

Vision 2030 Core Global Indicators for Measuring Change

Last updated: December 2, 2021

Our commitments for 2030

- Together with our partners, we are committed to support 200 million people from the most vulnerable and excluded communities to overcome poverty and social injustice by 2030, as well as specific commitments from our different Impact Areas (see box on the right)
- Gender Equality is at the heart of CARE's commitment for 2030. Gender inequality is a key driver of poverty as well as one of the most widespread forms of injustice. Advancing gender equality can only be done through working at three levels: Agency, Relations and Structures¹.
- Our commitments for 2030 also include the recognition that CARE and partners can contribute to change in more ways than just the direct work with communities. For this, we commit to advancing on 6 Pathways for Impact at Scale, measuring and learning from how these pathways contribute to amplifying change: Scaling Up and Adapting Proven Models, Advocacy and Influencing, Systems Strengthening and Social Accountability, Supporting Social Movements, Promoting Norms Change, Inclusive Market-Based Approaches.

2030 Impact Area goals (cumulative)

Gender equality (GE): 50 million people of all genders experiencing greater gender equality, particularly around Gender Based Violence (GBV), Women and Girls' Voice and Leadership (WVL) and Education (EDU).

Humanitarian Assistance (HUM): 50 million people - 10% of those affected in major crisis receiving quality, gender-focused and localized humanitarian assistance.

Right to Food, Water and Nutrition (FWN): 75 million people, the majority of them women and girls, with increased fulfilment of their right to adequate food, water, and nutrition.

Women's Economic Justice (WEJ): 50 million women and girls having more equitable access to and control over economic resources and opportunities.

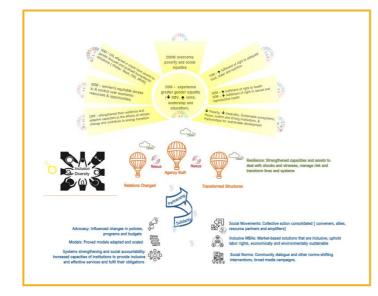
Right to Health (R2H): 50 million people with increased fulfilment of their right to health, and 30 million women of their right to sexual and reproductive health

Climate Justice (CJ): 25 million poor and marginalized people, particularly women and girls, with strengthened resilience and adaptive capacities to the effects of climate.

¹Build agency: CARE works with individuals to raise the consciousness, self-esteem, confidence, and aspirations to change their world, and the knowledge, skills, and capabilities to do so.

Change relations: Change is more likely to stick if the people around us support it. CARE works to address inequality that persists in intimate relations, family, social and political networks, marketplaces, and community or citizen groups.

Transform structures: Discrimination and exclusion can be perpetuated through laws and policies as well as through social norms and customs that affect how people of different genders are expected to behave and participate in social, economic and political spheres. CARE advocates against discriminatory laws and for new laws and policies to reduce discrimination and works with communities and power holders to critically reflect on and transform the norms and practices that perpetuate injustice.



What is the story of impact we want to tell for 2030?

The story of impact we want to tell for 2030 is not just about the numbers of people impacted by CARE and partners, and how CARE meets its impact goals. The 2030 impact story is about the diverse individuals and groups of people we work with, the different journeys of change that they embark on (agency, relations, structures), how CARE, its partners and other actors contribute to those journeys and how those journeys materialize in concrete impacts or outcomes. Please take a moment to review this <u>6-min overview of</u> the 2030 impact story

To be able to tell this impact story, CARE's measurement system brings together

different mechanisms² to capture quantitative and qualitative data, evidence and learning form programs, projects, and initiatives around the world. One critical aspect of this global measurement system is the definition of common global indicators that can be applied by CARE's programming across the world.

Why do we need Global Indicators?

- Our 2030 impact story has a <u>quantitative</u> dimension, looking at aggregate impact/outcomes that CARE contributes to. Building on what we had in the CARE 2020 Program Strategy, the quantification of CARE and partner's contribution to lasting change will continue to be done via the adoption of coherent and comparable outcome and impact metrics across all programming.
- For Vision 2030, CARE has defined 30 core global indicators to measure change, which have been proposed and agreed with the Impact Area and Pathways teams across the organization, with input from the CI MEAL group and other teams across the world. The definition of the core indicators included the review of best measurement practices and standardized metrics inside and outside of CARE, together with aspects of relevance, feasibility of measurement, alignment with SDGs and other factors. Important: we are not starting from scratch. 18 of these 30 core global indicators come from the indicators adopted in CARE 2020 Program Strategy.
- The indicators are greatly aligned with the Sustainable Development Goals (SDGs) and that opens the opportunity to discuss them/adopt them and report them in coordination with partners and other actors. One third of the 30 indicators are SDG indicators and all the rest have a clear connection with at least one SDG goal. This gives us a common global frame and set of commitments to shape our evidence base, and a shared platform to discuss results with other actors.
- The indicators relate to impact and/or outcomes. The global indicators we adopt are a mix of indicators that look at different types of change. Individual (agency-level) indicators look at our contribution to impact and how this impact differs by gender and other characteristics (age, disability, etc.) for instance, changes in stunting or education outcomes. Other indicators track contributions to outcomes/impact in relations or structures (e.g. changes in policies, norms, behaviors, etc.).
- **Each indicator has/will have guidance available,** including definitions, specific levels of disaggregation, recommendations on measurement methods, data collection tools, etc. All this guidance will be gradually available <u>here</u>.
- Disaggregation in the data from the indicators: Different disaggregation levels will be required under



² <u>PIIRS</u>, <u>The Evaluation Library</u>, <u>5 minutes of inspiration</u>, Learning Briefs, etc.

each indicator, based on its focus and main impact populations. For PIIRS reporting purposes, the minimum disaggregation required is sex (women and girls / men and boys) but projects/initiatives will be able to report other disaggregation as relevant.

• Beyond the <u>30 core global indicators</u> described in this document, other supplemental indicators will be incrementally suggested as we advance towards vision 2030. <u>Supplemental indicators</u> will be additional indicators proposed as alternatives when the core indicators are not possible to adopt in projects or initiatives. In all cases, it is strongly advised to prioritize adoption of the core 30 indicators when possible.

How should we adopt the indicators?

Please refer to the full list of indicators at the end of this document and adopt them in the following scenarios.

- Proposals or new contracts:
 - Include at least 1 Gender Equality indicator, ideally 2
 - Include at least 1 Impact Area Indicator
 - Include any of the Poverty and Pathways indicators when relevant, based on the focus of the project and its work on scaling.
- **Existing projects/initiatives/contracts:** assess if any of the global indicators can be integrated in existing MEAL system and tracked regardless if they are included or not in the original design/log frame/result framework/other. Where possible, include the global indicators in upcoming evaluations/measurements or in secondary analysis of existing datasets.

How is the data from the indicators collected, agregated and used?

- **Projects and initiatives will have the main role to adopt and measure the indicators** within the scope of their MEAL systems, and the global teams leading on each of the indicators may be able to provide technical advice, when needed.
- Every time a project or initiative completes measurements of an indicator, the data should be reported to the Project/Program Information and Impact Reporting System (PIIRS) For example: a development project that has completed a first measurement (baseline) and then made other measurement that compare to the baseline (mid-term or end-line evaluation) or a humanitarian project that has completed a post-distribution monitoring, comparable against initial distribution targets. The PIIRS team will continuously facilitate the process of validation, aggregation and visualization of the data reported in the indicators.
- **Remember that we are looking at impact/outcomes and not reach.** The global indicators focus on the lasting changes that people experience (e.g. vulnerable household members with improved food and nutrition security or women who participate equality in economic activities) and not on the intermediate outcomes or steps that lead to those lasting change (e.g. community members participating in nutrition-related trainings or women participating in training sessions being introduced to a new economic activity).



Vision 2030 Global Indicators for Measuring Change

Framing indicators

The <u>framing indicators</u> are 3 "umbrella" indicators that will help us consolidate/aggregate impact data from all programs, projects, and initiatives along the lines of the Gender Equality Framework. For example, a project may measure the indicator 22 below, related to women's ability to make decisions around contraceptive use. Since this is an indicator related to women's "agency", once this project reports impact data, this data will feed into the overall 'framing indicator' for agency.

Programs/projects/initiatives are not required to adopt these indicators in their MEAL systems. These framing indicators feed from the 30 impact/outcome indicators below. It is just important for all projects and initiatives to understand that the data they collect on the indicators below feed a larger story of impact across all CARE and looking at the three dimensions of the Gender Equality Framework (agency, relations, structures).

and % of women and girls and other marginalized groups who have increased their **agency** in ways that contribute to gender equality # and % of people of all genders who experience more equitable gender and power relations (formal and informal) # of examples of transformed **structures** (formal and/or informal) for greater gender equality (and where available, the # & % of people of all genders experiencing actual/potential impacts from those)

The 30 Core Global Indicators for Measuring Change

| GENDER EQUALITY INDICATORS | POVERTY OR PATHWAYS FOR IMPACT AT SCALE INDICATORS |
|--|--|
| All programs/projects/initiatives required to include at least 1, ideally 2 of the indicators in this list. | All programs/projects/initiatives required to include any of these indicators when relevant, based on its programmatic focus, goals, or work in scaling. |
| In line with the SDGs, we adopt the overarching principle that "all indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics". Nevertheless, guidance for the adoption and measurement of each indicator is available <u>here</u> , including specification on disaggregation that is most critical for each case. | |
| WOMEN'S VOICE AND LEADERSHIP | INCOME POVERTY |
| 1. % of women and girls who report confidence in their own negotiation and communication skills. | 10. Proportion of the population below the international or national poverty line [SDG indicators 1.1.1 and 1.2.1]. |
| [14 WVL] # and % of women and girls who have actively participated in formal (government-led) and informal (civil society-led, private sector-led) decision-making spaces. | INCLUSIVE MARKET BASED APPROACHES |
| | 11. # and % of people supported through/by CARE who obtained gender sensitive assistance in the form of cash/vouchers. |
| [17 WVL] # of new, amended or better implemented policies, legislation, multilateral agreements, programs, and/or budgets influenced by the voices of or actions taken by women and girls. | 12. # and % of women who are active users of financial services (disaggregated by informal and formal services). |
| | SOCIAL NORMS |
| ENDING GENDER-BASED VIOLENCE | 13. % of people supported through/by CARE who report gender equitable attitudes towards social norms (GEM Scale). |
| 2. % of people of all genders who reject intimate partner violence. | |
| 3. % of women and girls aged 15 years and older subjected to gender-based violence in the last 12 months by form of violence and age [SDG indicators 5.2.1 and 5.2.2]. | SOCIAL MOVEMENTS / SYSTEMS STRENGTHENING & SOCIAL ACCOUNTABILITY |
| | 14. # and % of people of all genders who have actively participated in formal (government-led) and informal (civil |



CARE's Global Indicators for Measuring Change

4. # and % women and girls who access GBV response services.

EDUCATION

5. % of students with improved learning outcomes.

6. % of girls participating in girl-led advocacy to address issues affecting girls and adolescents.

7. # of girls and boys benefitting from the implementation of School Improvement Plans addressing gender issues.

OTHER GENDER

8. % of individuals reporting high self-efficacy

9. % of individuals reporting that they could work collectively with others in the community to achieve a common goal.

society-led, private sector-led) decision-making spaces.

SYSTEMS STRENGTHENING & SOCIAL ACCOUNTABILITY

15. Proportion of people of all genders satisfied with their last engagement with service providers [SDG indicator 16.6.2].

SOCIAL MOVEMENTS / SYSTEMS STRENGTHENING & SOCIAL ACCOUNTABILITY / SOCIAL NORMS

STRUCTURAL CHANGE - INFORMAL

16. # and description of positive shifts in informal structures (social norms, culture, beliefs, etc.) as defined and influenced by movements and/or activists supported by CARE.

ADVOCACY AND INFLUENCING

STRUCTURAL CHANGE - FORMAL

17. # of new, amended or better implemented policies, legislation, multilateral agreements, programs, and/or budgets responsive to the rights, needs and demands of people of all genders.

DIGITAL LITERACY

18. Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill [SDG indicator 4.4.1]

IMPACT AREA INDICATORS

All programs/projects/initiatives required to include 1 of the indicators in this list

HUMANITARIAN ACTION

19. # and % people satisfied with safety, adequacy, inclusiveness, and accountability of humanitarian assistance and/or protection services provided by CARE and partners.

20. # and % people (as % of People in Need where applicable) who obtained (directly/indirectly) humanitarian support and/or protection services provided by/with support from CARE and partners in line with global standards of lifesaving & quality assistance.

Since CARE works in different humanitarian sectors, these are operational indicators that can be used in relation to indicator 20:

20.1. # people who obtained access to life-saving GBV prevention and response services supported by CARE and partners pursuant to relevant standards assistance.

20.2. # people who obtained access to protection services (different from GBV) supported by CARE and partners pursuant to relevant standards.

20.3. # people who obtained humanitarian education support from CARE and partners pursuant to relevant standards.

20.4. # people who obtained food support from CARE and partners pursuant to relevant standards.

20.5. # people who obtained nutrition support from CARE

RIGHT TO FOOD, WATER AND NUTRITION

25. % of people with moderate or severe food insecurity, based on the Food Insecurity Experience Scale [SDG indicator 2.1.2].

26. % of children 0-59 months experiencing malnutrition: stunting, wasting or overweight [SDG indicators 2.2.1 and 2.2.2].

27. # and % of people using at least basic drinking water and/or basic sanitation services.

[14 FWN] # and % of women who have actively participated in household decision-making in (a) agricultural production (b) use of household income.

[17 FWN] # of new or amended policies, legislation, public programs, and/or budgets responsive to the food, water, and nutrition rights, needs, and demands of people of all genders.

CLIMATE JUSTICE

28. # and % of people of all genders that have used their increased capacities for resilience and adaptation to the effects of climate change. [linked to SDG indicator 13.1]

Since there is no one single metrics that allows measuring increase capacities for resilience and adaptation, these are the operational indicators that can be used in relation to indicator 28:

28.1. Climate-resilient livelihoods: # and % of people of all genders



CARE's Global Indicators for Measuring Change

| 20.6. # people who access and safely use drinking water vith support from CARE and partners pursuant to relevant tandards. | that have applied at least 3 practices to protect their livelihoods from negative impacts of climate related shocks and stresses. | |
|---|---|--|
| | 28.2. Climate information: # and % of people of all genders that have applied climate knowledge and information services to inform their adaptation strategies. | |
| 20.7. # people who access and safely use sanitation facilities with support from CARE and partners pursuant to relevant standards. | 28.3. Financial services: # and % of people of all genders that have used formal and informal financial services in ways that actively | |
| 20.8. # people who adequately use hygiene materials and practices provided with support from CARE and partners pursuant to relevant standards. | support climate resilience. 28.4. Dwellings: # and % of people of all genders that took at least 3 steps to protect their dwellings and direct surroundings from the protect in import of climate related charles and stresses. | |
| 20.9. # people who obtained Sexual, Reproductive Health (SRHiE) support from CARE and partners pursuant to relevant standards. | negative impacts of climate related shocks and stresses. 28.5. Sustainable energy: # and % of people of all genders that have used affordable, reliable, and sustainable energy services. | |
| 20.10. # people who occupy safe and dignified emergency shelter with support from CARE and partners pursuant to relevant standards. | 28.6. [14 CJ] Formal/informal decision-making: # and % of people of all genders who have actively participated in formal and informal climate-relevant decision-making spaces. | |
| 20.11. # people who occupy secure housing, with support from CARE and partners pursuant to relevant standards. | 28.7. [14 CJ] Household decision-making: # and % of people of all genders who have actively participated in climate-relevant decision-making at household level. | |
| 20.12. # people who obtained livelihood recovery (good, assets, income opportunities) support from CARE and partners pursuant to relevant standards. | 29. # of formal and informal groups, organizations and/or movements that have influenced formal and informal climate-relevant decision-making by channeling or amplifying the priorities of the poorest and most marginalized people vulnerable to climate change. | |
| 20.13. # of people who obtained other essential health support (not related to Sexual and Reproductive Health) from CARE and partners pursuant to relevant standards. | | |
| 21. # and % of people whose humanitarian and protection needs (esp. GBV, SHEA, civic rights, livelihood, access to basic services) have been addressed/covered/reduced as a result of CARE and partners' influencing of humanitarian systems, structures and programs (ref: Humanitarian Response Plans, where appropriate and available). | [17CJ] # of new/amended or better implemented ambitious climate-relevant policies, legislation, multilateral agreements, programs, and/or budgets which increase people of all genders' ability to adapt to the effects of climate change, foster climate resilience and/or low greenhouse gas emissions development. [Linked to SDG indicator 13.2.1] | |
| [14 HUM] # women (through women led | WOMEN'S ECONOMIC JUSTICE | |
| organizations or women rights organizations) represented and actively participating in humanitarian decisions, leadership, and coordination. | 30. # and % of women who have increased capability to participate equitably in economic activities (AGENCY). | |
| RIGHT TO HEALTH | [14 WEJ] # and % of women who have actively participated in economic decision-making in (a) the household and/or (b) their workplace/community (RELATIONS). | |
| 22. Births attended by skilled health personnel (%) [SDG Indicator 3.1.2]. | [17 WEJ] # of new or amended policies, legislation, public programmes and/or budgets which impact women's equitable access to and control over economic resources (STRUCTURES). | |
| 23. Women of reproductive age who have their need for family planning satisfied with a modern contraceptive method (%) [SDG Indicator 3.7.1]. | | |
| 24. Children aged 12-59 months who have received three doses of the combined diphtheria, tetanus toxoid and pertussis vaccine DPT3 as a percentage of all children aged 12-59 months (%) [Linked to SDG Indicator 3.b.1] | | |
| [17 R2H] # of new, amended or better implemented policies, legislation, multilateral agreements, programs and/or budgets leading to an increase in coverage of essential health services. | | |
| Supplemental Indicators | | |



<u>Supplemental indicators</u> are additional indicators proposed as alternatives when the core indicators are not possible to adopt in projects or initiatives. In all cases, it is strongly advised to prioritize adoption of the core 30 indicators when possible.

RIGHT TO HEALTH

R2H SUP1. Live births in a health facility (%)

R2H SUP2. Live births that received four or more antenatal care visits (%)

R2H SUP3. Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and health care (%)

R2H SUP4. Number and proportion of the eligible population fully vaccinated against COVID-19 (%)

R2H SUP5. Number of health care workers trained by or through CARE to deliver quality, patient-centered health services, disaggregated by type (#)

