave presentations regarding their approach to the topic. Global Witness, CARE International and various evaluation consultants were also in attendance.

At this meeting, emphasis was placed on the **importance of political economy analysis** as an approach to support the identification of leverage points (Water Aid, 2017) and the **context of civic space** was considered crucial in explaining the relative significance of different advocacy wins (Save the Children, 2017). These thus provide informative contextual benchmarks which are consistent with CARE's own thinking through the Governance Programming Framework (GPF) and Advocacy Handbook. Some of these considerations were included in CARE's Advocacy and Influencing MEL Guidance (Aston and Mathies, 2018), however it was recognised that these reflections were only the beginning of a much longer journey to understand what works, how, and why.

In terms of **methods to measure advocacy and campaigns impact**, Water Aid chiefly relied on Most Significant Change and the use of evaluation rubrics. Save the Children based their efforts on the logic of Outcome Mapping and a blending of Outcome Harvesting with rubrics. Oxfam favoured Process Tracing and was beginning to use Qualitative Comparative Analysis (QCA). CARE had also experimented with Process Tracing and

adaptations of Outcome Harvesting. All of these methods were thus theory-based or configurational.

However, in the meeting, various **concerns were raised regarding the wisdom of estimating beneficiary numbers**. This partly reflected a schism between organisations which focused on campaigns and those that focused on insider advocacy strategies, but it also reflected concerns regarding the methodological challenges of estimating indirect beneficiaries (Arranz, 2016; Breur, 2017; Plan International, 2017).

**CARE was the only organisation in attendance that was estimating policy beneficiary numbers**. At the time, Save the Children and Oxfam GB appeared to have invested the most time, effort and resources. To date, most efforts to assess pathways to influence have been theoretic or most often focused on the context of policy-making in the United States (see Sabatier and Jenkins-Smith, 1999; Jones and Baumgartner, 2005; Baumgartner and Jones, 2010; Stachowiak, 2013). Thus, while of significant value in terms of building models or theories of change, it appears that there is a significant gap in assessing policy-making influenced by INGOs in the Global South.

The most systematic effort to date has been carried out by Oxfam GB. Having invested heavily in impact evaluations through the Programme Partnership Agreement (PPA) fund, Oxfam was in a good position to bring together a medium-sized body of evidence to consider patterns of cause and effect. In 2018, Shephard *et al.* carried out a review of Oxfam's Effectiveness Reviews in which it was believed to have **influenced concrete changes in policies or their implementation, including the amendment of laws or regulations, changes to budget allocations, or improved enforcement and implementation**. They identified **15 cases** related to this outcome. The authors argued that there were two key pathways:

- 1) **Localized-insider-opportunity approach** (n=5), which involved domestic civil society strategically taking advantage of a window of opportunity through an insider strategy, and where Oxfam played a less prominent role;
- 2) **Localized-insider-outsider approach** (n=2) involved domestic civil society gaining policy influence through a combined insider-outsider strategy with Oxfam playing a less prominent role.

These two pathways were considered to cover two thirds of all cases. The former strategy encompassed **building of trust with allies** in the political arena, **developing new relationships** or gaining **recognition as credible experts** or legitimately representing the interests of a particular constituency. The latter strategy was geared towards putting pressure on targeted government officials and/or politicians related to the outcome, by **mobilising unrepresented groups to make claims** through campaigns, protest, and/or media exposure. Interestingly, for cases that had either high or medium-high level of success, **we find that the average duration of engagement was around 5 years**, and thus one assumes, longer than individual projects.

As important as the explanatory factors, which are heavily aggregated, are the constants, or factors the review did not believe to have a decisive influence over the outcome. The review mentioned that the **use of research** to influence policy has strong potential impact, but it was ubiquitous in both policy success and failure. **Campaigns were also extremely common** but were not seen to have had a significant effect. **Building the capacity and confidence** of actors was likely important but was very early on in any causal chain and lacked variance in the Oxfam cases.

**Working through networks** was also a common strategy which appeared to be part of a causal package for success, but this was collapsed within either insider or outsider

strategies. Other factors such as the **strategy of supporting women and young people** was more descriptive and was considered to be closely related to the policy domain, constituting a subset of cases rather than an explanatory condition. The **theme or topic** was also seen to be more descriptive than explanatory and was thus coded as a contextual condition rather than an independent causal variable. Finally, factors such as **sufficient funding** was not consistently supported, so it was not clear to what degree the level of budgets was significant.

These supposed non-explanatory factors matter, because CARE spends a considerable amount of time, energy and resources capacity-building partners in-country, developing research, and it is increasingly keen to develop larger and more expensive campaigns. This report will help to consider whether that is likely to deliver good value for money.

### iii. Methodology

Compared with Oxfam, CARE has the advantage of a **larger universe of cases** through its Program Information and Impact Reporting System (PIIRS) reporting (n=208). Yet, it has the disadvantage that these achievements are **self-reported** and therefore lack the same degree of independence or methodological rigour which comes with an external evaluation.

This review aims to assess successful strategies within high significance advocacy and influencing wins at CARE since CARE's 2020 strategy was agreed in 2014. **Two sources of data** were identified for this purpose:

- A) CARE's Advocacy and Influencing Impact Reporting (AIIR) tool, and;
- B) Reporting on indicator 20 in PIIRS.

Cases were reviewed using CARE's strategy types identified in the Advocacy Handbook.<sup>1</sup> However, these were considered too restrictive and failed to reflect some of the strategies or tactics pursued by Country Offices. Therefore, we also reviewed cases using Coffman and Beer's (2015) advocacy strategy framework, which is commonly used by other NGOs such as World Vision.<sup>2</sup> Combining the two, we selected the following 10 categories:<sup>3</sup>

#### 1) Policy analysis and research

Providing high-quality and timely evidence to support policy asks and to provide arguments about what works in order to influence and convince policymakers.

#### 2) Lobbying decision-makers

An "insider" approach to persuade and collaborate with targeted policymakers. This includes direct face-to-face meetings with decision-makers (e.g. local authorities, ministers, heads of multilateral organisations, party leaders) and informal contact (e.g. during a reception, in the

---

<sup>1</sup> 1) Analysis and research to provide evidence, 2) lobbying decision-makers, 3) high-level visits to CARE projects; 4) campaigning; 5) building capacity and empowering others to take action; 6) using communications and the media; 7) using social media.

<sup>2</sup> 1) Media advocacy, 2) public will campaigns, 3) public education, 4) influencer education, 5) policy-maker education, 6) public awareness campaigns, 7) public polling, 8) policy analysis/research, 9) demonstration programmes, 10) leadership development, 11) advocacy capacity-building, 12) community organising, 13) communications and messaging, 14) public forums, 15) champion development, 16) coalition-building, 17) community mobilisation, 19) lobbying, 20) litigation, 21) model legislation, 22) regulatory framework

<sup>3</sup> Given nomenclatural disputes in policy and accountability literature, tactic and strategy will be used synonymously throughout the report.

corridor outside a negotiation room), including through working groups, or through intermediaries (e.g. union or corporate leaders, and even family connections).

### **3) Public forums**

Group gatherings and discussions that are open to the public and help to make an advocacy case on an issue. This includes organising public meetings to encourage different actors to dialogue about a salient policy issue. These are typically policy-makers, partners, and impact groups.

### **4) Coalition-building**

Coalition-building consists of bringing a group of like-minded actors together (otherwise known as multi-stakeholder coalitions) to advocate for a common policy goal.

### **5) Champion development**

Recruiting high-profile individuals to adopt an issue and publicly advocate for it. This tactic is about increasing the interest, understanding and action of champions who advocate for improved policies and practices. In the USA, these may be congresspersons and senators who may have travelled on a learning tour, as per the policymaker champion scorecard. In the South, these are more commonly local partners and activists who are encouraged to take part in national and international forums.

### **6) Organisational strengthening**

Using financial support, training, coaching, or mentoring to increase the ability of an organisation or group to lead, adapt, manage, and technically implement an advocacy strategy.

### **7) Media engagement**

An “outsider” approach designed to draw attention to shortcomings in government through a media campaign. This typically includes campaigning and activism through print, broadcast, or electronic media to increase visibility and attention to an issue with specific audiences (otherwise known as media advocacy).

### **8) Method replication**

This may be related to high-level visits to CARE projects, but it more commonly refers to CARE staff and partners demonstrating the effectiveness of CARE tools and approaches (VSLAs, CSCs, etc.) to ministerial staff and policymakers (also known as demonstration programmes).

### **9) Community mobilisation**

Creating or building on a community-based groundswell of support for an issue or position. This is a more common tactic for local-level advocacy which involves identifying community groups, raising awareness, and encouraging these actors to voice their interests and concerns in public forums.

### **10) Litigation**

Using the judicial system to move policy by filing lawsuits, civil actions, and other advocacy tactics.

These categories provided the basis to develop a simplified form of **fuzzy set Qualitative Comparative Analysis (fsQCA)**, drawing on Shephard *et al.* (2018), in order to increase potential comparability and scope for cross-learning. Truth tables were developed which included the self-reporting of:

1. **Level of outcome** materialisation;<sup>4</sup>
2. **Significance** of the advocacy win;<sup>5</sup>
3. **Level of influence**;<sup>6</sup>
4. **Quality of evidence**;<sup>7</sup>
5. **Duration** of engagement;
6. **Civic space** context.

The first four categories were graded internally. Civic context was taken from **CIVICUS Monitor**, as both Oxfam and Save the Children have done, using a five-point scale. Reported strategies and lessons were also incorporated into the data set, and these were considered in order to elicit more detail about how CARE believed change happened.

Of the **208 cases** reported through AIIR tools or PIIRS reporting, **31 initiatives** met the following selection criteria:

- Outcome materialisation > 4 (estimable change)<sup>8</sup>
- Significance > 2 (high)
- Level of influence > 2 (medium)
- Quality of evidence > 2 (medium)

Strategies were also **ranked**. We relied on evidence provided from CARE's AIIR tools. In order to define the most important strategies we combined the **frequency** with which a tactic was mentioned with a ranking of the five most important tactics. Importance was judged on the plausibility of causal links and quality of evidence, based on: 1) **proximity** (i.e. CARE had direct or indirect access to policy-makers); 2) **uniqueness** (i.e. CARE's strategy cannot be easily ruled out by the actions of others), and; 3) **independence** (i.e. other actors corroborate CARE's contribution).

The most important **limitation** of the study is that outcomes were self-reported by CARE staff. This therefore means that there was a strong likelihood of self-serving bias and confirmation bias. In this, staff who reported outcomes and contribution were likely to foreground their own efforts and background those of other actors, including the efforts of other teams within CARE (e.g. communications). Five of the outcomes in the sample were written, at least, in part by me. This provides an additional degree of independence but suffers from other biases mentioned below.

In terms of the study itself, confirmation bias may be found to some degree through the criterion of proximity, which, while a justified choice from methodology and policy literature, slightly favours insider narratives which will also tend to have clearer links with shorter pathways of change, and thus may downplay foundations established by other tactics earlier

---

<sup>4</sup> 5 = policy win with clear evidence making a difference, and measurable, 4 = policy win may be able to measure in the future, 3 = policy win with resourcing, but unmeasurable, 2 = policy win, no resourcing; 1 = process

<sup>5</sup> 3 = very high, 2 = high, 1 = medium, 0 = no clear win yet

<sup>6</sup> 3 = high, 2 = medium, 1 = low, 0 = none

<sup>7</sup> 3 = high, 2 = medium, 1 = low, 0 = none

<sup>8</sup> The threshold was > 2 (policy win) for the 10 cases in the North.



on in any causal chain. There was also some degree of proximity bias, whereby greater weight was likely given to accounts of actors and cases with whom or which I had direct contact or where I was directly involved in key parts of the influence narrative. Where this was the case (n=5), additional effort was made to include independent evidence from third parties. As very few of the cases had been subjected to external evaluations, another key limitation was related to implicit theories of change which focused on a few key steps and did not directly identify rival claims. The aforementioned evidence criteria were chiefly used to militate against these risks.

We will first explain findings from cases in the South.

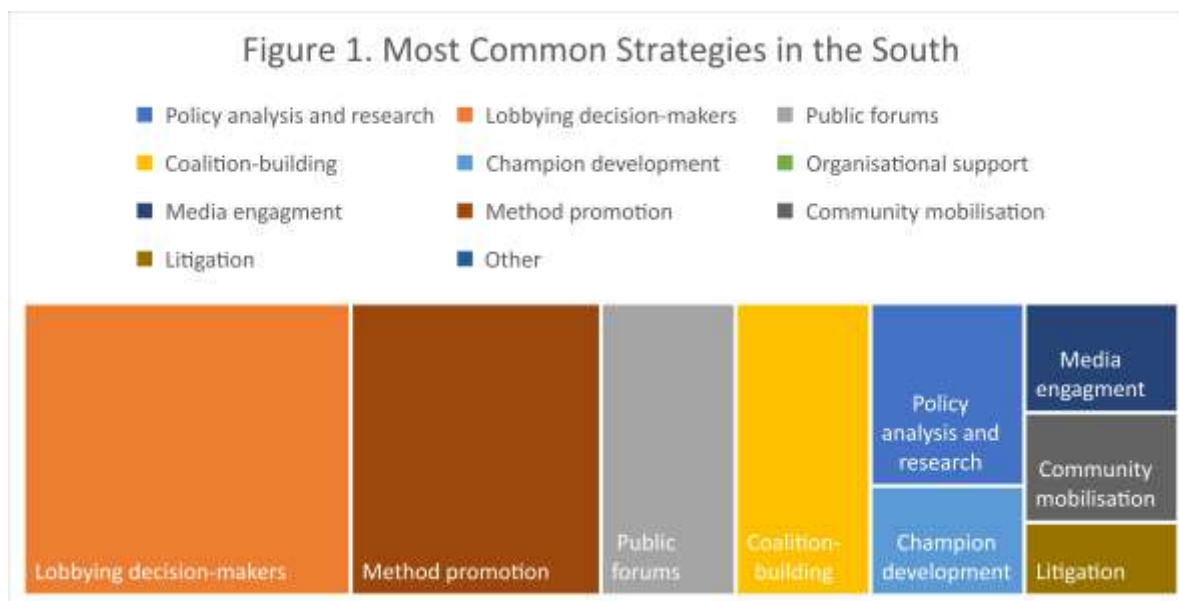
### **iii) Findings from country offices and southern members**

In terms of **regional distribution**, the sample included 7 cases from Asia, 6 cases from Latin America, 3 from Africa, and 3 from the Middle East and North Africa. With regards CARE's priority **sectors**, 7 were for food nutrition security and resilience to climate change (FNS & CC), 5 initiatives were for women's economic empowerment (WEE), 3 for inclusive governance (IG), 2 for gender, 2 for education, and 1 for sexual and reproductive health rights (SRHR). In terms of **levels**, 12 were national level advocacy, 4 were local-level advocacy. The outcomes assessed were either policy or plan formulation, policy implementation, or adoption of CARE a model or tool. In total, these outcomes are estimated to have **benefited the lives of around 4.2 million people**.

Similar to Oxfam's findings, most of the cases demonstrated that efforts **took more than five years before the desired change was achieved**. If the advocacy goal is a new area of work for CARE, it may take some years before CARE is able to present itself as a credible and legitimate actor (e.g. Bolivia and Ecuador). Likewise, if CARE aims to replicate and scale up a model, it takes time to build an evidence base and demonstrate the credibility of any technical proposal.

Perhaps the most evocative case to illustrate this challenge comes from Guatemala. The **Guatemalan government approved the first ever School Feeding Law on the 30<sup>th</sup> August 2017**. CARE has worked in school feeding programmes in Guatemala since 1958. So, commitment was written into law after nearly 60 years. As CARE is one of 14 members of the National Technical Working Group for Nutrition, we hope to see progress on implementing this law very soon.

In terms of the **most common strategies** mentioned in these 20 success cases, we find that lobbying decision-makers was the most common, as the figure below shows:



Over three quarters of cases (n=17) included lobbying decision-makers, or an “insider opportunity” approach, as a key strategy. Over half of cases (n=13) included some form of demonstration of a model or tool, invariably, in combination with insider lobbying. Public forums (n=7) and coalition-building (n=6) were also important strategies.

With regards the **strategy ranking**, lobbying decision-makers was considered the most important strategy, as can be seen below:



The above is broadly consistent with Oxfam’s findings, and reflects the fact that over a third of cases involved tool/model replication.

#### a) Lobbying decision-makers

The most common successful strategy, in combination with others, was lobbying decision-makers. This was not initially made very explicit in PIIRS reporting but was more common in AIIR tools. After revision with various teams, it became clear that this strategy was key in over three-quarters of cases.

The capacity to put ideas on the table relied in many cases on **CARE or its partners’ access** to bureaucrats within ministries and perceptions of CARE staff expertise. Various country offices had been providing technical assistance directly to ministries. CARE Peru provided technical assistance directly to the Ministry of Health. CARE Egypt has provided technical support to the Ministry of Social Solidarity, Social Fund for Development

and Ministry of Finance. CARE Malawi has been providing technical support to the Ministry of Finance. CARE Vietnam provided technical assistance to the Department Social Vice Prevention (DSVP), and CARE India provided technical assistance to the Ministry of Health at state level. While not made explicit, this access was often influenced by **personal connections**. CARE had tight connections with ministerial staff in various countries, and indeed some of these ministerial staff were even ex-CARE staff.

There also appears to be a **role of civic context** in shaping the scope for insider or outsider engagement strategies. Unlike Oxfam's findings, which were not positive in contexts with **closed civic space**, for CARE, 5 of the success cases were found in this context. This suggests change is possible even in the most challenging places, but not through the front door.<sup>9</sup> In more authoritarian contexts such as Egypt and Vietnam, we find tighter engagement strategies with government, whereby CARE acts more as a special advisor than a civil society advocate. This is particularly the case for sensitive topics. In Vietnam, for example, the [Nâng Quyền](#)– NQ (Women's Empowerment) project had a partnership with the Department Social Vice Prevention (DSVP). This partnership allowed female sex workers to share their stories and speak out about their issues/concerns in national level workshops and different dialogues at local levels. These helped ensure the inclusion of We are Women (WrW) clubs as an action line in the National Action Plan on Prostitution Prevention and Control 2016 – 2020.

## b) Coalition-building

While coalition-building is not mentioned as a priority tactic in CARE's Advocacy Handbook, it features prominently in campaigning and various other tactics mentioned. CARE's role in coalitions varies significantly, but we find this strategy to be **most prominent in Latin America** (Peru, Bolivia, Ecuador, Guatemala), where civil society mobilisation is typically higher than in other regions. On a few occasions, CARE is the catalyst for the creation of a coalition. In Peru, the CARE Peru National Director was the convenor of the Child Malnutrition Initiative (CMI) coalition.

CARE most commonly played a less prominent **role as a “partner.”** In Bolivia and Ecuador, CARE played an important supportive role to domestic workers associations and unions through promotion and implementation committees for [International Labour Organisation \(ILO\) Convention 189 on decent work for domestic workers](#). In Egypt, at national level, CARE worked with mega-alliance of 413 NGOs to advocate for women's inheritance rights. Given this density, CARE saw part of its value-added to lie in its organisational presence in various governorates to deliver seminars to educate the public on inheritance rights and to carry out oversight of individual cases. This may not have made a decisive contribution at national level but increased the representativeness and legitimacy of national-level discussions.

While rarely mentioned in the AIIR tools, triangulation shows that very often partners played a key role. The role of partners is important in **public campaigns** such as the 413 CSOs advocating for women's inheritance in Egypt, the 16 organisations which formed part of Peru's CMI or the half dozen active organisations within the promotion committee for ILO Convention 189 in Bolivia.

However, partners seem equally important in a less overt way. For example, CARE Egypt's **close relationship with the World Bank** based on its credibility in social accountability internationally, has been crucial, as the Bank has funded a number of initiatives to support the roll out of accountability methods in the national cash transfer programme (*Takaful* and *Karama*), the Social Fund for Development (SFD), where CARE's [Third Party Monitoring](#)

---

<sup>9</sup> 6 cases were in repressed contexts, 5 in obstructed contexts, and only 1 in a narrowed context.

Model was used. These were key predicates for CARE building its reputation to become a key influencer for the accountability content within the Ministry of Finance's Strategic Plan.<sup>10</sup>

Likewise, in the education sector, we find CARE's **close relationship with the United Nationals Children's Fund (UNICEF)** to be crucial. In UNICEF's proposed evaluation of the Multilingual Education National Action Plan (MENAP) for 2014-2018, we find frequent mention of CARE's role in providing technical support to training for community preschool teachers, training materials on how to Khmer language, and in supporting the Special Education Department to develop a specially adapted monitoring and evaluation (M&E) tool. All of these are said to be in collaboration with UNICEF. In India, we find a similar story whereby CARE India and UNICEF worked closely behind the scenes focused on technical support to the Educational Secretary and State Project Director of Sarva Shiksha Abhiyan (SSA) to make Kasturba Gandhi Balika Vidyalaya ([KGBV](#))<sup>11</sup> resource cells more effective through a bridge curriculum and teacher development modules which should benefit around 74,000 girls in the state of Uttar Pradesh.

Behind these relationships is the organisational and financial **flexibility to go beyond short individual projects**. CARE India built on the [Udaan project](#). CARE Peru had the benefit of a long-term USAID-funded Title II nutrition programme. Peru, Bolivia, Ecuador, and Egypt also benefitted heavily from CARE UK's choice of priority countries and its use of DFID PPA funding. And in Cambodia, CARE has relied on the Patsy Collins Trust Fund. Success through coalitions may require sustained engagement to make CARE a credible and trustworthy actor. Without such unrestricted funds, or their removal, may seriously hamper CARE's credibility. Alternatively, we found that in Madagascar, despite lacking unrestricted funding, various DRR related funds such as DIPECHOs allowed efforts to be sustained with rolling funding streams.

### c) Method replication

The explicit **use of research** and high-quality evidence was not especially common. While Oxfam has a research department directly linked to global campaigns, CARE has no such infrastructure. As such, a top down push of global evidence was generally absent from explanations.

However, where evidence did feature, it was very important. This was only mentioned clearly and compellingly in cases (n=5) where government was engaged to replicate a model/tool and relatedly, where good quality evidence was demanded to demonstrate the credibility of the success of a particular model/tool. Tools and methods included Community Score Cards (CSC) and Village Savings and Loans (VSLA) in Malawi, as well as more locally-defined tools in India's health and education sectors. Given that all five cases, except Peru, were in Malawi or India, it seems likely that this also reflects strategic preferences in of particular country offices and also variation in CARE's assumptions regarding evidence uptake from government. In various cases, CARE was seen to have a unique **technical insight** which was crucial to the credibility of the proposal (Peru, Madagascar, India, Malawi, Egypt, and Vietnam).

The sexual and reproductive health rights sector, in particular, is commonly perceived to **demand "hard" data from Randomised Control Trials (RCT)**. This was argued to be important in both Malawi and India. Substantial resources were provided to conduct a

---

<sup>10</sup> The Udaan project had camps which provided learning opportunities to out-of-school girls in the age group 11-14 years who have either dropped out of schools or never been enrolled in a school.

<sup>11</sup> Kasturba Gandhi Balika Vidyalaya scheme under Sarva Shiksha Abhiyan provides residential elementary educational facilities to girls belonging to Scheduled Castes, Scheduled Tribes, Other Backward Classes, minority communities and families below the poverty line in Educationally Backward Blocks (CARE India, [n.d.](#)).

[cluster-randomised control evaluation](#) on the effectiveness of scorecards in the Maternal Health Alliance Project (2011-2015) in the Ntcheu district. This evidence was brought to bear in a series of consultation meetings related to the National Community Health Strategy. While CARE was not the only actor making the case, it was able to advocate for the government to acknowledge the value of social accountability and promote scorecards as one of the preferred methods for accountability.

Likewise, in India, having data from an RCT was argued to be a key to support the scale up of using a digitalized monitoring system in the world's largest maternal and child health programme in the state of Bihar. This was a **long process of piloting and refinement** which stretched back to 2012. An RCT was built into the initial pilot which worked with 282 Angan Wadi Centres (AWCs) and 564 Community Health Workers (CHWs) covering a population around 300,000. The RCT was designed to create evidence for influencing the system which established that such information communication technology (ICT) interventions at Community Health Workers (CHWs) level has the power to influence health outcomes as well as in empowering the CHWs. Replication of the model took place in 8 states and 100,000 CHWs and anticipated scale up is expected to reach 1.4 million CHWs.

In Malawi, CARE was the first organisation to promote Village Savings and Loans groups in the country. It has co-chaired the National Technical Working Group on VSLA since 2014. This helped it position itself as a technical advisor to the Ministry of Finance (MoFEPD) in piloting, testing and validation of VSL Best Practice Guidelines.

In Peru, while perhaps more subtle, evidence from CARE, UNICEF, the Adventist Development Relief Agency (ADRA) and other partners within the CMI on programmes that had cut stunting and that food distribution was not an adequate solution was an important pillar to support lobbying efforts.

In Madagascar, CARE is considered one of the **“pioneers” of Disaster Risk Reduction (DRR) in the country**. Building a strong relationship with the government led to the adoption of various CARE tools within the 2015 National Disaster Risk Management policy. These included the Community Risk and Vulnerability Mapping Guide to Support and Assist Communities in Conducting Vulnerability and Risk Analysis Sessions and a manual for setting up Local Rescue Committees.

In Vietnam, likewise, CARE's development of participatory action research through its “co-research” manual appeared to fill a gap for participatory methods which the Vietnam Women's Union (VWU) found appealing. The VWU now plans **to introduce co-research approaches in all provinces**.

Claims for unique technical expertise should generally be taken with a **large pinch of salt**, given that cases are self-reported. This is especially the case in the North, where there are often enormous coalitions and numerous credible rival claims. However, in some cases, this is clearly backed up by perspectives from donors, partners, or decision-makers. We find strong support, for example, from the [Gates Foundation](#), UNICEF (2013) and the World Bank (2016) in Peru, from multilateral agencies such as UNICEF in Cambodia, ministries such as those in [Guatemala](#) or [Egypt](#) or CSO partners such as the National Union of Domestic Workers (UNTHA) in Ecuador. These are hugely important, and some of these testimonies are highly compelling.

#### **d) Public forums**

**Public forums** were usually an important strategy in projects which embraced inclusive governance as a core focus and where advocacy built upon these foundations, rather than as a means of building constituencies for national-level work. We find this strategy features

prominently in the Journey for Advancement in Transparency, Representation and Accountability (JATRA) project in Bangladesh, the Forest Resource Sector Transparency (FOREST) programme in Uganda or influencing various ministries in Egypt to adopt a Third-Party Monitoring Model.

For example, the JATRA project enabled the **creation of Citizen Forums**, a 23-member group of good governance champions nominated by marginalised communities in a participatory process. These forums were seen to play a key role in mobilising citizens to participate in budget planning meetings (known as Ward Shavas), which enabled budgets to be more pro-poor across various unions within Bangladesh's North-western Region.

On very rare occasions, CARE played an important role as a **broker between civil society organisations and the government**. In Ecuador, for example, CARE was able to arrange a meeting between the Ecuadorian National Domestic Workers' Union (UNTHA) and the Ecuadorian President at the house of one of the union's leaders in Quito. This was a turning point; following which the President announced his support on national television for the legal recognition of UNTHA and opened a space for dialogue mechanisms with labour and protection ministries.

#### e) Media engagement

Unlike Oxfam's findings, **campaigns** were not an especially common or visible strategy. CARE does not have the same campaigning footprint or arsenal as Oxfam, both globally and locally, so this is not entirely surprising. Moreover, as staff reporting cases were typically from programmes or advocacy departments, it is likely that communications were not commonly mentioned as these were seen as supportive strategies, even if they did in fact play an important role.

On various occasions, such as in Bolivia, marches and campaigns appeared to play no demonstrable role. The ILO, for example, pointed out that while the promotion committee was outside the Ministry of Labour marching and protesting, the ILO was inside the ministry talking details and had strong evidence to corroborate this perspective. It is also possible in some cases that media and policy work are not very well connected and may sometimes have different goals which do not always align. There is also, on occasion, a tension between what raises money and promotes the brand and what makes CARE a legitimate partner to local organisations. As was the case in Oxfam's study, going "no logo" is often the strategic and responsible thing to do.

However, in Peru, with close attention to an electoral **window of opportunity**, campaigning with catchy messaging ("5 by 5 by 5" commitment to reduce malnutrition in children under 5 by 5 percentage points, or "10 recommendations for the first 100 days") did appear to make a difference. This was one of very few examples where there is some evidence that messaging and framing may have made a significant difference (see Tversky and Kahneman, 1981 on framing). In Uganda's FOREST programme, we saw a dramatic increase in media coverage on forestry issues (only 24 articles from nine journalists in 2017 to 329 newspaper articles, 322 radio debates, 147 public service advertisements, 43 interviews and 104 features). This increase likely played some role, yet it is not clear precisely how, as there is a lack of testimony from decision-makers to corroborate this claim. This is also illustrative of the fact that even if media campaigns are effective, it is often very difficult to prove due to issues of proximity and long chains between spotlighting issues and decision-makers changing behaviour.

#### iv. Findings from northern members



In terms of **regional distribution**, the sample included 5 cases from Canada, 3 from the United Kingdom and 3 from the United States of America. While a number of cases from Brussels look promising, explanations for CARE’s contribution and evidence to support claims was not considered strong enough. No other northern members (Germany, France, Austria) reported. So, we were unable to assess their advocacy efforts.

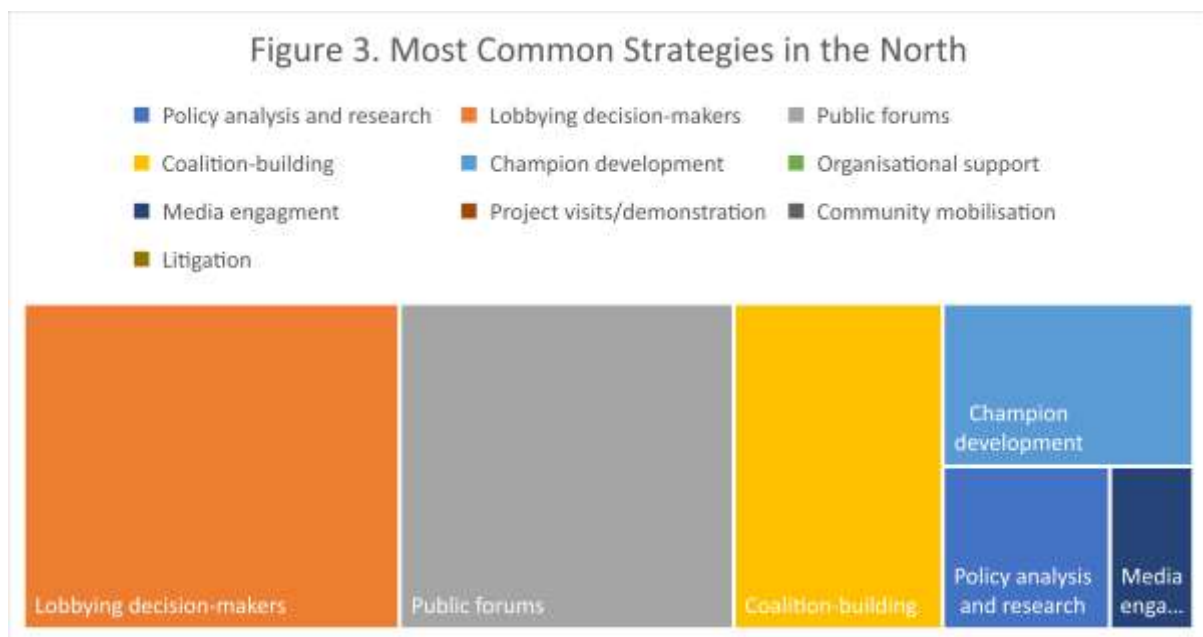
With regards CARE’s **priority sectors**, 8 cases were from humanitarian, 2 for Food and Nutrition Security and Resilience to Climate Change, and 2 cases were for Gender. No cases were included for Sexual Reproductive and Maternal Health and Rights (SRHR), Women's Economic Empowerment (WEE), Life Free from Violence (LFFV), education or Inclusive Governance (IG). For SRHR, only one case was reported, and no evidence was presented to justify claims. For WEE and LFFV, outcomes were in progress and at the time of reporting had not materialised (ILO Convention 190). For Inclusive Governance and Education, no cases were reported.

In terms of **levels**, we find 1 case was at national level (related to Myanmar), 6 were international, 3 were global and 1 was intergovernmental.

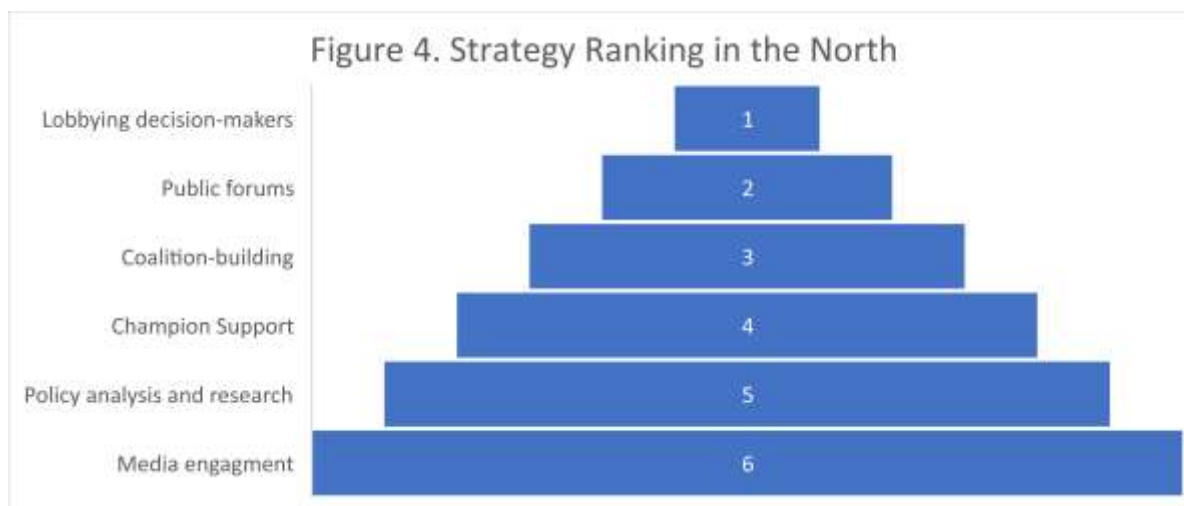
In total, these outcomes are estimated to have **the potential to benefit the lives of around 76 million people**. However, these numbers have not yet materialised.

Unlike in the South, we find that most successes were achieved over **short periods of time (<1 year)**.

In terms of the **most common strategies** mentioned in these 11 cases, we find that lobbying decision-makers was the most common, as the graphic below shows:



With regards the **strategy ranking**, lobbying decision-makers was also most commonly considered the most important strategy, as can be seen below:



Compared with the South, we find a narrower range of priority strategies employed. These will be discussed below.

#### **a) Lobbying decision-makers**

Lobbying decision-makers was the most common strategy employed, and in most of these cases, it was likely to be the most effective strategy. In the USA, much of CARE's intelligence and connections comes from the Government Relations (GR) team which spends a great deal of time on the hill. For the FY18 US Foreign Assistance Budget, there was mention of off the record conversations with lawmakers providing insight on Office of Management and Budget (OMB) numbers as well as insights on what is occurring in target countries and the importance of funding. CARE was argued to have been a consistently key point of contact for congressional leadership discussions.

For the Humanitarian Supplemental, the government relations team drew on strong relationships with key Congressional offices, both Democrat and Republican, House and Senate, as well as trusted relationships within the State department and USAID offices. It was argued that CARE's Government Relations staff was relied on heavily by Congress in both assessing and executing this increase. The CARE team generated documents with policy asks and legislative language that were used to lobby various Senate offices. While this sounds highly compelling, as appears strong for proximity and uniqueness of inputs, independent corroboration for this particular narrative has not been forthcoming. Inferences are thus based chiefly on the knowledge that CARE was known to be a key interlocutor in the process.

At the 2017 United Nations Climate Change Conference (COP23) in Bonn, CARE engaged negotiators directly in hallways and informal meetings. In particular, a serendipitous moment provided the opportunity for CARE to share materials including a policy position paper and analysis which was commissioned focusing on the value added of a joint work programme for the summit on agriculture commitments. This was shared with the Uruguayan delegation two days before the end of negotiations, which was argued by negotiators to have helped shape the latter half of the negotiations. Negotiators were also engaged within formal spaces, with CARE staff forming a key part of the Malawian and Africa Group delegation.

CARE UK's efforts to influence Gender in Emergencies and Women, Peace and Security commitments also depended heavily on the drafting of position papers in networks (mentioned below under coalitions). 45 refugee and migrant women's organisations, as well as key INGO peers, were supported to develop and endorse a Joint Statement on Women and Girls towards the UNGA Refugee and Migrant Summit. This statement was argued to



have some influence on commitments from the head of the International Organisation for Migration (IOM), Ambassadors of Jordan and Ireland, who were co-chairs of the UN General Assembly reaffirmed their commitment to championing migrant and refugee rights (including refugee and migrant women's rights) within the follow-up processes (in particular, the Global Compact on Migrants and the Global Compact on Refugees) in the high-level dialogue session within the UNGA Refugee and Migrants Summit.

In Canada, close relationships with Global Affairs Canada (GAC) officials led to direct consultation in the early drafting of the Whistler Declaration. CARE subsequently led a coalition of likeminded civil society actors to advocate for the inclusion of specific issues/language in the Declaration. As a result, contributions were directly acknowledged by GAC sources and civil society partners. This access also enabled CARE Canada to make a specific pitch for a dedicated humanitarian funding pool, initially within CARE's submission into the consultations around the creation of Canada's Feminist International Assistance Policy. Minutes after the release of Federal Budget 2018, staff from the office of the Minister for International Development called CARE Canada's Advocacy and Government Relations advisor to thank CARE for its role in securing this win. While this is a fairly common practice, it does demonstrate an important direct connection.

CARE was also argued to have led on direct dialogue and influencing with the United Nations High Commission on Refugees' (UNHCR) Gender Unit and Sexual and Gender-based Violence Unit on the importance of the Global Compact for Refugees and UNHCR's Age, Gender and Diversity Policy. These actors directly credited CARE for its influence in getting them to revise these policies, and in providing the "enabling environment" for them to make the case with senior UNHCR leadership to support this process and make it a priority.

## **b) Public forums**

Five initiatives referred to some form of (invited or created) public forum. Supporting public forums was a common strategy employed particularly by CARE Canada. CARE Canada actively participated in consultations leading up to the launch of Canada's second National Action Plan on Women, Peace and Security, including as a witness before the Parliamentary Foreign Affairs Committee (March, 2016) and in roundtables in the spring of 2017.

CARE UK and CARE Canada co-hosting the main side-event at the 2016 Global Summit on Refugees and Migrants with the Government of Canada on gender and women's rights was considered to be the key moment to launch negotiations on the Global Refugee Compact. Participants in that event included lead donors (e.g. representatives of UN Security Council member state missions, including the German Special Envoy on refugee issues and ministers from Canada and Mexico). Once more, proximity and uniqueness are strong in this case, assuming that GAC had a strong influence overall. However, the claim for the causal significance of this step would still benefit from independent corroboration.

CARE Canada led efforts to organise an Experts' Roundtable and press conference on the Crisis in Myanmar and Bangladesh on 16<sup>th</sup> April 2017 - less than a week before the G7 Foreign Ministers' Meeting. This roundtable, which included the participation of various prominent parliamentarians, was argued to have helped establish a more united front among human rights organisations, humanitarian organisations, think tanks and academics, Rohingya and Myanmar diaspora groups. It was argued to carve out a more substantial role for civil society in informing and influencing related policy discussions.

## **c) Coalition-building**

Six initiatives referred to coalition-building as a key strategy. The type, density and leadership of coalitions varied significantly. On occasion, such as in the FY18 US Foreign Assistance Budget, reference is made to CARE's leadership of the Vice President's Taskforce, which was comprised of ten other organisations. For the COP23, CARE facilitated a coalition of NGOs on agriculture, which had reached consensus on their position prior to the COP, engaging negotiators with a common position on a joint work programme. For Humanitarian Supplemental funding, CARE had made a proposal of its own but in response to Oxfam and Catholic Relief Services' own position expressed decided to join forces. However, INGOs did not agree on the distribution of spending priorities (migration and refugee assistance and earmarked for commodities). So, it is difficult to clearly disentangle contributions among such an amorphous coalition in this case.

CARE UK and CARE Canada led the development of a Joint Policy Statement on gender and the Global Refugee Compact by INGOs and refugee women activists in the run up to the 2016 Global Summit on Refugees and Migrants. Over 40 refugee women activist groups and networks fed into and endorsed the Joint Statement, as well as key influential INGO peers such as the Women's Refugee Commission, Oxfam, the International Rescue Committee (IRC) and others. This Joint Statement provided an important basis for aligning advocacy messaging and catalysing wider dissemination of priority policy asks of CARE and its civil society partners by a wider range of civil society actors in all regions globally. The Joint Policy Statement was also argued to have influenced subsequent work by Women Refugee Commission and the International Council of Voluntary Agencies (ICVA) to develop further joint civil society advocacy positions throughout the negotiations on the Global Refugee Compact.

In the UK, CARE led inter-agency efforts to advocate through the Gender Action on Peace and Security (GAPS) network and Gender and Development Network (GADNET) humanitarian working-group which enabled the drafting of joint submissions to feed into the UK National Action Plan on Women, Peace and Security consultation, which fed into the DFID Strategic Vision on Gender Equality (2018 – 2030). This reflected CARE's [detailed recommendations](#) in relation to the development of bilateral policy and guidance for its staff on strengthening women's participation in humanitarian action. So, we have a reasonably high level of confidence in CARE's influence in the case.

#### **d) Champion development**

This was a strategy employed in coordination between CARE UK and CARE Canada (n=3). It was particularly used in relation to advocacy on emergencies. CARE UK, in particular, focused efforts since 2015 to include Syrian female humanitarian experts and women's rights activists in various forums, including the London Conference on Syria (February 2016), the World Humanitarian Summit (May 2016) and the Brussels Conference on Syria (April 2017) and UNHCR annual conferences. In 2017, when the in-coming UNHCR High Commissioner had announced a freeze on all new policies, supported by these champions, CARE Canada led advocacy at the UNHCR Annual Meeting in 2017 to press him to allow the launch of the revised UNHCR Five Commitments on Refugee Women Leadership by the end of the year. It is not clear precisely how the role of champions featured in this last component. However, the preceding steps are assumed to have had a cumulative effect which contributed to the launch of these commitments.

Efforts were also made to bring CARE national staff to present their perspectives. In April 2017, CARE Jordan made a presentation to the [EU Council on Humanitarian Affairs](#) (COHAF) highlighting specific recommendations on how gender could be better factored into the Syrian regional crisis response. CARE USA and CARE Canada coordinated efforts to bring CARE's Country Directors from Myanmar and Bangladesh to Ottawa, Washington

and NYC in April 2018 in the run up to the meeting of G7 Foreign Ministers on April 22-24. It is, however, not clear precisely how these proposals were received.

CARE USA has also employed a champion development strategy with congresspersons and senators for a number of years linked to study tours. However, as these actors were not clearly identified and this strategy was not reported directly in AIIR tools or PIIRS, this was assumed to have formed a sub-strategy under lobbying decision-makers. As the two strategies almost invariably come in tandem, this emphasis is unlikely to significantly affect the findings in this study.

#### **e) Policy analysis and research**

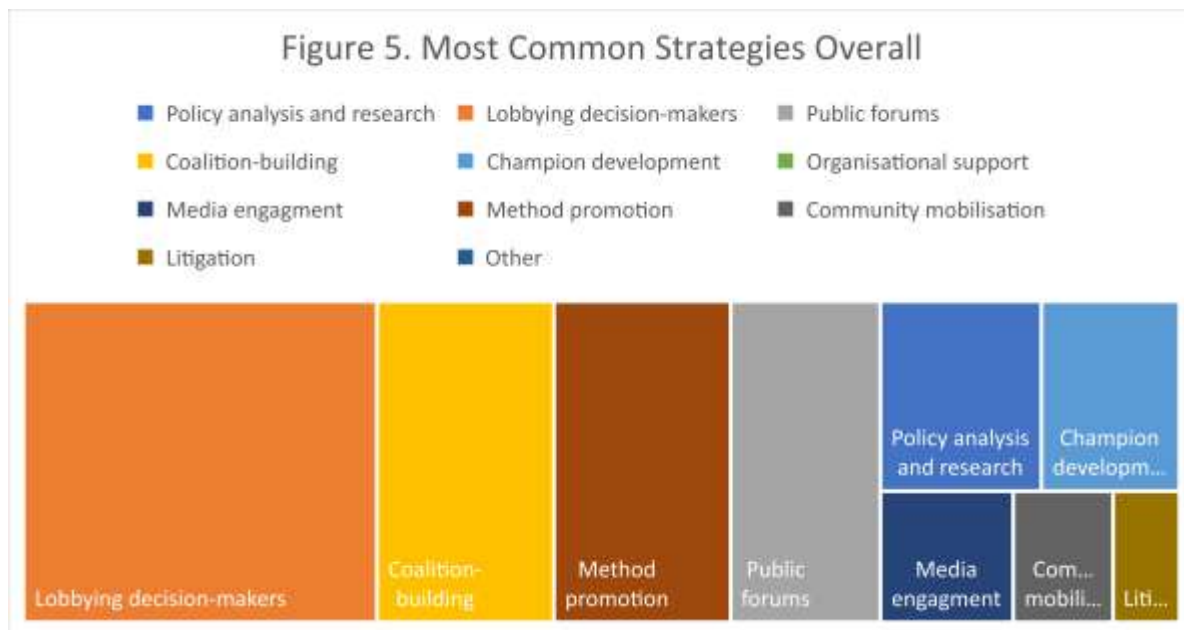
Policy analysis, the use of research and evidence did not feature prominently. Only two of the cases mentioned the use of evidence directly. Working towards Humanitarian Supplemental funding in FY18, CARE USA provided justification for additional emergency funding to respond to famines using historic budget trends and analysis. At COP23, CARE USA shared CARE's materials including a policy position paper and analysis which was commissioned focusing on the value added of a joint work programme for the summit on agriculture commitments. This was shared with the Uruguayan delegation which was argued by negotiators to have helped shape the latter half of the negotiations.

#### **f) Media engagement**

As with cases in the South, yet somewhat more surprisingly, media engagement barely featured. Only in one case did we find clear mention of media with a potential causal link. CARE UK had received intelligence that the Home Office had been planning to weaken provisions related to UK policies on refugee family reunion. Prior to the UNGA Refugee and Migrants Summit, CARE UK secured [21,328 UK citizens as signatories](#) through a cyber-petition, which got delivered to the UK Prime Minister, Theresa May. The [policy asks](#) underpinning this cyber-petition aligned with several major peer agencies in pressuring the Government to not further erode UK policy commitments on refugee family reunion. This retrenchment did not take place. Yet, public sentiments were heavily divided on the issue at the time, so it is not entirely clear that media visibility on either side was a strong contributory factor.

### **iv) Conclusions**

The overall findings show that **lobbying decision-makers** was the most common strategy mentioned in the success cases. Helpfully, this confirms CARE's Advocacy Handbook assertion that "lobbying is the main activity used to persuade the target audience to take a particular course of action (Allan et al. 2014: 32)." In fact, it was twice as prominent as any other strategy, as the figure below shows:



With regards **strategy ranking**, lobbying decision-makers was also considered the most important strategy overall, as can be seen below:



We found evidence of a wide variety of different forms of effective lobbying, including many of those mentioned in the handbook (face-to-face meetings with decision-makers, during receptions, and outside negotiation rooms, etc.). In the North, there was a preference for policy-briefings to support lobbying, whereas in the South, it was more common to use evidence related to preferred models and tools. Coalition-based strategies were a close second, with this judged as the most important strategy in five cases. All of these were in Southern Members or Country Offices.

To put the findings in theoretical perspective, the clearest success cases were typically insider strategies which either leveraged a “window of opportunity (Kingdon, 1984)” and often relied, at least in part, on the strength of advocacy coalitions (Sabatier and Jenkins-Smith, 1999), or they were the result of “innovation diffusion (Rogers, 1995)” of CARE’s models or tools. Other strategies such as the use of public forums and community

mobilisation were generally supportive, except in cases of advocacy at the lowest administrative levels.

On average, on a scale of 1 – 3 (low to high) the outcomes included in the review were judged to be of medium level significance (2.2/3). This reflects the fact that there was wide variation in the potential impact of policy, plan or budget changes. For example, beneficiary numbers ranged from 0 to 2.3 million in Southern cases. As a threshold for selection was established at medium influence to be included in the study, we also find that CARE’s level of influence in the sample was medium-high (2.6/3 on average).

When appraising which strategies were most important, we considered proximity, uniqueness, and independence as proxies for standards of evidence. We scored these three dimensions for the 31 cases on the same 1 – 3 scale. We found that CARE appeared to have quite high access to decision-makers and had fairly unique inputs into policy outcomes in many cases. However, we found that there was a lack of independent corroboration in the majority of cases:

**Table 1. Significance, Influence, and Quality of Evidence**

	<b>Significance</b>	<b>Influence</b>	<b>Proximity</b>	<b>Uniqueness</b>	<b>Independence</b>
<b>Average</b>	2.2	2.6	2.6	2.5	1.5

Where these scores were high, as in the case of Peru (nutrition commitments), Egypt (budget transparency), Cambodia (intercultural bilingual education) or the USA (COP 23), we found that direct access to policy-makers was crucial. We also found unique and often decisive contributions to key areas of policy and this was corroborated by partners, peers, or decision-makers directly. Where new evidence is brought to bear, we may find that various other cases that can make similarly credible claims of contribution.

In the North, there is an implicit theory of change of “**policy windows**” where problems, policies and politics converge (see Kingdon, 1984). We find relatively short bursts of engagement (on average, 18 months), and where CARE had good access to key decision-makers, or when CARE led coalitions (or technical working groups) and were thus able to put their case across directly, there was a reasonably high chance of success. On the other hand, where this access was less direct, or where inputs were vague (e.g. generic wording referring to “women and girls”), independent corroboration was invariably lacking. Under such circumstances, it was challenging to identify with a high level of confidence that CARE had made a substantial contribution.

As per Sabatier and Jenkins-Smith’s advocacy coalition theory (1999), we found that **coalition-based success** was most common where relatively sympathetic administrations were in office at the time (e.g. Bolivia, Ecuador and Guatemala). On the other hand, where administrations were considered unsympathetic (e.g. USA), we saw that coalitions were a reasonably effective means to help lessen policy retrenchment. In a more challenging environment, with more restricted civic space, success most commonly relied on “innovation diffusion (Rogers, 1995)” (e.g. Egypt, Vietnam, Cambodia). Yet, the Egypt case of women’s inheritance rights seems to buck the trend, demonstrating that if you have 400+ organisations advocating for the cause, then change is possible even in the most difficult of contexts for advocates.

Beneath this, **efforts to build the capacity and empowering other to take action** does potentially feature in a minority of cases as part of a causal package. As in Oxfam’s findings, the significance of these efforts is difficult to judge because they generally feature at the very beginning of a causal chain, so they typically remain in the background. Relatedly perhaps, this aspect was poorly documented. We found generic references in many cases to capacity

building, yet there was no way to judge whether partners viewed these efforts to be effective or significant.

In the South, there is also a clear narrative of “**innovation diffusion** (Rogers, 1995),” whereby change happens when a new idea from a programme is communicated to a critical mass which sees its value and adopts the idea. The reasons underpinning adoption are various. In most cases, we find close relationships with decision-makers was fundamental. Good evidence also helped demonstrate the merit of particular approaches, models and tools. It would also seem, perhaps due to omission, that there was a relative absence of other available options (an “availability heuristic” – see Tversky and Kahneman, 1981). Higher-level visits to projects were rarely mentioned, but in various cases it is often hinted at that decision-makers know models or tools first-hand.

Likewise, while rarely mentioned directly, despite this being a clear reporting option in PIIRS, many of the most effective efforts worked at multiple levels (sub-national and national). The credibility models and tools, in particular, relied on demonstration in many of CARE’s clearest influencing success (e.g. Egypt, Vietnam, India, Madagascar, Guatemala, Peru, and Malawi). Indeed, most of these models and technical expertise are domestic. While CARE has successfully replicated models across contexts such as scorecards or VSLAs, the most important achievements identified demonstrate significant adaption of tools and methods. There were some instances of “helicoptering” in expertise to support. Yet, ultimately, credibility relied on local knowledge and connections. Indeed, particularly in the case of innovation diffusion, it takes time to build credible models and to demonstrate that they are a superior option. On average, the cases in the sample took around 4 years for change to materialise, but in the case of innovation diffusion (model/tool replication), this was often closer to a decade.

**Absences** and silences were at least as interesting as strategies that were present. While these undoubtedly reflect biases of reporting, and this merits further investigation, many of the seven strategies outlined in CARE’s Advocacy Handbook did not feature strongly. The advocacy handbook notes that “having solid evidence is critical (Allan *et al.* 2014: 21),” and it was noted by one of the paper’s reviewers that “policy analysis and research is part and parcel of what we do.” CARE advocacy staff do indeed produce numerous internal programme reports, policy briefs, and research reports. However, these are categorised by the Department for International Development (DFID) as being low quality evidence individual studies (DFID, 2014).

While in some thematic areas such as VSLA, significant efforts have been made to commission [high-quality evaluations in a single location](#) (low body of evidence) and [high-quality medium-n](#) research and evaluation (medium body of evidence), this is not a common practice. Not all policymakers have a hierarchy of evidence, and some have quite eclectic views (Mayne, *et al.* 2018). If one is looking for a Minimal Viable Product (MVP), all that is required is to provide enough to satisfy early adopters. For policymakers and bureaucrats, on various occasions, medium or even low-quality evidence may suffice, and this varies considerably between countries and sectors and across different time periods. However, where solid evidence is deemed critical to incentivise policymakers and where seeking such evidence aligns with CARE’s strategic priorities, more effort may be required to increase the quality of evidence and the number of high-quality studies.

The image of **policy change through “large leaps”** where public attention dramatically shifts due to media attention or where the reframing of issues causes a significant difference in policymakers’ choices was extremely rare in CARE’s successful cases (see Tversky and Kahneman, 1981). While reframing did appear to play a minor role to shift high-level wording, particularly in the North, and likely bolstered commitment in Peru, this did not come out strongly in most cases. Indeed, it was often difficult to elicit what specific policy asks and



core messages were in many cases. Various cases in the wider sample frame betrayed a tendency to superimpose CARE's own rights-based paradigm on policymakers on the, possibly flawed, assumption that those policymakers (tacitly) shared such beliefs and values. In the sample, successful cases more commonly demonstrated the need for alignment of ideas and interests, often with CARE adapting its frames to suit policymakers' ideologies and paradigms rather than the other way around (see Levy, 2014 on "working with the grain").

More surprising perhaps was the relative **invisibility of activism and campaigning**. Petitions and demonstrations were very rarely referenced as primary strategies, and few cases credibly demonstrated that these were effective. In fact, this coheres with Oxfam's findings (Shephard *et al.* 2018). It should be noted that one partial reason for this is that it is methodologically very difficult to demonstrate how public campaigns create political will and put pressure on decision-makers (see Baumgartner and Jones, 2005). Even when decision-makers do feel this pressure, they are unlikely to admit this publicly. For instance, they are unlikely to admit they were influenced by petitions and marches if these were initially against their wishes. However, on the other side of the coin, leaders may have an incentive to demonstrate they are in line with, or being responsive to, a public mood.

A similar methodological challenge arises for **communications and the media and social media**. The influence of these tactics is very difficult to trace. While this is now deemed to be an "essential part of advocacy (Allan *et al.* 2014: 34)," the use of traditional and social media was seemingly inessential. Although connections might be made through policy-makers use of social media, no evidence of this was included as part of the narrative for policy wins in the sample. One reason for this is likely to be a reporting bias from advocates and programme staff who may be (in)voluntarily downplaying the inputs of communications staff. Yet, this may also speak to a wider issue of strategic alignment and the institutional location of communications teams at CARE. Ultimately, CARE may need to make a choice in order to make the best use of the skills of communications staff to support advocacy goals, focusing on fewer and better integrated campaigns. Relatedly, it is worth appraising the value for money of large international event, especially given their significant carbon emissions. Only a minority of such events in the wider sample frame appeared to have transparent justification for staff, partners and impact groups to attend, in terms of individuals' contribution or the benefits they may derive from participation. However, efforts across the to approve and implement [ILO Convention 190](#) on violence in the world of work provides an excellent opportunity to test strategies for increased integration across the CARE confederation, and to streamline efforts to deliver value for money at a time of budget constraints amid ever increasing demands to deliver impact.

## v) Strategic recommendations

- 1) **Programmatic approach:** In line with the long-forgotten p-shift recommendations, CARE needs to support efforts beyond individual projects (which, on average, last 3 years or less). Where CARE does so, we see far greater impact. The five projects with highest impact numbers had advocacy engagement strategies stretching the course of a decade, and those judged to be high significance averaged 6 years of effort. This success was thus, in large part, the product of a sustained programmatic approach beyond individual projects.
- 2) **Strategic partnership:** While partnership emerged as potentially important through coalition-building, some cases within the sample and many cases excluded from the sample suggested a paradox in CARE's "partnership" role. On one hand, the shift to provide flexible support to local partners and allowing them to take the lead in advocacy seems ethically appropriate and may well pay dividends in terms of efficiency and effectiveness. CARE should be able to use its resources and expertise to convene and broker new relationships, and we saw some evidence of this. However, on the other hand, particularly where CARE has chosen highly capable partners, CARE's role is sometimes invisible, unclear, even dubious. On occasion, CARE's support beyond financial resources is neither required nor desired by partners. So, CARE should rethink its choice of partners based on its areas of *recognised* expertise and where it already has connections from which local partners can genuinely benefit. Otherwise, it should simply provide basket funds.
- 3) **Vertical integration:** In global-level work, there is a relatively common mention that CARE uses the voices of local CSOs to directly input into global level discussions, and that the credibility of CARE's global advocacy hinges on the credibility of these inputs. However, as connections between national and global work did not come out strongly in Southern success, there is a risk that these interactions are extractive. It may be that the feedback loop from global forums in national work is relatively weak, or simply that it is poorly documented and difficult to demonstrate. However, it seems important to question why this may be the case and have an open discussion about how top-down inputs can be more strategically relevant to CARE Country Offices and Southern partners.
- 4) **Evidenced-based influence:** While ['policymaking is at best "evidence-informed,"](#) few of CARE's policy wins appeared to be clearly informed by high-quality evidence, either from individual studies or as a body of evidence. A handful of the most successful cases demonstrated that high quality evidence *can* make a meaningful difference when this evidence is aimed at the right people at the right time. CARE does not need to produce dozens of expensive and rigorous studies, meta-analyses, or publish in peer-reviewed journals (what DFID categorises as high quality of evidence). However, it is worth ensuring a higher proportion of external research and evaluation (what DFID considers moderate quality evidence) is used for influencing in key areas of work, especially when claims are made regarding the effectiveness of specific methods and tools in a particular context. As CARE works across around 90 countries and uses some methods across dozens of countries, it should aspire to ensure five or more single studies, meta-analysis or synthesis (high body of evidence) if it believed having solid evidence is critical to influence donors, civil servants and other decision-makers. Given that many of CARE's peers (e.g. [Save the Children](#), [Oxfam](#), [Christian Aid](#)) are investing heavily in this, if CARE does not make the link to evidence more explicit, it runs the risk of falling behind.
- 5) **Media engagement and value for money:** Given that so few cases mention media engagement as a key strategy for advocacy wins, it is worth considering the level of



expenditure on media work, except where there is a strategic justification (Agenda 2030), based on a solid theory of change, with clear audience and potential for impact. While brand recognition may, at times, be a supportive factor, it is important not to conflate advocacy with branding efforts. While media engagement may be a vital component in some cases in terms of the “politics of attention,” such efforts need to be connected with some sense of transmission of messages, how these are actually used by champions, and how public pressure and messages are received by policymakers. In other words, there needs to be more clarity of theories of change and greater strategic alignment between communications and influencing efforts.

## vi) Methodological recommendations

- 1) **Explicit theories of change:** The most important change we can recommend is the drafting of *explicit* theories of change. Given innumerable issues of complexity and contingency involved in advocacy work, the relatively low proportional win rate, and the absence of very large portfolios of work from these success cases demands a serious rethink in terms of how (if at all) assumptions are tested. For example, advocates could profitably refine the concept of lobbying and its many variants in practice. In this report, limited efforts have been made to suggest potentially relevant theories. However, a very helpful place to start is [10 Theories to Inform Advocacy and Policy Change Efforts](#).
- 2) **Evidence, evidence, evidence:** In general, very limited evidence from third parties was included to justify causal claims. Even within the best cases, only a third directly presented such evidence. Going forward in the next year of PIIRS reporting, it will be important to stress the need for evidence from third parties to corroborate CARE’s claims. At present, the reporting form refers to evidence, but it seems worth prompting for evidence from *external* sources to help increase the strength of evidence. Indeed, it is worth commissioning external evaluations for highly significant policy wins. One evaluation per year globally would be a highly conservative pitch.
- 3) **Duration:** While it was possible to approximate the duration of efforts from some AIIR tools, it was impossible to do so in the majority of cases. It is helpful to know how long an initiative has been working on the issue to better understand the level of effort and resourcing arrangements required for significant wins. This should be a quick and easy addition.
- 4) **Ranking strategies:** As mentioned above, without evaluations and without much external evidence to triangulate, judgements regarding the most important strategies rely on various biases. In the short term, it would be helpful to get project teams to re-rank these strategies and explain why some strategies may have made more of a difference than others. Initially, this could be done by a simple Survey Monkey. However, this could also be included in PIIRS reporting and/or in CO reflection meetings. ODI recently recommended some form of [scorecard to support evaluative thinking](#). This could be one means to do so as part of an After-Action Review (AAR) or intense period debrief for advocates.
- 5) **Outcome panels:** It is clear that CARE is not systematically soliciting the views of peers, donors or decision-makers to corroborate claims. As other INGOs have found, particularly if CARE is making a claim of high contribution, it is necessary to seek perspectives from third parties. We would also recommend setting a threshold at 10,000 people for impact claims which would require much more thorough triangulation.

- 6) **Media engagement and champion scorecards:** It is not clear how media work influences policy decisions. This is not a challenge unique to CARE. However, in some cases significant efforts have been made to track media reach, without considering uptake of media content and messages from policy-makers. We recommend less attention to media tracking and more attention to [what policy-makers say about issues](#), including, for example, whether policy-makers cite CARE inputs such as research products or wording.

## v. References

- Allan, A., Chouchena Rojas, M. Lauter, M. CARE USA, Lynch, S. Mias C. Rahamatali, A and Sprechman, S. (2014). *The CARE International Advocacy Handbook*, available at: [https://insights.careinternational.org.uk/media/k2/attachments/CI\\_Global\\_Advocacy\\_Manual\\_Web.pdf](https://insights.careinternational.org.uk/media/k2/attachments/CI_Global_Advocacy_Manual_Web.pdf)
- Arranz, M. (2016). *Final Report Oxfam Pilot Initiative: Estimating Indirect Reach in Influencing Work*.
- Aston T. and Mathies, A. (2018). CARE Advocacy and Influencing MEL Guidance, available at: [http://careglobalmel.careinternationalwikis.org/media/mel\\_for\\_advocacy\\_guidance\\_2018.pdf](http://careglobalmel.careinternationalwikis.org/media/mel_for_advocacy_guidance_2018.pdf)
- Baumgartner, F. R., and Jones, B. D. (2010). *Agendas and Instability in American Politics* (2nd Edition ed.). Chicago: University of Chicago Press.
- Bruer, V. (2016). *Measuring Indirect Reach in Influencing Work: Final Report for Oxfam GB*.
- Coffman J. and Beer T. (2015). *The Advocacy Strategy Framework A tool for articulating an advocacy theory of change*, available at: [http://www.pointk.org/resources/files/Adocacy\\_Strategy\\_Framework.pdf](http://www.pointk.org/resources/files/Adocacy_Strategy_Framework.pdf)
- Department for International Development – DFID (2014). *Assessing the Strength of Evidence: How to Note*.
- Jones, B. D., and Baumgartner, F. R. (2005). *The Politics of Attention: How Government Prioritizes Problems*. Chicago: University of Chicago Press.
- Kingdon, J. (1984). *Agendas, Alternatives, and Public Policies*. New York: Harper Collins College.
- Levy, B. (2014). *Working with the Grain: Integrating Governance and Growth in Development Strategies*. Oxford: Oxford University Press.
- Mayne, R., Green, D. Guijt, I, Walsh, M. English, R. and Cairney, P. (2018). “Using Evidence to Inform Policy: Oxfam’s Experience,” *Nature*, available at: <https://www.nature.com/articles/s41599-018-0176-7.pdf>
- Plan International. (2017). *Measuring Influence: Plan International’s Approach*.
- Sabatier, P. and Jenkins-Smith, H. (1999). “The Advocacy Coalition Framework: An Assessment.” In *Theories of the Policy Process*, ed. P. A. Sabatier, 117–68. Boulder, CO: Westview Press.
- Rogers, E.M. (1995). *Diffusion of Innovations*, Fourth Edition, The Free Press, New York.
- Save the Children. (2017). *Save the Children International’s Advocacy and Campaigns Impact Monitoring Framework*, Presentation.
- Shephard, D. Ellersiek, A. Meuer, J. Rupiotta, C. (2018). *Influencing Policy and Civic Spaces: A meta-review of Oxfam’s Policy Influence, Citizen Voice and Good Governance Effectiveness Reviews*, available at:

<https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620462/er-influencing-policy-and-civic-space-meta-review-200418-en.pdf;jsessionid=64B8AED3941BF26409464C0DB1E99902?sequence=1>

Stachowiak, S. (2013). *Pathways for Change: 10 Theories to Inform Advocacy and Policy Change Efforts*, available at:  
[http://www.pointk.org/resources/files/Pathways\\_for\\_Change.pdf](http://www.pointk.org/resources/files/Pathways_for_Change.pdf)

Tversky, A., and Kahneman, D. (1981). "The Framing of Decisions and the Psychology of Choice." *Science*, 211(4481), 453–458.

Water Aid. (2017). *Advocacy Monitoring and Evaluation – Water Aid's Emerging Approach*.