EMBRACE GLOBAL

LEARNING AGENDA

A structured framework for asking and answering the questions that make our model stronger, our evidence sharper, and our reach wider.

WHY WE CREATED IT

LEARNING IS HOW WE PROVE AND GROW OUR IMPACT

Embrace Global's model rests on a clear theory of change: equipment, training, and partnership work together to reduce neonatal hypothermia and strengthen the standard of newborn care. For years, we've implemented this model across partnerships in 30+ countries. Our learning agenda enables us to be intentional about the evidence we generate and systematic about how we analyze and share our findings. We're investing in learning to better demonstrate our impact and support our future growth.

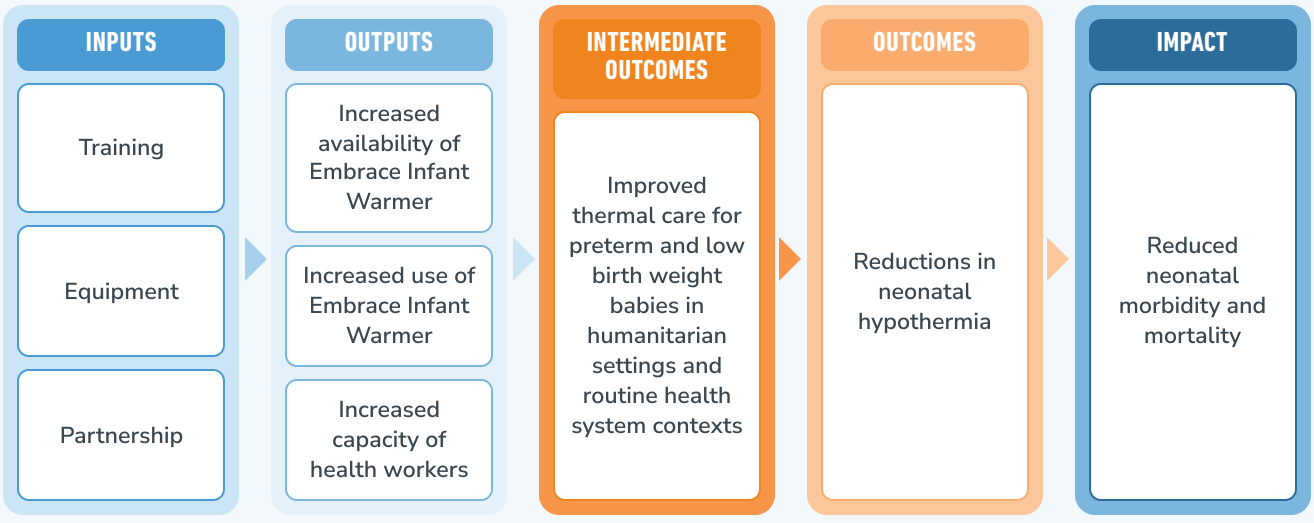
WHO THIS IS FOR

Our primary audience is Embrace and our partners. Answering these learning questions improves the quality and effectiveness of our work in real time. We also share findings with government partners, donors, and the global health community to inform newborn health policy, strengthen programmatic and investment priorities, and build evidence to expand quality newborn thermal care at scale.

HOW WE APPROACH IT

ANCHORED IN OUR LOGIC MODEL

Our focus questions probe the connections between our programmatic inputs, outputs, outcomes, and impact. This keeps evidence collection aligned with program improvement and future growth.



EMBRACE GLOBAL LOGIC MODEL

WHAT THIS ENABLES US TO DO

THREE CORE LEARNING PRIORITIES

These priorities guide our decision-making. They help us measure our impact and understand why our programs work, where they can be strengthened, and how they can be scaled effectively.

1

TEST OUR LOGIC MODEL IN REAL TIME

Our model holds that training drives use, partnerships enable adoption, and standardized thermal care improves outcomes. We continuously generate evidence to validate which assumptions hold, and whether to keep our logic model or adjust it to better fit the evidence.

2

STRENGTHEN OUR IMPLEMENTATION

We ask: is our training leading to sustained use of the Embrace Nest? What enables or hinders adoption? What does high-quality partnership look like to our partners? Continuously assessing what works refines how we support partners, strengthen accountability, and decide where to scale.

3

BUILD EVIDENCE FOR IMPACT

Externally, we validate outcome-level assumptions: how does our model work across contexts, from humanitarian settings to facilities and transport? Are newborns receiving higher-quality thermal care? How cost-effective is our approach? This evidence drives sustainability, government adoption, and donor confidence.

HOW WE GENERATE EVIDENCE

A MIX OF METHODS, MATCHED TO EACH QUESTION

Some methods give ongoing feedback to guide implementation in real time. Others require longer-term research partnerships and rigorous study designs. All of it is coordinated with our implementing partners, who are essential collaborators in this learning.

Routine monitoring

Quarterly reports & partner surveys

Case studies & interviews

Partner and health provider perspectives

Implementation research

Studies and evaluations

Cost-effectiveness analysis

Costs and outcomes data

HOW THIS WORKS IN PRACTICE

A CONTINUOUS LEARNING LOOP