CARE International Evaluation Policy[1]
(condensed version)

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, use of lessons learned to improve our policies and practices, 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. This policy covers emergency, rehabilitation, and development projects and programmes.

Policy Lines

1. Country Offices have primary responsibility for planning, financing 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.
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. Whether or not required by a particular donor, every CARE project and programme must have a final internal or external summary assessment and report that documents what was achieved and lessons learned.
3. Evaluations need to test the relationships between a project's or programme's efforts and progress towards CI's Vision and Mission, including contributions to 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 larger coalitions. These include international standards such as the NGO & Red Cross Code of Conduct and Sphere minimum standards for humanitarian response.
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.
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.
8. Evaluation activities are conducted openly and in a transparent manner.
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.
10. CARE International members commit to a continuous process of improving the level and importance of evaluation activity within the organization.
11. CARE International commits to allocating and generating the resources required for this Evaluation Policy to be fully and effectively implemented. Adequate budgets for monitoring and evaluation must be written into proposals and firmly negotiated with CARE's donors.

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[1] As approved by CI Programme Working Group April 2005

Comments on and Proposed Guidance to Promote the CARE Evaluation Policy

<u>Introduction:</u>
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.

<u>Principles:</u>
The over-riding principles that should be followed to guide the conduct and content of evaluations are consistent with the CI Programming Principles:
- *Relevance* (focus on what is important)
- *Participation* (of community representatives)
- *Focused on impact on the lives of people* (significance)
- *Credibility* (objective and reliable methods)
- *Integrity* (ethical standards) by staff members and external evaluators engaged by CARE.
- *Transparency* (willingness to share findings)
- *Independence* (of evaluators)

<u>Evaluations beyond "projects"</u>
While projects must, of course, be evaluated, we need to more proactively evaluate other levels and dimensions of CARE's work as well, including periodic strategic evaluations on issues of critical importance to CARE, such as those related to themes chosen for Strategic Impact Inquiries, post-project (*ex post*) project evaluations to ascertain sustainable impact, and periodic metaevaluations on selected sectors or themes, within or across countries. Country Office and CI Member strategic plans should also be evaluated periodically.

<u>Evaluation methodologies</u>
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 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.
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).
3. Recognize the value of both formative (e.g. mid-term) and summative (final) evaluations.
4. Managers of projects or programmes being evaluated are the primary persons responsible for organizing evaluations.
5. Improve methodologies to enhance quality, credibility and utility of evaluations.
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[2] and, for Humanitarian Response, the Sphere standards.

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

Capacity building

1. Build long-term **DMEAL**[3] capabilities among CARE staff as well as their partners and counterparts.
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.
3. In addition to internal CARE documents, those responsible for evaluation should be acquainted with relevant resources available from other agencies and evaluation networks.

Participation

1. Stakeholders, including representatives of the target population, should participate in the planning, implementation and utilization of evaluations.
2. Promote partnerships and interagency evaluations with research institutions and collaborating agencies.
3. Whenever possible, include external experts on evaluation teams.
4. Joint evaluations are encouraged to promote constructive peer review, improve cost effectiveness and better capture attribution.

Utilization

1. Use appropriate communications strategies to share the findings of evaluations in ways that are understandable and useful to various stakeholders.
2. Systematically collect evaluation reports and add them to CO collections as well as the CARE global Evaluation Electronic Library (EeL) via CPIN.
3. Promote the publication and dissemination of evaluation guidelines and evaluation reports.

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.

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