

**Global Covid-19 Supplemental Campaign:  
A case study to assess the efficacy of CARE and  
the coalition's advocacy strategies**

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## Executive Summary

Between December 2021 and late March 2022, CARE and five close allies led an ad hoc coalition advocating for US government approval of \$17B in supplemental funding for global COVID-19 relief, specifically for resources to support vaccine delivery and front-line health workers. The purpose of this case study is to assess the effectiveness of the advocacy strategies employed by CARE and allies and draw out lessons to (1) inform future campaigning and (2) better integrate this type of assessment in CARE's MEL activities.

### Key Achievements

- USAID: \$17B global COVID-19 supplemental request in FY22; explicit support for front-line workers in the COVID-19 plan.
- OMB: informal request for global COVID-19 funding in FY22; a formal budget request in FY23.
- Congress: \$5B for global COVID-19 relief in the draft FY22 Omnibus bill; however it did not pass.

### Lessons

The following are critical in implementing effective advocacy strategies, based on the findings:

- **In-depth understanding of politics and the political will of targets** – The theory of change was largely an accurate prediction of how to build and maintain support for the ask; however, the politics surrounding the domestic funding, the willingness of Democrats to support it and the determination of the Republicans to block this funding were underestimated.
- **Strong relationships and power analysis of key political stakeholders** - The coalition's understanding and relationships with key powerbrokers in the Administration and Congress were key factors in the outcomes achieved. At the same time, the lack of relationships with powerbrokers in the White House was an inhibiting factor.
- **Evidence and stories to back up the advocacy asks** – These were a key factor in influencing targets in Congress and the Administration. Making a large ask (\$17B, in this case) is possible, as long as there is evidence to back up the need and how the money would be spent.
- **Strategic engagement in coalition advocacy** - Coalition advocacy enables organizations to demonstrate a broader base of support for an issue, and to leverage complementary (and additional) skillsets, relationships, and resources. Carefully consider trade-offs in the time and effort required to make decisions and implement campaign activities.
- **Keep the long-term change process in mind** – Also look at the effectiveness and contributions of the advocacy strategies in the context of the long-term change agenda, looking at how past efforts have enabled the current successes and how the current campaign can support future work.

Considerations for incorporating assessment of advocacy strategies into CARE's MEL processes:

- **Incorporate reflection around the effectiveness of advocacy strategies into existing MEL activities**, such as after-action reviews, annual strategic review processes, and evaluative studies.
- **Bring different team members together who have varying roles and expertise** to participate in the activity and/or to learn from the results. **Consider joint efforts with key allies.**
- **In gathering evidence to support key claims**, include insights gathered from staff and insights gathered directly from key external stakeholders.
- **Steps for assessing the advocacy strategies of a specific campaign or advocacy effort:** (1) Articulate the campaign goals and theory of change; (2) review outcomes achieved; (3) investigate contributing and inhibiting factors, including the coalition's contribution and the effectiveness of strategies, for each outcome; and (4) identify lessons to inform future work.

## Introduction

Since the COVID-19 pandemic declaration in March 2020, CARE’s advocacy around foreign assistance and equitable health systems has included a focus on advancing COVID-19 funding and programs. In the first years, CARE and allies’ advocacy efforts helped to secure \$11B USD in global COVID-19 funding from the U.S. Government, including direct support to combat the pandemic and humanitarian and developmental assistance to address its secondary impacts. Following this achievement, CARE and the community continued their advocacy efforts, including an intense and targeted campaign effort between December 2021 and late March 2022 aimed at securing supplemental funding for the global response, including funding for vaccine delivery.

The outcomes and tactics of this campaign, referred to here as the “COVID-19 Supplemental Campaign”, are detailed in a CARE Advocacy and Influencing Impact Reporting Tool (AIIR)<sup>1</sup>. The purpose of this case study is to take that analysis a step further to assess the effectiveness of the advocacy strategies employed by CARE and allies and to draw out two types of lessons:

1. The efficacy of the COVID-19 campaign strategies to inform future campaigning, including which strategies were more effective in achieving certain types of outcomes.
2. Possible approaches to assess the effectiveness of advocacy strategies that the CARE team can integrate into their MEL activities.

## Methodology

The case study is based on a document review, including CARE reports and documentation (e.g., AIIR, CARE digital report), external resources (e.g., media hits, USG reports and letters) and six key informant interviews. Among the interviewees, three are CARE staff and three are representatives from ally organizations or foundations that were co-leaders in the coalition during the campaign.

The approach taken for the analysis is a light-touch version of contribution analysis. First, the consultant mapped out the team’s initial theory of change (i.e., the desired outcomes, pathways to change, tactics employed to achieve these changes), followed by the actual outcomes (both positive and negative) and the contribution claims made by CARE for each outcome. Through the interviews and document review, the consultant then investigated if and how the coalition’s strategies and tactics appear to have contributed to the outcomes, testing if the initial theory of change was effective. As much as possible, influential actors and factors from outside of the coalition’s efforts were also considered to see if they could offer any insights into how the team can improve their advocacy strategies in the future.

An additional step was added to the analysis: the level effectiveness of the advocacy strategies was rated for each of the main outcomes on a basic three-point scale (high, medium, low), along with the level of confidence for each rating. The confidence rating is important in this case as there is limited evidence to back up some claims.

## Campaign Strategy

While progress was made in 2020 and 2021 to influence USG’s global COVID response, additional advocacy was needed to ensure the USG would fulfill their commitments and provide adequate resources for vaccine doses and delivery. Despite the needs globally, the likelihood of a COVID supplemental was considered low by Congressional leadership going into the campaign for two main reasons: (1) the domestic COVID-19 response remained a very polarizing and political issue within the United States, and (2) the Biden

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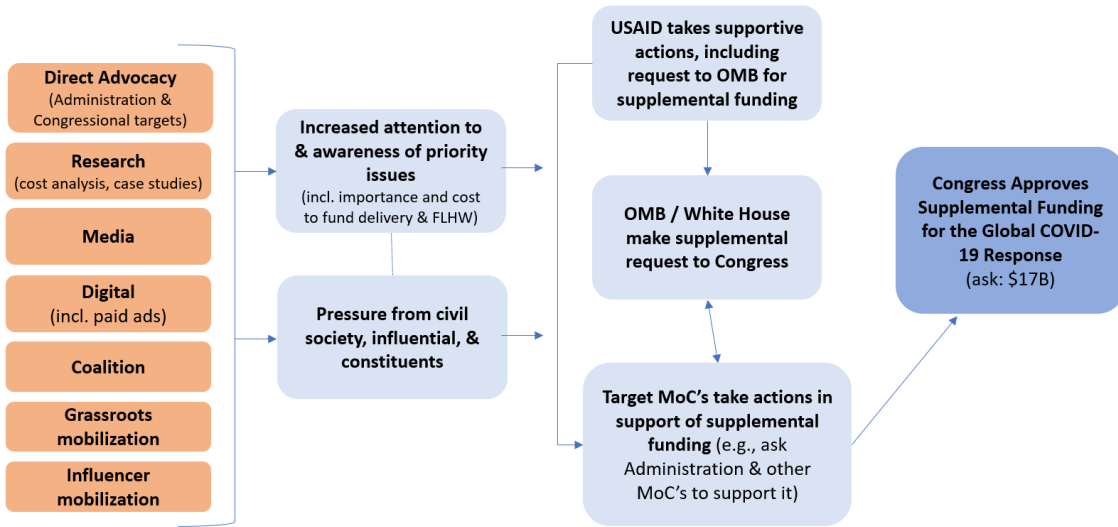
<sup>1</sup> The COVID-19 Supplemental AIIR can be found [here](#).

Administration and Congress were both under pressure to focus legislation and spending on domestic issues (e.g., the economy).

In December 2021, CARE, Open Society Foundation (OSF), the ONE campaign (ONE), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Global Health Council, and RESULTS began to lead an ad hoc coalition advocating for US government approval of \$17B in supplemental funding for global COVID-19 relief, specifically for resources to support vaccine delivery and front-line health workers. Initially this funding was not attached to a specific policy vehicle; however, it soon became clear there was an opportunity to include this funding as a supplemental in the FY22 Omnibus bill.

CARE and the other lead allies invested considerable resources (budget & staff time) aimed at increasing targets' understanding of the priority issues; increasing attention to and demonstrating support for the supplemental funding by multiple sources (e.g., influencers, constituents, media); and influencing supportive actions among and between target Members of Congress, USAID, and the White House (see Figure 1).

**Figure 1. COVID-19 Supplemental Campaign Theory of Change**



The coalition employed multiple tactics to engage and influence key players in Congress and the Administration, including direct advocacy on the Hill and in districts; research, case studies and stories; media; and constituent and influencer mobilization. The coalition’s \$17B ask for global COVID-19 supplemental funding was based on CARE’s analysis of the true cost of vaccine delivery in multiple countries, including the full cost of delivery and the often-unaccounted costs of paying frontline healthcare workers. The coalition leads were in frequent contact with key stakeholders in Congress and the Administration and mobilized influencers and constituents to express their support for the global COVID-19 response. There was also a strong media push for the campaign; a media firm funded by OSF was brought in to support the entire campaign.

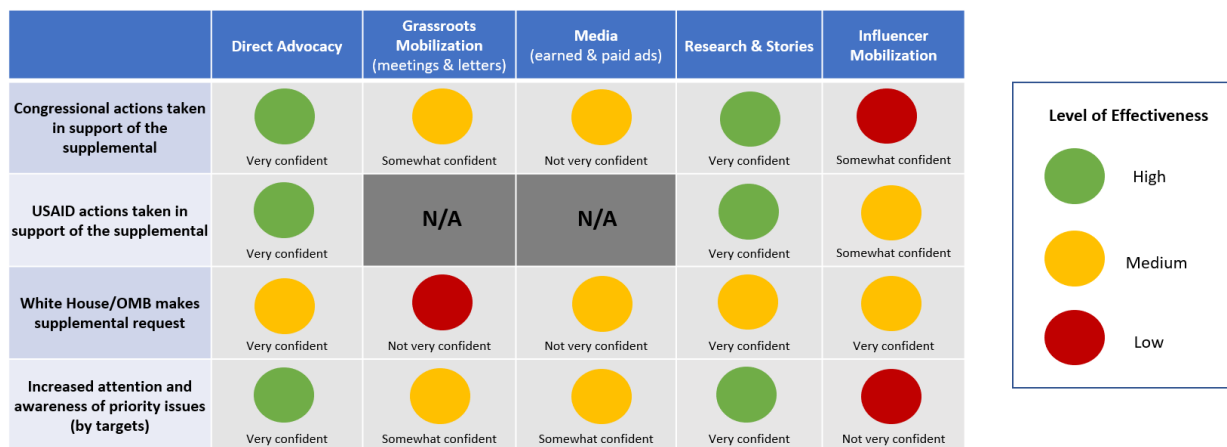
## Findings

While the ultimate goal of global supplemental funding was not achieved, it is clear that CARE and allies did achieve success in raising awareness on the issues, particularly the need for funding for front-line health workers; getting the need for supplemental funding for global COVID-19 relief and their priority issues on

the agenda in Congress and the Administration; and building support among key target policymakers<sup>2</sup>. USAID, the White House, and key members of Congress all took concrete actions in support of global COVID-19 funding, and there is evidence to support that the coalition’s advocacy contributed to these results. USAID requested \$17B in supplemental funding for global COVID-19 relief in their FY22 budget request and included in their COVID-19 plan explicit support for front-line workers, in line with the coalition’s asks. OMB made an informal request to Congress for global COVID-19 funding in FY22 and a formal budget request in FY23. Finally, Congress included \$5B for global COVID-19 relief in the draft FY22 Omnibus bill, and key Members of Congress took action to support and defend this funding.

The coalition’s direct advocacy on the Hill combined with the cost analysis and stories, were particularly effective in increasing target’s awareness of the need for the supplemental funding and influencing USAID, the White House and Congress to take action (see Figure 2). The grassroots mobilization and media efforts appear to have played a supporting role, expanding the coalition’s reach and helping to demonstrate a broad base of support for global COVID-19 funding. The influencer mobilization (including former politicians and celebrities) was less effective overall in this case; however, there is evidence that the former politicians who were mobilized did have some impact on the Administration.

**Figure 2. Effectiveness of campaign strategies by key outcome**



This section, which is organized by desired outcome, provides more details regarding the outcomes and explores the effectiveness of the various advocacy strategies in contributing to these outcomes.

**Increased attention to and awareness of priority issues**

The coalition’s efforts clearly increased attention to the issue and the request for supplemental funding for global COVID-19 relief among key stakeholders, in the media, and online. First, the evidence strongly suggests that the coalition’s direct engagement with Congressional and Administration targets, combined with the cost analysis, increased their awareness and attention to the need for global supplemental funding. CARE and other lead advocates in the coalition heard explicitly from staff in the offices of Speaker Pelosi and Rep. Lee (House Appropriations committee) that there would not have been a conversation around a global COVID supplemental without the work of the coalition.

Second, the coalition was successful in ensuring that USG targets heard about the need for supplemental funding from a variety of stakeholders. By working in the coalition, CARE and the other members were able to demonstrate support for the issue from a diverse group of organizations and groups, as well as mobilizing

<sup>2</sup> For more additional details regarding the outcomes and CARE’s work in the global COVID-19 Supplemental Campaign, see the AIIR report completed in 2022.

constituents. For example, 72k letters were sent to Biden and Members of Congress from constituents via online petitions. And in February 2022 CARE played a leadership role in organizing around 50 advocacy meetings with target Members of Congress, which included representatives from organizations in the coalition and constituents in the Members' district.

Third, there was considerable media attention on the need for global COVID-relief funding during the campaign period. The external media firm supporting the coalition organized several targeted media engagements, many of which featured CARE USA President and CEO, Michelle Nunn, and ONE CEO, Gayle Smith. The supplemental ask was featured in multiple major media outlets, including [AP](#) (syndicated in 587 papers/websites), [The Hill](#), [Washington Post](#) (x2), [Reuters](#) (500 papers/websites), [Christian Science Monitor](#), [Politico](#) (X2), [Vanity Fair](#), [CBS 17](#), [Devex](#), and [National Journal](#). Michelle Nunn and Dr. Angela, CARE's Senior Director for Health, Equity, and Rights, completed a "satellite tour" of 27 radio and talk shows which aired over five-hundred times across the country. CARE's media team coordinated to get coverage on the front page of the New York Times, with a celebrity [open letter](#) campaign which generated over half a billion media impressions<sup>3</sup>. In addition, CARE launched its own branded paid media campaign via digital ads and display ads on and around Capitol Hill and display ads targeting Hill staffers and members of Congress. These ads underscored the true cost of COVID-19 and prolonged vaccine inequity on the average American. The same creative was also shared via CARE's organic social media channels and celebrity supporters.

While we can say with confidence that CARE and the coalition were successful in getting attention on the need for global supplemental funding and engaging different stakeholders through the direct advocacy, research and stories, it is less clear from the evidence available (1) whether or not the USG targets saw and/or were influenced by the media and/or digital ads, and (2) the extent to which these tactics, the grassroots mobilization or the influencer letter action had the desired effect of influencing Congressional and Administration targets to take action in support of the supplemental request.

### **USAID Request**

The coalition was successful in influencing USAID to support the supplemental request. The lead advocates in the coalition (CARE, ONE, EGPAF, OSF, RESULTS, Global Health Council) leveraged their existing relationships with key Administration offices, particularly USAID Office of Health System Strengthening, and pushed them to be key voices within the Administration for last-mile delivery, Front Line Health Workers (FLHW), and locally driven Health Systems Strengthening. In their FY22 Budget request to OMB, USAID included the \$17B supplemental funding request, matching the amount the coalition was advocating for, and included in their USAID Implementation plan CARE's talking point, "USAID will encourage greater support for and compensation of health workers, 70 percent of whom are women and many of whom are unpaid volunteers". The head of USAID's COVID task force, Jeremy Konyndyk, also raised the issue on the Hill – in his response to planted questions, he shared the need for additional funding, noting that the COVID-19 funding was running out and the focus on gender parity in delivery was missing the reality that 70% of front-line health workers are women.

The direct engagement between the lead advocates in the coalition and USAID, as well as the evidence provided to back up their asks, appear to have been highly effective in influencing USAID's actions. The coalition leads had strong personal relationships with key stakeholders in USAID, including the COVID-19 task force; they were in close contact throughout the period of the campaign, texting one another on a regular basis. CARE's cost-analysis combined with coalition members' impact stories were effective in making the case. Since the USAID stakeholders had worked with the lead advocates in the past and are closer to the issues, they were better able to understand the issues and the need behind the coalition's ask

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<sup>3</sup> The media data in this paragraph was taken from the CARE COVID-19 Supplemental Campaign AIIR report.

than other White House targets. It is unclear from the evidence how much the influencer mobilization had on USAID's position.

### **White House/OMB request**

The coalition's influence on the White House and OMB, specifically, is a more mixed picture. During the time of this campaign, there were considerable political divisions around COVID-19 and the economy which led the White House to be nervous politically about supporting any COVID-19 funding. The coalition and key Members of Congress were pushing for the White House to make an official request for global COVID-19 supplemental funding in the FY22 Omnibus bill. While OMB supported the funding, they were not willing to do more than make an unofficial request for \$17B in supplemental funding in a hearing to Congress during the FY22 budget process. In FY23, however, OMB did make an official request for global COVID-19 supplemental funding to be included in the omnibus bill.

The coalition put in a lot of effort to influence the White House to support global supplemental funding – direct advocacy meetings; cost analysis and impact stories; letters from Congress, constituents, and celebrities; media. These efforts were effective in building awareness and support among key stakeholders in the White House, but not enough to overcome the political concerns regarding the domestic COVID-19 funding or to get the people in charge (i.e., the White House Chief of Staff) to support the supplemental enough to take political risks. Despite the fact the coalition ramped down their advocacy efforts after the FY22 Omnibus failed to include the supplemental, it is very likely that these efforts did have some carry over effect that contributed to OMB making the supplemental request in FY23.

### **Congressional Support**

The coalition was successful in building bipartisan support for global COVID-19 funding among target stakeholders in Congress. They engaged with several key congressional offices on the Hill and at the district level<sup>4</sup>. More so than other issues, they found interest across the aisle and had more access than usual to high-level staffers in target offices. In fact, some key staffers had strategy meetings with the lead advocates in the coalition (i.e., Speaker Nancy Pelosi's office, Majority Leader Chuck Schumer's office), and provided the coalition with intel on gaps and pressure points. In addition, the COVID-19 Global Vaccination Caucus sent a bicameral letter to Appropriators, signed by over 80 Members of Congress, asking for \$17B supplemental COVID funding. The coalition supported the effort to get these signatories.

While they did not meet the coalition's ask for \$17B, Congress did include \$10B for domestic and \$5B for global COVID supplemental funds in the draft USG FY22 Appropriations bill in March. The coalition continued to engage with key stakeholders, advocating to Congress to maintain the supplemental funding in the bill and quickly responding to misinformation and opposition as needed. It looked like the funding was going to pass, but at the eleventh hour the Democrats decided to take all emergency COVID-19 resources for both global and domestic response out of the bill after Sen. Mitt Romney and other Republicans demanded that any new COVID-19 spending be offset with unspent state and local funding previously appropriated under the American Rescue Plan.

The direct advocacy efforts on the Hill were very effective in building and maintaining support for supplemental funding. Among the advocacy leads - CARE, OSF, ONE, EGPAF, Global Health Council, and RESULTS – they had strong existing relationships with key stakeholders and were trusted on the Hill. By pooling together their connections, expertise, and resources, they were able to hold multiple meetings a day and keep in contact with multiple targets in Congress. The group was strategic in their approach – they

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<sup>4</sup> Examples include Sen. Mitch McConnell (R-KY), Sen. Roy Blunt (R-MO), Sen. Richard Shelby (R-AL), Sen. John Boozman (R-AR), Sen. Coons (D-DE), Sen. Bob Menendez (D-NJ), Sen Ben Cardin (D-MD), Rep. Bass (D-CA), Rep. Ilhan Omar (D-MN), Sen. Sherrod Brown (D-OH) and Sen. Tina Smith (D-MN).

understood who the powerbrokers were, and ensured they brought the attention to the right people and stayed in close contact without being aggressive. The work done in the Fall of 2021 likely helped to create an enabling environment for these conversations to happen.

In addition, the cost analysis, case studies and other stories were key in influencing Congress to support the coalition's ask. It is clear the research had some impact at least on the global vaccination caucus since their ask reflected the coalition's and it is unlikely that it was a coincidence they both chose \$17B.

The grassroots mobilization efforts (constituent advocacy and letters to MoC's) likely helped to reach a larger number of Congressional offices and to build a sense that this issue was important and coming up in multiple places from constituents and different organizations. It is unclear how much these efforts contributed to gaining support and momentum for supplemental funding; however, it is unlikely that most Members of Congress would take action if they did not believe there was any support for the issue among their constituents and other influential stakeholders. Similarly, it is likely the media and other actions contributed to creating the sense that this issue was important and supported by multiple sources. At a minimum, the earned media hits created opportunities for the lead advocates on the Hill to reach out to targets and continue engaging them on the issue of the global COVID-19 supplemental.

Ultimately these efforts were not enough to overcome the highly political issues surrounding the domestic COVID-19 funding, and the political situation that played out between the Republicans and Democrats right before passage of the FY22 Omnibus bill. The coalition had made the case for global funding, and it is likely (based on intel from contacts in Congress) that this funding would have passed if they had been allowed to separate it from the domestic funding. Perhaps with time to react, the coalition might have done something to counteract this, but that is uncertain considering how highly political the situation was.

### **Additional outcomes**

In addition to the initial desired campaign outcomes, the work that was done in this campaign is likely to have positive, long-term effects on CARE and other coalition members' ongoing advocacy. First, there was increased attention on the need for global COVID-19 funding and support for vaccine delivery, particularly the disproportionate impact on women front-line health workers. Second, this work helped the lead coalition members to build and reinforce their existing relationships on the Hill and in the Administration, which is likely to support future advocacy efforts. Even though it did not pass, this issue provided an opportunity for the lead advocates to engage with key stakeholders on a specific, substantive ask and in some cases to co-strategize with high level staff members.

In addition, there is evidence in the FY23 Appropriations bill that the coalition's advocacy around the secondary impacts of COVID did increase understanding and have influence on key Congressional offices' budgetary decisions. For example, there was a significant increase in funding for gender-based violence in FY23, with specific mentions of the impact of the COVID-19 pandemic on GBV, which was a topic discussed by CARE and other advocates.

## **Lessons**

This section outlines key lessons regarding the effectiveness of advocacy strategies based on the COVID-19 supplemental campaign findings, as well as lessons for how to incorporate this type of assessment in CARE's MEL systems.

### **Advocacy Strategies**

Politics and the Theory of Change: The theory of change for the campaign appears to have been in large part an accurate prediction of how to build and maintain support for global COVID-19 funding; however, the politics surrounding the domestic funding, the willingness of Democrats to support it and the determination of the Republicans to block this funding were underestimated.



It is unclear if there is anything that CARE and others in the coalition could have done to change the final outcome; however, some members of the coalition noted two things that could potentially have made a difference. First, the fact they did not have relationships with powerbrokers in the White House (i.e., Ron Klain, Susan Rice) hampered their ability to influence leaders in the White House to more strongly support the global COVID-19 supplemental funding. Second, some noted that it might have been possible to make it more difficult for Democrats to pull the supplemental from the bill if there was similar advocacy around the domestic funding, perhaps by mobilizing members of the coalition with a domestic focus, and additional domestic groups (e.g., faith-based groups).

Direct influence on the Hill: This case demonstrates the importance of relationship building and strong power analysis of key stakeholders in Congressional offices and the Administration. The stakeholder mapping can be extended further to ensure the targets, their interests and what influences them is understood by the wider team and integrated into other campaign activities beyond direct advocacy (e.g., media, digital). This requires joint strategy development, maintaining ongoing communication throughout the campaign and a central lead that is looking across the campaign and making decisions.

Research – As the findings above outline, the cost analysis provided data to back up the \$17B ask and enabled coalition members to explain in a clear and detailed way the needs behind the funding request. There was considerable debate within the coalition about the \$17B ask itself. Some members of the community felt the amount was not politically feasible and a lower amount should be used, while CARE argued that the coalition’s role is to advocate for what is needed. In the end it does not appear that the large ask had any negative impacts on the final outcomes; the important thing was to be able to communicate the need and how the money would be spent to address it. In this case, this became difficult to translate once the draft bill included only \$5B for global funding.

Working in Coalition: By working together in coalition, CARE and allies were able to demonstrate in the short time a broad base of support among a diverse set of organizations, to leverage the different relationships and resources, and make more noise with policymakers in the media and online. CARE and the other lead organizations saw the need and opportunity for this campaign and stepped up to take leadership in organizing others in the community. Maintaining focus on the campaign goals rather than those of each individual organization was important in ensuring a common message. This approach was reinforced in all aspects of the campaign strategy, including the decision on the campaign ask itself, through hiring a media firm to support media engagement for the entire campaign, in training advocates who engaged in the grassroots advocacy push.

A trade-off of working in the coalition was the time required to come to decisions, and to socialize and implement the campaign activities. One way the coalition addressed this challenge was by having the six advocates from CARE, OSF, ONE, EGPAF, RESULTS and Global Health Council provide strategic leadership and coordination of the campaign. Each organization had complimentary relationships and areas of expertise, as well as resources to contribute to the campaign, and they worked well together. This allowed the coalition to move quickly and strategically during the campaign. This smaller group maintained the engagements with key targets on the Hill and the Administration, ensuring they were strategic and provided consistent messaging. Some activities, such as deciding on the amount of the ask (\$17B) and organizing the grassroots advocacy meetings required additional time and effort.

Long-term change processes: While this case study focuses specifically on this short-term campaign, it is important to take a step back and look at the effectiveness and contributions of the advocacy strategies in the context of CARE and the community’s long-term change agenda. As one piece of a much larger puzzle, we can see that the work CARE and the coalition had done in previous years provided a solid foundation in terms of relationships with Congressional and Administration targets and with allies, knowledge on the issues, and legitimacy in this space. In addition, this campaign has likely helped to advance the broader work through building greater awareness of the issues, shifting the narrative on local health systems and

the cost of vaccine delivery, and building new and strengthening existing relationships with targets and among allies.

## **How to incorporate assessment of advocacy strategies into CARE's MEL Processes**

### Opportunities for integration

CARE can incorporate reflection and learning around the effectiveness of advocacy strategies in the following aspects of their existing MEL system. This analysis can focus on a specific campaign spike (like this case study) or an entire campaign or advocacy effort. It can be done at the end of the campaign or advocacy effort, the mid-point or at other key moments.

- **After-Action Reviews (AAR)** – at least a light assessment of advocacy strategies should be included in every AAR. In most cases, the conclusions and lessons will be based on insights from the team and available evidence.
- **Annual review conversation** – In the annual review, include a conversation about what strategies are working well and less well in moving political targets.
- **Evaluative studies** (e.g., evaluations, case studies) – CARE and/or other coalition members may also consider investing in additional research focused on gathering evidence and deepening understanding of how and if certain advocacy tactics are effective. This could be a final or mid-term evaluation of a particular campaign or advocacy effort (e.g., CARE's COVID advocacy since 2020), or in-depth research on a specific advocacy tactic (e.g. Learning Tours, grassroots advocacy, coalition work) which looks across issue areas. These studies often include interviews or surveys with key external stakeholders, including policymakers and allies.
- **Stakeholder research or polling:** Periodically invest in research or polling to better understand target stakeholders, including what or who influences them and where they get their information.

For each of the options above, it is important to **bring different team members together who have varying roles and expertise** to participate in the activity and/or to learn from the results. **Consider joint efforts with key allies** to get different perspectives, particularly when there was a significant coalition effort involved in the strategy. When possible, **layer opportunities for reflection and learning** – including both the insights gathered from staff and insights gathered directly from key external stakeholders.

### Steps for assessing the advocacy strategies of a specific campaign or advocacy effort:

- **Planning Phase:** Ensure there is clarity and shared understanding among team members (functional leads within CARE and among coalition members) on the goals you are trying to achieve, the measures of success, targets, and how certain tactics are expected to contribute to the goals. Keep in mind the long-term systemic change goals – some tactics may not show major results for a particular moment but are still contributing to the longer-term strategies (e.g., shifting power, building relationships, shifting narratives).
- **Review the key outcomes** – After the campaign, revisit the theory of change from the planning phase, or if there was no documented theory of change, map it out in retrospect. Investigate the following questions:
  - What were the desired outcomes, expected change pathways, and tactics used in this campaign/advocacy effort?
  - To what extent were the key desired outcomes achieved? Were there any other outcomes (positive or negative)?

- **Effectiveness of Advocacy Strategies** – Next, dive deeper to understand how, if at all, CARE’s efforts contributed to the desired outcomes. Investigate the following questions:
  - What are the key factors that contributed to or inhibited the achievement of the desired outcomes (and significant unexpected outcomes)? Include contextual factors and other actors.
  - For each of the key desired outcomes,
    - How, if at all, did CARE’s (or the coalition’s) advocacy efforts contribute to the outcomes?
    - How effective (if at all) were the advocacy strategies aimed at effecting change in this area? What was most important? Are there ways we could have improved?
    - How confident are we in these assessments? Are there areas where we need more evidence?
- **Identify Lessons** – Draw out lessons that can help the organization and/or coalition improve future campaigns.
  - What lessons have we identified that will be relevant for our work in the future?
  - What adjustments are we going to make to our current or future plans?