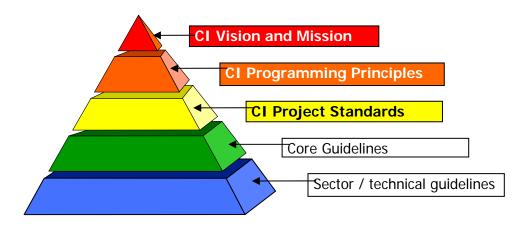


CARE International

PROGRAMME STANDARDS FRAMEWORK

The CARE International Programme Standards Framework relates the CI Vision and Mission to selected Principles, Standards and guidelines that CI Members agree should inform and shape all CARE programmes and projects. Its component parts are shown graphically in this pyramid, and then presented in abbreviated fashion below.¹



VISION AND MISSION

CARE programmes and projects should propose strategies that lead to lasting impact on the lives of poor people and communities. They should do so in a way that conforms with the purpose CI describes for itself in its vision and mission.

VISION STATEMENT

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security.

CARE International will be a global force and partner of choice within a world-wide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

¹ Only the vision, mission, principles and standards are included in this brief summary. The *Impact Guidelines* (Feb. 2000) still serve as the core DME guidelines, though they will be updated during FY04. The many sectoral/technical guidelines will soon be accessible through the Internet (those related to DME are already available at <u>www.kcenter.com/care/dme</u>.)

MISSION STATEMENT

CARE International's mission is to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility. We facilitate lasting change by:

- Strengthening capacity for self-help
- Providing economic opportunity
- Delivering relief in emergencies
- Influencing policy decisions at all levels
- Addressing discrimination in all its forms

Guided by the aspirations of local communities, we pursue our mission with both excellence and compassion because the people whom we serve deserve nothing less.

PROGRAMMING PRINCIPLES

In order to fulfil CARE's vision and mission, all of CARE's programming should conform with the following Programming Principles, contained within the CI Code. These Principles are characteristics that should inform and guide, at a fundamental level, the way we work. They are not optional. These Programming Principles are as follows:²

Principle 1: Promote Empowerment

We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfil their rights, responsibilities and aspirations. We ensure that key participants and organisations representing affected people are partners in the design, implementation, monitoring and evaluation of our programmes.

Principle 2: Work with partners

We work with others to maximise the impact of our programs, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfil rights and reduce poverty through policy change and enforcement.

² Principles as approved by the CI Board, November 2003.

<u>Principle 3: Ensure Accountability and Promote Responsibility</u> We seek ways to be held accountable to poor and marginalized people whose rights are denied. We identify individuals and institutions with an obligation toward poor and marginalized people, and support and encourage their efforts to fulfil their responsibilities.

Principle 4: Address Discrimination

In our programs and offices we address discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.

<u>Principle 5:</u> Promote the non-violent resolution of conflicts We promote just and non-violent means for preventing and resolving conflicts at all levels, noting that such conflicts contribute to poverty and the denial of rights.

<u>Principle 6: Seek Sustainable Results</u> As we address underlying causes of poverty and rights denial, we develop and use approaches that ensure our programmes result in lasting and fundamental improvements in the lives of the poor and marginalized with whom we work.

We hold ourselves accountable for enacting behaviours consistent with these principles, and ask others to help us do so, not only in our programming, but <u>in all that we do</u>.

PROJECT STANDARDS

These CARE standards apply to all CARE programming (including emergencies, rehabilitation and development) and all forms of interventions (direct service delivery, working with or through partners, and policy advocacy).³

These standards, as well as accompanying guidelines, should be used to guide the work of project designers; as a checklist for approval of project proposals; as a tool for periodic project self-appraisal; and as a part of project evaluation. The emphasis should not be only on enforcement but also on the strengthening of capacity to be able to meet these standards for programme quality. At the time of initial approval, if a project can not meet one or more standards, allow for explanation of why, and what will be done about it. More than a "passed/failed" checklist, these call for a description of how well a project meets each standard, and an action plan for how it will better meet these standards going forward.

³ These can also be referred to as the "Programme Quality Standards." The PSMI (Project Standards Measurement Instrument) is available for use as a guideline for understanding these standards more thoroughly, and for assessing how well a project currently complies with each of these standards. Accessible at <u>www.kcenter.com/care/dme</u>.

Each CARE project⁴ should:

- 1. Be consistent with the CARE International <u>Programming Principles</u>.
- 2. Be clearly linked to a <u>Country Office strategy</u> and/or long term programme goals.
- 3. Ensure the active <u>participation</u> and influence of stakeholders in its analysis, design, implementation, monitoring and evaluation processes.
- 4. Have a design that is based on a <u>holistic analysis</u> of the needs and rights of the target population and the underlying causes of their conditions of poverty and social injustice. It should also examine the opportunities and risks inherent in the potential interventions.
- 5. Use a <u>logical framework</u> that explains how the project will contribute to an ultimate impact upon the lives of members of a defined target population.
- 6. Set a <u>significant</u>, yet <u>achievable</u> and measurable <u>final goal</u>.
- 7. Be <u>technically, environmentally, and socially appropriate</u>. Interventions should be based upon best current practice and on an understanding of the social context and the needs, rights and responsibilities of the stakeholders.
- 8. Indicate the <u>appropriateness of project costs</u>, in light of the selected project strategies and expected outputs and outcomes.
- 9. Develop and implement a <u>monitoring and evaluation plan</u> and system based on the logical framework that ensures the collection of baseline, monitoring, and final evaluation data, and anticipates how the information will be used for decision making; with a budget that includes adequate amounts for implementing the monitoring and evaluation plan.
- 10. Establish a <u>baseline</u> for measuring change in indicators of impact and effect, by conducting a study or survey prior to implementation of project activities.
- 11. Use <u>indicators</u> that are relevant, measurable, verifiable and reliable.
- 12. Employ a balance of <u>evaluation methodologies</u>, assure an appropriate level of rigor, and adhere to recognized ethical standards.
- 13. Be informed by and contribute to <u>ongoing learning</u> within and outside CARE.

⁴ These standards refer specifically to CARE **projects** (whether implemented directly or through partners). However, where there are specific longer-term **programmes** these standards should apply to them as well.