CARE International
Evaluation Policy[1]

Purpose

This Evaluation Policy is being articulated to help CARE achieve its vision and mission of poverty reduction and rights fulfilment, through the promotion of institutional accountability, continuous learning, and transparent sharing of project and programme evaluations both internally and externally. This policy is a complement to and consistent with the CI Program Principles and Standards. Implementation of this Policy will provide decision-makers at all levels within CARE and our partners with relevant information, analysis and recommendations to inform and improve policymaking, planning, programming and implementation. The Policy is designed to promote:

- Strategic and systematic collection, documentation and dissemination – both internally and externally – of lessons learned and impacts of CARE projects and programmes;
- Opportunities for stakeholders, especially the poor with whom CARE works, to present their honest perceptions and assessments of CARE's activities;
- Opportunities for CARE staff to reflect upon and share experience and learning;
- Transparent sharing of evaluations with all stakeholders in forms and formats amenable to their needs; and
- Examination of progress/set-backs in achieving strategic priorities to achieve better organizational results.

This policy covers emergency, rehabilitation, and development projects and programmes.[2]

Policy Lines

1. Country Offices have primary responsibility for planning for and supervising the conducting of project evaluations, as well as their dissemination and utilization, in collaboration with regional management and/or relevant CI Members and relevant technical units. In consultation with donors they determine timing, scope, nature, intensity, and methodologies to be used, consistent with these CI Evaluation Policies and accompanying guidance. Though at times donor requirements may make it difficult to comply with all components of this CI Policy, those planning evaluations are urged to recognize that these reflect good evaluative practice and to try and ensure that these practices are included in Terms of Reference (ToR).

2. Consistent with CI Principle #3 which calls for accountability and responsibility, the effectiveness of all CARE projects and programmes must be evaluated in appropriate ways. These include relevant baseline studies (see Project Standard #10) and formative (mid-term) evaluations that help improve the quality of on-going projects

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[1] Policy developed by the CARE International Programme Working Group (CI PWG) and endorsed by the National Directors' Committee (NDC). Input into the articulation of this policy was received from CI Members, DME Senior Cadre, Country Offices and others. It also adapted ideas from evaluation policies of other agencies including UNHCR, OECD-DAC, Danida, OCHA/DHA and others.

[2] 'Programmes' refer to initiatives undertaken by CARE above the 'project' level. In some examples programmes can be a set of simultaneous or sequential projects aimed at a common target population. Other examples include multi-country and international initiatives focused on one or more sectors or issues.

and programmes, and, where possible, ex-post evaluations to assess sustainable impact (see Principle #6). At a minimum, there must be a final (internal or external) assessment and documentation of achievement and lessons learned for future programming.

3. Evaluations need to test the relationships between a project's or programme's efforts and progress towards CI's Vision and Mission. Whenever appropriate, evaluations should include assessments of contributions to the achievement of relevant Millennium Development Goals and Indicators.

4. All evaluations need to include an analysis of the degree and consequences of implementation of the CARE International Programme Principles and Standards as well as contributions towards Country Office strategic plans.

5. Those conducting evaluations of CARE programmes and projects should follow professional inter-agency standards, due to the need to "speak a common language" within a larger coalition.[3] For humanitarian crises, evaluations will emphasize respect of Sphere and other interagency standards recognized by CI.

6. All evaluations need to include a significant participation and high level of influence of project/programme participants as well as relevant parties external to CARE. The purpose of this is to promote a culture of critical reflection, bring in important outside perspectives on project/programme results, and open CARE and its partners/clients to external eyes and experience. Consistent with Principle #1, the voices and views of minority, disenfranchised and other groups with perhaps contrary opinions should also be heard and considered as part of evaluation processes. While CI recognizes the inherent value of participatory evaluations, project/programme staff, country office managers, and regional management need to determine the appropriate level of external control, influence, and authority for evaluation findings.

7. Evaluation documents need to include the following sections, at a minimum:
   - Name of project and country, PN (Project Number), dates project was operating, and date of evaluation;
   - Names and contact information of those conducting the evaluation, including external consultant(s) (if used).
   - Executive summary;
   - Principal findings, including lessons learned that could be useful to the wider CARE and development community, and recommendations for future programmes/ projects.
   Annexes, at minimum, should include :
   - Terms of Reference (ToR);
   - Study methodology, including key research questions or hypotheses, operationalization of key concepts, strategies to achieve appropriate controls (e.g. comparison with non-project groups), sampling strategies, and data analysis procedures;
   - Data gathering instruments (observation guides, surveys, focus group discussion guides, etc.);
   - Data presentation and analysis.

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[3] See page 7 for examples of sources of such standards

8. Evaluation activities are conducted openly and in a transparent manner:

- Terms of reference, findings, lessons learned and recommendations are always placed in the public domain;
- Special effort is required to ensure that evaluation results reach and are made understandable and relevant to host governments, CARE partners, local and national peer organizations, and most importantly the poor whom we serve (recognizing that different formats may be required for different audiences); and
- All evaluation reports are to be submitted electronically through C-PIN or directly to the CI Evaluation e-Library (EeL). [4]

9. Recommendations from evaluations are to be followed up with action plans, and these action plans, in turn are to be followed up by relevant supervisors. In the case of single-country projects or programmes these will usually be Assistant Country Directors for Programming. In the case of multi-country programmes, the responsibilities for follow-up will be the persons or units responsible for those programmes.

10. CARE International members commit to a continuous process of improving:
   • the level and importance of evaluation activity within the organization;
   • the capacity of CARE staff to plan for, supervise and participate in evaluations that meet these and related standards;
   • the effectiveness of its evaluation methods and management; and
   • the sharing and utilization of evaluation findings and recommendations with others including members of participating communities, government, civil society and other NGOs.

11. CARE International commits to allocating and generating the resources required for this Evaluation Policy to be fully and effectively implemented. In that respect adequate financial support for monitoring and evaluation must be written into and firmly negotiated with CARE's donors.

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[4] Country Offices and CI Members should send electronic copies of project/programme evaluation reports to Adrienne Ford who will then upload them to the central CARE Evaluation Electronic Library (EEL) run by the Design, Monitoring, and Evaluation Coordinator, Impact Measurement and Learning Team, CARE USA , acting on behalf of the CI Programme Working Group. All evaluations of humanitarian actions should also be sent to CARE International's Quality, Accountability & Standards Coordinator.

Comments on and Proposed Guidance to Promote the CARE Evaluation Policy[5]

Introduction:

The CARE leadership at multiple levels, as well as others such as government and private donors, OECD-DAC, and watchdog agencies, are asking for more substantial evidence of the global effectiveness and impact of INGOs like CARE. The heightened interest in such questions, and our need to be able to convincingly respond to them, compel us to adopt a more aggressive evaluation policy and strategy.

In view of our global scope and technical capacity, CARE is well positioned to derive significant institutional learning from a more strategic approach towards conducting and utilizing evaluations, both for accountability of effectiveness and for applying lessons learned to enhance our practice.

In the past, evaluations have mostly been conducted only to meet donor requirements; the methodologies used have varied widely; and, all too often, the reports have not been adequately utilized. We recognize the need for a corporate evaluation policy and strategy to promote a more systematic culture of accountability and reflective practice. This includes using formative as well as end-of-project and programme summative evaluations to contribute to strategic learning. How are our DME (Design, Monitoring and Evaluation) processes and lessons helping us to stay dynamic and tied to what others say are happening in our countries and regions? We need to link these best practices and lessons into policy and advocacy actions on our part, based on what we are learning.

Understanding the impact of our work happens through evaluations at multiple levels, including projects, programmes, initiatives, strategic plans, multi-agency evaluations, metaevaluations, etc.   When we better understand what impact we are having, this will affect the way we design and implement programmes, engage in partnerships, advocate for policy changes, etc.

Principles:

The over-riding principles that should be followed to guide the conduct and content of evaluations are the *CI Programming Principles*. What follow are some more specific principles that apply to evaluations per-se, while being consistent with the *CI Principles*.

- ***Relevance*** (focus on what is important): Evaluations should assess desired as well as unexpected outcomes. They should also examine processes. This includes testing the hypothesis that the one leads to the other -- that the interventions contributed to the achievement of the stated objectives and goal. Evaluations may also judge whether or not a project's objectives and goal were really relevant to addressing underlying causes of the identified

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[5] This guidance should be seen as a part of and reference made to other Design, Monitoring and Evaluation guidelines and tools produced by CARE, especially those related to the CI Programming Principles and Project Standards, the CARE Impact Guidelines, the Emergency Response Accountability Standards Checklist, etc. Many of those resources are available on the Program Quality Digital Library http://pqdl.care.org/default.aspx.

problem(s) and unfulfilled rights of the target population. They should also examine both benefits and harms, including the intended and unintended, positive and negative impacts on specific groups, such as women, ethnic minorities, etc.

- ***Participation*** (of community representatives): It is integral to a rights-based approach that participants in the project being evaluated should, whenever and as much as possible, be actively included in the planning for, implementation, analysis, reporting and utilization of evaluations. Evaluation findings and recommendations should never placed in the public domain without consultation with such stakeholders.

- ***Focused on impact on the lives of people*** (significance): The primary concern of all evaluations is the impact of CARE's work on the rights and welfare of poor and marginalized people. This applies to all of CARE's programming, including direct delivery, partnerships, and advocacy. CARE will strive to develop evaluation methods that contribute to the empowerment of the intended beneficiaries, enabling them to articulate their aspirations and opinions regarding the efficacy of CARE's interventions.

- ***Credibility*** (objective and reliable methods): Evaluators should follow the guiding principles of good practice, such as those promulgated by professional evaluation associations and agencies.[6]

- ***Integrity*** (ethical standards): Staff members and external evaluators engaged by CARE will maintain the highest possible professional, ethical and personal standards. In particular, they will ensure the honesty and integrity of the evaluation process, and respect the security and dignity of the stakeholders with whom they interact.

- ***Transparency*** (willingness to share findings): The terms of reference for evaluations are made public; major evaluation contracts are awarded through a process of competitive bidding; evaluation activities are conducted openly. The findings and recommendations are shared in appropriate ways with all stakeholders. Final evaluation reports are placed in the public domain and made accessible to anybody who is interested.

- ***Independence*** (of evaluators): The findings and recommendations of those conducting an evaluation should be included in their report without interference of managers. However, those implicated by the evaluation should be given the opportunity to respond to the conclusions and recommendations, and their responses included in the final version of the official evaluation report.

Evaluations beyond "projects"

1. Evaluations should focus on those operations, functions and operational policy issues that are of most direct concern to CARE, its partners and beneficiaries. While these, of course, include evaluating projects, we need to more proactively evaluate other levels and dimensions of CARE's work as well.

2. Periodic strategic evaluations should be commissioned on issues of critical importance to CARE, such as those related to themes chosen for ***Strategic Impact Inquiries***. Such inquiries seek to understand the contribution CARE is making to impact on the underlying causes of poverty, in ways that may go beyond the evaluation of specific projects or programming initiatives. Such

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[6] See list of such associations under Capacity Building, below.

strategic evaluations should take advantage of selected donor-funded programme or project evaluations already completed and/or planned.

3. Where restricted or unrestricted resources can be obtained, conduct post-project (*ex post*) project evaluations, to ascertain sustainable impact. Even better would be more comprehensive **programme** evaluations to assess synergy of multiple projects (by CARE and others) to achieve higher-level, sustainable impact.

4. Conduct metaevaluations on selected sectors or themes, within or across countries. At the global level continue to conduct the MEGA (Meta-Evaluation of Goal Achievement by CARE projects and programmes) every two years to synthesize results, examine evaluation methodologies, and inform corporate policy and strategy. The MEGA is based on evaluation reports contributed to the central CARE Evaluation Electronic Library (EeL). In this and other ways promote more systematic review, dissemination and utilization of lessons learned from evaluations.

5. CI strategic plans, as well as strategic plans of CI Members and Country Offices, should also be evaluated periodically as part of understanding the organization's performance.

Evaluation methodologies

1. There are a variety of purposes, types and methods for conducting evaluations. In addition to conducting evaluations to meet donor requirements, plans for evaluations should:
   o Be consistent with the overall monitoring and evaluation (M&E) plan for each project or programme:
   o Be seen as opportunities by project staff, partners and participants to gain more in-depth perspective on how well their work is leading to desired and unintended outcomes;
   o Use evaluations not only retrospectively (evaluating compliance with donor requirements) but also proactively to promote best practices and inform future strategy.
   In any case, as stated in Policy Line #2, every CARE project and programme must have a final summary assessment and report that documents what was achieved and lessons learned.

2. Whenever possible, planning for evaluation should begin at the time of project design (rather than waiting until the end of the life of a project). This includes conducting an appropriate baseline that will be comparable with the subsequent evaluation. Whether using quantitative or qualitative indicators, there needs to be sufficient 'before-and-after' evidence to document change. Where feasible, some form of comparison group should also be used to document 'with-and-without' – i.e. to make a convincing case that a project or programme produced attributable outcomes. What difference did it make?

3. Recognize the value of both formative (e.g. mid-term) and summative (final) evaluations. As an example of formative evaluations, Real-Time Evaluations (especially of Humanitarian Response) are useful for capturing lessons and promising practices that inform current decision-making.

4. Managers of projects or programmes being evaluated are the primary persons responsible for organizing evaluations. Their supervisors are responsible for assuring that the principles articulated in this Evaluation Policy

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and Strategy are adhered to, including the quality of the evaluation and follow-up of the subsequent action plan.

5. Improve methodologies to enhance quality, credibility and utility of evaluations. This should include reference to guidelines for good evaluation practice (see references in points 2 and 3 below).

6. Even where evaluation ToRs are prescribed by donors, they should include an assessment of compliance with the CARE Principles and DME Standards for programme quality[7] and, for Humanitarian Response, the Sphere standards. Especially for mid-term evaluations, these should be followed up with action plans for how the programme/project will strengthen its compliance and thus improve its quality and effectiveness.

Capacity building

1. Build long-term **DMEAL**[8] capabilities among CARE staff as well as their partners and counterparts. This includes strengthening the capacities of members of the CARE DMEAL Cadre (those with primary DMEAL responsibilities at various levels), and, through them, others with programming responsibilities.

2. The CARE Impact Guidelines, Project Design Handbook, M&E Guidelines, Project Standards Measurement Instrument (PSMI) and the DME Capacity Assessment Toolkit (DME-CAT), among other resources, can all help to promote capacity development. See http://pqdl.care.org/ ; http://myCARE.care.org/portal/server.pt ; www.kcenter.com/care/dme or http://www.globaldev.org/m&e/ for these and additional resources.

3. In addition to internal CARE documents, those responsible for evaluation should be acquainted with relevant resources available from other agencies and evaluation networks. These include evaluation standards promulgated by InterAction, American Evaluation Association, African Evaluation Association, European Evaluation Society, UK Evaluation Society, Australian Evaluation Society, Canadian Evaluation Society, OECD-DAC Evaluation Network, UN, Sphere, ALNAP, and HAP International, among others.

Participation

1. Stakeholders, including representatives of the target population, should participate in the planning, implementation and utilization of evaluations. It is important that participation should include the right to define key categories and indicators that comprise success, in the participants' own eyes.

2. Promote partnerships and interagency evaluations with research institutions and collaborating agencies.

3. Whenever possible, include external experts on evaluation teams, including host country evaluators and representatives of other CARE projects or partner agencies, to add perspective and share learnings.

4. Joint evaluations are encouraged to promote constructive peer review, improve cost effectiveness and better capture attribution (for example after humanitarian operations, where CARE is only one actor amongst many).

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[7] The Project Standards Measurement Instrument (PSMI) is one tool that has been developed for this purpose.

[8] DMEAL = **D**esign, **M**onitoring and **E**valuation for **A**ccountability and **L**earning

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Utilization

1. Use appropriate communications strategies to share the findings of evaluations in ways that are understandable and useful to various stakeholders -- participants and partners, staff of various units within the CARE consortium, as well as donors. In many cases this requires multiple forms of communication to different audiences, not just one final written report.
2. Systematically collect evaluation reports and add them to Country Office collections as well as the CARE global Evaluation Electronic Library (EeL) via C-PIN. The responsibility of disseminating evaluation reports, including sending them to ford@care.org or uploading them to C-PIN, falls on those commissioning evaluations, be they project, CO, Regional or CI Member staff.
3. Promote the publication and dissemination of evaluation guidelines and evaluation reports, especially metaevaluations, for internal and external audiences.

In summary:

1. CARE is committed to improving the level, importance and relevance of evaluation within the organization.
2. We will use evaluations to promote systematic reflective practice and organizational learning, as well as to provide accountability for effectiveness in contributing to significant and sustainable changes in the lives of the people we serve. They deserve nothing less.
3. We will provide global leadership in promoting, strengthening capacity, and enforcing this Evaluation Policy and Strategy.

Underlying philosophy:

Learn to Think Evaluatively:

➢ Reality checks: We all need to seek objective feedback, gain perspectives on our work; learn lessons and apply them.
➢ Rational decision-making: Before making decisions be clear on what evidence we have, from whom it was obtained, and how reliable it is.
➢ Challenge paradigms -- our own as well as others'. Ask what other perspectives would be informative.
➢ Be accountable: We owe it to our clients (intended beneficiaries as well as donors) to document not only our use of inputs and production of outputs, but also what outcomes are achieved; i.e. what difference our projects have made in the lives of beneficiaries.
➢ Timeliness and Relevance: we need to provide and use relevant information about lessons learned when it is most needed.