



LEARNING FROM FAILURE 2022

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Executive Summary

In [2019](#) and [2020](#), CARE published Learning from Failures reports to better understand common problems that projects faced during implementation. Deliberately looking for themes in failure has helped CARE as an organization and provides insight on what is improving and what still needs troubleshooting. This report builds on the previous work to show what we most need to address in our programming now.

As always, it is important to note that while each evaluation in this analysis cited specific failures and areas for improvement in the project it reviewed, that does not mean that the projects themselves were failures. Of the 72 evaluations in this analysis, only 2 showed projects that failed to deliver on more than 15% of the project goals. The rest were able to succeed for at least 85% of their commitments. Rather, failures are issues that are within CARE's control to improve that will improve impact for the people we serve.

To fully improve impact, we must continue to include failures in the conversation. We face a complex future full of barriers and uncertainties. Allowing an open space to discuss challenges or issues across the organization strengthens CARE's efforts to fight for change. **Qualitative analysis provides critical insights that quantitative data does not provide insight into the stories behind these challenges to better understand how we can develop solutions.**

CARE reviewed a total of 72 evaluations from 65 projects, with 44 final reports published between February 2020 and September 2021 and 28 midterm reports published between March 2018 and October 2020. Seven projects had both midterm and final evaluations at the time of this analysis. For ease of analysis, as in previous years, failures were grouped into 11 categories (see Annex A, the Failures Codebook for details).

Results

The most common failures in this year's report are:

- **Understanding context**—both in the design phase of a project and refining the understanding of context and changing circumstances throughout the whole life of a project, rather than a concentrated analysis phase that is separate from project implementation. *For example, an agriculture project that built its activities assuming that all farmers would have regular internet access, only to find that fewer than 10% of project participants had smartphones and that the network in the area is unreliable, has to significantly redesign both activities and budgets.*
- **Sustainability**—projects often faced challenges with sustainability, particularly in planning exit strategies. Importantly, **one of the core issues with sustainability is involving the right partners at the right time.** 47% of projects that struggled with sustainability also had failures in partnership. *For example, a project that assumed governments would take over training for project participants once the project closed, but that failed to include handover activities with the government at the local level, found that activities and impacts are not set up to be sustainable.*
- **Partnerships**—strengthening partnerships at all levels, from government stakeholders to community members and building appropriate feedback and consultation mechanisms, is the third most common weakness across projects. *For example, a project that did not include local private sector actors in its gender equality trainings and assumes that the private sector would automatically serve women farmers, found that women were not getting services or impact at the right level.*

Another core finding is that **failures at the design phase can be very hard to correct.** While projects improve significantly between midterm and endline, this is not always possible. There are particular kinds of failure that are difficult to overcome over time. Major budget shortfalls, a MEAL plan that does not provide quality baseline data, and insufficient investments in understanding context over the entire life of a project are less likely to improve over time than partnerships and overall MEAL processes.

Some areas also showed marked improvements after significant investments. **Monitoring, Evaluation, Accountability, and Learning (MEAL), Gender, Human Resources, and Budget Management** are all categories that show improvements over the three rounds of learning from failures analysis. This reflects CARE's core investments in those areas over the last 4 years, partly based on the findings and recommendations from previous *Learning From Failure* reports. Specifically, this round of data demonstrates that the organization is addressing gender-related issues. Not only are there fewer failures related to gender overall, the difference between midterm and final evaluations in gender displays how effective these methods are in decreasing the incidence of "failures" related to engaging women and girls and looking at structural factors that limit participation in activities.

Another key finding from this year's analysis is that **projects are improving over time.** For the first time, this analysis reviewed mid-term reports in an effort to understand failures early enough in the process to adjust projects. Projects report much higher rates of failure at midterm than they do at final evaluation. In the projects where we compared midline to endline results within the same project, a significant number of failures that appeared in the mid-term evaluation were resolved by the end of the project. On average, mid-term evaluations reflect failures in 50% of possible categories, and final evaluations show failures in 38% of possible options. Partnerships (especially around engaging communities themselves), key inputs, scale planning and MEAL are all areas that show marked improvement over the life of the project.

What we are doing to respond

[CARE's Vision 2030](#) states the global impact goals to improve the lives of vulnerable populations in the next 10 years and provides guidance on how the organization can adapt or modify programs and what resources are necessary to achieve these goals in the future. Four key changes were highlighted:

- Strengthen our **partnerships**, shifting power and working in solidarity
- **Adapt** faster and more proactively
- More consistently seek and respond to the **feedback** from the impact groups in whose lives we seek change
- Continue **improving our impact measurement systems** and capacity across the organization

For reference, all quotes in orange text boxes are direct quotes from evaluations in this analysis. For the sake of anonymizing the project teams—and therefore having a more robust discussion of trends and learning from failure—we deliberately do not specify the projects or geographies for those quotes.

“Disasters are inevitable in our societies; therefore, more staff should be given training on humanitarian support and disaster response to have a more staff with the expertise.”

Western Africa | Emergency and Humanitarian Aid

“The potential collapse of the space for civil society as we know it in several countries, will probably not put an end to the claims for social justice and human rights, nor will it make the needs to which civil society respond disappear, but it will require civil society actors to focus much of their resources on inventing new ways of organizing themselves, expressing these claims, coordinating their actions and influencing policies.”

Central, West, Eastern, and East Africa | Gender Equality and Women's Economic Empowerment

Some specific actions we are taking are:

- ✓ **Partnerships** –In January 2021, CARE published the [Partnership in CARE Paper](#) which provides detailed information on how the agency can transform the approach to be more adaptable, flexible, and inclusive. This includes a set of [core partnership indicators](#) launched in June of 2022. Moving forward, CARE continues to adapt projects to maximize the potential to impact the populations and understands that partnership is central to achieving these goals.
- ✓ **Implementation** – CARE is making additional investments in program quality measurement, which CARE has made clear in [CARE's Vision 2030](#) through significant improvements in advocacy, impact measurement, and knowledge management and learning. We have also launched a new Program Quality initiative to address common challenges we see.
- ✓ **Scale** –CARE's updated [Impact at Scale guidance](#) can help projects all stakeholders and create systems-level impact to better influence change beyond the communities and provide greater sustainability, more impact, and better results for more people.

Introduction



For the first time, we included both midterm and final evaluations.

This third round of analysis used more recent program reports and a slightly modified methodology from the 2020 codebook. For the first time, we **included both midterm and final evaluations**, which were separated and compared to **provide a better insight on issues faced at different points in a project's implementation**. This gives a better understanding of how projects evolve and address failure over the life of a project. Therefore, the results can be further compared to data obtained in 2019 and 2020 to gain a better understanding of what has improved and what themes of failures remain common challenges in CARE projects regardless of the year, sector, or region of implementation. Additionally, the data from the midterm reports can benefit future analysis and provide a better understanding of what is going on in real time—soon enough to course correct during a project. This is a core part of CARE's [Approach to Adaptive](#)

Management.

These results will create an opportunity to investigate common trends and develop sustainable strategies to further improve the impact CARE has on improving the lives of vulnerable populations all over the world. The Learning from Failures report is a vital contribution to the conversation we all want to have as a global humanitarian and development actor: how can we make changes and develop better strategies to save the world? This is also further discussed in the [Failing Forward podcast](#), which goes in depth on specific projects or sectors and what CARE and partners are doing to address these issues.

What is Failure?

For the purposes of this report, failure is foreseeable or preventable problem that a project could have predicted and had to find ways to address—often by spending more time and money—in order to successfully achieve the results. In this report, to be categorized as a failure, the issue identified in a project evaluation must be within the project's control to at least some extent. Failures in this context do not mean a project did not successfully complete its goals, only that there were delays, inefficiencies, or other challenges that made the project more difficult. Most of the projects in this sample were ultimately successful at delivering on their targets. However, every project has difficulties, and analyzing the trends in what failures occur can shape systemic improvements to processes and behaviors.

How are we analyzing failure?

Methodology

For this 2022 report, we reviewed a total of 72 evaluations from 65 projects, with 44 final reports published between February 2020 and September 2021 and 28 midterm reports published between March 2018 and October 2020. This represents all of the English language mid-term and final evaluations that had been published after September of 2020 (the date of the last learning from failure report) and January 2022 (when the last evaluation was submitted to the coding process). Seven projects had both midterm and final evaluations at the time of this analysis. Coding from these evaluations was further analysed to compare how failures changed from midterm to final. Using MAXQDA, we utilized a methodology created previously to conduct qualitative analysis and code segments based on the category of “failure.”

The original codebook was developed and used for CARE's first report in



72 evaluations from **65** projects were reviewed

These included

44 final evaluation reports
(February 2020 – September 2021)

28 midterm evaluation reports
(March 2018 – October 2020)

2019 and was condensed into more specific codes to better capture trends for the second report published in 2020. For the current report, we finalized a codebook with 11 Themes and 43 feeder codes. In the partnership category, the feeder code “Engaging communities” was added to account for projects that had trouble engaging community members, organizations, or leaders to support the mission of the program. We also added “Adaptive Management” to the MEAL category and created a new category “COVID-19 pandemic” to understand if programs were influenced by the global environment of 2020. In previous years the “Design” code category was a conglomeration of other feeder codes that can be considered part of the design process. We have detailed these in later sections.

Graph 1: Each box represents the main categories and under each of them are the corresponding feeder¹ codes.



The 2022 findings were compared to the results from previous Learning from Failures publications to include a total of 280 evaluations: 114 evaluations published between January 2015 and September 2018 included in the 2019 report, 92 evaluations published between October 2018 and February 2020 in the 2020 report, and the 44 final and 28 midterm reports included in this report. Like the 2019 report, we counted the percentage of projects where a failure occurred, so results from the 2020 report had to be modified to better compare using this methodology. Additionally, we assigned projects to appropriate sectors and regions for future analysis, which was also done in previous reports. This allows us disaggregate data beyond the global trends displayed in this report when necessary.

¹ Feeder codes are the sub-codes that feed into a larger category. For example, Engaging Women and Girls feeds into the overarching category of gender, or Staff Capacity feeds into the category of Human Resources.

Limitations

“Data is like garbage. You’d better know what you are going to do with it before you collect it.”

— Mark Twain

This set of evaluations represents only the evaluations written in English because of the coders in this year’s process. 30 evaluations written in Spanish, French, or German were not included in the sample because reviewers can only code in languages they can read. This necessarily limits the sample size from Latin America and the Caribbean and from West Africa, where evaluations are more likely to be written in languages other than English.

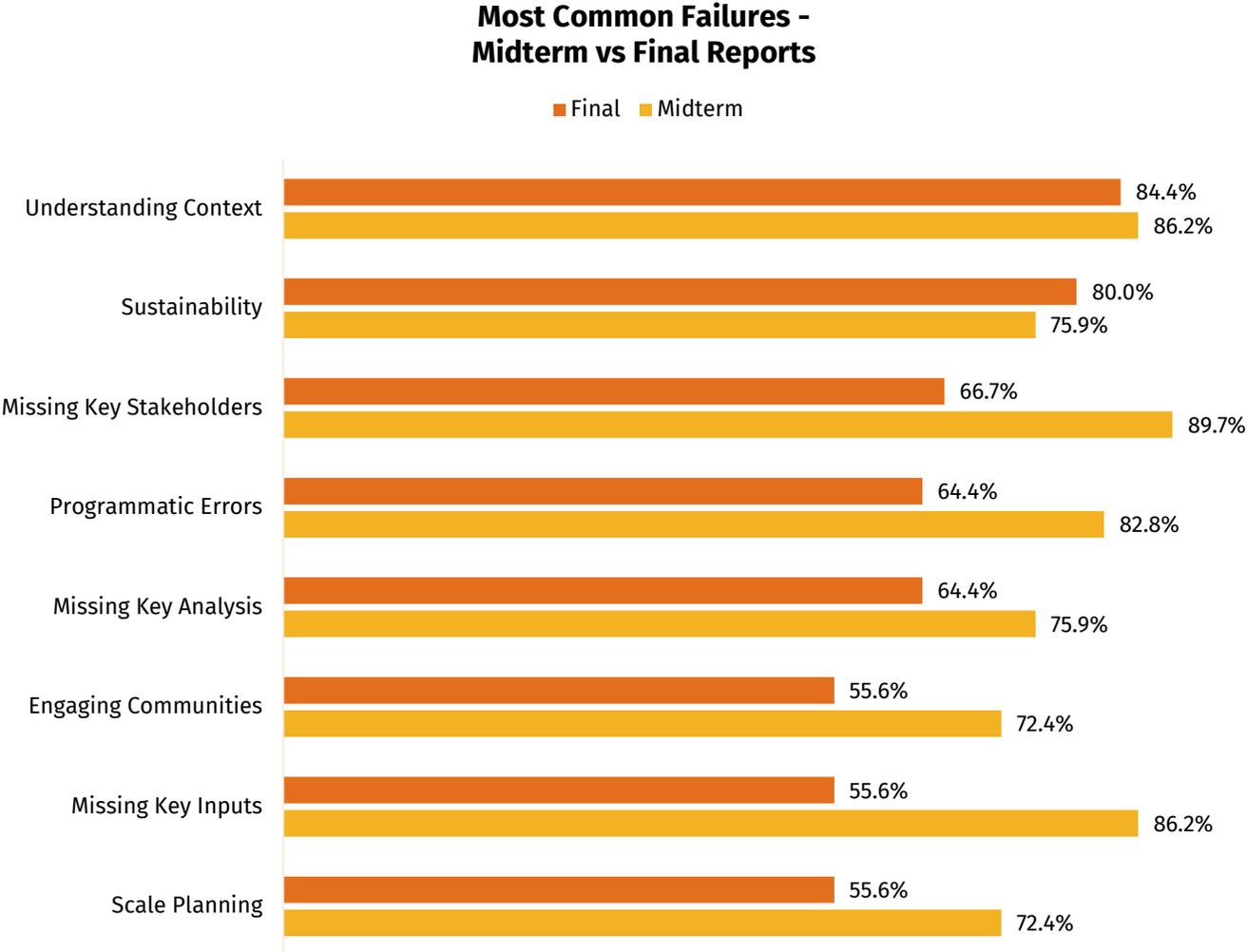
Coder bias is a common limitation in this report. Two evaluators coded the evaluations which were initially split up by midterms and finals. While we tried to ensure consistency in coding, there were inevitably differences in perception between reviewers that could have led to difference in coding. As the coders were different for each of the three rounds of analysis, some of the changes over time are likely linked to the different perceptions of qualitative coders.

The same is true for the evaluations themselves. Qualitative analysis for evaluations can only show what an evaluator wrote in the final report. As each evaluation TOR is slightly different, and **evaluators bring their own biases and focus areas to the work, the evaluations represent a specific and incomplete view of the entire project and its successes and failures.** As trends in the industry shift over time, so too does the focus of evaluations. While we have no reason to suppose that evaluator bias was a bigger challenge in any given year, the focus of evaluations is likely to have shifted over time. For example, scale is a much more common area of exploration in 2022 than it was in 2015.

Due to our inclusion of both midterm and final reports, it was difficult to decide how to measure common challenges due to the different nature of the evaluations. Midterm evaluations tend to be more focused on process and more likely to highlight operational issues to resolve. We also had to determine the best way to compare this data to the 2019 and 2020 reports. Midterm reports typically showed much higher numbers of failures than final reports did. In the seven projects where we could compare mid-term and final evaluations, the final evaluations listed many fewer failures. It also means that the overall coding is skewed higher than previous years because of the higher rates of failure in midterm evaluations. This implies that many challenges identified at midline are addressed to reach outcome or impact goals by endline.

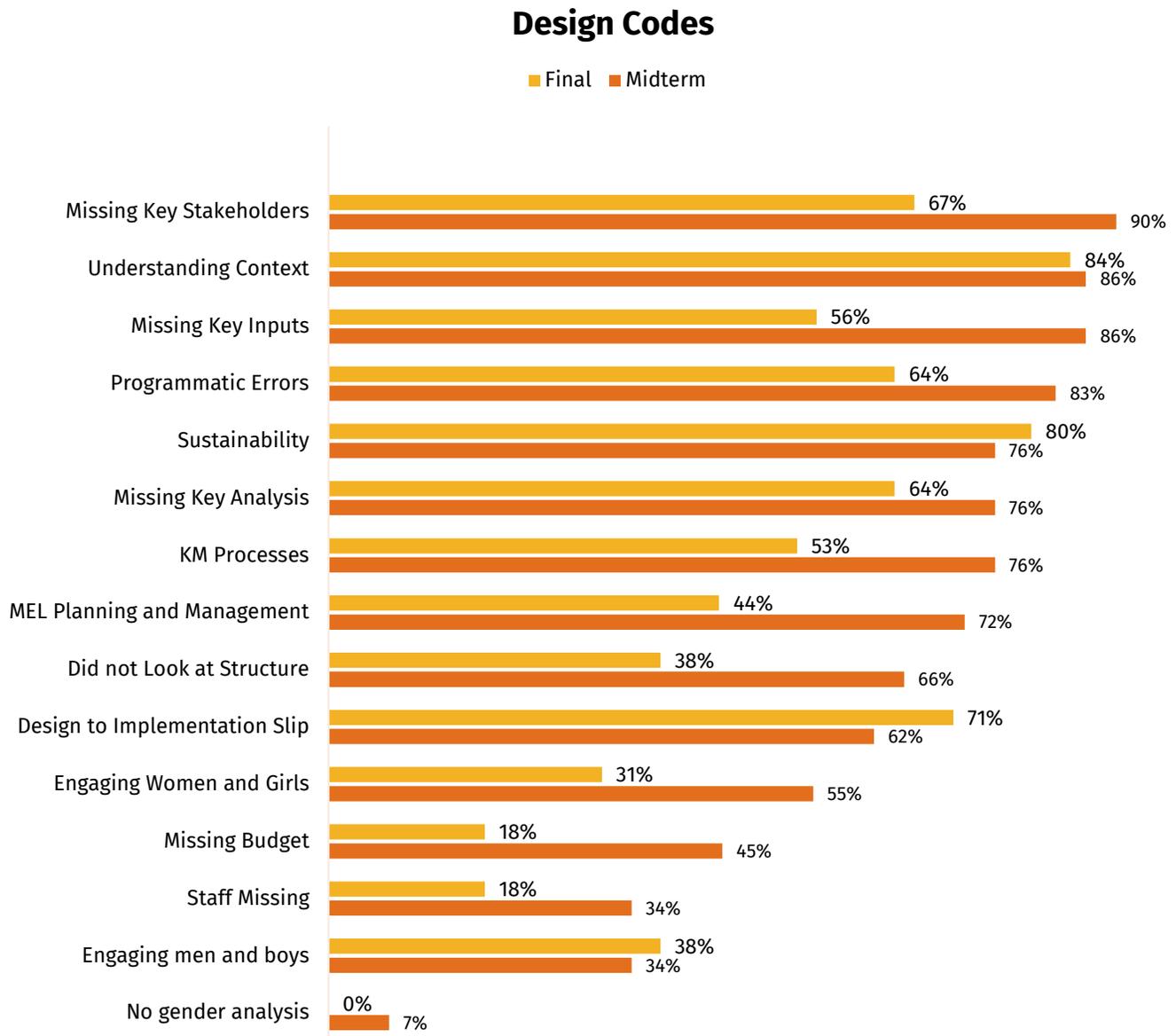
Where are our biggest challenges in 2021?

Graph 2: Most common failures among Midterm and Final reports



In our 2021 analysis, the **design** code was found in 100% of the 72 evaluation reports. Of the categories included in the design code, 38% were Implementation, 21% MEAL, 13% in Sustainability and 14% Missing Key Stakeholders (accounting for a total of 86% of design failures). Design codes are unique because they identify when in the project a mistake happens. Some failures—like failing to have a baseline analysis or an initial context analysis—are very difficult to repair later during the life of a project. Others can and do improve significantly between midterm and final evaluations when the project adapts to meet new challenges. Graph 3 shows which codes count into the design phase, and which ones evolve over the life of a project. The design phase is a time when there is an opportunity to put the project on the right path, and to ensure that issues like flexibility to adapt, continuous context analysis, and the right staff structures make the program more likely to succeed. Program design improvements are crucial for CARE to reach Vision 2030 impact drivers to deliver projects that are gender equal, locally led and globally scaled. *See quotes below.*

Graph 3: Design codes



Three of the eight most common failures were associated with Implementation, and implementation failures were similar across regions and sectors. The most was **understanding context**, which was found in 84% of final evaluations and 86% of midterms. Implementing programs requires an immense amount of pre-project research during the design phase to fully understand contextual factors among the impact populations and other stakeholders we work with. Understanding context must also consider how these factors can quickly change and build mechanisms to identify that change. Contextual factors that were misunderstood caused issues with targeting people most in need, engaging individuals, and other stakeholders, to participate throughout the life cycle of the project, and an inability to reach the endline goals for impact. This implies

“Any prototype/pilot social protection program ... should have as an output a detailed operational/tactical manual (program guidance document) for social protection activities that is context/country specific.”

LAC | Food and Nutrition Security, and Maternal and Child Health

that projects should not only do context analysis before the project or in the first year, but also build mechanisms to understand how the context is shifting during the project itself. *See quotes below.*

"...all context characteristics should be considered to create adequate strategies to mitigate extrinsic barriers to a supportive learning environment and achieve effective attitudes and behavior change"

Southeastern Europe | Gender Equality and Sexual-Reproductive Health

"Co-developing an exit strategy in collaboration with the municipality would support longer-term co-ownership of community projects... including assigning roles and responsibilities to specific focal points, to encourage municipalities to take greater accountability and responsibility for and provide continued support to neighborhoods."

Middle East | Emergency and Humanitarian Aid

Sustainability was the second most common failure found in final evaluation reports, and it is highly linked to partnership and implementation. **Of the coded segments for sustainability and scale planning, 47% and 46% were also coded as a partnership or implementation failure, respectively.** Partnerships and proper implementation are key to creating sustainable outcomes for all communities. Additionally, many projects faced various challenges to create a proper exit strategy. This impairs the ability of communities to continue the activities post-implementation, highlighting the need for projects to have a clear sustainability plan and exit strategy that continues to have a positive impact and improve the lives of these vulnerable populations.

"Reasons that the intervention did not have a stronger impact on district officials include: (1) natural limits to the number of citizens reached by the intervention, (2) limited district government capacity and frequent turnover, and (3) local government dependence on federal budget transfers."

Western Africa | Inclusive Governance

Missing key stakeholders, the third most common failure found in 67% of final and 89% of midterm evaluations, impairs the ability of projects to fully impact communities due to the lack of sustainable and genuine relationships among partners, including governments, civil society, peers, and donors. Additionally, in the partnership category, **engaging communities** was found in 56% of final and 72% of midterm reports. This failure impacts the ability for the activities to be accepted and fully appreciated by the target population. If individuals do not feel engaged or lack trust in the project, a sustainable outcome is difficult to achieve.

Challenges associated with the COVID-19 pandemic were found in 22 projects (31% overall) and caused further issues during implementation, such as limited resources to collect

midline and baseline data, delays in program activities due to budget or resource constraints, and the ability to create a sustainable project following completion. Some projects were able to successfully adapt to the conditions of the pandemic by offering alternative solutions using new or existing technology, while other projects did not have the capacity to adapt to the circumstances. Overall, we can see the challenges associated with pre-project design that are common across the board. Project evaluations reported various ways that COVID-19 created a huge barrier for implementation activities. *See examples below.*

“The COVID-19 crisis had a huge impact on project implementation, but the project successfully adapted to the new norm. The shift to online communication affected all actors and program beneficiaries. The pandemic can be perceived as a test for CARE and local partners. Relatively quick adaptation to new circumstances is a sign of good and open communication between all partners, as well as flexibility and resilience. However, the effects of the ongoing pandemic, and the experience gained by dealing with it in 2020, must be taken into consideration when planning further program development.”

Southeastern Europe | Gender Equality and Sexual-Reproductive Health

“Given the issue of government resource allocation prioritizing COVID-19 responses, CARE during the next phase may want to consider budgeting/planning for research perhaps looking at the impact COVID-19 has had on gender dynamics, indigenous communities, structures and relationships in the context of GBV issues. This research could help CARE to lobby the government to allocate budget to the GBV WGs in the second phase of the Project.”

Southeast Asia | Gender Equality and Inclusive Governance

When considering projects designed to **support communities facing GBV**, program design was crucial to create a safe space for women to have the ability to report and decrease violence against them and increase awareness.

“Strengthen existing options for beneficiary feedback and complaint mechanisms to encourage more women and girls to continue active use of these options. There is a need to ensure strict confidentiality for all engagements. Therefore, future design iterations should prioritize the development of inclusive and more culturally appropriate complaint and feedback mechanisms for men and boys in target intervention communities. Men and boys must also feel safe to make reports of GBV cases; without the fear of stigmatization or harsh rehearsals from security operatives... The details in methods of reporting GBV experienced in the communities showed there is need for more awareness and outreach activities to log such GBV complaints ...especially among men.”

West Africa | Emergency and Humanitarian Aid, Gender Equality, and Sexual-Reproductive Health

Additional challenges that increased during this time period include issues related to climate change and international conflict, which has further increased the number of refugees and internationally displaced persons (IDPs) globally. These fast-growing global challenges require new approaches and solutions to ensure that we are meeting the moment and serving the changing needs of people in projects. This is especially true because many evaluations are from projects that are traditionally considered “development” projects that are now having to respond to contexts that have historically been humanitarian crises with a different set of tools and approaches. Projects working with refugees or internationally displaced populations (IDPs) require a great amount of effort in designing targeted, effective implementation programs that do not further disrupt the environments that are supporting the intake of these groups. Additionally, the extreme complexity associated with these crises could increase the amount of “failures” seen in projects conducted in these environments. Therefore, for CARE to continue to help the most vulnerable individuals and reach the impact goals for Vision 2030, lessons learned from previous projects can provide more targeted, supportive guidance in the future. See

examples below.

How do Midterm and Final Reports Compare?

Significance/Relevance

Midterm and Final evaluations were included in this report for three reasons:

- **Identify failure earlier:** a weakness in previous Learning From Failure reports was that they all relied on final evaluations—at a time when it was too late to resolve any problems in the project. While that provided useful insight into what to change moving forward, it was a missed opportunity to solve problems in real time. The midterms in this sample show that there is enough data in midterm evaluations to both identify trends in failure and to address them while projects are still active.
- **Understand how we are already addressing failure:** by comparing midterm to endline evaluations, we can get a sense of if projects are resolving failures during implementation. There were many more failures cited in the average midterm than in the average final evaluation. On average, mid-terms reflect failures in 50% of possible categories, and final evaluations in 38% of possible categories. In the seven projects where we could directly compare midline to endline evaluations, the project teams were able to resolve many of the failures in the second part of the project.
- **Understanding likely failures over the life of the project.** Challenges that arise might be more common at different times during implementation. The data ultimately proved this to be correct. For example, partnership failures were much more common at mid-term than at endline. Understanding this could be extremely helpful for projects to identify challenges in real time, reach out for guidance or support across CARE sectors and regions, and further promote collaboration across the agency to reach the goals for Vision 2030.

Overall, the top 10 failures were similar in both midterm and final evaluations, but the order of the feeder codes differed. In finals, sustainability was the second most common failure while in midterms, it was the seventh; issues with sustainability were identified at midline, but as seen from this data, many projects appeared to be faced with various challenges to create a proper exit strategy. For example, only launching an exit strategy 3-6 months before project closeout is almost guaranteed to fail, and is very common as projects see that there will not be additional funding, and the project will close rather than extend. Another common problem with exit strategies is that the actors who must sustain the work are different than the implementing partners for the project, and the team has not dedicated the time or resources to bring those other actors—like the private sector, or the government agents who will have to carry an additional workload—to commit to the sustainability plan. This impairs the ability of communities to continue the activities post-implementation, highlighting the need for projects to have a clear sustainability plan and exit strategy that continues to have a positive impact and improve the lives of these vulnerable populations.

Partnerships improve over time. Partnerships was a less common error at endline compared to midline. Both Missing Key Stakeholders and Engaging Communities, which were reported in 86% and 71% of midterms improve over time, and became 64% and 55% of finals, respectively. Common partnership failures include the lack of alignment on key project goals, the lack of clear communication—especially about changes to project activities and goals—and too few mechanisms for mutual accountability, where CARE and the partners hold each other accountable for their commitments.

Understanding context and adapting to changes remains a longstanding problem. The Implementation category addresses a wide range of issues reported in evaluation reports. Based on this data, we found that understanding context appears to be very challenging across all projects. Although differences were seen in the percentages of coded segments associated with Programmatic Errors, Design to Implementation Slip, and Missing Key Inputs,

further investigation is necessary to determine if these failures were associated with the project design or occurred during the implementation phase. Working in complex environments requires projects to consider so many factors during implementation, and one project stated the challenges and failures associated with resource-limited and politically unstable settings:

“Implementation of the project as per the design was seriously challenged by the socio-political instabilities, declarations of state-of-emergency, and very young age and low literacy level of the beneficiaries....The weakening of the local administration and the security threats shifted everyone’s attentions to a more survival mode ...The project was under financed and lack flexibility to overcome the many unforeseen challenges that happened during the actually implementation of the project on the ground, which emphasizes the complexity of project implementation in low income settings.”

The Horn of Africa | Cash and Vouchers, Education, Gender Equality, Sexual-Reproductive Health, and Women’s Economic Empowerment

MEAL improves as projects continue. Failures in the MEAL category appeared to be addressed by endline based on the feeder codes KM Processes and MEAL Planning and Management, reported in 75% and 71% of midterms compared to 52% and 41% of finals, respectively. Missing Key Analysis did not show major differences due to the nature of these challenges, which are more associated with the design phase and difficult to address during implementation. As mentioned in the previous 2019 Learning from Failures report, baseline data was a huge factor in measuring impact. Not collecting good quality, representative data at baseline could lead to various downstream challenges in projects. This ultimately jeopardizes the ability to reach target populations that are the most vulnerable, ensure individuals remain interested and participate in the project activities, gain community trust and end the project with a sustainable program that can continue operating without CARE. It is very critical to focus on collecting representative and standardized baseline data because it determines how the quantitative impact measurements are calculated at endline.

“The baseline and endline design, with sub sections of the questionnaire for different interventions asked specific groups leads to small sample sizes for each specific area which are not representative or significant in terms of the wider beneficiaries. At the baseline level, if participants have already been selected for different interventions, then it is not a genuine baseline, as it does not show the level of need for different types of interventions in a randomly selected population. In the endline, asking only the specific beneficiary groups about their specific intervention they received does not provide any information at all on indirect beneficiaries and on the overall impact in the communities.”

Central Asia | Emergency and Humanitarian Aid, Food and Nutrition Security, Sexual-Reproductive Health, and Water, Sanitation, and Hygiene

Matched Midterm and Final Projects: Of the 68 projects reviewed in this analysis, a total of seven projects included both midterm and final evaluations that were further analyzed to determine how effective the midterm reports could be to address the failures and recommend ways to improve implementation efforts by endline. Many challenges in these projects involved complicated, context-specific factors such as social norms, lack of governmental support, religious beliefs, and financial stability of environments, which were somewhat

understood before implementation, but did not have either enough understanding or sufficient investment in target activities to overcome the barriers to meet impact goals. However, some projects are able to overcome this barrier. One project recommended that more awareness and sensitization towards GBV needed to be addressed in the midterm report, and successfully adopted [CARE's SAA framework](#) by the final report to improve the outcome.

One project identified feedback as an issue for participation and accountability in the midterm report, and adopted the [Participatory Approach for Safe Shelter Awareness \(PASSA\) tool](#) to overcome these problems in the community, which could be helpful for other projects working with similar target groups:

“Team feedback indicated that due to the level of past trauma and conflict in the communities, a do-no-harm analysis during the context analysis stage of programme design would have deepened the understanding of the nuanced tensions and barriers for people in the community.... Good communication ensures the community knows they are listened to. Once obtaining feedback and findings from PASSA, it is important to present the outcomes back to communities for validation, closing the feedback loop.”

Middle East | Emergency and Humanitarian Aid

Overall, due to the unique nature of each project, trends and themes were difficult to identify in matched midterm and final reports, although future work can be vital to adaptive management strategies.

Where have we improved?

Since the 2020 Learning from Failures report was published, CARE has developed updated frameworks based on previous lessons learned to aid in projects working with specific populations or in complex environments. Based on these findings, improvements in projects have been attributed to the introduction and modification of these tools.

- ✓ **MEAL** – CARE has invested in developing and sharing various resources that provide tools to improve MEAL standards and mechanisms across all projects. One example is the [Feedback and Accountability Mechanism \(FAM\)](#), which provides clear and structured guidance for all implementation programs to follow when sharing information among a wide range of stakeholders, further strengthening the ability to monitor data and respond quickly to improve impact. Simplifying the MEAL concept across the agency to unpack the simple question of who, what, and how/why to explain social change and impact allows projects to start from a basic understanding of an extremely complex, historically daunting task. Vision 2030 also provides clear metrics and indicators for all projects to follow in the future, incorporating the increased complexity of the world of global health and CARE's goals as an agency to tackle each problem.
- ✓ **Gender** – CARE continues to put gender equality at the heart of all implementation programs, and approaches to transform and improve the lives of women and girls have been developed and proven effective by the agency. Some examples of initiatives introduced by CARE include the [Women Lead in Emergencies](#) approach, [the Rapid Gender Assessment \(RGA\) tool](#) and the [Generation Equality Forum](#), which further reinforce how gender-related work requires three domains:

This Learning from Failure data further demonstrates how gender-related issues are being addressed and the difference between midterm and final evaluations in gender displays how effective these methods are in decreasing the incidence of “failures” related to engaging women and girls and looking at structural factors that limit participation in activities

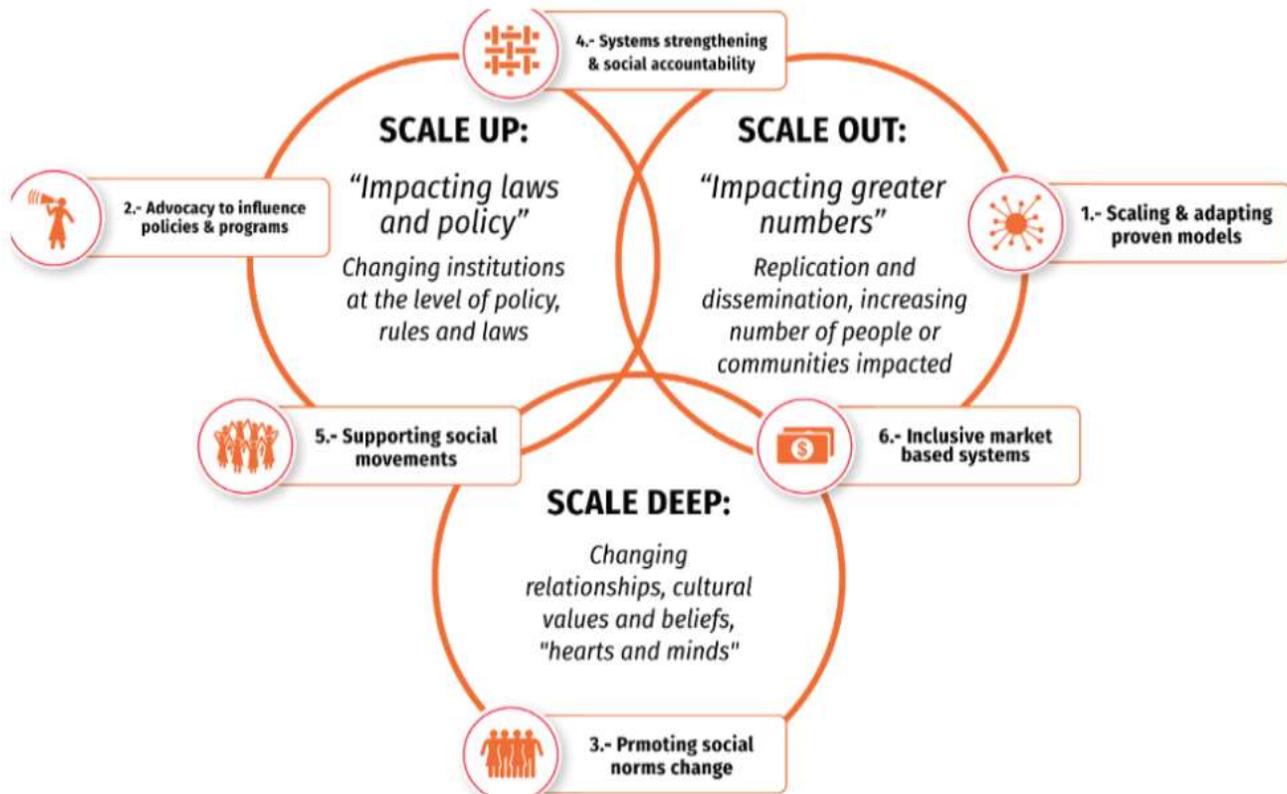
Agency, Relations, and Structures. Furthermore, CARE's global Women Lead in [Emergencies toolkit](#) provides guidance and evidence-based approaches to staff working at the frontlines of conflict and disaster and how to further include Women and Girls in humanitarian aid efforts.

- ✓ **Human Resources** – Overall, failures relating to the hiring, training, and management of CARE staff was shown to decrease based on the “failures” reported in 2021 compared to findings from previous reports. In 2019, HR failures represented 9.6% of the total while in 2020, they decreased to 5.5% and 2021, 5.3% of failures. This shows that HR efforts are paying off in improved programming.
- ✓ **Budget** – Failures in the budget category represented less than 3% of the total compared to previous years where they accounted for 3.5-4% of overall failures, showing that improvements have been made. Issues relating to the budget of projects were mainly found in projects that had too many things going on, such as integrated efforts to address gender equality/GBV while empowering women through inclusive governance and food and nutrition security. The feeder code Missing Budget was found in 46% of midterms and 16% of finals, showing that these issues were addressed, and budgets seem to be modified to adapt to the environment by the end of the project.

Where do we still need to improve?

Overall, the top three categories of failure continue to be reported and were also seen in the 2019 and 2020 Learning from failures report. These include:

- ✓ **Partnerships** – Challenges among partners have historically been a common barrier faced by all projects, although guidance has been updated by CARE to better develop and sustain relationships with and among partners. In January 2021, CARE published the [Partnership in CARE Paper](#) which provides detailed information on how the agency can transform the approach to be more adaptable, flexible, and inclusive. This includes a set of [core partnership indicators](#) launched in June of 2022. Moving forward, CARE continues to adapt projects to maximize the potential to impact the populations and understands that partnership is central to achieving these goals.
- ✓ **Implementation** – Due to the broad category of implementation “failures,” projects were seen to face challenges in a variety of ways. One method to provide solutions to this issue is additional investments in program quality measurement, which CARE has made clear in the [2020 Program Strategy report](#) through significant improvements in advocacy, impact measurement, and knowledge management and learning.
- ✓ **Scale** – Across sectors and regions, sustainability was a common challenge to reach by the end of the project due to a variety of factors. Following [CARE's updated Impact at Scale guidance](#) can help projects reach all stakeholders to better influence change beyond the communities and provide a sustainable future among these populations. CARE is currently exploring the 8 projects out of 417 that have achieved significant impact for more than 100,000 people to better understand what the important ingredients are for scale.



What should we do next?

Future Learning from Failures reports should continue to include matched midterm and final evaluations in analyses to determine if the recommendations or lessons learned provided at midline are taken into consideration by the end of the project. Additionally, having coders who could code evaluations in other languages with the level of nuance and detail required could produce more generalizable results that equally represent all sectors and regions and further investigate if some common challenges are present across the organization, promoting collaborations to develop solutions. We could encourage more participation in qualitative data analysis using the same methodology to identify failures in real-time so they can be addressed as soon as possible. Furthermore, we could ensure the current codebook fully represents the "failures" faced by CARE projects by discussing the feeder codes in a more interactive setting and getting feedback from CARE and partners' staff directly involved in the projects in real time.

CARE's Vision 2030 states the global impact goals to improve the lives of vulnerable populations in the next 10 years and provides guidance on how the organization can adapt or modify programs and what resources are necessary to achieve these goals in the future. Four key changes were highlighted:

- Strengthen our **partnerships**, shifting power and working in solidarity
- **Adapt** faster and more proactively
- More consistently seek and respond to the **feedback** from the impact groups in whose lives we seek change
- Continue **improving our impact measurement systems** and capacity across the organization

Sustainable outcomes are very difficult to achieve without a thorough understanding of the contextual factors in a region or community such as relationships between different groups, social norms that vary within groups of the communities, and the dynamics that drive the local environment and quickly change the environmental conditions such as mass immigration of refugees, local and federal regulations, and availability of sustainable organizations to participate in projects. Based on this learning from failure report, we propose key recommendations to improve our impact in the future:

- **Partnerships and Sustainability:** Strengthening partnerships and engaging stakeholders in the local, governmental, or global context is crucial to project success. Using various tools to improve our impact through accountable and reliable partnerships can help increase our impact in the future.
- **Project Design and Implementation:** Project teams should involve the community in the entire project process, especially during the design phase. Many projects design a uniform approach to address an issue but do not consider the extreme variations between regions or populations within the target area. Projects should address programmatic errors before implementation, such as selection criteria, relevance of activities, willingness of community members to participate and feel included and comfortable, ensuring the activities are not too complicated and are coordinated throughout the project. Formative research methods could and more flexible budgets could improve project design.
- **Adaptive Management:** Due to the unpredictable nature of the COVID-19 pandemic as well as climate change and an increasing number of refugees globally, CARE must continue to adapt rapidly to adjust to environmental conditions and reach the target communities as well as address GBV and gender equality issues during humanitarian disasters. There is a great deal of uncertainty in the future and CARE must be ready to respond and adapt to unprecedented circumstances.
- **Feedback and Accountability Mechanisms:** Continue to develop and implement standardized, representative, and targeted feedback mechanisms in every program to include all voices and quickly respond to challenges. Further guidance is provided in CARE's Vision 2030, CARE & the SDGs report, and the 2020 Program Strategy.
- Continue to put **gender equality** at the heart of all programs.

ANNEX A: Failures Codebook

Human Resources

- **Turnover:** Staff regularly left a particular position and/or there were many positions where staff left resulting in a gap in skills, knowledge, or ability to get work done.
- **Management:** Management of the project was lacking or not done well enough including; a lack of managerial or leadership support, misalignment between what staff are held accountable for and what needs to get done, lack of staff diversity, and anything that mentions managerial issues, re-setting staff goals, etc.
- **Staff Capacity:** Staff did not have the critical skills needed to get the job done. Staff were missing some skills related to project technical design or implementation. There was no training for required skills or tools as part of the project (i.e.: not enough rollout of financial management systems).
- **Staff Missing:** The project did not hire for (or possibly fund or design for) necessary staff including; under and over staffing, lacking staff in key positions, or problems completing tasks due to low staff resources.
- **Miscellaneous HR**

Budget

- **Spending:** Distribution and spending of money has had challenges or flaws including; spending more money than planned, overspending a specific line item for particular activities, not spending total budget in the time allocated or at the pacing planned for in the project, or records of significant gaps

between reporting and planning. This can have happened at any time in the project cycle, even if it was corrected.

- **Missing Budget:** We failed to budget for particular activities or personnel that would have been important for project success.
- **Budget Delay:** Delay of receipt of funding from donor that impacts the project.
- **Miscellaneous Budget**

Partnership

- **Coordination:** Working with partners took a long time, was really challenging, or didn't work at all. There were misalignments between the visions and/or activities between different partners.
- **Accountability:** Partners failed to deliver according to their agreements (this could be financial problems, not doing activities, not submitting reports, not meeting goals, etc.). CARE did not put mechanisms in place to see what partners were doing or did not correct problems in time. Alternatively, partners had no way to hold CARE accountable to our commitments to them.
- **Delivery:** Partners are not doing the activities the way they are supposed to or are not reaching the people in the way the project set out. To count here, it must specifically say that the partners are having a problem, and not that it's an overarching project problem.
- **Capacity:** The partners are missing critical skills to deliver and/or did not get necessary training to do the work in the partnership agreements.
- **Missing Key Stakeholders:** We did not partner with everyone we should have, or there are key gaps in our partnerships and/or implementation that someone else should have filled. We see this a lot in reference to local governments as partners or private sector actors.
- **Engaging Communities:** We had trouble engaging community members, organizations, or leaders to support the mission of the program; we see this when there is decreased individual trust in the project as well as lack of participation in program activities.
- **Miscellaneous Partnership**

Implementation

- **Understanding Context:** Lack of pre-project research or misunderstanding or missing knowledge around key contextual factors including; lack of knowledge on other organizations, CARE implementing similar projects in the same area, working with the wrong group of people, or setting the wrong project goals that couldn't be met.
- **Design to Implementation Slip:** We had a good project design, but for some reason aren't carrying it out. Maybe we didn't budget for it. Maybe it took way longer than we allocated. Maybe it was a lot more complicated than we thought and we didn't have the right staff to do it. Etc.
- **Missing Key Inputs:** We didn't factor in key project design inputs, or inputs were incorrect and/or mismanaged (e.g. transport, security, health supplies, seeds, tools). We didn't factor in key activities we needed, or activities were incorrect and/or mismanaged (e.g. We trained women over 40 in a technique that is mostly relevant for new mothers, and new mothers are on average 17 years old). Something about the project was wrong because we missed a key piece of context which resulted in inappropriate inputs (e.g. We had people build stoves that were so heavy no one could move them. We supported an income generating activity that has little or no demand in the community where we promote it).
- **Implementation Delay:** it took too long to get activities going. As a result, they didn't happen, didn't happen soon enough, or got done so poorly that there was little impact.
- **Programmatic Errors:** There are a lot of components to the project and they are all (or some) happening separately in a way that compromises efficiency or effectiveness. We just aren't implementing the activities very well, or the activities we planned aren't very good (e.g. adding a burden on the community by conducting too many activities at different times, too many partners

repeating context analyses with different tools, training quality is terrible, or the activities never made a lot of sense to solve the problem).

- **Miscellaneous Implementation**

Monitoring, Evaluation, Accountability and Learning (MEAL)

- **Missing Key Analysis:** Something wrong with baseline, gender analysis, market analysis, and/or stakeholder analysis. Possibly we didn't do some of the analysis at all. Possibly we focused on the wrong thing. This includes a lack of gender context analysis, a misunderstanding about the context as it related to gender, we did not plan for predictable risks in a situation, or a risk analysis was not included.
- **KM Processes:** Knowledge management systems are lacking, key processes are missing, or learning is missed and/or inadequate. This includes; data is not easy to find, is not being shared, and/or is not being produced in a way people can consume, there are no common platforms for staff to access and use information, we did not implement learning or change what we were doing based on learning, we didn't implement an MEL plan, or we recognized a problem with MEL but didn't correct it.
- **Data:** We collected a lot of data but left it sitting in databases and didn't do anything with it. We can't articulate the key lessons out of the data or what the data said. Data quality is poor due to inconsistency between tables and narrative, we can't tell where the data came from or verify any of it, sample sizes are too small to be relevant (usually anything under 100) etc.
- **MEAL Planning:** We didn't plan for enough MEAL or at all, MEAL issues were not corrected or adjusted throughout the program, something was wrong with the staff recruited for MEAL, or there was no staff in place at all. This also includes issues with indicators and cohesion between baseline, midterm and endline reporting.
- **MEAL Partnership:** Didn't get the right MEL partners. Group/consultant/partner who worked on MEL did not do it effectively.
- **Adaptive Management:** We found problems during our MEAL work (like mid-term), but didn't do anything to fix them. This is especially true if the final cites a continued problem carried over from mid-term.
- **Miscellaneous MEAL**

Scale

- **Scale Planning:** We didn't do anything to work with organizations that could scale, or we did it too late in the project to be effective, the project had an impact, but at a cost no other actor can replicate (this is usually called out specifically as the program being too costly. Look for cost-per-participant/beneficiary or cost-per-impact numbers).
- **Sustainability:** The project didn't have a sustainability plan and/or exit strategy. Alternatively, project tried to add one in the last six months of the program, which is too late.
- **Miscellaneous Scale**

Gender

- **Engaging women and girls:** We didn't work with women (at all, or enough).
- **Engaging men and boys:** the project focused primarily or exclusively on women and did not focus on how men and boys are gatekeepers to power, so the men and boys held women back. This often comes up around mobility, resource use and GBV issues, but might be a lot of other things.
- **No gender analysis:** overlap from above
- **No gender advisor:** overlap from HR section above

- **No GBV plan:** the project didn't have a referral system in place to help women who suffered from violence in conjunction with project activities.
- **Did not look at structure:** project focused on training women but didn't look at limitations beyond just the skills women have. Often see this in market connections, representation with government, mobility, etc.
- **Miscellaneous Gender**

Unintended Consequences

- The project participants experienced harm as a result of participating (e.g. women suffered more violence, people lost money because they invested in a technology that didn't work, the project didn't do a cost analysis and so people had to pay to do what the project encouraged. General lack of ethics and consent, etc).

Technology

- Technology failed in some way. It wasn't targeted toward the people we try to reach (or they couldn't access it). Connectivity was too bad to sustain using the tools. Men used women's cell phones to track them. Etc.

Miscellaneous

- Anything that doesn't fit above but is specifically listed as a failure.

COVID-19 Pandemic

- Anything that failed or occurred directly or indirectly from the COVID-19 pandemic travel restrictions, lockdowns, staff and resource capacity or availability, etc.