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.

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 CI PWG, endorsed by the 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;
   - 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 3 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 ford@care.org 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.