CARE INTERNATIONAL EVALUATION POLICY

I. INTRODUCTION

CARE envisions a world of hope, inclusion, and social justice, where poverty has been overcome and people live in dignity and security. In line with this vision, and in keeping with our commitment to being a learning organization that uses data and evidence to inform our actions, decisions, and behaviours, we have developed this evaluation policy which will be embedded in CARE's overall Monitoring, Evaluation, Accountability and Learning (MEAL)[1] practice and MEAL systems across the organization.

For the purposes of this policy, 'evaluation' is understood to be the systematic process of examining or assessing the quality, performance, outcomes, or impact of ongoing or completed projects, initiatives, programs, or strategies, implemented by CARE on its own or with partners. Evaluations play an important role in measuring the impact of CARE's work. They provide an impetus for ongoing learning processes and lay the foundation for continuous accountability and improvement of our programming interventions. Thus, the generation and utilization of high-quality evaluations are fundamental to fulfilling CARE's mission of creating lasting change and empowering communities.

In line with our programmatic aspirations and Vision 2030, we ensure that evaluations of programming interventions implemented by CARE and its partners across the world meet the commitments outlined in this policy. The purpose of this approach is to enhance our accountability to our various stakeholders, as well as to learn and to improve our actions and how we contribute to humanitarian or development outcomes.

CARE recognizes that evaluations can:

- Have different focuses depending on the goals and expectations of different stakeholders. For instance, using OECD-DAC criteria[2], evaluations could center on any of these elements: relevance, coherence, effectiveness, efficiency, impact, or sustainability. Other frameworks may focus instead on the worth, merit or significance of project interventions.
- Adopt very different methodological research or data collection approaches (e.g., qualitative vs quantitative, etc.) and designs (e.g., experimental, quasi-experimental or non-experimental). Additionally, evaluations may at times resemble research studies (e.g., an evaluation that goes beyond confirming if expected outcomes were achieved and/or aims to test a hypothesis and produce generalizable findings).

The commitments of this policy apply to any type of evaluation of all CARE projects, programs, system-level initiatives or program strategies, regardless of its focus, methodology or approach.

II. PURPOSE

In this evaluation policy, CARE adopts a cohesive and coordinated approach to evaluation of all its programming – including projects, initiatives, programs, and program strategies – for the purpose of:

- Ensuring that all CARE programming meets the agreed-upon commitments outlined in this policy, and that these commitments are applied consistently throughout the evaluation process: from planning and designing the evaluation, to implementing it with methodological quality, and acting on its findings.

[1] This policy is focused on the EVALUATION element of MEAL. CARE standards for MEAL can be found here.
[2] OECD DAC criteria or CORE Humanitarian Standards. Important: A single evaluation can rarely examine all criteria at once (impact, coherence, effectiveness, etc.). Exploring multiple criteria would normally require multiple evaluation approaches and methods.

- Ensuring that, where applicable, CARE´s programming generates high quality evidence of impact and outcomes, thereby supporting CARE´s accountability to its Vision 2030 and enabling CARE and its partners to demonstrate the significance of their contributions to lasting change globally.
- Ensuring evidence-based planning, programming and decision making across CARE, and in interventions with partners, by systematically capturing lessons learned and acting on evaluation findings.

III. SCOPE OF APPLICATION

This policy is supported and endorsed by all entities of the CARE International (CI) confederation. It applies to evaluations of:

- **Projects**: Time-bound interventions with a well-defined focus (humanitarian, development, nexus) and resources to meet a set of desired results and clearly defined objectives/goals linked to expected effects/impacts on one or more groups of people.
- **Programs and system-level initiatives**: A set of coherent actions that go beyond the scope and timeframe of individual projects. Such interventions aim at achieving positive and lasting impact on a broader scale and within the wider population in order to bring about changes in systems and address underlying causes of poverty and social and gender injustice.
- **Program Strategies**: A set of organizational programmatic priorities and goals that CARE country offices, regions, global teams and others commit to in response to the most critical challenges in a particular context with the goal of facilitating lasting change in the lives of poor and vulnerable people.

IMPORTANT: If CARE is part of a consortium, this is how the commitments in this policy apply:

- If CARE is the lead, the commitments in this evaluation policy apply to all consortium projects, programs and initiatives (assuming CARE has overall responsibility for the entire consortium).
- If CARE is not the lead, then where possible and relevant, CARE should incorporate elements of this policy in the consortium's work or at least within the interventions for which CARE is responsible.

While every attempt must be made to meet the commitments of this policy, exceptions may be permitted in certain contexts, for example, when monitoring and evaluation processes are directly managed by the donor.

IV. COMMITMENTS

This policy is rooted in CARE's 2030 Vision, Programming Principles, and the Standards for Monitoring, Evaluation, Accountability and Learning. The commitments of this policy cover what CARE considers to be the most critical elements for ensuring evaluation processes that are: useful; promote participation, learning and accountability; and deliver high quality evidence and findings in line with our Vision 2030 goals and organizational principles and obligations.

The policy outlines two sets of commitments: core and extended.

Core commitments apply to any type of evaluation in all CARE projects, programs, system-level initiatives or program strategies. Their aim is to ensure participation of all stakeholders in the evaluation, clearly define the scope of every evaluation, and ensure that evaluation findings are acted on.

Extended commitments go beyond the core commitments. They apply only to projects, programs, system-level initiatives or program strategies that meet defined criteria that specifically requires them to evaluate impact or outcomes. Thus, the extended commitments are intended to strengthen CARE's ability to assess and measure its lasting impact. They provide guidance on how impact/outcome evaluations should be funded; what outcomes should be measured; and how to systematically strengthen evaluation capacity.

1. Core commitments for all evaluations of projects (humanitarian, development, nexus), programs and systems-level initiatives

Core commitment 1: Participation and inclusion

- All phases of the evaluation process (including preparation, planning, implementation, analysis, reporting, dissemination, learning and utilization) are undertaken through shared leadership and/or meaningful engagement of partners, participants (with a special focus on women, girls and people with diverse gender identity and/or sexual orientation), donors and other stakeholders.
- Evaluation processes are inclusive, culturally sensitive and accessible to the different needs and capacities of anyone wishing to participate. Each phase of the evaluation process draws on the perspectives of all the different groups of actors involved, with particular attention given to local cultural practices and realities, and to the needs, voices, and views of those who are most marginalized.

Core commitment 2: Ensuring quality in the design of the evaluation and in reporting

- **The Terms of Reference (TOR) for evaluation design** are developed in accordance with CARE´s suggested TOR template and criteria. They address elements that are critical to ensuring the coherence and appropriateness of each step in the evaluation process. Particular attention is given to ensuring that the evaluation:
  - has a clear purpose to inform learning, decision making, and action;
  - focuses on measuring what is most critical, most relevant and what would generate most learning for various stakeholders, and that it intentionally incorporates local context and knowledge when defining what to measure to avoid burdening the different actors;
  - utilizes objective, appropriate and reliable methods that are aligned with sector standards, incorporate and respect existing mechanisms or cultural practices (e.g., indigenous/traditional systems), and 'do-no-harm' to the local population, climate, or the environment; and
  - upholds CARE´s agreed-upon standards on safeguarding and responsible data management which, among other things, ensures consent and protection of individuals and any sensitive/private data. The evaluation is conducted with integrity and respect for social and cultural norms and recognizes the right of people to decline to provide information or participate in the evaluation process.
- **The Evaluation Report includes all evaluation findings and analysis**, and meets content and quality standards indicated in the CARE Evaluation Report Template. The document meets the requirements established in the TOR and the findings are clearly laid out and actionable for accountability and learning purposes.

Core commitment 3: Evaluation response plan

- Findings and recommendations from evaluations are followed up with an Evaluation Management Response Plan. The **CARE evaluation response plan template** includes:
  - decisions on adaptation of existing programming;
  - elements to incorporate in the design and delivery of future programming;
  - actions to promote reflection and organizational learning; and
  - actions to transform the evaluation findings into evidence for advocacy or influencing.

Core commitment 4: Transparency and sharing of evaluation findings

- Evaluation reports are published and made public on http://www.careevaluations.org. Exceptions can be made, however, when:

  - publication represents a risk for the participants;
  - publication can compromise CARE's advocacy strategies; or
  - the evaluation/assessment was mainly for internal purposes (e.g., post distribution monitoring or internal after-action reviews).
- Evaluation findings are shared in the languages spoken by the stakeholders, with priority given to the languages of the project participants. The format in which the findings are presented depends on the preferences of the audience, their literacy levels, available channels, etc.

2. Extended commitments for evaluating impact or outcomes of large projects (humanitarian, development, nexus)

Impact or outcome evaluations observe and track the changes taking place in the lives of the impact groups, and analyse the reason for these changes and how they came about. While having 100% of CARE´s projects conduct impact or outcome evaluations would certainly make for higher quality programming and learning across all our actions, it is understood that project evaluations vary and do not always have an impact scope or the capacity and resources to measure impact or outcomes. In consideration of this limitation, CARE commits to ensuring that at least **large projects** (as defined in the text box below) are able to demonstrate their contribution to lasting change in the lives of different groups of people. As such, the bar is set higher for evaluations of such projects to measure and demonstrate outcomes *and* impact against **CARE's Vision 2030 impact indicators**. Thus, in addition to meeting all the core commitments specified above, large projects (or projects meeting CARE's criteria for large projects) are expected to fulfill the extended commitments outlined below.

CARE considers the term 'large projects' to include:

- **Humanitarian response projects** with a duration ≥ 6 months and a budget ≥ 250K USD
- **Long-term development projects, nexus projects or humanitarian projects addressing a protracted crisis (i.e. long term and with no prospect of resolution)** with a duration ≥ 24 months and a budget that is:
  - ≥ 500K USD in a single funding agreement (e.g., a 4-year single agreement with ≥ 500K USD in total) or
  - ≥ 250K USD in multi-year agreements (e.g., an agreement that is renewed annually with the same scope and objective for amounts ≥ 250K USD/year)

The thresholds above have been established based on analysis of CARE´s portfolio, identification of its larger projects, and the requirements for these projects to measure and demonstrate impact-level changes in the lives of target populations.

The extended commitments for projects that meet the thresholds for impact measurement, are:

Extended commitment 1 for large projects: Ensuring adequate resources for evaluation

- Projects allocate a minimum of 3% of their program budgets for evaluation. This allocation includes all necessary and dedicated resources to **ensure measurement of impact or outcomes**. Projects planning more complex evaluation processes (e.g. using quasi-experimental methods and/or implemented in collaboration with research or academic institutions) can expect to allocate up to 20% or more of their program budget for evaluation.

Extended commitment 2 for large projects: Alignment with CARE's Vision 2030

- Evaluations generate evidence of impact or outcomes in the lives of different groups of people via the adoption and measurement of **CARE's Global Impact and Outcome Indicators**, together with any other qualitative or quantitative indicators/evidence that are relevant or required for accountability and/or

learning by different actors (participants, partners, donors, other stakeholders). In line with our Vision 2030 commitments, women, girls and marginalized communities are at the center of evaluations.

- The collection of evidence of impact or outcomes meets the following minimum quantitative and qualitative evidencing requirements:

Humanitarian Response Projects **Duration ≥ 6 months** **Budget ≥ 250K USD**	**Development, Nexus Projects, and Humanitarian protracted crises projects** **Duration ≥24 months** **Budget ≥ 500K USD (single contract) or ≥ 250K USD (per year in a multi-year contract)**
QUANTITATIVE **At least one measurement** via the endline survey/Post-Distribution Monitoring (PDM) or other evaluation of QUALITY ("Did the humanitarian assistance meet quality standards?") and SATISFACTION ("Were people satisfied in terms of the quality, adequacy, safety, inclusiveness, and accountability of the assistance they received?") **Measure:** • At least one HUM Impact Area indicator: ind. 19 and 20 and sub-ind. 20.1 – 20.13 • At least one Gender Equality indicator, especially if the project has a strong gender focus. • Any Poverty and Pathways indicators when relevant, based on the focus of the project. **QUALITATIVE** Evidence of the WHY of quantitative changes, other unexpected changes, successes, or failures.	**QUANTITATIVE** **At least two comparable measurements** (e.g., baseline/endline) demonstrating impact or outcomes in people's lives. **Measure:** • At least one Gender Equality indicator • At least one Impact Area indicator • Any Poverty and Pathways indicators when relevant, based on the focus of the project and its work on systems-level change and scaling. • Examine changes in people´s Agency, Relations or Structures (in line with the Gender Equality Framework). **QUALITATIVE** Evidence of the WHY of quantitative changes, other unexpected changes, successes, or failures.
• The evidence of impact or outcomes generated by the evaluation is reported to the Project/Program Information and Impact Reporting System (PIIRS) which tracks and copiles aggregated figures to assess CARE´s progress towards its Vision 2030 and global commitments.	

Extended commitment 3 for large projects: Capacity strengthening

- Evaluations include a capacity strengthening component. This capacity strengthening can happen in a number of ways, including:
  - formal training e.g., an external evaluator trains the team on the evaluation method selected; or a project team organizes a cross-learning meeting with another country or project team in another location that is experienced in undertaking the type of evaluation to be performed;

- hands-on learning e.g., the evaluator and project team jointly execute certain phases of the evaluation process, for instance, the analysis and dissemination of findings/results; and
- standardization of tools e.g., a country team adopts harmonized and tested data collection tools that were successfully implemented in a particular evaluation.

3. Extended commitments for evaluating impact or outcomes from programs or initiatives aimed at achieving impact/outcomes at large scale

Impact assessments of programs or systems-level initiatives are distinct from traditional project evaluations. They require different evaluation questions and methodology. For instance, systems-level change often happens at a national or portfolio-program level (e.g., change in the way an entire health system in a country delivers services), requiring an evaluator to synthesize evidence of impact or outcomes across a range of sources, oftentimes from multiple interventions.

At the same time, the impact of programs or systems-level change initiatives usually takes a long time to materialize (e.g., the impact of a change in national policy will only be measurable when the policy is implemented and resourced, or when changes in social norms take root and become evident). Given this lag, the impact from programs or systems-level initiatives can rarely be measured by project-level MEAL systems. For this reason, CARE commits to:

Extended commitment 1 for programs/system-level initiatives: Ensuring adequate resources for evaluation

- Starting in FY26, CARE Members, Affiliates and Candidates will jointly and purposefully build up funding and ensure availability of resources to strategically invest in at least one standing evaluation of a program or systems-level initiative every year and in every CARE region, to be selected using the following criteria:
  - the program/systems-level initiative is strategically relevant to CARE's global policy or systems-change goals;
  - the program/systems-level initiative leads to a potentially significant change for women and girls; and
  - the program/systems-level initiative will inform CARE's advocacy or systems-level change work.

Extended commitment 2 for programs/system-level initiatives: Alignment with CARE's Vision 2030

- Evaluations generate evidence of impact or outcomes in the lives of different groups of people via the adoption and measurement of **CARE's Global Impact and Outcome Indicators**, together with any other qualitative or quantitative indicators/evidence that are relevant or required for accountability and/or learning by different actors (participants, partners, donors, other stakeholders). In line with our Vision 2030 commitments, women, girls and marginalized communities are at the center of evaluations.
- The collection of evidence of impact or outcomes meets the following minimum quantitative and qualitative evidencing requirements:

Program evaluations	Systems-level impact evaluations
The program evaluation consists at minimum of a Program Review that compiles evidence of impact from multiple sources and interventions, to understand the longer-term contributions of the	**A. If the systems-level change is achieved via advocacy and influencing**, the evidencing of impact is done following these steps: **Before an advocacy/influencing win is achieved:**

program to sustained changes in the lives of the impact population.

These program evaluations can be done via Strategic Impact Inquiries (SII), meta-evaluations, and assessments of effectiveness, repeated every three to five years.

QUANTITATIVE

- **Secondary data:** Meta-analysis of existing evidence around CARE 2030 indicators, people´s Agency, Relations or Structures (in line with the Gender Equality Framework) or other areas of enquiry**.**
- **Primary data:** only recommended when it resolves an area of inquiry that cannot be determined by secondary data.

QUALITATIVE
Evidence of the HOW and WHY of quantitative changes, other unexpected changes, successes, or failures.

Focus on measuring CARE 2030 ind. 17 (changes in formal structures)

- **QUALITATIVE: Document the advocacy/influencing process**, via the Advocacy Tracker Tool and Advocacy and Influencing Impact Reporting (AIIR) tool.
- **QUANTITATIVE: Number of people potentially benefiting** from the advocacy/influencing win.

Once an advocacy/influencing win has been achieved:
Focus on measuring CARE 2030 ind. 17 (changes in formal structures).

- **QUALITATIVE: Document the advocacy/influencing win**, including how CARE and partners contributed to it.
- **QUANTITATIVE: Number of people actually benefiting** from the advocacy/influencing win. **Repeat this process every** 2-3 years after the win was achieved.

B. If the systems-level change is achieved via other pathways for impact at scale

Evaluation questions to consider:

- What system (or systems) changed as a result of this win/structural shift?
- How did the systems-level change(s) happen?
- What was CARE's contribution to these systems-level changes? What role did CARE play in supporting partners who contributed to the change?
- What were the outcomes of those systems-level changes from the perspective of CARE and other systems actors?
- At what level did the system changes take place (e.g., local, provincial, national, regional, global, etc.) and ultimately change people's lives?
- How many people's lives are better because of CARE's contributions to these systems-level changes?

QUANTITATIVE: Evidence from primary or secondary sources demonstrating impact or outcomes in people's lives as a result of CARE's contributions. This may include estimating the impact from secondary data or from a reasonable sample using primary data (i.e. modeling). Focus on measuring CARE 2030 ind. 16 (norms and movements), 15 (service systems strength).

QUALITATIVE: Evidence of the HOW and WHY of quantitative changes, other unexpected changes, successes, or failures.

- The evidence of impact or outcomes generated by the evaluation is reported to the Project/Program Information and Impact Reporting System (PIIRS) which tracks and compiles aggregated figures to assess CARE´s progress towards its Vision 2030 and global commitments.

4. Extended commitments for evaluating program strategies

Extended commitment 1 for program strategies: Ensuring adequate resources for evaluation

- To the extent possible, CARE entities (Members, Affiliates, Candidates, regional teams, global teams, country offices) build up funding and/or resources to strategically and periodically review their progress against the commitments of their individual program strategies.

Extended commitment 2 for program strategies: Alignment with CARE's Vision 2030

- Evaluations of program strategies minimally consist of **Program Strategy reviews at mid-term and end-of-strategy** that compile evidence of: progress towards strategic goals, and contribution and connection of the strategy to CARE´s global strategic priorities. These program strategy evaluations can be done via multi-stakeholder reviews.

V. ROLES AND RESPONSIBILITIES FOR MEETING THE COMMITMENTS OF THIS POLICY

The establishment of **evaluation committees** is necessary for the organization and implementation of all phases of an evaluation process, including application of the principles and commitments of this policy. The evaluation committees need not be formal structures. They should, however, be spaces for coordination, accountability and sharing, with representation from:

a) those responsible for the implementation of the project/initiative/program/strategy (e.g., CARE staff, partner staff, the external evaluation group);

b) impact or target groups (e.g., project participants); and

c) stakeholders expected to take action on the findings from the evaluation (e.g,. donors).

The responsibility of establishing evaluation committees lies primarily with the CARE entit(ies) implementing the project, program, systems-level change initiative or program strategy.

The following table outlines the main responsibility-holders for the various policy commitments:

Policy Commitment	Responsibility
Evaluations of projects	
Ensuring adequate resources for the evaluation	Contract holder CARE Member Partner (CMP),[3] with implementing country/team
Engaging with different actors for the evaluation and defining the evaluation committee	Implementing country/team
Aligning the evaluation with CARE's Vision 2030	Contract holder CMP, with implementing country/team. With support from the Lead Member (LM)[4] if possible
Ensuring the quality of the Terms of Reference for the evaluation, and the evaluation report	Contract holder CMP, with implementing country/team. With support from the LM if possible

[3] A CI Member Partner is any CI Member, Candidate or Affiliate that supports a particular CI implementing presence, primarily by participating in one or more program or project activity. Participation may be by providing funding, holding the contract with a donor of the CI Member Partner, providing technical assistance, or any other form of engagement.

[4] A CI Member designated with the ultimate legal responsibility and authority for management and operation of the CI Country Office and the work of CI in a given country.

Transparency	Contract holder CMP, with implementing country/team. With support from the LM if possible.
Evaluation Response Plan: Action and Learning (including reporting to PIIRS)	Implementing country/team with Contract holder CMP. With support from the LM if possible.
Capacity strengthening	All: Contract holder CMP, implementing country/team, LMs, regional teams, impact area or pathways teams, CI Secretariat
Evaluations for programs, system-level change initiatives, or program strategies	
Resourcing and implementing system-level change initiatives/program reviews	CARE Member/Affiliate/Candidate, impact area or pathway team leading the program
Resourcing and implementing strategy reviews	CARE Member/Affiliate/Candidate, country office, regional office, impact area or pathway team leading the strategy
Accountability around the adoption of the policy	
Overseeing socialization and application of the policy and related guidance	All CARE Members/Affiliates/Candidates CI Secretariat
Monitoring of progress against commitments	CI Secretariat
Reviewing and updating the policy	CI Secretariat

VI. ACCOUNTABILITY

This evaluation policy will be reviewed every three years. This policy will not have a formal reporting and internal accountability process to assess progress against policy commitments. However, for internal learning purposes, the PIIRS system managed by the CI Secretariat will provide CI Members, Affiliates and Candidates with some metrics collected annually that relate to CARE's evaluation practices.

VII. ASSOCIATED POLICIES AND OTHER REFERENCES

Associated policies or guidelines: This policy complements CARE's Programming Principles, Gender Equality and Inclusion Policy, MEAL Approach, Principles and Standards and Accountability Framework.

Associated references

1. Phases of the Evaluation Process
2. Tips and Template for Evaluation Budgeting
3. Evaluation Terms of Reference Template and Checklist to Assess Evaluators' Proposals
4. Evaluation Report Template and Quality Checklist for Evaluation Report
5. Evaluation Management Response Plan Template