THE ROUTE TO GLOBAL MONITORING, EVALUATION AND LEARNING CAPACITY IN CARE

(PIIRS, October 2015)

Why is global MEL necessary?

- The CARE 2020 Program Strategy is our renewed organizational commitment to significantly contribute to social change and maximize impact. This renewed commitment requires revisiting our global capacity to generate evidence for learning and accountability around i) WHAT we do, ii) WHAT changes happen in the places and communities we work with, iii) HOW those changes are influenced by our actions and those of others and iv) WHY (or why not) these changes and their actions are innovative and replicable or scalable.

- There is wide organizational recognition of the challenges around MEL practice and our ability to capture solid and comparable information to tell a global impact story, evidenced in previous attempts of showing CARE's contribution to impact in a determined region or thematic area[1].

- There is wide organizational recognition that MEL practices should serve both accountability and learning purposes, responding to i) the increasing demand from donors, governments, partners and participants for better evidence of change and our contribution to reducing poverty and social injustice; and ii) our own need to generate a solid body of knowledge for learning from the successes and failures of our work.

The route to global MEL

The route to consolidating a global MEL capacity involves three critical elements:

A. **The formalization of a harmonized global approach and guidance for how we demonstrate CARE's contribution to social change**: a conceptual framework and policy principles explaining how we define and assess CARE's contribution to social change, and how to validate these findings impact and target groups.

B. **The establishment of a global evidencing system:** A set of guiding indicators and metrics applicable to CARE projects and programs worldwide, allowing for collection and consolidation of coherent and comparable outcome and impact data and analysis, focusing on the outcome areas and approaches of the Program Strategy. The focus here is on outcomes and impact, so that we are not solely examining outputs and reach. This of course means working to ensure that M&E systems can deliver accurate data at the project level, based on harmonized operational definitions across CARE to reach the same level of data quality.

"How do we evolve a people led M&E mechanism/ framework that is in itself a transformative process?

How do we challenge our extractive and vertical M&E methods and introduce tools and methodologies that not only allow us to generate the evidences for CARE but the way they are generated and the outcome of that process become a transformative approach.

CARE needs to invest in integrated, harmonized and interactive MEL at national and global levels"

(CO MEL capacity survey, 2012)

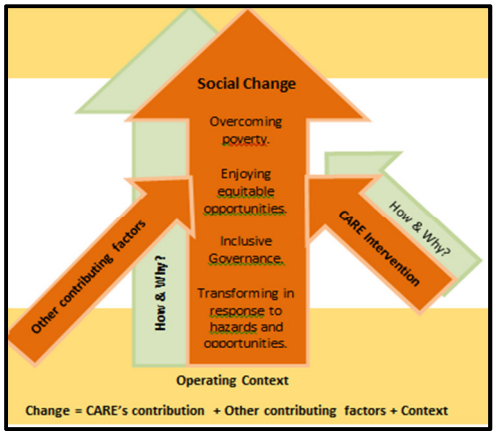
C. **Development of a capacity building strategy and system for technical assistance and knowledge management around MEL:** The formalization of an interdependent MEL community of practice based on existing resources; the rolling out of a MEL capacity building agenda for all CARE, and the establishment of a MEL resource center.

[1] Only 72% of all initiatives featuring the Latin America and Caribbean Impact Report (2005-2010) had solid enough evidence of impacts. Similar situations were found with 59% of the initiatives featuring the Asia Impact Report (2005-2010) and 24% of the initiatives featuring the Report Challenging Gender-based Violence Worldwide.

A. THE FORMALIZATION OF A GLOBAL APPROACH AND GUIDANCE TO DEMONSTRATE CARE'S CONTRIBUTION TO SOCIAL CHANGE

CARE recognizes that the contexts within which it works are dynamic and that our work takes place in complex situations where social change does not follow a specific timeline and pathway, where multiple stakeholders interact and influence each other as well as our interventions, and where there are constant adjustments in social, economic, structural, environmental or other dimensions that we must be critically aware of and adapt to (see figure 1).

Figure 1: Explaining social change



Under these circumstances, our organizational ability to demonstrate impact from our work and explain social change requires that **CARE projects and programs are designed and implemented under a comprehensive explanation of causality** -that means- making explicit the way we think about a current situation or problem and its underlying causes, outlining a process of desired social change[2], defining the interventions we will contribute with, and identifying other contributing factors and critical preconditions that need take place in society in order for that social change to come about (see figure 2).

This explanation of causality should, in most cases, be made through **a more systematic application of theories of change in projects and programs**[3], which will then result in better conditions to "unpack" the WHO, WHAT, HOW and WHY of social change, being better able to define appropriate indicators and MEL methods to:

- Put focus on the WHO: take an actor-centered approach by recognizing that it is the men and women we work with – be it beneficiaries / impact groups, or other key actors / target groups, who are the ultimate agents of change.
- Explaining WHAT changes a specific population is experiencing as a result of being involved in a CARE intervention
- Demonstrating CARE's and other actors' contribution to the HOW and WHY that change is happening (e.g. changes influenced by CARE strategies, other factors influencing change).
- Pulling together a body of knowledge that supports the potential for expansion or replication of successful interventions, aiming at multiplying change at broader scale.

[2] Social change understood as the overcoming of poverty, enjoying equitable opportunities for women and men, being part of inclusive development processes and being able to continuously transform in response to new hazards and opportunities.

[3] Theories of change are not new to CARE; they are the basis for CARE's program design and are used in project design and the development of advocacy strategies. The broader application of theories of change at project level does not replace the use of other tools like Log Frames or Logic Models. However, a comprehensive explanation of causality becomes a pre-requisite to better explain what CARE does and the changes it contributes to.

Figure 2: Explaining causality – An example

<<<<Results chain		<<<<Causal logic and hypotheses			
	Impact: Equitable profitability and equitable roles in agricultural value chains. **Indicators:** % of women who have significant decision-making power over family income allocation. # of hours that men and women allocate to remunerated work in value chains and domestic, non-remunerated work. Increase in nutritional status of women and children **Participants:** 132 female and 774 male agricultural producers, members of value chains.		If there are more opportunities for women to enjoy equitable profitability and equitable roles in agricultural value chains, then more households will enjoy improved food and nutrition security conditions; ↓	***Is this a tested hypothesis?*** ←***Yes*** *– previous experience shows that this is usually the case. We will define most appropriate MEL methods to generate evidence that confirms this.*	***Strategies, models, promising practices the project uses to bring about the changes:*** *Conciliatory spaces to analyze and negotiate change in gender roles in households and value chains.* *Implementation of a Council for Productive and Competitive Economic Development (CPCED) and Municipal Economic Development Units (MEDUs) as main platforms for inclusive development*	***Other contributing factors and assumptions:*** *Men are willing to engage in conciliatory discussions around gender roles and equitable profitability.* *The local development agenda favors the strengthening of equitable value chains.*
			If male and female small producers are aware of the gendered division of labor and are able to negotiate their roles in both remunerated and non-remunerated work, then women will be more able to participate in economic opportunities and contribute to household income and food and nutrition security; ↓	←***No*** *– this is not always the case. We will define the most appropriate MEL methods to generate evidence that helps us test this hypothesis.*		
	Effect/Outcome: Reproductive roles adopted by men. Increased women's participation in and control over higher value processes in the value chain.		If women's contribution to household income increases, then households will be in better conditions to transform livelihood options in response to shocks or new opportunities; ↓	←***Yes*** *– previous experience shows that this is usually the case. We will define most appropriate MEL methods to generate evidence that confirms this.*		
	Output: Male and female small producers attend capacity building and dialogue events on the gendered division of labor and the contributions of both remunerated and non-remunerated work.		If women are more valued by members of their households, then will be more valued by members of their communities and will be better able to participate local economic development initiatives.	←***No*** *– this is not always the case. We will define the most appropriate MEL methods to generate evidence that helps us test this hypothesis.*		

Taking this approach implies that **CARE will prioritize explaining social change/impact as a combination of our actions plus the influence of other critical factors that make that change process possible (contribution[4]), and only when relevant, will we invest in explaining that social change taking place in a particular population is fully attributed to CARE's actions (attribution).** While explaining attribution is often considered the strongest way to show robust evidence of impact influenced by our actions, we believe that CARE's contribution to social change is very much influenced by other actors and contributing factors, which is what makes results sustainable / long-lasting. Therefore, our potential to multiply impact is highly related to understanding and explaining other elements influencing change, and their role in that change[5].

Contribution vs. Attribution

Donors are showing an increasing trend towards attribution (but without providing the adequate resources for the appropriate methodologies). Being clear on our methodological appropriateness message, being able to show clear contribution, and using our output data (which is attributable to our interventions) in combination with our outcome and impact-level data, can help to satisfy these demands.

Methodologically, this means we are looking at a "methodologically appropriate" approach where, instead of prescribing particular methods to demonstrate impact, CARE will focus on promoting the appropriate combination of methods that help projects and programs explain change and CARE's contribution to it[6]. Still, standards on executing a selected methodology should still be included in the guidance, such as appropriateness based on scale, user requirements, resources; capacity-building modules to ensure the highest possible standard in the industry for a

[4] A good introduction to contribution analysis is available at http://www.cgiar-ilac.org/files/ILAC_Brief16_Contribution_Analysis_0.pdf

[5] While experimental designs are often considered as more robust and rigorous, they have limitations: little explanatory power of how change happens, limited capacity to identify correlation between variables and the direction of causality, tendency to isolate single causes leading to effects and overlooking the complex nature of change: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67427/design-method-impact-eval.pdf

[6] CARE Zimbabwe's IGATE program is a good example of triangulating results of a quasi-experimental baseline with qualitative tools to better understand how gender attitudes and practices can affect variables associated to dropout and poor performance.

particular methodology (active research should be on-going to update evidence-based standards); and operational support for sampling, counting, triangulating, etc.

For example, if an intervention is seeking to generate evidence of effectiveness and impact, plus validate a model or innovation, the selection of evaluation methods will be influenced by CARE's global program priorities, and the nature of the intervention, the rigor required by CARE, donors or other potential users of the evidence, the uses to be given to the evidence, the capacities in place and resources available, the types of indicators to be measured and other criteria, leading to the most appropriate combination of quantitative (e.g. comparative before-after statistical analysis[7], quasi-experimental methods[8]) and qualitative methods (e.g. interviews).

The adoption of this global conceptual approach will require:

- Elaboration of generic MEL guidance, explaining the above described approach in more detail and elaborating more on the technical steps to development theories of change and connecting them to MEL standards.
- Defining those elements of change that are most critical to CARE's global program strategy and therefore should be the focus of CARE's efforts to isolate the effects of its work from broader social forces
- Review of the CI Evaluation policy, incorporating MEL standards responding to the above described approach. To include standards in the way indicators are developed and how pre-design takes place.

B. THE ESTABLISHMENT OF A GLOBAL IMPACT-EVIDENCING SYSTEM

A review by PIIRS on how peer multi-mandate global NGOs assess effectiveness at global level[9] showed that global MEL systems are usually established to demonstrate the effectiveness of organizational projects and programs, accountability and learning; and these global MEL systems are built in alignment with the strategic priorities and capacities of each organization. As a result of that, some agencies assess effectiveness through global evaluative exercises (e.g. Oxfam's global effectiveness auditing which carry out evaluations on a group of key programs every year) while other agencies do a regular tracking of global level 'meta' indicators (Action aid, Plan, Save the Children, World Vision International).

For CARE, **the establishment of a global impact evidencing system is motivated by our organizational commitment to better demonstrate and understand our contribution to social change, become more accountable for our actions and become more critical about the successes and failures of our work to support the expansion or replication of interventions towards multiplying impact.** In practice, this requires the definition of a series of global indicators plus evaluation questions that respond to the outcomes, approaches and roles of the Program Strategy and linking MEL systems program and project levels, allowing for the collection of evidence on the changes people experience, and explanations on how CARE and other factors contribute to the achievement of those changes (see figure 3). Where possible and relevant, these indicators will be related to those proposed for the Sustainable Development Goals, enabling CARE to have meaningful dialogue with Governments, international institutions and donors around our evidence.

The global outcome and impact evidencing system in CARE at both project and program levels will combine

i) tracking of global indicators related to changes in the prioritized outcome areas (humanitarian, FNS-CR, SRMH, WEE), and the approaches addressing the most important factors inhibiting the fulfillment of rights (GEWV + GBV, IG, resilience), as well as how these link to the SDGs;

ii) using evaluation questions to test CARE's roles and its potential to influence broader change and to scale up effective solutions (innovation, multiplying impact).

iii) Using of accountability systems to validate evidence with participants of CARE's programs

[7] Smith et al., Admissible Evidence in the Court of Development Evaluation? The Impact of CARE's SHOUHARDO Project on Child Stunting in Bangladesh (2011). IDS Working Paper 376 - http://www.ids.ac.uk/files/dmfile/Wp376.pdf

[8] CARE and Instituto Promundo are carrying out a Randomized Control Trial of the Journeys of Transformation methodology in Burundi, starting in 2014, with results expected in 2017. CARE Rwanda is doing a RCT to test a combination of Journeys of Transformation with SASA in partnership with MRC.

[9] Assessing INGO Effectiveness at the Global Level – A Discussion Brief for CARE International. Douglas Orr. October 2012.

Figure 3: A global outcome and impact evidencing system for CARE

Purpose of the global evidencing system

- Demonstrating contribution to social change and positioning CARE as a leading organization in areas prioritized in the Program Strategy.
- Improving our upward and forward accountability: public, media, donors, participants and other stakeholders.
- Learning on what works and what doesn't to better explain the potential for expansion or replication of interventions (multiplying impact).

The WHAT and WHO of change	**The HOW and WHY of change** (influenced by CARE's approaches and roles)	**The HOW and WHY of change** (influenced by other contributing actors and context)
1. Identification of the key change agents – beneficiaries / impact groups / target groups. **2.** Generation of evidence of changes with those actors in outcome areas **through tracking of global outcome and impact indicators for each outcome area and approach** - Humanitarian assistance - Sexual, reproductive & maternal health - Food and nutrition security & resilience to climate change - Women's economic empowerment - Gender Equality & Women's Voice - A life free from violence (GBV) - Inclusive Governance - Resilience	**3.** Generation of evidence on how CARE's approaches contributed to change through **tracking of global process/effect indicators for each approach** - Strengthening gender equality and women's voice - Promoting inclusive governance - Increasing resilience **4.** Testing CARE's roles through the **application of evaluation questions around:** - Innovative solutions - Multiplying impact Example: • How is the intervention sure its strategies/activities are the most appropriate and innovative for the expected changes? • What makes CARE's intervention distinctive from what others are doing? • Can we affirm that the intervention is the main reason why change is happening? What assumptions lay behind this affirmation? • Is the intervention amplifying, catalyzing or facilitating change that is already happening? Under which conditions could it be replicated or scaled-up?	**5.** Generation of evidence on how other actors and context influenced change through the **application of evaluation questions.** Example: • Do other actors consider that CARE's strategies/activities are appropriate and innovative for the expected changes? • How significant do other actors consider CARE's contributions to the changes that are happening (e.g. on a scale of 1-5)? • How do Participants think CARE's interventions are linking with and leveraging other actors to amplify change in the lives of participants? • What other actors, factors and events have contributed to the change? • Is the intervention amplifying, catalyzing or facilitating change that is already happening? Under which conditions could it be replicated or scaled-up?

6. Testing **hypotheses of the theory of change.**

Based on the evidence generated on the WHAT, the HOW and WHY of the change, can we affirm that our hypotheses in the theory of change are valid?

- Example: "If women are more valued by members of their households, then will be more valued by members of their communities and will be better able to participate local economic development initiatives

CARE Projects	**CARE Programs**
Incorporation and measurement of global outcome indicators and relevant M&E mechanisms in MEL systems, according to the nature of the intervention and their capacities. Projects remain as the basic units of CARE's actions both in development and humanitarian work; therefore, they constitute the main units for primary collection and validation of evidence on outcomes and impact.	Incorporation of global impact indicators and related evaluation questions and methodologies in MEL systems, according to the theory of change of the program. Combined with other secondary information, programs use impact evidence generated by projects to assess change over a much longer time-frame than projects. Changes at program level often happen at a much larger scale.

Uses of the impact evidence

- Reporting contribution to change: Identifying trends across the CARE portfolio to better explain what we do, how we do it and what our work contributes to (e.g. annual impact reports).
- Assessing performance: looking at organizational progress against outcomes, approaches and roles of the Program Strategy.
- Advocating for replication and expansion of proven successful interventions, aiming at multiplying impact.
- Adjusting our program strategies, based on our learning about what works, how change happens, our contributions, and the validity of our hypotheses.

Regardless of the consolidation of a global impact-evidencing system, individual projects, programs and country offices will still need to respond to their specific monitoring, evaluation and learning needs, in most cases related to requirements of institutional donors and other stakeholders. However, as the system consolidates and we obtain more solid and harmonized data on our contribution to impact, we will be in better conditions demonstrate our added value as a global development organization.

The establishment of a global impact-evidencing system will require:

- Review of the CI Evaluation policy, incorporating elements from the above described global impact-evidencing system.
- Advance on the generation of strategies plus impact and process indicators for each outcome area, approach and role in the Program Strategy.
- Generate specific MEL guidance for incorporating and measuring indicators and applying evaluation questions in MEL systems at project and program level.
- Develop operational standards on how to handle data: data quality, data storage, analysis and interpretation, extracting learning from data.
- Link MEL and Accountability systems to ensure and sustain validation of key monitoring and research findings by participants
- Gradually expand the current PIIRS data base for basic project and program information, incorporating the collection of impact data and linking it with the Electronic Evaluation Library.
- Capacity building for all CARE members.
- Given the size of numbers related to the outcome areas, CARE should do some exploratory groundwork on big data science that will enable us to use applicable data mining techniques for big data.
- A joint strategy with the communication and advocacy team should be created to brand learning from assessing multiple impacts linked with the key outcome areas.

C. THE DEVELOPMENT OF A CAPACITY BUILDING STRATEGY FOR TECHNICAL ASSISTANCE AND KNOWLEDGE MANAGEMENT AROUND MEL

The 2012 survey on Country Office's MEL capacity and the 2014 survey on CARE's Program Approaches have highlighted the organizational challenges to do robust yet realistic monitoring, evaluation and learning.

'Our biggest challenge is finding competent M&E staff that can design/develop M&E frameworks and think more strategically instead of solely data collection/analysis, the more traditional M&E role'.

'COs tend to own monitoring and leave evaluation for external consultants. This limits ownership of evaluation findings because staff do not know how the consultant came up with them'.

Capacity and knowledge exchange around MEL practices can be highly improved by the harmonization of MEL guidance, however, the internalization and application of this guidance requires commitment and investment that can be achieved by:

The establishment of a formal network/team of MEL specialist from CI member and Country Offices, assuming responsibilities to support the global MEL agenda by:

- Staffing for MEL functions / incorporate MEL into everyone's job description.
- Providing technical support to projects and programs to build more robust MEL systems and providing guidance or references for the definition and application of appropriate, innovative and mixed methods to measure outcomes and impact and synthetize learning from our work.
- Providing guidance to collect global indicators (including tagging them to existing projects and programs).
- Facilitating dialogue around current MEL debates and trends outside of CARE and facilitating the exchange of learning around best MEL practices.
- Adjusting and updating MEL guidance as MEL practices improve.

The consolidation of a resource center for MEL, which would serve two important purposes:

- Centralizing an updated library containing all policies, guidance, reports and references for global level, project-level and program-level MEL.
- Opening a virtual space for interactive learning and, where CARE staff can provide feedback to existing guidance, look for technical assistance in MEL, pose questions, share documents, watch a webinar, contribute to publications, link with other MEL tools/ frameworks and evaluation communities. A certain level of MEL in CARE should move beyond "option for learning" to "key requirement for success".
- Develop a 'standard' set of methodologies for CARE to use.

- Develop guidance documents – operational tools, databases, digital solutions, etc.

The formalization of organizational capacity for technical assistance and knowledge management around MEL will require:

- Mapping of MEL staff and MEL capacities at CI member and CO level and definition of a global MEL team with roles and responsibilities established for each member.
- Designing a resource center for MEL, which could start as a virtual space inside existing CARE platforms (e.g. Minerva), but would also require exploring other more innovative examples of communities of practice outside CARE (e.g. www.betterevaluation.org, www.outcomemapping.ca), aiming at low cost options, functional enough for the purposes required.