

# CARE Bangladesh Knowledge Management and Learning Strategy

2015

Facilitated by: Program Evidence, Advocacy, Research and Learning (PEARL) Team





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# Summary

**K**nowledge Management is based on the idea that an organization's most valuable resource is the knowledge of its people. The extent to which an organization performs well, will depend, among other things, on how effectively its people can create and share knowledge and use it to best effect across the organization. Embedding Knowledge Management and Learning (KML) into all that CARE does is essential for its vision and mission, globally and in Bangladesh. Together with CARE's partners, we use the evidence, learning and innovation from our programs to influence broader social change, at significant scale. KML will enable CARE and partners to contribute to deeper and sustainable impact by documenting successful models, leveraging knowledge, advocating for replication and expansion of proven approaches, and using evidence and learning to influence power holders at all levels to change their policies and practices.

CARE Bangladesh already has a wealth of experience in generating learning, supporting communities to learn from each other and expand successful solutions far beyond our direct reach, or working closely with Government to support proven models to be scaled up to national level. Partnerships with academic organizations have generated convincing evidence of the effectiveness of our work. Teams of CARE and partner staff throughout the country are constantly innovating, adapting plans to changes in the context, and working out new solutions to challenges that limit the rights of the marginalized, particularly women and girls. A major challenge is to scale up this work to mobilize and use our knowledge and learning, to focus around a set of priority areas, and further multiply CARE's impact in Bangladesh.

## **This KML Strategy outlines:**

- The rationale for CARE Bangladesh prioritizing KML, as an essential part of the CARE 2020 program strategy as well as CARE Bangladesh's strategic programming framework, and its commitment to develop a learning culture. Effective KML will allow CARE Bangladesh to:
  - Enable learning between marginalized communities and groups, so effective approaches can be adapted and expanded far beyond where CARE and partners are working directly;
  - Improve the capacity of staff and partners, and the quality of CARE's programs, so our best approaches and most important institutional knowledge - within Bangladesh and globally - is available to CARE and partner staff;
  - Influence broader social change, through feeding knowledge and learning into advocacy around policies and programs of Government, private sector and other partners;
  - Leverage knowledge for dynamic program design, adjusting program strategies and plans based on emerging lessons;
  - Strengthen CARE Bangladesh's reputation amongst key stakeholders, donors and partners, and so improve resource mobilization and shape future partnerships.
- Eleven priority knowledge and learning themes, around which efforts to generate, capture, share and apply learning will be focused:
  - The EKATA model for women's social empowerment;
  - Engagement of men and boys in the empowerment of women;
  - Impact of CARE Bangladesh's work on the structure and relations aspects of women's empowerment;
  - Graduation model (of political inclusion, social inclusion and economic inclusion) for reducing extreme rural poverty;
  - Inclusive Local Governance: social accountability measures for pro-poor service delivery;
  - Community based disaster risk reduction and climate change adaptation;
  - Inclusive health services - CARE Bangladesh's public private partnership model of a community-based health delivery system for geographically vulnerable locations;
  - Making markets work for poor and extreme poor women and men;

- Nutrition and food security (theme to be determined during start of SHOUHARDO III);
- Ready-Made Garments Sector - CARE's model for promoting women's leadership;
- Social entrepreneurship, based on CARE Bangladesh's recent experience.
- How CARE will work across the four stages of the KML cycle:

1. Knowledge Generation: gaining knowledge by processing and analyzing data and information from our programmatic experience, through conversations, meetings, research and impact studies, as well as from reports, conferences, or training programs;
2. Knowledge Capture and Organization: sorted, organizing and converting knowledge into a form that can be shared;
3. Knowledge Sharing: sharing knowledge for wide accessibility, through publications, cross visits, websites, databases, communities of practice, presentations and other communication media;
4. Knowledge Adaptation and Use: through CARE, partners or other stakeholders accessing, adapting and applying the knowledge, in improved programming, in new contexts, new programs, proposals for expanded funding, or policy influencing work.

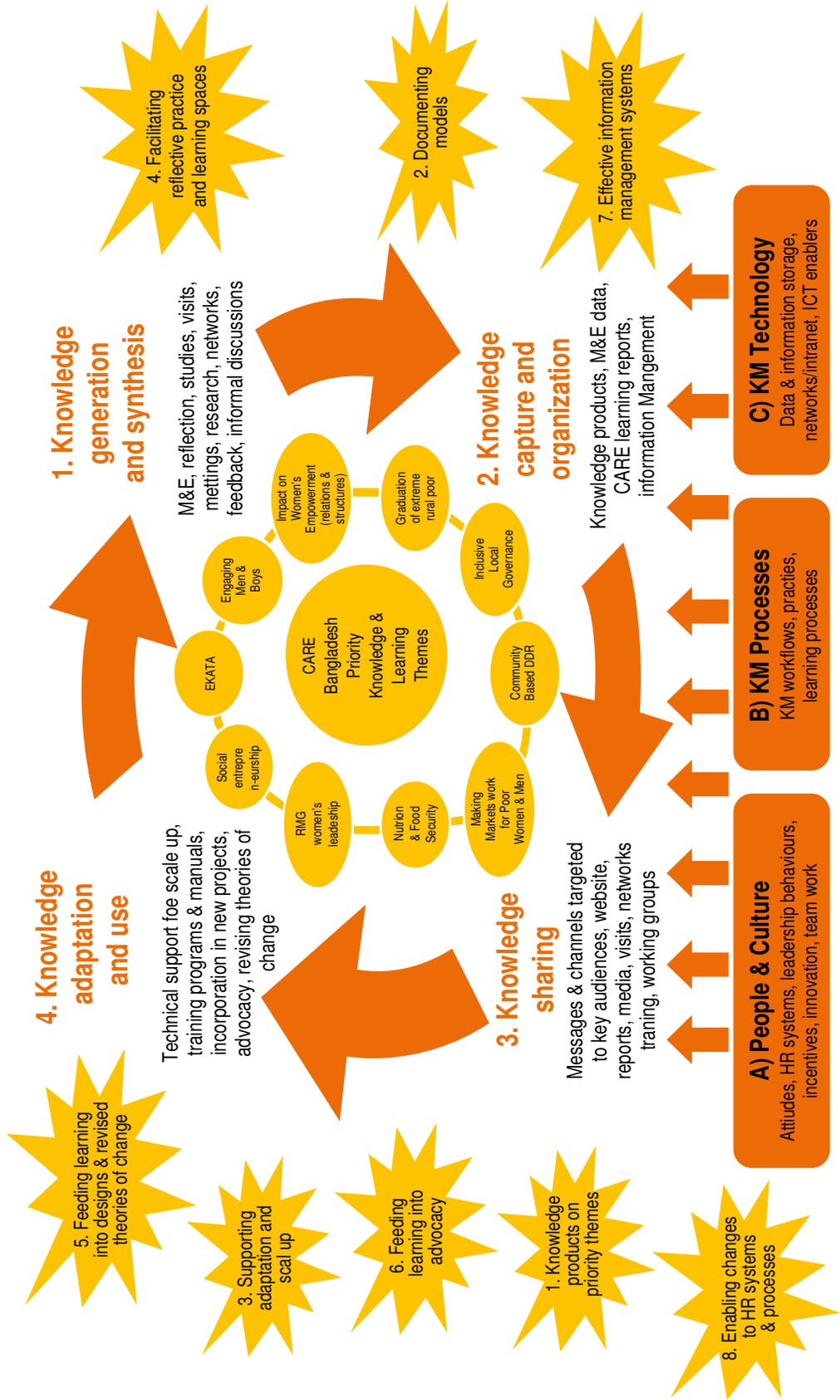
This includes a focus on both existing knowledge and new knowledge (innovation), involving both staff (organizational learning) and amongst impact groups & stakeholders (social learning).

- The three main KM enablers, around which activities will be focused in the KML work plan:
  - People & culture: the organizational culture, values and behaviors that need to support and prioritize effective KML across CARE Bangladesh's work;
  - KM processes: the specific procedures, processes and structures that enable the generation, capturing, sharing and application of knowledge and learning;
  - KM technologies: the technology and information management systems that enable good knowledge management practice.

- The eight strategies for the KML function in the PEARL team, to support CARE Bangladesh's KML work, including:
  - Working with Program Teams to generate, capture and share knowledge in the priority knowledge and learning themes, through high quality knowledge products;
  - Documenting models and good practices that can be applied more widely in Bangladesh;
  - Supporting Program Teams to enable staff, partners, Government and other stakeholders to adapt and scale up models and good practices;
  - Promoting reflective practice in all projects and teams, to drive innovation, learning, and applied learning by facilitating formal and informal learning spaces and processes across teams;
  - Feeding knowledge and learning into new project designs, and adjustments to Program Theories of Change;
  - Working with Program Teams to feed knowledge and learning into advocacy, and generating the learning needed for CARE and partners' advocacy work;
  - Ensuring effective, accessible and updated information management systems;
  - Working with HR and management team to introduce adjustments to organizational culture, HR processes and systems to better support KML across CARE Bangladesh.

The strategy also outlines the connections between KML in CARE Bangladesh and other important program and program support processes, such as: Project design, monitoring & evaluation; Evidence and M&E; Communications and public relations; Advocacy; Human Resources; and Information Technology. The main responsibilities of different roles involved in promoting KML are outlined, as well as the main measures of success, and the expected milestones for 2016, 2018 and 2020. Definitions of key terms are provided in annex, along with lessons from CARE Bangladesh's work to promote knowledge and learning over the last 10 years, and some of the main knowledge products the organization has generated. More detailed descriptions of the 11 priority knowledge and learning themes are also included. Without making Knowledge Management and Learning a reality in our day to day work, CARE Bangladesh believes its work will never live up to its true potential. This Knowledge Management Strategy – and the accompanying KML Work Plan - spell out how CARE Bangladesh will do this, and turn a much repeated aspiration into real actions that make a difference.

# Overview of CARE Bangladesh KML Strategy: 2015-2020





## Process for developing KML Strategy & Plan

This KML Strategy (and accompanying KML Plan) was developed through a process of reviewing CARE's global experience and efforts in planning for knowledge management and learning, as well as of CARE Bangladesh's successes and challenges in promoting a learning culture over the past five to ten years. Based on interviews with key program leaders in the organization, on their experiences, priorities and ideas, two internal CARE Bangladesh workshops – one with Program Directors and Coordinators, and one with Team Leaders and staff responsible for Knowledge Management within different projects – were held to agree on priority areas for learning, and suggest ideas for how CARE should promote more effective KML practice, as well as for priority activities for the next three years.

Interviews were also carried out with CARE Member Partner staff working with CARE Bangladesh, and those working on KML globally, or in other Country Offices (COs). Knowledge Management plans and strategies from different COs were also reviewed. The draft KML Framework and Plan were then reviewed by the PEARL Team and Senior Leadership Team, and a select group of colleagues in CARE International with whom CARE Bangladesh works most closely.





# 1. Why CARE Bangladesh needs to be a learning organization

Effective Knowledge Management and Learning (KML) is at the heart of CARE's programmatic strategies. The CARE 2020 Program Strategy highlights three core roles that CARE plays in its humanitarian and development programs, to maximize its impact on poverty and social injustice: Humanitarian action; Promoting lasting change and innovative solutions; and Multiplying impact. Innovation requires a strong focus on generating new knowledge and evidence of effective approaches, and ensuring this is shared, adapted and applied, across CARE's global work.<sup>1</sup> KML's importance to CARE's multiplying impact role is specifically highlighted in the 2020 Program Strategy: *Together with our partners we use the evidence, learning and innovation from our humanitarian action and long-term development programs to influence broader social change, at significant scale. It is through this role that CARE can contribute to deeper and sustainable impact by documenting successful models, leveraging knowledge, advocating for replication and expansion of proven approaches, promoting pro-poor solutions, influencing power holders at all levels to change their policies and practices, and convening and brokering linkages between actors.* KML is essential for generating evidence, applying innovation and learning, supporting the scale up of proven approaches by others, and influencing policy and programs of Government and other power-holders.

The need to be a learning organization<sup>2</sup> is also clearly emphasized in CARE Bangladesh's mission: ***to strengthen the ultra poor and poor communities and the marginalized in ways that influence public opinion, development practice and policy at all levels. CARE Bangladesh utilizes its knowledge drawn from the grassroots level while channeling CARE's global experience***

1. In particular around the three elements of CARE's approach to tackling poverty and social injustice that are to be applied across all CARE's work (Strengthening gender equality and women's voice; Promoting inclusive governance; and Increasing resilience), as well as the four priority outcome areas – all of which are areas of expertise and focus for CARE Bangladesh: Quality, life-saving humanitarian assistance; Rights to sexual reproductive and maternal health (SRMH) and a life free from gender based violence (GBV); Food and nutrition security and climate change resilience; and Women's access to and control over economic resources (or women's economic empowerment).

2. "An organization skilled at identifying, creating, storing, sharing, and using knowledge, and then modifying its behavior to reflect new knowledge" - see Annex 1 for further definitions of key KML terms.

***into purposeful relationships with civil society, government and the private sector.*** CARE Bangladesh needs to draw on CARE's global learning into CARE's programs in Bangladesh ("channeling CARE's global experience"), while ensuring the learning from our programs are generated, shared and applied ("utilizes its knowledge drawn from the grassroots level"). One of the three Strategic Directions in the CARE Bangladesh strategic framework is the promotion of a **Learning Culture**: *Building a culture within CARE Bangladesh that promotes learning, knowledge sharing, and excellence in programming, enabling staff and partners to understand, demonstrate, and measure impact on the underlying causes of poverty and social exclusion.*

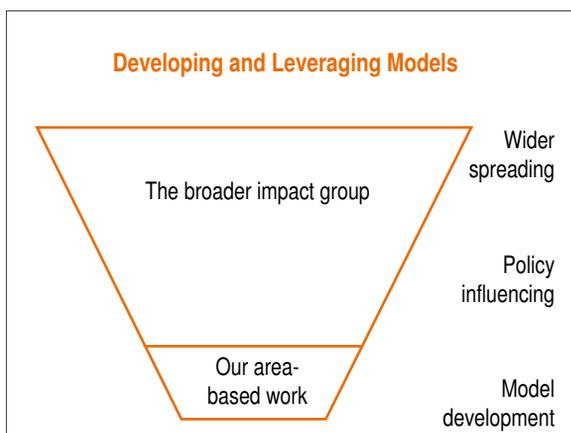
Achieving the ambition of CARE Bangladesh's three long-term programs<sup>3</sup> requires changes to organizational culture, and the active engagement of staff and partners in learning and sharing knowledge and evidence.

To multiply its impact in Bangladesh, CARE needs to be able to process and document and share the evidence and learnings from its programs, and use these for multiple purposes, including:

- **Enabling learning between marginalized communities and groups**, so effective approaches can be adapted and expanded far beyond where CARE and partners are working directly. Annex 1 provides an example from CARE Bangladesh's food security work of how facilitating learning between communities can contribute in a very cost-effective way to significant impacts, as successful approaches are adapted and replicated by communities themselves;

3. People in the "lowest" category of the wellbeing ranking (as assessed by poor rural communities), especially those people trapped in a set of unequal power relations, sustainably overcome the barriers that prevent the fulfillment of their rights. Given the increased unpredictability faced by Bangladesh from climate change, disaster risks and new and emerging hazards, there is a particular focus in each program on people and communities most vulnerable to disaster and environmental change, through integrating climate change and resilience strategies into the work of the three programs.

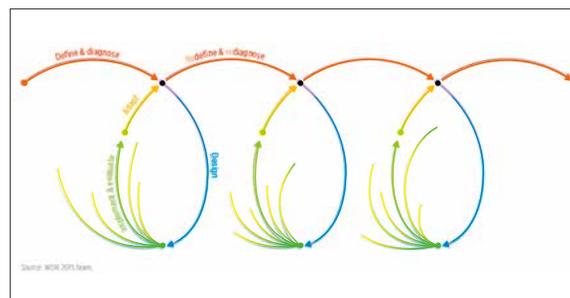
- **Improving the capacity of staff and partners, and the quality of CARE's programs**, so our best approaches and CARE's most important institutional knowledge, within Bangladesh and globally, is available to CARE and partner staff, while also drawing in learning and innovation from our partners and other organizations. This will allow CARE to replicate proven approaches, and improve the strategies and approaches in current and new projects;
- **Contributing to broader social change**, through influencing the policies and programs of Government, private sector and other partners. This involves generating and using the evidence and learning from our programs to multiply our impact, scaling up proven approaches to tackling social injustice, or addressing policy constraints. Systematizing and documenting models (see figure to right<sup>4</sup>) developed



by CARE and partners can enable these to be scaled up by others, as we have seen in the example of CARE Bangladesh's community support system (CmSS) for health, currently being promoted by the Government of Bangladesh throughout the country (see Box 3 for further details). CARE Bangladesh's evidence can also inform global thinking, such

as the evidence highlighted in an Institute of Development Studies paper on how women's empowerment strategies in SHOUHARDO lead to significantly increased impact on stunting in children under five;

- **Leveraging knowledge for dynamic program design**, adjusting program strategies and plans based on emerging lessons. Given the complexity of the operating environment and the impacts sought in CARE's work in Bangladesh, it is essential that we use learning and knowledge to feed into adjustments to the **theories of change** in our program strategies. Recent thinking in global development, including the World Bank's 2015 World Development Report on Mind, Society & Behavior, and the Overseas Development Institute's report on Adapting Development, emphasize the importance of fast learning cycles and adaptive planning. Given the



complex processes and systems in society in Bangladesh that CARE's programs are seeking to influence, we can never know beforehand how our planned interventions will change dynamics of power relations between different actors. We need to test multiple approaches, "fail fast" and learn quickly what works and what doesn't work, and adjust plans and programs accordingly. The figure to right (from the World Bank) shows this continued cycle of design and adaptation.

- **Strengthening CARE Bangladesh's reputation** amongst key stakeholders, donors and partners, to improve resource mobilization and shape future partnerships.

<sup>4</sup> From Reaching the Moon report on Operationalizing the Program Approach in CARE Bangladesh - Drinkwater & Picard, 2010.



## 2. Priority program knowledge and learning themes

CARE Bangladesh's programs cover a wide area: three Impact Statements (women's empowerment, extreme rural poverty, and urban), working in the areas of food and nutrition security, health, private sector development, governance, climate change and resilience, and emergency response. Nearly all of our 40 projects have specific areas of knowledge where they are planning to generate and share learning, but CARE cannot put equal organizational effort into knowledge management and learning across such a range of themes at the same time.

Based on a set of criteria related to relevance, impact and capacity<sup>5</sup>, CARE Bangladesh has prioritized an initial set of priority learning themes. These will be reviewed as significant new programs start up with their own KML priorities (such as the next phase of SHOUHARDO), and as changes in the context or our ongoing learning suggest new areas where CARE needs to focus its learning. There will also be additional areas where CARE will generate knowledge and learning, as part of the focus of specific projects or sets of projects (for example, on community based savings).

These initial priorities are listed below, within the frame of the focus areas of the CARE 2020 Program Strategy and the principal area to which each would contribute<sup>6</sup>. Further details on each theme, including the key learning questions, the projects from which CARE would draw its learning, internal and external stakeholders with which we will engage, and key learning products, are outlined in Annex 2:

### Gender Equality and Women's Voice:

1. EKATA<sup>7</sup>: developing a revised CARE Bangladesh EKATA model for women's social empowerment, based on learning and evidence of changes at structural, relations and agency

5. These included: potential for impact at scale; relevance to national context and development priorities; credibility of CARE Bangladesh's evidence; internal capacity of CARE; contribution to CARE Bangladesh program Theories of Change; contribution to CARE 2020 Program Strategy; potential future niche for CARE Bangladesh; and potential for future resource mobilization.

6. Nearly all of the priority knowledge and learning themes contribute to multiple areas of the Program Strategy, both in terms of the three components of the CARE approach, as well as the four priority outcome areas. They are grouped here related to the part of the strategy to which they most strongly contribute.

7. EKATA stands for Empowerment, Knowledge and Transformative Action and translates as "unity"). These groups of women and/or girls get together regularly, analyzing their own circumstances and generating solutions to the problems they face.

level from promoting EKATA groups in different projects and programs;

2. Engagement of men and boys in the empowerment of women: consolidating learning from different projects and contexts;
3. Impact of CARE Bangladesh's work on the structure and relations aspects of women's empowerment;

### Inclusive Governance:

4. Graduation model for extreme rural poverty: the evidence of the impact, sustainability and cost-effectiveness of CARE's model of political inclusion, social inclusion and economic inclusion for graduating the ultra poor, and how this can be adapted to different contexts;
5. Inclusive Local Governance: the impact of social accountability measures on pro-poor service delivery;

### Resilience:

6. Community based disaster risk reduction and climate change adaptation: Impact of Community Based DRR for adaptation to climate change, in rural and urban contexts;

### Sexual Reproductive & Maternal Health & Gender Based Violence:

7. Inclusive health services: CARE Bangladesh's public private partnership model of a community-based health delivery system for geographically vulnerable locations, and how it can be scaled up;

### Food & Nutrition Security and Climate Change Resilience:

8. Making markets work for poor and extreme poor women and men: revising CARE's model for making markets work for the poor and extreme poor, based on learning from different projects and programs, and global learning;
9. Nutrition and food security (theme to be determined during start of SHOUHARDO III);

### Women's Economic Empowerment:

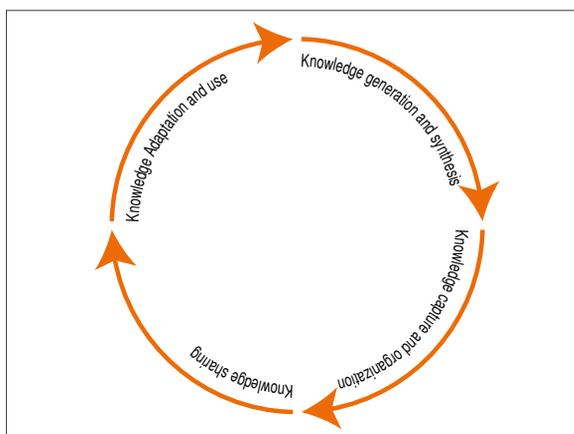
10. Ready-Made Garments Sector: revising CARE's model for promoting women's leadership;
11. Social entrepreneurship: analyzing and systematizing CARE Bangladesh's recent experience.



### 3. The four stages of KML: generate, capture, share, use

CARE has adopted a KML cycle, adapted from Mike Burk's Cycle of Knowledge<sup>8</sup> (see figure to right). This cycle is similar to that used by USAID<sup>9</sup>, and many other development actors, such as UNDP or ADB:

1. Knowledge Generation: knowledge is gained in many different ways, by processing and analyzing data and information from our programmatic experience, through conversations, meetings, research and impact studies, as well as from journals, manuals, conferences, or training programs;
2. Knowledge Capture and Organization: knowledge needs then to be sorted, organized and converted into a form that can be shared;



3. Knowledge Sharing: knowledge is then shared for wide accessibility, through publications, cross visits, internal or external websites, databases, communities of practice, presentations and other communication media;
4. Knowledge Adaptation and Use: this stage involves CARE, partners or other stakeholders accessing, adapting and applying the knowledge, in improved programming, in new contexts, new programs, proposals for expanded funding, or policy influencing work. It highlights how learning and models cannot just be picked up and applied in new contexts, but

have to be adapted to the environment in which they are to be applied. But it also demonstrates how knowledge and learning can only influence the quality, scale and impact of CARE Bangladesh's work if the full cycle is followed, and if the knowledge generated is actually applied and used, whether by CARE or others.

Where CARE is generating knowledge that we want others to be able to apply in other contexts - for example, the Government of Bangladesh to adapt and scale up a model that CARE and partners have proven effective – it is essential to involve those stakeholders throughout the process, so they have real ownership and support for the learning we expect them to carry forward. This could involve including key stakeholders in project technical advisory groups, in visiting program areas, in jointly commissioning impact studies or other research with CARE, in leading the development of operational manuals, as well as providing technical support to ensure quality scale up (see Box 3 below for the example of getting Government commitment to the Community Support System (CmSS) model in health, and then supporting the scale up by Government of the model across the whole country).

Some of the main mechanisms CARE Bangladesh will use under the four parts of the cycle are highlighted below.

#### 1. Knowledge Generation

CARE Bangladesh generates knowledge from:

- Project and program monitoring & evaluation (M&E) systems, that capture not only data on progress against indicators and targets, but also include space for reflection and generating learning around key assumptions or priority learning themes, within project or program Theories of Change.;
- Regular **reflection and learning sessions** are held (quarterly or annual) within project, program and unit team meetings, for staff and partners to review what is working and what is not, and identify key lessons. These meetings discuss at a minimum progress to date against plans, what can be learnt from unexpectedly good or disappointing progress, innovative

8. Mike Burk (1999). Knowledge management: Everyone benefits by sharing information. Public Roads, 63(3). USAID (2014), Knowledge Management Support.

9. USAID (2014), Knowledge Management Support.

ideas for new solutions to problems encountered, and what lessons learnt or best practices can be taken forward within and outside the team;

- External **reviews, evaluations and impact studies** on CARE's work provide opportunities to analyze unexpected results (positive and negative), or explore priority CARE Bangladesh learning themes, as well as review achievement of project goals and make recommendations for adjustments to strategies and approaches. After project evaluations, discussion meetings with staff and partners are held to discuss how the evaluation findings will impact CARE's future work in that area (i.e. how lessons learned should be applied), as well as more generalizable findings that could apply to CARE's work more broadly;
- **Field visits and cross visits**, of community leaders, impact groups, key stakeholders, as well as staff and partners, provide important opportunities to experience first-hand the lessons that can be applied in different contexts, as well as supporting social learning (see example in Annex 2)<sup>10</sup>;
- **Discussion meetings** in leadership teams that cover different program areas (SLT, PLT, regional office teams), and regular presentation series (such as 30 minutes in CARE Bangladesh HQ, or Kichukan, Adda, Alupan in regional offices) enable staff to share lessons on projects or key learning themes, and discuss these with colleagues from other areas;
- **Research and documentation**, particularly around the priority learning themes, will involve staff and partners from different project teams to reflect on comparative experiences and generate learning for CARE Bangladesh, related to key learning questions. The STAAR team (Socially Transformative Action through Analysis & Research) carries out research and analysis for CARE Bangladesh programs, including context analysis in new areas of programming. Related to CARE Bangladesh's priority learning themes, we will build partnerships with key academic research institutions, to bring in support and greater validity to our evidence generation (see, for example, Box 1 on the Strengthening the Dairy Value Chain project).
- **Informal discussions** and conversations throughout the organization play a critical role in bringing people together, telling stories of what works and what doesn't. Bringing these reflections into formal learning processes is particularly

### Box 1: Documenting & Sharing project learning & evidence

The Gates Foundation-funded Strengthening the Dairy Value Chain (SDVC) project went further than most projects in generating evidence and learning from its work to support women, and ensuring this learning was widely shared and disseminated. Building off a solid project M&E system, with a baseline produced by the International Food Policy Research Institute (IFPRI), Professor Kevin McKague from the University of Massachusetts in Boston and CARE Bangladesh Coordinator Muhammad Siddiquee published a book on the lessons from the project in *Making Markets more Inclusive*. Further knowledge products generated from the project included a video, a CARE UK learning piece on the Business Case for Engaging with poor farmers, and PowerPoint presentations on the different aspects of the project, including its innovative participatory M&E system.

important for CARE Bangladesh, given the culture of informal face-to-face interaction prevalent within teams;

- **Communities of Practice**, Learning Networks and Technical Working Groups are forums that create space for professionals to discuss issues of mutual interest and share best practices, within projects, or across the Country Office, or at national level in Bangladesh. Important forums and networks also exist at global or Asia-regional level (within global projects such as Pathways, Tipping Point or Where the Rain Falls, or on global priority themes, such as SRMH, GBV, climate change or food & nutrition security);
- Learning from **CARE International's global experience** will be accessed through participating in teams working on priority areas of the CARE 2020 Program Strategy (particularly gender, governance, resilience, the four priority outcome areas, as well as KML and impact measurement) or on regional priorities within Asia, and drawing on technical advice and support from CARE Member Partners where available. Exchange visits and participating in multi-country learning initiatives will be encouraged, to draw in learning from successful and relevant examples of CARE's work around the world;
- **Input and feedback from Impact Groups and stakeholders**, within CARE Bangladesh's commitment to its own accountability, also contributes significantly to generate learning, particularly where observations are repeated and systems can be improved or best practices identified.

<sup>10</sup> Nick Milton highlights the importance of people being encouraged to discover things for themselves, rather than being told what they are supposed to learn.

## 2. Knowledge Capture & Organization

For knowledge to be accessible, it needs to be synthesized and captured in a form that can be shared, and organized, so it can be accessed when needed. This includes:

- **Producing Knowledge Products**, such as articles, reports, books, manuals, conference or seminar/webinar presentations, stories, website & blog articles, and videos, on key learnings, tailored for the key audiences with whom the knowledge is intended to be shared. This requires having a clear plan for the intended use of the knowledge product by the audience, and ensuring it is developed and presented in a way that will enable that to happen (see more under knowledge sharing, below); This often includes **converting complex information into simple messages** (see example in Box 2);

### Box 2: Turning complex information into simple messages

Staff responsible for spending funds supported by US Government donors need to be able to understand what costs are eligible for support, and which are not, according to key regulations. But the official document, covering 52 areas of spending, is 55 pages long.

ACD Program Support Berhanu Moreda turned this into a one-page sheet, color-coded for allowable (green), conditionally allowable (yellow), allowable only with prior approval (amber) and unallowable (red), enabling complex regulations to be easily understood and applied.

- Collaborating with other CARE members, to ensure CARE Bangladesh learnings are captured in flagship **CARE International learning documents**, such as CARE International Impact Reports<sup>11</sup>, the CARE UK Learning & Policy Series, or in reports by leading development research institutions<sup>12</sup>;
- Project **M&E data** is retained centrally, so comparisons and analysis can be carried out across projects and over time;
- Key **organizational information** is currently stored on the **I: drive**, accessible in CARE Bangladesh HQ in Dhaka (and in regional offices, when physically copied). This system will be updated, to consolidate duplicative sources of information<sup>13</sup>,

<sup>11</sup> See the Reaching New Heights publication on SHOUHARDO and women's empowerment (2012).

<sup>12</sup> See for example the ODI research brief on the CARE/GSK partnership (2015).

<sup>13</sup> The Grants & Contracts Unit has one set of project information that is being kept up to date, but much of this is also replicated under Projects and Project Archives (where information is currently much less regularly updated, or done so on a much more ad hoc basis).

and moved to the cloud. The MIS Officer in the PEARL Team will have bi-monthly meetings with Directors and Coordinators, to ensure key programmatic information (technical/ program strategy documents, geographical strategies, think pieces, learning documents, new project information, etc.) are up to date.

## 3. Knowledge Sharing

Knowledge can only improve future work - whether CARE's or of others – if it is made accessible and shared effectively. For this, CARE Bangladesh will apply a six-step strategy for knowledge management dissemination:

### Box 3: CmSS: Transitioning a CARE model to Government and Supporting Scale Up

CARE's model for community participation in health – the Community Support System (CmSS) – was developed in two of the six sub-districts of Narsingi District, where CARE was partnering with the Ministry of Health and Family Welfare (MOHFW) in the JICA-supported Safe Motherhood Promotion Project (SMPP). The CmSS are community-initiated and led structures that facilitate ongoing coordination and accountability between the community, local health service providers and policy makers, to improve health care quality and access. Positive evidence of impact on reductions in maternal and neonatal deaths, and increases in access to health services, particularly for the poorest women, led to significant interest in the model from Government officials and donors. Visits to project areas by high level Government officials, impact studies comparing intervention and non-intervention areas, and presentations at national and international levels reinforced the impression that this was a model that Government should adopt and scale up. Active engagement and technical assistance from the Health Team in CARE USA provided important support to this process.

CARE systematized and documented the model in detail, but also supported Government to develop their own manuals and guidelines to support what was to be called the Community Support Group (CSG) model, as it was scaled up across the whole country, far beyond the initial reach in Narsingi District (see covers of the publications below). CARE also seconded a staff member to the unit in the Ministry supporting the institutionalization of the CSGs. To help ensure quality in how the model is made operational throughout the country, CARE is now piloting in two Districts providing an external facilitator for a period of two years, and generating evidence to show how such support improves the way the CSGs are set up and linked to health services.

1. Identify the audiences;
2. Identify what each audience needs;
3. Target the messages and content to the audience;
4. Identify optimal access channels;
5. Use the best communication tools for delivery; and
6. Follow up--monitor, listen, and adjust, as necessary.

Amongst the most important vehicles for communication knowledge and learning, CARE uses: The CARE Bangladesh website, in particular the publications section;

- Reports and other publications;
- Media and social media articles and reports;
- Cross visits and peer learning;
- Networks, communities of practice, technical resource groups and internal team meetings (and other such spaces, highlighted above under knowledge generation);
- Ad hoc cross-unit task teams or working groups, particularly around the CARE Bangladesh learning priority areas (see above).

#### 4. Knowledge Adaptation and Use

Knowledge and learning will improve CARE's work and contribute to multiplying our impact when it is adapted and applied in new contexts, through:

- **Technical support for scale up**, by other CARE projects or by Government or others, of models and proven approaches (as outlined, for example, in Box 3 on the scale up of the CmSS model);
- **Training programs and how-to manuals**, to enable staff and partners to apply CARE Bangladesh approaches (such as Social Analysis tools) or programmatic models (such as EKATA – see also Box 4 on the COVAW example);
- Incorporating **lessons into new projects** and proposals, or **revisions** of existing projects (after annual reviews or mid-term evaluations), ensuring discussion and analysis of lessons from CARE Bangladesh's recent relevant work as part of these design or planning processes. This often requires distilling complex learning into key messages that can be applied more broadly;
- Feeding knowledge, evidence and learning into **advocacy** and policy positions;
- **Updating program theories of change** related to CARE's priority Impact Groups, with a particular focus on what we are learning from our different projects around the validity of the assumptions behind these.

#### Box 4: COVAW: Sharing and applying learning on the Costs of Violence against Women

CARE Bangladesh's USAID-funded study on the costs of violence against women (COVAW) was one of the first such studies from the global South. Its headline finding was that domestic violence cost Bangladesh on average 12.5% of the country's national annual expenditure, or about 2.1% of gross domestic product. COVAW ensured the learning from the project was widely shared, and in a form that could be adapted and applied by other projects or organizations: as a full report, a summary learning document, a set of tools to use to understand the costs of domestic violence, a global case study developed by CARE USA, and a learning piece on working with men to prevent GBV (as can be seen in the publication cover pages below).

This learning was adapted and applied by CARE in Zambia, working with a local women's rights research organization and the Government to develop a pilot study of the socio-economic cost of gender-based violence in Zambia (see image below right). That pilot study is now being applied nation-wide in Zambia, with support from the Government and the United Nations joint program on GBV.

#### Organizational and Social Learning

KML in CARE Bangladesh's work focuses on two levels, and amongst two different groups:

- Sharing existing knowledge ("knowing what you know") and innovation for new knowledge ("creating and converting);
- Amongst CARE and partner staff ("organizational learning") and amongst the Impact Groups and key stakeholders - community leaders, Government, civil society or private sector - with who we work ("social learning"<sup>14</sup>).

CARE's programs will be working at all four levels at the same time, with different emphases at different points in time. The table below provides a framework for project and program teams to reflect on what they should be doing in each of the four quadrants.

Existing knowledge	
Enabling Impact Groups & key stakeholders to reflect, organize, share and apply their learning	Ensuring staff and partners reflect, document, organize, share and apply their learning
Social Learning	Organizational learning
Enabling Impact groups & key stakeholders to innovate and create new knowledge and learning	Ensuring staff and partners innovate and create new knowledge and learning
New knowledge & innovation	

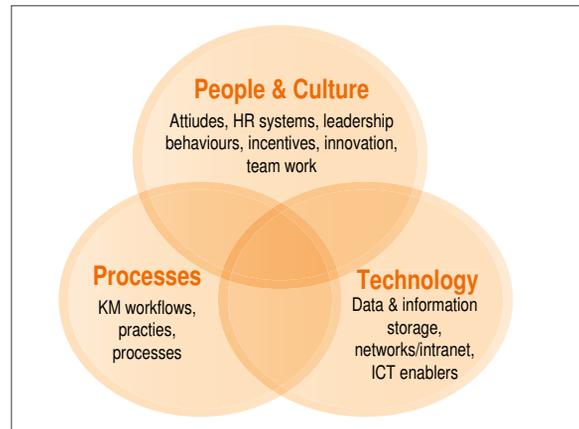
<sup>14</sup> This distinction between organizational and social learning is made in Defining Characteristic # 5 of a Program Approach ("Ability to promote organizational and social learning, to generate knowledge and evidence of impact"), as outlined in the CARE International statement on The Rationale and Definition for Program Approaches throughout CARE International (2011).



## 4. KM Enablers: people & culture, KM processes, & KM technologies

Knowledge management and learning depends on three enablers: people and culture, KM processes, and KM technology. Experience within CARE and from many other organizations<sup>15</sup> show that effective knowledge management does not occur unless actions are undertaken to address organizational culture and leadership, put in place specific processes to promote learning, as well as establishing technology-based systems to support KML.

The 'people and culture' pillar is related to organizational culture, values and behaviors. Is investing time in knowledge management recognized as useful and important? Is the team open to drawing on learning from outside, or just focus on how "CARE does things"? Does competition amongst teams or units lead to the protection of knowledge, or is there a culture of sharing? Does the organizational culture allow to admit failure with the objective to learn, or is failure punished and so hidden? People are at the center of knowledge management – and so people, and their behaviors, need to be the main focus when promoting knowledge management and learning. Unless the organizational culture changes to value the promotion of learning and innovation, and to reinforce open, inquisitive and collaborative behaviors of staff at all levels, KML will remain a marginal add-on, not the heart of CARE's business, and KML efforts will fail. As Peter Drucker is



supposed to have said, **"Culture eats strategy for breakfast"**.

The 'processes' pillar refers to specific procedures, processes and structures that enable the generation, capturing, sharing and application of knowledge and learning. As far as possible, KML needs to be embedded into existing processes (of staff and talent management, of project or team planning and review), rather than require additional KML-specific processes, which will tend to be deprioritized in a context of heavy workload and already busy agendas.

Finally, 'technology' should be an important enabler of knowledge management. Technology plays a huge part of good knowledge

### Box 5: Innovative KM Technology in humanitarian response

Koeh Nicholas, a member of CARE Kenya's WASH team, created a remote management system relying on creative tools to ensure the continued provision of water, while also limiting the movement of staff to the field and the unnecessary exposure to risk. Koeh created an open-source mapping application using Global Information System (GIS) technology. The application was developed to share spatial and non-spatial information on the Dadaab refugee camps, allowing staff members to have a visual mapping of the situation on the ground.

This tool enabled CARE to reduce exposure of its staff to risk faced when monitoring water provision. Instead of having to visit each water point daily, community leaders living in Dadaab were provided with low cost cell phones and were asked to report to the WASH manager to confirm that the water point in their section was functioning correctly. Refugee leaders texted information to CARE, which was then displayed on an interactive map of the water points in the camp, flashing either in green, (functioning properly) or red (needing attention) to signify functional and not functional water points. This enabled CARE to focus its movements on water points which were not operating effectively, rather than having to transit the entire camp, which significantly reduced staff members risk exposure, while also ensuring the uninterrupted delivery of essential life-saving humanitarian assistance to those in need.

<sup>15</sup> This includes learning from the CARE International Knowledge Management working group, peer INGOs (see NetHope survey) or leading thinking on KML from the business sector (such as the Harvard Business Review).

management practice. But if you rely too heavily on only technology KM will not be successful. KM must be people focused, supported

by great technological platforms. Without the right culture and processes, technology is unlikely to be used. It is also vital that technology fits the organization and the people who are to use it, to ensure its being used effectively.

The three pillars are closely inter-related. When KM processes become part of how the organization works, organizational culture is changed. KM Technologies support both processes and changes related to culture. And of course it is people that use and apply processes, and the KM systems and technologies developed to support learning across the organization.

CARE Bangladesh's KML work plan (see separate KML work plan document) outlines a set of priority actions to be promoted under each of the three pillars. This has been developed to start with some relatively easily-applied actions with potentially high impact on behaviors and culture, that will show that KML can be put into practice, and started to be turned from aspiration to reality. Building from these initial successes will create the required momentum over the next few years to transform the culture of the organization over time into a truly "learning organization". The main actions under each pillar are outlined below, along with actions to ensure the plan is reviewed and updated.

KML Delivery Framework		
People & Culture	KM Processes	KM Technology
<ul style="list-style-type: none"> <li>Systems, processes and tools adjusted to send clear and consistent message that KML behaviors are valued and incentivized</li> </ul>	<ul style="list-style-type: none"> <li>Generate quality learning processes and learning products on the CARE Bangladesh priority KML themes</li> </ul>	<ul style="list-style-type: none"> <li>Improve use of website to share learning</li> </ul>
<ul style="list-style-type: none"> <li>Projects have resources for KML, and KML plans aligned with overall CARE Bd KML framework</li> </ul>	<ul style="list-style-type: none"> <li>Incorporate learning and reflection sessions into existing project &amp; team planning processes</li> </ul>	<ul style="list-style-type: none"> <li>Apply ICT in improving CARE Bangladesh's M&amp;E systems</li> </ul>
<ul style="list-style-type: none"> <li>Ensure consistent messaging &amp; behaviors supporting culture of KML from leadership, at all levels</li> </ul>	<ul style="list-style-type: none"> <li>Promote cross-team learning and reflection</li> </ul>	<ul style="list-style-type: none"> <li>Improve information management and digital archiving</li> </ul>
<ul style="list-style-type: none"> <li>Linking up with other KML networks, in Bangladesh &amp; in CI</li> </ul>	<ul style="list-style-type: none"> <li>Develop tools to support ongoing reflection and learning</li> </ul>	<ul style="list-style-type: none"> <li>Update existing spaces for sharing learning &amp; resources in CBd Offices</li> </ul>
<ul style="list-style-type: none"> <li>Internal network of KML champions</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen capacity of staff in KML</li> </ul>	<ul style="list-style-type: none"> <li>Review potential for the ICT tools to facilitate better capturing and sharing of learning</li> </ul>
<b>Management, Oversight &amp; Accountability</b>		
<ul style="list-style-type: none"> <li>Ensure progress against KML plan and targets reviewed, and plan updated</li> </ul>		



## 5. KML Strategies

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**A**chieving these objectives of our KML work will require the CARE Bangladesh KML function to support all its functional units, programs and projects:

1. Working with Program Teams to generate, capture and share knowledge in the **priority knowledge and learning themes**, through **high quality knowledge products** targeted to specific audiences;
2. **Documenting models** (innovative development approaches and strategies) and good practices that can be applied more widely in Bangladesh;
3. Supporting Program Teams to enable staff, partners, Government and other stakeholders to **adapt and scale up models** and good practices, through technical support, documentation, mentoring and training;
4. **Promoting reflective practice in all projects and teams**, to drive innovation, learning, and applied learning by **facilitating formal and informal learning spaces and processes across teams**;
5. **Feeding knowledge and learning into new project designs**, and adjustments to Program Theories of Change;
6. Working with Program Teams to **feed knowledge and learning into advocacy**, and generating the learning needed for CARE and partners' advocacy work;
7. Ensuring effective, accessible and updated **information management systems**;
8. Working with HR and management team to introduce adjustments to **organizational culture, HR processes and systems to better support KML** across CARE Bangladesh.



## 6. Moving ahead and moving together

**K**nowledge management and learning does not stand on its own, but is closely linked to other programming processes, including design & resource mobilization, evidence and Monitoring & Evaluation, Communications & public relations, and advocacy, as well as needing close collaboration with CARE Bangladesh's work in Human Resources, and Information Technology. This section outlines these connections.

### **Project Design and Resource Mobilization:**

- CARE ensures our knowledge and learning is fed into the design of new projects, as well as the knowledge that we obtain from outside our organization, such as studies, analyses, and the experience of our partners. Project design exercises always include reflection sessions on what key lessons from our programs, across different teams, can be drawn on to strengthen the quality of our design;
- Budgets for proposals ensure, as far as possible, financial and human resources to support generation and sharing of knowledge and learning, aligned to this KML Framework;
- Quality knowledge products related to CARE Bangladesh's work also strengthen our reputation with donors, government and potential partners, contributing in turn to increased success in resource mobilization.

### **Evidence and M&E:**

- Knowledge and learning, particularly related to the priority learning themes, are founded on solid project M&E and impact measurement systems. High quality M&E data, with external baselines and evaluations (such as the SDVC example, in Box 2), or using innovative M&E data collection systems<sup>16</sup>, add credibility to knowledge and learning products generated;
- M&E systems are key sources for generating knowledge and learning;
- Project M&E plans and systems are informed by this overall KML framework and plan, and the learning priorities

highlighted within it. Project plans include specific actions for capturing, documenting, sharing and applying learning;

- As CARE Bangladesh's overall program impact measurement system is developed – linked to global indicators and assumptions within the CARE 2020 program strategy – important evidence and learning will be generated that will feed into CARE's priority learning themes.

### **Communications & public relations:**

- The quality of learning products is critical to their acceptance and use, and so it is essential that the Communications and PR Unit is involved early in the process of developing priority learning themes, and their related Knowledge Products;
- The CARE Bangladesh website, and social media platforms, are key mechanisms for knowledge sharing;
- Internal communications vehicles (such as the Action & Reflection newsletter) provide important opportunities to profile the work of knowledge champions within CARE Bangladesh, reinforcing messages of the value the organization puts on KML.

### **Advocacy:**

- Evidence and learning feeds into CARE Bangladesh advocacy strategies and policy positions, and the advocacy coalitions we are part of;
- CARE also uses its advocacy and policy positions to determine the evidence and learning that needs to be generated from our programs. For example, if we are advocating for greater expansion of social protection programs, and improvement in their targeting, then we would specifically look to generate evidence-based learning related to gaps in coverage or targeting, or initial successes in addressing these, from CARE and partners' programs. That learning would then be fed into our advocacy work.

<sup>16</sup> Such as the tablet-based Change Monitoring System used by the SETU project, as part of the M&E system of DFID's Economic Empowerment of the Poorest Programme.

### Human Resources (HR):

- Actions to introduce a true culture of KML into CARE Bangladesh will require adjustments to HR systems and processes, including:
  - Including KML responsibilities in job descriptions, appropriate for different types and levels of position;
  - Introducing interview questions on KML, to attract and retain staff who can demonstrate success in KML and behaviors that promote it;

- Incorporating a section on KML into performance appraisal systems;
- Ensuring a focus on KML in staff training and on-boarding processes.

### Information Technology (IT):

- Close collaboration with IT is required, particular around the KM Technologies enabler.





## 7. Responsibilities

CARE Bangladesh becoming a learning organization will be the result of actions taken across the organization, rather than just by one position or a small team. Some of the principal responsibilities include:

Role	Responsibility
<ul style="list-style-type: none"> <li>Ensuring the KML framework &amp; plan is updated, and progress reported against to Senior Leadership</li> </ul>	KML Coordinator
<ul style="list-style-type: none"> <li>Ensuring consistent attention to KML in SLT &amp; PLT meetings, including review of progress in KML framework and plan</li> </ul>	Country Director, Assistant Country Director
<ul style="list-style-type: none"> <li>Ensuring new projects have resources for KML, as far as possible</li> </ul>	Resource Mobilization Specialist, with Directors & Coordinators
<ul style="list-style-type: none"> <li>Ensuring existing project KML plans contribute, where possible, to CARE Bangladesh learning priorities, and are aligned with the CARE Bd KML framework</li> </ul>	Directors, Coordinators and Team Leaders
<ul style="list-style-type: none"> <li>Leading the generation and sharing of learning and knowledge related to the CARE Bd priority knowledge &amp; learning themes</li> </ul>	Directors/Coordinators, with support of KML Coordinator
<ul style="list-style-type: none"> <li>Promoting regional cross-project learning activities</li> </ul>	Regional Coordinators
<ul style="list-style-type: none"> <li>Ensuring project M&amp;E systems generate evidence to support KML priorities, and include at least annual reflection and learning sessions within project teams</li> </ul>	Project M&E and KML staff
<ul style="list-style-type: none"> <li>Updating and adjusting Program Strategy/Impact Statement Theories of Change, based on emerging learning and changes in context</li> </ul>	Directors & Coordinators
<ul style="list-style-type: none"> <li>Ensuring KML is part of Job Descriptions, APAAs, hiring interviews, staff orientation and talent management systems</li> </ul>	HR
<ul style="list-style-type: none"> <li></li> </ul>	MIS Specialist
<ul style="list-style-type: none"> <li>Ensuring all learning and other reports available on CARE Bangladesh website</li> </ul>	Communications & PR, working with Directors & Coordinators



## 8. How we will measure success

CARE Bangladesh's progress in being a learning organization will be measured against four results:

1. KML Strategy and Plan resourced and implemented, across the organization
2. Evidence and learning generated by Impact/Program Teams, and used to support scale up & advocacy
3. Information on CARE Bangladesh's programs, projects and learnings is up to date and accessible, in internal and CARE International systems

4. CARE Bangladesh staff see themselves as part of a learning organization

The following high-level targets will allow the organization to track progress against the plan. Progress will tracked by the PEARL team, and reported to Senior Leadership Team on an annual basis, along with an analysis of progress against the KML work plan, to identify adjustments needed to the KML work plan, any and new actions required to address critical constraints.

Indicators	Milestones		
	FY16	FY18	FY20
1. KML Strategy and Plan resourced and implemented, across the organization			
• % of projects and teams with specific resources (human & financial) for KML	30%	60%	80%
• % of project, program & unit teams carrying out at least one annual learning & reflection meeting	50%	80%	90%
2. Evidence and learning generated by Impact/Program Teams, and used to support scale up & advocacy			
• # of high quality knowledge products developed in the year, around the priority learning themes	1	5	10
• # of CARE International or external publications citing learning and evidence from CARE Bangladesh's programs	1	5	8
3. Information on CARE Bangladesh's programs, projects and learnings is up to date and accessible, in internal and CARE International systems			
• % of staff reporting that they can easily access CARE Bangladesh documentation and learning (in organizational climate surveys)	-	50%	80%
4. CARE Bangladesh staff see themselves as part of a learning organization			
• % of staff reporting feeling supported by the organization to generate, introduce and share learning and innovation (in organizational climate surveys)	-	40%	75%



## 9. Conclusion

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It is easy to adopt the ambition of becoming a “learning organization”, but much harder to put this into practice and turn it into reality. Development work is complex, and much of the materials on KML are hard to understand, with many different potential priorities. Confusion often leads to inaction. This strategy provides a common frame for understanding the importance of KML to CARE’s mission in Bangladesh, a set of priority learning themes around which KML actions will be focused, examples of where CARE has been successful in the past and how those successes can be built on. The accompanying KML plan outlines a clear set of priority actions to start shifting the organizational culture and its processes, and the technology that support those, over time.

Successfully becoming a learning organization will require change across the whole organization: in job descriptions, that clearly outline responsibilities for KML at all levels; in how teams work together, so space is created to reflect and generate learning and knowledge; and in how plans and budgets are developed, so KML priorities are highlighted and resourced, including how teams will contribute to the broader organizational learning priorities. For projects and programs, it means focusing not only on the specific goals of your project, but on what learning and knowledge can be

generated from your work to influence change at a wider level – in other words, multiplying impact. For program support teams, it means not only applying existing systems, but learning how to make these more efficient and effective, and ensuring your work supports the organization’s KML strategy.

It is a journey that we cannot predict exactly in advance, and where plans – and priorities – will need to be adapted as we learn what works and what doesn’t, and what is needed in the context and what is no longer as important. Small initial successes will breed further success, and further commitment to action, as we start seeing more and more how generating, capturing, sharing and applying the learning from CARE and our partners can help multiply our impact and increase our contributions to realizing the rights of our priority Impact Groups. The challenge is significant, but CARE’s mission and goals – in Bangladesh and at global levels – cannot be met without the organizational culture truly valuing knowledge and learning. The more we learn from ourselves and from others, and the more others learn from us, the greater the impact that we together will have in eradicating poverty and achieving social justice.

# Annexes

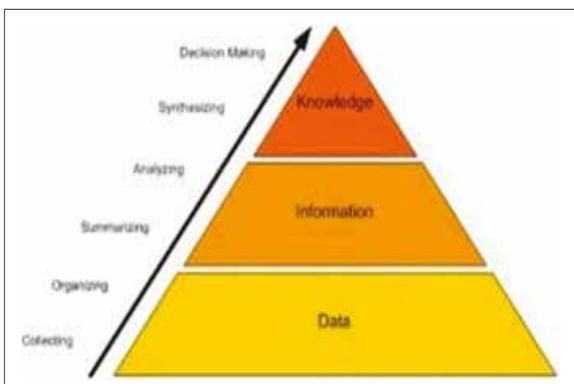
## Annex 1: KML definitions

Documents on KML are often full of jargon, and can often be hard to follow, let alone put into practice! Here we provide definitions of some of the most common concepts in simple terms.

**Knowledge:** “Knowledge is information that changes something or somebody—either by becoming grounds for actions, or by making an individual (or an institution) capable of different or more effective action” - Peter F. Drucker, in *The New Realities* (2011).

**Knowledge Management:** “Knowledge Management refers to the critical issues of organizational adaptation, survival and competence against discontinuous environmental change. Essentially it embodies organizational processes that seek synergistic combination of data and information processing capacity of information technologies, and the creative and innovative capacity of human beings” - Dr. Yogesh Malhotra.

**Data, Information and Knowledge:** Data are discrete and objective facts, measurements, or observations; Information is data that have been categorized, analyzed, summarized, and placed in context in a form that has structure and meaning; Knowledge is a combination of data and information, to which is added expert opinion, skills, and experience, resulting in a valuable asset that aids decision making. In organizational terms, knowledge is generally thought of as being know-how, applied information, information with judgment, or the capacity for effective action. Knowledge may be tacit, explicit, individual, and/or collective. It is intrinsically linked to people - Asian Development Bank (ADB, 2009).



**Information management:** The management of an organization's information resources to improve performance. Information management underpins knowledge management, as people derive knowledge from information (ADB).

**Knowledge products:** Tangible outputs (e.g., publications, manuals and other products) and activities (e.g., policy advice, training programs to support scale up of learning) of the development, sharing, and/or application of knowledge and learning (ADB, 2012).

**Learning organization:** An organization skilled at identifying, creating, storing, sharing, and using knowledge, and then modifying its behavior to reflect new knowledge (ADB, 2009).

**Lessons learned:** Concise descriptions of knowledge derived from experience that can be communicated through methods and techniques, such as storytelling and debriefing or summarized in databases. These lessons often reflect on what was done right, what one might do differently, and how one might improve processes to be more effective in the future (ADB, 2009).

**Organizational culture:** The specific collection of values and norms shared by individuals and groups in an organization that controls the way they interact with one another and with people outside the organization (ADB, 2009).

**Learning priorities:** These are areas where CARE Bangladesh will concentrate its efforts to capture, generate, share and apply knowledge and learning. This will include models, where CARE has proven approaches, as well as learning themes where we need to generate new learning or explore the most effective ways of working in different contexts or themes, or in response to new challenges:

- **Model:** A coherent set of principles and process elements linked to a program Theory of Change, with demonstrated evidence of how it contributes to lasting social change amongst impact groups, broad ownership beyond CARE, cost-effective, scalable and adaptable to different contexts (Drinkwater, M. *Paths to Excellence? Some Reflections on CARE Bangladesh's Progress with Model Development*, November 2013).

**Learning themes:** specific areas where CARE Bangladesh needs to generate deeper understanding or reflection to improve the quality of its future work. These can be areas with some initial experience in different projects or contexts that needs to be compared, systematized and then converted into institutional

recommendations for improved programming (e.g. CARE Bangladesh's approach to making markets work for the poor, or a standard EKATA model), or can be more exploratory, around new areas of work where CARE sees the need to develop its experience and capacity (e.g. adolescent sexual and reproductive health).

## Annex 2: Learning from KML initiatives in recent past in CARE Bangladesh

This KML framework and plan draws on the learning from CARE Bangladesh's efforts – successful and less positive – to promote KML over recent years. The following critical factors identified as enabling KML efforts to achieve positive results have been incorporated into the framework and plan:

- Ensuring evidence and knowledge generated are **relevant to the agendas of others**, on an issue of recognized importance (Government, donors, etc.), where CARE is clearly adding value to efforts of others – these were included as a critical criteria for selecting priority KML themes;
- Using **different communications vehicles**, of high quality, to disseminate findings, including video, external publications, presentations at seminars/meetings, learning briefs, and meetings to share with other teams – the need to clearly define the audience, understand their needs, and the right mechanisms to reach them is central to how CARE promotes knowledge sharing, and is highlighted for each of the priority learning themes;
- Distilling complex realities into **simple, clear and compelling messages** – this is an essential part of the process of defining the approach to knowledge sharing<sup>17</sup>.
- Having **partnerships with academic institutions** or researchers, and partners within CARE International, to validate evidence and learning, ensure appropriate levels of rigor expected by key stakeholders, and bring a critical external viewpoint on what learnings are likely to be of greatest value to external audiences – the need for such partnerships is highlighted above under knowledge generation;
- Engagement and **involvement of key stakeholders in generating evidence and learning**, so that they are more likely to support related policy recommendations or scale up

of models – this is stressed under knowledge generation and knowledge adaptation & use (see also Box 3 on the CmSS example);

- Enabling **Impact Groups**, Government officials and other stakeholders to **learn for themselves**, to catalyze learning processes that CARE does not need to own or control – “social learning” is highlighted, under knowledge generation, sharing and adaptation & use (see Box 6 below, on learning in SHOUHARDO);
- Active **engagement of staff and partners** at all levels in the learning processes, to build ownership and later application of the learning – this is included under all four parts of the KM cycle (see also footnote **Error! Bookmark not defined.** on the Strategic Impact Inquiry);
- Drawing in **learning from elsewhere** in CARE or from partners, rather than only focusing on how “we do things” – this is stressed under knowledge generation, and the need to have a culture of openness to learning;
- **Feeding learning quickly into revised plans**, into the design of new projects/initiatives and the revision of current projects - this is emphasized above under knowledge adaptation & use;
- Demonstrating not only what was achieved, but **how and why** – capturing learning in a form that enables others to apply, whether within CARE or in other organizations, is highlighted under all four parts of the KM cycle.

<sup>17</sup> The Strategic Impact Inquiry into CARE's impact on women's empowerment is a strong example of where a very rich and complex research exercise – with impact groups, CARE staff and partners defining what women's empowerment meant in different contexts, and how CARE's work had contributed to that – was summarized in a form that would be applied in future programs, through CARE's women's empowerment framework, and the clear message of the need to work on all three dimensions of women's empowerment - agency, relations and structures - for significant and sustainable changes to occur.

## Box 6: Multiplying Impact for flood-prone communities

Communities in Kewarjore Union in the Haor belt had lost a season's crop every year for the past ten years due to flash floods, intensifying dynamics of poverty and food insecurity. In 2006, the USAID-funded SHOUHARDO program started an initiative to motivate communities in the area to construct a submergible earthen embankment to counteract the damage due to the flood. The embankment was deliberately temporary, to allow the flood waters eventually to come into the agriculture land, as this is essential to maintain the fertility of the soil. With no cash inputs besides donating a few livestock for celebratory feasts at the end of each day, CARE's local partners were able to mobilize over 5,000 people from several unions in the area to construct a 7 km submergible embankment in just five days.

As seen in The Daily Star article to the right, women and men worked side by side, made new friends from neighboring villages, and government support departments joined in, connecting directly with the communities. As a result, flood waters that year were kept at bay for over a week, enabling around US\$1.5M of crops to be harvested and saved, a huge impact for these communities.

The following year, CARE took 400 visitors from different parts of the country to observe the embankment being rebuilt. Again, around 5,000 people came together and constructed the embankment, this time with no in-kind contributions at all from the program. The community themselves arranged the livestock to continue with the festive spirit as they worked on the embankment. The visitors were highly motivated, went back to their own communities, and started doing the same. CARE began to see a mushrooming of similar initiatives all over the country. In one prominent example in Raipur, 20,000 people got together and constructed a 7.2km long permanent embankment, six feet high and six feet wide - in only five days. This structure alone saved an annual crop of over US\$11.5M.

Apart from the direct impact on food security, connecting of these communities to Government support structures was just as profound, enabling direct access to services they were previously not able to take advantage of. Women and men worked together in getting these structures made, influencing gender dynamics. A great example of facilitating knowledge sharing and application to support scale up and multiplying impact.



## Annex 3: Details of Priority Learning Themes

### Priority KML Theme 1: EKATA

#### 1. Key Key Learning questions:

- What evidences of change at structural, relations and agency level is emerging from implementing EKATA in different contexts, and for different purposes:
  - How effective has EKATA been, compared with other social empowerment models, in enabling greater solidarity and building social movements?
  - How has EKATA contributed to tackling violence against women, and securing access to services & entitlements?
  - Has EKATA been able to influence intra-household relationships and decision-making?
- Based on CARE B's parameters for a model (and broader parameters for social empowerment processes), and how EKATA has been implemented by CARE Bd, what changes should be made to have a standard CARE EKATA model that can be applied across our programs?

#### 2. Projects that can contribute learning:

- Pathways, SETU, NAC, BRUP, SHOUHARDO, SEEMA, FSUPP, PRODUCE

#### 3. How draw in relevant learning from others (who?):

ActionAid, Bangladesh REFLECT, yyy

#### 4. Type of KMLtheme: a)documenting existing model / b) systematizing initial experience to improve future programming / c) exploring to develop experience in new area

#### 5. Main audience for learning:

- External: Donors (interested in Women's Empowerment – as specific or cross-cutting focus); GoB (MWCA, MoP, MoA, MoH, MLGD)
- Internal: CI (CIGN, other CO programs), other programs in CARE B

#### 6. Audience needs & how expect them to apply learning:

Audience	The Learning need	How will they apply	Timeline
GoB:	Measure social gain in investing in women's solidarity & social empowerment processes like EKATA	Incorporate strategies for social empowerment of women into national plans	Mid-Term
Donors	Understand importance (& benefits) of investing in social empowerment processes for women (beyond training/ curriculum based approaches)	Increased financial and technical assistances in such processes	Mid-Term
CI	Support adaptation and replication of model in other countries, use learning around current experience to enhance similar projects in other countries	Provide support for expansion and replication within Bangladesh to generate further learnings	Mid-Term
CB	Adopt and adapt improved EKATA model	Consistent application across different projects	Short-Term

#### 7. How involve key stakeholders in generating learning:

- Involve other CARE COs working on empowerment processes to provide external inputs from other contexts (Nepal, Burundi?)
- Engage key GoB and donors stakeholders in discussion meetings around findings

#### 8. Partners for learning – external (academic/government/ NGO) and internal (CARE International):

- External: after more internal consolidation of learning get external consultant/academic (from outside Bangladesh) to help look at from frame of social empowerment models
- Internal: CARE USA (Gender unit)

**9. What would be most effective knowledge products to disseminate this learning so it is adapted and used?**

- Impact report documenting ToC in EKATA model
- Comparative study with other models with similar objectives and impact groups
- Need-Gap report required to transform this approach to a model

**10. Who needs to be part of the CARE BD team formed to generate & communicate this learning?**

- WEE, Governance
- Key staff from SHOUHARDO and other relevant projects (technical leads on EKATA or M&E/KML)
- Former Nijera/SDU staff
- STAAR team coordinator, KML Coordinator, M&E and Evidence Coordinator

Learning Need: Specific Question	What specific information will provide the answer	Who would provide information	KML expectation
What are evidences of change at structural, relations and agency level?	Impact and outcome study of EKATA model on impact groups and influential stakeholders	WEE, PSE Unit, Project teams, PEARL team (Esp. STAAR)	Collate perspectives for WEE
How can we turn EKATA from an approach to a model?	Need-Gap study for EKATA approach to transform to a model	WEE, PSE Unit, External expertise, PEARL team	Document lessons from EKATA for comparison

## Priority KML Theme 2: Engagement of men and boys in the empowerment of women

### Key Learning questions:

- Mapping the approaches to engaging men for empowerment of women: What are the most effective tools? What are the Challenges?
- Which areas of perceived risk are we yet to address?
- Understanding the role of CARE's Projects and approaches in bringing transformational change to men's understanding of women empowerment

### Projects that can contribute learning:

All CB projects with Women empowerment which also involve men as beneficiaries Eg: RMG, SHOUHARDO, FSUP etc)

Mapping and Discussion: Analysing CB projects to identify those exercising EMB purposefully or otherwise

### Type of KM initiative:

Documenting existing model/systematizing initial experience to improve future programming / exploring to develop experience in new area

### Main audience for learning:

NGOs, iNGOs (Action Aid, Manusher-jonno)

Platforms/Networks: Naripokkho, Bangladesh Mohila-Purush Porishod, Engaging Men Network

GoB/Donors: Build credibility and acceptance of knowledge products produced for future engagements with CARE Bangladesh

### Audience needs & how expect them to apply learning:

Audience	The Learning need	How will they apply	Time
NGOs, iNGOs	CARE Bangladesh's strategy in women empowerment and engaging men	Better understanding in project implementation and facilitation	Short-term
Platforms/ Networks	Rationale and approaches to EMB in women empowerment	Understand necessity of EMB in women empowerment	Mid-term
GoB/ Donors	Understanding effectiveness of EMB and future areas of intervention	Assess CB's approach to women empowerment projects and the extent of their impact for future engagements	Long-term

### Partners for learning – external (academic/government/NGO) and internal (CARE International):

- External: Academia and Network: Partner in the study process itself to get outsiders' point of view.  
Eg: Dhaka University Gender Studies Department and Naripokkho (platform)
- Internal: CI & CB

### How draw in relevant learning from others (who?):

Internal: Document the various internal projects' approaches to form a single strategy for CARE

External: Additional analysis on broader issues, tools and issues yet to be addressed

### What would be most effective knowledge products to disseminate this learning so it is adapted and used?

- EMB tools and guidelines on guiding practices for effective implementation
- **Approach paper** – Showcase the approach to potential audience

Learning Need: Specific Question	What specific information will provide the answer	Who would provide info	KML expectation
Mapping the approach	What are the most effective tools? What are the Challenges?	EMB study, PMT, M&E, PEARL	Collating information for mapping
Future direction for EMB	Which areas of perceived risk are we yet to address?	PMT, SLT, External consultant, PEARL	Facilitating discussions
CARE's impact on men's understanding of women empowerment	Why is engaging men essential to women empowerment?	SLT, PMT, PEARL, Relevant projects	Designing KP according to audience

## Priority KM Theme 3: Social Entrepreneurship

### Establishing CB as the leading social business incubator/accelerator for investors

#### Key Learning questions:

- How does CARE define social enterprises differently than others? What is our value proposition?
- Transition process: Experiences in transitioning from a project to a self-sustaining business. What were the challenges? What is the learning going forward?
- Internal: How does social business fit into overall CB program impact statements? What kind of impacts on which impact groups?

#### Projects that can contribute learning:

JITA (transitioned), Living Blue (Almost transitioned)

Krisshi Utsho, GSK-CHW (Planning to transition)

#### Type of KM initiative:

Documenting existing model / systematizing initial experience to improve future programming / exploring to develop experience in new area

#### Main audience for learning:

Donors (Incubation grants): DFiD, IFC

Impact Investors: Acumen funds, Ashoka, Rockefeller foundation and similar foundation

#### Audience needs & how they are expected to apply the learning:

Audience	The Learning need	How will they apply	Timeline
Donors	CARE's model of social business incubation	Consider value proposition of CARE	Short-Term
Internal	Legal implications, HR transitions, financial modelling	Design better transition process with lessons learnt from JITA and Living blue	Mid-Term
Investors	Comparative edge of CARE's model with evidence	Assessing CARE as a social business incubator for investment	Long-Term

#### How involve key stakeholders in generating learning:

SOCAP, SKOLL foundation, Stanford Social Innovation, Major Ivy League universities, ASPIRE Network

#### Partners for learning – external (academic/government/NGO) and internal (CARE International):

- External: External Social Business evaluators (Esp. Leading universities) to give an objective outsiders' point of view,
- Internal: PEARL Team, Health Unit, ERPP and others to capture the impact and transition lessons

#### How draw in relevant learning from others (who?):

Comparative study with Yunus Center and their approach

#### What would be most effective knowledge products to disseminate this learning so it is adapted and used?

- Transition process and impact report (both economic and social) for discussions
- Video – External facing video documentation
- Materials communicating Value Proposition for solicited calls from networks of social business

Learning Need: Specific Question	What specific information will provide the answer	Who would provide information	KML expectation
CARE's definition of Social Business	How does CARE define Social Enterprises?	PSE unit, PMT, SLT and PLT	Collate perspectives for PSE
How can projects turn into social businesses	Transitioning document for Social Business	PSE, ERPP, Health Unit. PEARL Team	Document lessons from transitioning of JITA and living blue
How does social business fit into over CB impact strategy	Impact Statement on Social business by CARE	PSE, STAAR, PEARL Team, PLT, SLT	Facilitate discussion

## Priority KML Theme 4: Graduation model for extreme rural poverty

### Key Learning questions:

- Evidence that CARE's model of political inclusion, social inclusion and economic inclusion enables extreme poor households to move sustainably above the poverty line (and not just extreme poverty line) – and how this happens
- Cost-effectiveness of CARE's graduation model (around US\$200 per HH), compared to other models, such as CGAP/ Ford/BRAC ultra poor graduation model)
- How model has/can be adapted to different contexts

### Projects that can contribute learning:

SETU, JVC, JATRA, SALE, SHOUHARDO, CATS, Pathways, Ag Extension, PRODUCE

### Type of KM initiative:

Documenting existing model / systematizing initial experience to improve future programming/ exploring to develop experience in new area Key Documentation around graduation pathways Assist in streamlining strategy for future use

### Main audience for learning:

Government of Bangladesh, NGOs in Bangladesh, donors (particularly DFID & SDC), international development community

### Audience needs & how expect them to apply learning:

Audience	The Learning need	How will they apply	Timeline
GoB	Clarifying government's role and fund requirements for this graduation model	Integrate sustainability and cost-effective advantages of CARE's model	Long-Term
Ministry of Planning	Inputs regarding the optimal model for eradicating extreme poverty	Integrate learnings from CARE's model into their upcoming 5-year plan	Mid-term
DFiD	Nationwide involvement in eradicating extreme poverty	Comparison with other models (Eg: BRAC), expand focus from individuals to households, especially children	Mid-Term

### Partners for learning – external (academic/government/NGO) and internal (CARE International):

- External: GoB (yyy departments), yyy , University affiliations as learning partners proposed in proposals
- Internal: CARE UK (governance & WEE teams), CARE USA

### How draw in relevant learning from others (who?):

Compare model, impact and cost-effectiveness with BRAC/CGAP Ultra Poor approach (<http://www.cgap.org/topics/graduation-sustainable-livelihoods>)

### What would be most effective knowledge products to disseminate this learning so it is adapted and used?

- Journal publication – Policy Paper on CB Graduation Model
- Systematization (how to guide) – Implementation guideline
- Seminars and discussions – Impacts and investment requirements for model
- Concise overview of model to be used for future proposals

Learning Need: Specific Question	What specific information will provide the answer	Who would provide info	KML expectation
How does CARE's model of political, social and economic inclusion alleviate poverty?	Documenting evidence of impact across projects impacting PEP	ERPP, PMT, SHOUHARDO, PEARL	Facilitating collation of impact information
Comparison of cost-effectiveness with other models	Comparative study of Graduation models	External consultant, PEARL, ERPP, PMT	Assist STAAR team in conducting study
How this model will be adapted to different contexts	Contextual scoping study for CB's graduation model	ERPP, PEARL, External consultant	Assist external consultant in conduct of study

## Priority KML Theme 5: Inclusive Local Governance and its impact on poverty

### 1. Key Learning questions:

- Document impact on changes to Public pro-poor service delivery via formalised social accountability measures taken by CARE Bangladesh Projects

### 2. Projects that can contribute learning:

JATRA, SHOUHARDO, Ag Extension, SAMMOW, Tipping Point

- ### 3. Type of KMLtheme:
- Documenting existing model/
  - Systematizing initial experience to improve future programming/
  - exploring to develop experience in new area

### 4. Main audience for learning:

- External: GoB (MoA, MoWCA, MoPS), donors (DFID, EC, USAID, ADB), NGOs in Bangladesh, international development community (HLI, LOGIN, BRAC Institute of development and governance, GPSA)
- Internal: Other CARE Bd projects, CI

### 5. Audience needs & how expect them to apply learning:

Audience	The Learning need	How will they apply	Timeline
GoB	Evidence connecting inclusive governance to reduction of poverty	Apply aspects of the model to connect with PEP at grassroots level	Long-Term
Donors	Identifying PEP accurately	Incorporate inclusive governance strategy into their respective objectives	Mid-Term
Dev. Platform	Approach to inclusive governance in poverty reduction strategy	Involve in global discussion on governance and poverty reduction	Mid-Term
Potential Partners	Practical guidelines to implementing and measuring inclusive governance projects	Frontline Best Practices are adopted by partners so their performances remain consistent	Short-Term

### 6. How involve key stakeholders in generating learning:

- GoB: Responses to CARE's approach to social accountability
- Donors: Interest and learning areas in inclusive governance
- International development committee: Comparative approaches to pro-poor governance
- Other CARE Bd projects/CI:

### 7. Partners for learning – external (academic/government/ NGO) and internal (CARE International):

- External: Academic (BRAC, LOGIN, HLP), consultant (yyy)
- Eg: UP self-evaluation has been accepted in HLP and committed to be replicated in 150 Ups. Also attracted DFID
- Internal: CARE BD (WEE, PEARL)

### 8. How draw in relevant learning from others (who?):

*Resource Groups (Internal):* Political economy analysis, rights awareness, social audit and community card.

*External Resource Groups:*

- Eg: LOGIN and Horizontal Learning Initiative
- Facilitate transference of key learnings from local level governance to divisional/national, especially regarding allocation and dissemination of LGSP-2 funds

### 9. What would be most effective knowledge products to disseminate this learning so it is adapted and used?

- Impact study on building social accountability of local governance
- Local Governance analysis tool - UP Self Evaluation

### 10. Who needs to be part of the CARE Bd team formed to generate & communicate this learning?

- ERPP
- Key staff from relevant projects
- KML Coordinator
- Evidence and Impact Coordinator

Learning Need: Specific Question	What specific information will provide the answer	Who would provide information	KML expectation
Inclusive governance and poverty alleviation	Impact chain connecting inclusive governance to sustainable poverty alleviation	Governance Unit, Project Teams, PMT, PEARL, STAAR	Assist in collation of information and analysis
Practical Guidelines on building social accountability of local governance	How to analyse social accountability (tools) and implementation guidelines to increase it	Governance Unit, ERPP, Project Teams, PMT, PEARL	Facilitate exchanges in creation of How-to document

## Priority KM Theme 6: Impact of Community Based DRR for adaptation to climate change

### Key Learning questions:

- Aligning project design with international priorities (eg: SENDAI framework, DRR governance)
- Measuring disaster and resilience to climate change in urban context via building social cohesion in delinked urban communities
- Document the impact of using *Female* farmers as lead knowledge disseminators in FFS
- Building knowledge platform under NARRI to engage other stakeholders in DRR/CCA

### Projects that can contribute learning:

- BRUP, WTRF, DIPECCO, RSVCC

### Type of KM initiative:

Documenting existing model / systematizing initial experience to improve future programming/ exploring to develop experience in new area

### Main audience for learning:

- **GoB:** Local Government (City Corporation – Priority),
- **Platforms:** Other INGOs and urban forums
- **Private Organizations :** (CNA), Walmart, VISA
- **Major Donors:** UPPR (UNDP)

### Audience needs & how expect them to apply learning:

Audience	The Learning need	How will they apply	Timeline
GoB	Challenges in DRR and resilience in urban context	Revitalize the Urban Standing Committee according to SoD	Long-term
Platforms	Tools for building cohesion in groups in urban context Indicators for measuring urban resilience to climate and Disaster issues	Applying in their own projects	Short-term
Private Organization	Improving health for increased productivity Feasible mitigation of industrial disasters	Investment as part of CSR, business development or risk reduction	Mid-term
Major Donors	Diversifying livelihoods for urban context	Applying best practices and engage in design and/or implementation role	Mid-term

### How involve key stakeholders in generating learning:

Projects: Current- Where the Rain Fall, DiPECCO, BRUP, GSK-RMG Industry Workers, CI

Platform: NARRI (National Alliance for Risk reduction Initiative)  
GoB: City Corporation standing committee, DAE

### Partners for learning – external (academic/government/NGO) and internal (CARE International):

- External: NARRI – Knowledge Platform building, PECCN, CANSA,
- Internal: CI, SHOUHARDO III, KML, PEARL, governance unit, Health unit

### How draw in relevant learning from others (who?):

CBA Conference: Urban resilience is theme for 2016

NARRI platform for knowledge sharing

PECCN for cultivating knowledge in future project designs

### What would be most effective knowledge products to disseminate this learning so it is adapted and used?

- Journal publication
- Systematization (how to guide)
- Video – Dry Seed Bed – WTRF (with BBC Media Action), Change Theory Video
- Seminars and discussions – Policy brief for NGOs and GoB - WTRF
- ToT course and manual – Best Practice Documentation (WTRF - CARE France discussion)
- Concise overview of model to be used for future proposals – Coffee Table Brief (BRUP – Private Sector or donor), Case Study (Beneficiary), Video (Concept under development)

Learning Need: Specific Question	What specific information will provide the answer	Who would provide info	KML expectation
Project alignment with Global Priorities	Global frameworks for DRR and CCA engagements	CCA unit, PEARL, Program Team	Filter information as per need
Measuring DRR and CCA in urban context	Impact and learnings from CCA project/components	Project Teams	Design KP as per audience
Document impact of involving female farmers in FFS	Evaluation of WTRF	Project team, CCA unit	Design KP as per audience

## Priority KML Theme 7: Inclusive Health Services

### 1. Key Learning questions:

- What evidence is there of the impact on health access, usage and outcomes for poor women and children (& cost-effectiveness) of CARE Bangladesh's public private partnership model of a community-based health delivery system for geographically vulnerable locations (comparing Sunamganj with other districts where model not implemented)
- What are the critical elements of the model for it to be scaled up in other locations – and for how many Districts would it be appropriate
- What evidence is there that providing an external facilitator at district level to support implementation of CmSS improves the quality of its implementation, and improves access to health services for vulnerable women and men

### 2. Projects that can contribute learning: SMPP, SHEBIKA, SHOUHARDO, CATS, IMIHB, GSK CHW, NAC, GSK RMG,

### 3. How draw in relevant learning from others (who?):

Other models for geographically excluded areas, within overall concept of Universal Health Coverage

### 4. Type of KML theme: a) documenting existing model / b) systematizing initial experience to improve future programming/ c) exploring to develop experience in new area

### 5. Main audience for learning:

- External: GoB (MoH, MoF), donors (DFID, USAID, ADB), NGOs in Bangladesh, international development community
- Internal: Other CARE Bd projects, CI (SRMH team in CARE USA)

### 6. Audience needs & how expect them to apply learning:

Audience	The Learning need	How will they apply	Timeline
GoB	Need for external facilitator at district level to ensure proper adaptation by GoB	Acquire assistance from CB in the form of external facilitators when GoB implements their approach	Long Term
Donors	Critical elements for scale up in other locations – and for how many Districts would it be appropriate	Understanding of contextual suitability of generating improved pro-poor access to health service using CB approach of CHW	Mid-term
NGOs	Implementation Know-how	Improved work as implementing partners of CARE or others	Short-term
International Development Community	Impact on health access, usage and outcomes for poor women and children using Private-Public-NGO tripartite approach	Adoption of CHW approach to generate access to healthcare in remote areas	Mid-Term
Internal	Partnerships with private sector for pro-poor access to resources and services	Integrating the approach to other projects facing similar challenges	Short-Term

### 7. How involve key stakeholders in generating learning:

- MoH involved in evaluation and documentation of models, discussion meetings with GoB, donors and others around evaluations & documentation,

### 8. Partners for learning – external (academic/government/ NGO) and internal (CARE International):

- External: Academic (Public Health dept. In reputed university), External Consultant
- Internal: CARE USA (SRMH team)

### 9. What would be most effective knowledge products to disseminate this learning so it is adapted and used?

- Documenting evidence of impact in CHW approach
- Contextual analysis on replication and scale up potential of CHW
- Proposal for external facilitator role of CB in GoB's roll-out of similar approach

### 10. Who needs to be part of the CARE Bd team formed to generate & communicate this learning?

- Health
- ERPP
- Key staff from relevant projects
- PR & Communications Coordinator
- KML Coordinator
- Evidence and Impact Coordinator

<b>Learning Need: Specific Question</b>	<b>What specific information will provide the answer</b>	<b>Who would provide information</b>	<b>KML expectation</b>
What are the impacts of CHW on Impact groups	Impact study of CHW initiative	Health Unit, Project Team, ERPP, PEARL	Collate impacts from relevant sources
Scale up and replicability of CHW approach	Contextual analysis for suitability in other areas	PEARL (esp. STAAR) team, Health Unit, External consultant	Liaise with study team members and assist them
Case for employing External facilitator	Project evaluation and learning document	Health Unit, Project Team, STAAR	Assist in filtering learning and facilitating exchanges

## Priority KML Theme 8: Making markets work for poor and extreme poor women and men

### Key Learning questions:

- CARE BD's understanding of Making Markets Work for the Poor (Push/Pull model, and other work) – and what gaps there may be with standard market inclusive models and best practices
- What should be CARE's future model for Making Markets Work for Poor Women

**Projects that can contribute learning:** SDVC, Ag Extension, Pathways, SHOUHARDO, SETU, JVC, JITA, Living Blue, FSUP-H, SHIFT, PRODUCE

### Type of KML theme:

a) Documenting existing model / b) Systematizing initial experience to improve future programming / c) exploring to develop experience in new area

### Main audience for learning:

- External: Swisscontact, DFID, SDC, BRAC, private sector partners, GoB
- Internal: Other CARE Bd projects, CI (UK, USA)

### Audience needs & how expect them to apply learning:

Audience	The Learning need	How will they apply	Timeline
Donors	CARE's approach to market inclusive model with focus on women	Consider CARE for inclusive market projects working with PEP women	Mid-Term
Internal	Future direction of CB of inclusive market approach for PEP women	Incorporate learnings into strategic design of future phases of current projects and other projects	Short-Term
Pvt. Sector	CARE's reach and understanding of PEP population	Generate interest in pvt sector to work with care as both partner and investor	Long-Term

### How involve key stakeholders in generating learning:

- Building on internal stocktaking on current experience, would need M4P specialist to facilitate workshops & generate reports. Involve donor specialists (e.g. DFID PSD staff) in workshops.

### Partners for learning – external (academic/government/NGO) and internal (CARE International):

- External: Springfield Centre, DCED
- Internal: CARE UK (WEE team), CARE USA (FNS – Scott Merrill)

### How draw in relevant learning from others (who?):

- Bring in learning from other organizations applying M4P

### What would be most effective knowledge products to disseminate this learning so it is adapted and used?

- Documenting impact of current work of CB in inclusive market approach
- CARE Bangladesh's model for Making Markets Work for Poor Women

### Who needs to be part of the CARE Bd team formed to generate & communicate this learning?

- PSE, ERPP – AVCC, Health Team, WEE
- Key staff from SDVC and other relevant projects (SHOUHARDO NTC, Pathways, SETU)
- PR & Communications Coordinator, KML Coordinator
- M&E and Evidence Coordinator

Learning Need: Specific Question	What specific information will provide the answer	Who would provide information	KML expectation
CARE Bangladesh's understanding of inclusive market approach	CB's inclusive market approach in comparison with others' approaches	PSE unit, PMT, ERPP	Collate perspectives for PSE
Impact of inclusive market approach for women	Impact study on inclusive market approach on PEP beneficiaries of CB esp. Women and girls	PSE unit, PMT, ERPP, PEARL, WEE	Facilitate exchange across units and projects

## Priority KML Theme 9: Nutrition & Food Security

*\*To be decided in consultation with SHOUHARDO III Team once project begins*

**Key Learning questions:**

**Projects that can contribute learning:**

**Type of KM initiative:**

**Main audience for learning:**

**Audience needs & how expect them to apply learning:**

Audience	The Learning need	How will they apply	Timeline

**Partners for learning – external (academic/government/NGO) and internal (CARE International):**

- External:

**How draw in relevant learning from others (who?):**

**What would be most effective knowledge products to disseminate this learning so it is adapted and used?**

Learning Need: Specific Question	What specific information will provide the answer	Who would provide info	KML expectation

## Priority KML Theme 10: Ready-Made Garments Sector: CARE’s model for promoting women’s leadership

### Key Learning questions:

- How do we apply CI definition of “Women’s leadership” in the context of Bangladesh and in Business? How does this theme contribute to the ToC of women empowerment?
- Complementary to module-based training, which interventions are, needed to exercise better leadership in dealing with factory management and within their household?

### Projects that can contribute learning:

- WiFi, PACE, Oikko, SEEMA, Galleria Lafayette, PEEWF

### Type of KM initiative:

Documenting existing model / systematizing initial experience to improve future programming / exploring to develop experience in new area

### Main audience for learning:

GoB: Ministry of Labour and Employment

Donors: ILO, Swedish Embassy

Pvt. Sector: Buyers’ end (GAP, Walmart etc), Groups of Industries

### Audience needs & how expect them to apply learning:

Audience	The Learning need	How will they apply	Time
Private Sector	Working in RMG of Bangladesh in a socially responsible manner	Worker-led monitoring of working conditions and potential CSR impacts	Short-term
GoB:	Policy assistance to build female employment and leadership in RMG and similar sectors	Balancing business growth with social welfare	Mid-Term
Donors:	Encouraging leadership among working women as industrial skilled labour	Understanding Leadership building skills simultaneously both in home and at work for women	Long-term

### How involve key stakeholders in generating learning:

GoB: Participate by expressing the government point-of-view and challenges

Donors: Provide technical and funding assistance in replicating and scaling

Private Sector: Business perspective on improving labour rights and empowerment for Bangladesh

### Partners for learning – external (academic/government/NGO) and internal (CARE International):

- External: RMG associations (BGMEA), External Consultant, Donor Briefs, WEE platforms
- Internal: ERPP, Urban, PEARL, CI assistance (other countries)

### How draw in relevant learning from others (who?):

- Comparative Study with EKATA model for differences and complementarities
- Extent of impact on women empowerment at work and at home
- Core skills & issues behind building leadership among women in RMG sector

### What would be most effective knowledge products to disseminate this learning so it is adapted and used?

- Scoping Study
- Video
- Concise overview of model to be used for future proposals

Learning Need: Specific Question	What specific information will provide the answer	Who would provide info	KML expectation
CARE BD’s definition of Women’s leadership in Bangladesh in Business	Impact study on current projects Scoping study on other approaches to building women’s leadership	ERPP, PEARL, M&E of projects, PMT	Facilitating internal cross-program and cross-project information exchanges
Additional interventions required and feasible	Project evaluations External resources on alternate approaches	CB & CI -other projects, WEE platforms, RMG platforms	Documenting internal resources for external collaboration/sharing

## Annex 4: CARE Bangladesh Knowledge Products

The following are some of the high quality knowledge products produced by CARE on our work in Bangladesh in recent years:

### Climate Change:

- Community-Based Adaptation in Practice: A global overview of CARE International's practice of Community-Based Adaptation (CBA) to climate change. CARE International (2014) - online
- Rainfall, Food Security and Human Mobility – Case Study: Bangladesh. CARE/UNU (November 2012) - online

### Food Security & Nutrition

- Community Reflections. Best Practices of the SHOUHARDO II Program. CARE Bangladesh (February 2015) - online
- Reaching New Heights: The Case for Measuring Women's Empowerment. CARE International impact report (2012) - online
- Reaching New Heights. CARE International infographic (2012) - online
- Admissible Evidence in the Court of Development Evaluation? The Impact of CARE's SHOUHARDO Project on Child Stunting in Bangladesh. IDS Working Paper 376 (October 2011) - online

### Governance

- Emergence of Natural Leaders in the Botlagari Union of Bangladesh: A Catalyst For Changing the Lives of Poor Women and Their Communities. CARE International UK PPA Life Changes Case Study (May 2012) - online
- Inclusive Governance: Transforming livelihood security experiences from Care Bangladesh. CARE UK (May 2011) - online
- Promoting Inclusive Governance in Bangladesh: Empowering the extreme poor. CARE UK (May 2010) - online

### Health

- CmSS project summary. CARE USA (2011) - online
- Community Support System (CmSS), in Innovations in Maternal Health. CARE USA (2012) - online
- Operational Guideline on CmSS. CARE USA (December 2008) - online

- Improving maternal and child health in Asia through innovative partnerships and approaches: The case of Bangladesh. ODI and CARE UK (September 2015) - online

### Private Sector Engagement

- Can Dairy Value Chain Projects Change Gender Norms in Rural Bangladesh? Impacts on Assets, Gender Norms, and Time Use. IFPRI Gender, Agriculture & Assets Project (November 2013) – online
- Assembly Markets: Bridging the Divide between the Base of the Pyramid and the Formal Market. CARE USA Innovation Brief (November 2012) - online
- Krishi Utsho: The Building of an Agro-Input Microfranchise Network in Rural Bangladesh. CARE USA Market Engagement Series (September 2012) - online
- In Profit and Out of Poverty: The Business Case for Engaging with Poor Farmers in Bangladesh's Dairy Sector. CARE UK Learning & Policy Series (August 2012) - online

### Social Analysis

- SALT handbook. CARE Bangladesh – not online (internal manual)

### Women's Empowerment

- SHOUHARDO: Women's Empowerment: the Journey so far (July 2014) - online
- The Cost of Violence Against Women (COVAW) Initiative – a summary of the impact and learning from CARE Bangladesh (October 2012) - online
- The Cost of Violence Against Women (COVAW) Initiative - Summary of Domestic Violence Against Women - Cost to the Nation Report (October 2012) - online
- The Cost of Violence Against Women (COVAW) Initiative - Experience of Working with Men to Prevent Domestic Violence (October 2012) - online