



Paper prepared for INTRAC's 5th International Evaluation Conference
Measurement, Management and Accountability
31 March – 4 April 2003, The Netherlands

**DEVELOPING CAPACITIES FOR DESIGN,
MONITORING AND EVALUATION IN CARE:**

**from outcome assessments to
the requirements of a rights based approach**

DRAFT PAPER, NOT FOR QUOTATION
March 2003

Frank Noij
CARE Asia Regional Management Unit,
Regional Design, Monitoring and Evaluation Adviser

Executive Summary ¹

In CARE a process of Design, Monitoring and Evaluation (DME) capacity development has been implemented throughout the organization, which started in 1998. This process includes development and implementation of DME strategies based on the results of DME capacity self assessments in Country Offices around the world. At the start the process focussed on promoting outcome assessments using a household livelihoods security approach. CARE's recent strategic move towards adopting a rights based approach to programming poses new challenges to DME systems and support mechanisms and pushes the DME capacity development process into new directions: focus on rights based programs rather than stand alone projects, concentrate on process issues in addition to outcomes, building DME capacities of local organizations and groups and monitoring and evaluation of aspects of social justice and empowerment and new types of activities that will become more pronounced, like advocacy and mediation. The reinforced DME capacities and the process through which these have been developed, provide a strong basis for further adapting DME systems and supporting mechanisms to the requirements of a rights based perspective.

Comments on this paper are welcome, please address your comments to noj@care.org

1 INTRODUCTION

In CARE a process of Design, Monitoring and Evaluation (DME) capacity development has been implemented throughout the organization, which started in 1998. This process includes development and implementation of DME strategies based on the results of DME capacity self-assessments in Country Offices around the world. At the start the process focussed on promoting outcome assessments using a household livelihoods security approach. The present paper describes the initiative implemented so far and explores the challenges posed to the process of DME capacity development by CARE's recent strategic move towards adopting a rights based approach to programming. What does it mean for the DME systems and supporting mechanisms in place. In what ways do they need to be adapted to enable us to design, monitor and evaluate based on a rights based perspective.

2 DEVELOPING CAPACITY ON DESIGN AND M&E

In order to improve upon the impact of projects and programs, to further strengthen accountability and to reinforce learning within the organization, CARE launched the Impact Evaluation Initiative². Central in this endeavor was the development of program quality standards. These standards were based among others on eight project cases that were considered best practice examples within the organization. In 2001 an earlier version of the standards was adapted to better reflect the various programming

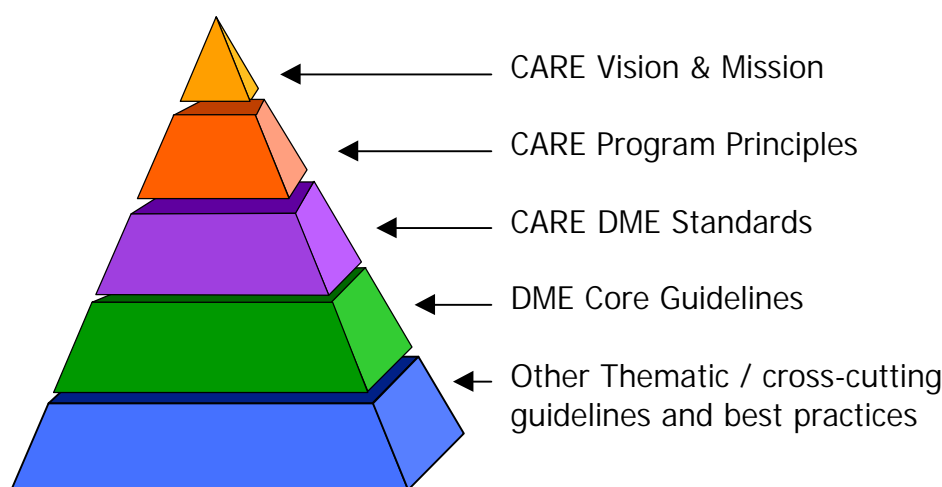
¹ This paper is prepared for the INTRAC's 5th International Evaluation Conference, Measurement, Management and Accountability, 31 March – 4 April 2003, The Netherlands. Thanks go to colleagues in the Asia Regional Management Unit and other parts of CARE for their valuable inputs in discussions on DME in RBA, which informed the present paper. Any shortcomings perceived though are my own.

² Part of the results of the IEI initiative were compiled in CARE's Impact Guidelines, 2000. See also Rugh, 2001

approaches including household livelihood security, rights based approaches, gender equity and diversity and partnership and to incorporate learnings obtained so far. The CARE program quality standards are attached in annex 1.

These program quality standards do not stand on themselves, they are linked to CARE's vision and mission statement and its program principles. The vision and mission are highest in the 'program pyramid' (see figure 1 below) and are supported by the program principles³ and program quality standards which are in turn supported by a wider range of guidelines for programming. Development of programming standards was accompanied by a process of building capacities on design, monitoring and evaluation (DME⁴) to enable Country Offices and programs and projects to reach these standards.

Figure 1: CARE's Programming Pyramid



For DME capacity development use was made of a self-assessment tool with which projects assessed the present capacities of their DME systems and staff members.⁵ Based on assessments of a majority of projects in a Country Office, strengths and weaknesses, as well as opportunities and constraints were identified and based on these results a strategy for DME capacity development was formulated and implemented, fit to the needs of a specific country office. Strategic directions included a range of issues. Improving DME policies and processes, addressing organizational aspects of DME and further development of DME for rights based programming co-occurred with development of staff capacities. For an overview of strategic directions of COs in Asia see box 1, below.

³ The CARE International vision and mission statement and the CARE program principles are presented in annex 1.

⁴ In CARE the "D" of Design is normally added to the "M&E" acronym, adding up to "DME". This reflects the conviction that M&E results should be used for refining the design of an intervention and for the design of new interventions. In the design phase, moreover, M&E needs to be planned and incorporated in order to be able to be accountable, to reflect on our interventions and the outcomes they have and to improve upon their impact as much as we can.

⁵ The CARE DME Capacity Assessment Toolkit is part of the CARE Impact Guidelines. A copy can be downloaded from <http://www.kcenter.com/phls/pubs.htm>

Box 1: Strategic directions for DME capacity development in CARE COs in Asia

- ❖ Organizational aspects (DME core group / clear DME responsibilities)
- ❖ Improve DME policies and processes including proposal review
- ❖ Promote organizational learning including documentation, information sharing, program meetings
- ❖ Further development of CARE and partner staff capacities on DME
- ❖ Further development of DME for rights based programming
- ❖ Financial issues including allocating resources for DME and DME capacity development processes of CARE and partners

CARE's Impact Evaluation Initiative moreover included the development of a menu of standard indicators for Household Livelihood Security impact, which contained indicators in a range of household livelihood security aspects including: nutritional security, food security, health security, economic security, educational security, environmental security, habitat security, social network security and personal empowerment. Standard indicators were deemed necessary in order to allow for measuring impact on a level above projects, based on the synergy of a number of projects that contribute to the same impact level goal in the same area, with the same target group.⁶

Box 2: Results of Meta-Evaluations in CARE comparing results of studies conducted in 2000 and 2002

General finding:

"In every respect, the evaluations included in the ... 2002 study represent and impressive improvement over those covered by the original ... (in 2000):

- ❖ In the quality and rigor of evaluation methodology
- ❖ In breadth of methodologies employed
- ❖ In the generation of lessons learned
- ❖ In project achievements"

More specific findings:

- ❖ In 2002 97 % of the final project goals could be considered measurable, while this was the case with 71 % of project goals in 2000.
- ❖ Majority of the evaluations in 2002, i.e. 89 % measured final goal achievement, while in 2000 that was the case in 47 % of the evaluations
- ❖ In 2002 63 % of the project evaluations had baseline data versus 39 % of the evaluations reviewed in 2000. In 97 % these were followed up with final evaluation surveys in the 2002 review.

⁶ The Menu of Standard Indicators for HLS Impact are also part of the CARE Impact Guidelines, 2000.

As part of the DME capacity development initiative, meta evaluations were conducted on all evaluations in the period 1994 – 2000. This meta evaluation was repeated in 2002 on all evaluations conducted in the period 2000 – 2002. Comparing the results of these two meta-evaluations shows a considerable improvement in CARE's DME capacity.. Final goal evaluation is one of the issues that improved substantially and was practised in almost 90 % of projects reviewed in the meta-evaluation of 2002. For some of the other changes observed see box 2 above.

Another finding of the meta-evaluation in 2002 was that the evaluation methods used had become more diverse compared to a similar study done in 2000. In addition to quantitative surveys, qualitative studies were conducted and reviews made of lessons learned. Focussed studies on aspects of projects and post evaluations were moreover added to the methods used for evaluation (see box 3 below).

Box 3: Additional Results of the Meta-Evaluations in CARE

"The sample of reports in ... 2002 demonstrate that CARE managers are supporting a much wider variety of evaluation formats: separate quantitative and qualitative studies, lessons learned reviews, special studies focussed upon project elements, and post-project evaluations."

"Sixty percent of all ... 2002 evaluations employed participatory methods."

3 A RIGHTS BASED APPROACH TO PROGRAMMING IN CARE

In CARE we are moving towards increasingly applying a rights based approach to programming. Adoption of a rights based approach (RBA) is an important direction in the Strategic Plans of various parts of the organization. This includes a substantial change in terms of how we look at poverty and social injustice and our response to both in terms of programming. We move beyond focussing primarily on meeting human needs towards supporting poor, vulnerable and marginalized people to address the root causes of poverty and social injustice and to realize their human rights. We move beyond the mere conditions of poverty in order to address also the underlying social relationships and processes of marginalization and social exclusion that result in and perpetuate poverty and social injustice.

CARE's RBA reference group has drafted defining characteristics of a Rights Based Approach (see box 4 below⁷). These defining characteristics are guiding principles and as such have a range of implications for programming.

⁷ From: *Defining Characteristics of a Rights Based Approach*, Working Draft authored by the CARE RBA Reference Group, Nairobi, 12 October 2001

Box 4: Defining Characteristics of a Rights Based Approach in CARE

1. *We stand in solidarity with poor and marginalized people whose rights are denied, adding our voice to theirs and holding ourselves accountable to them*
2. *We support poor and marginalized people's efforts to take control of their own lives and fulfil their rights, responsibilities and aspirations*
3. *We hold others accountable for fulfilling their responsibilities towards poor and marginalized people*
4. *We oppose any discrimination based on sex/gender, race, nationality, ethnicity, class, religion, age, physical ability, caste or sexual orientation*
5. *We examine and address the root causes of poverty and rights denial*
6. *We promote nonviolence in the democratic and just resolution of conflicts contributing to poverty and rights denial*
7. *We work in concert with others to promote the human rights of poor and marginalized people*

A rights based approach to development explicitly focuses on people realizing their human rights. Human rights are “... *entitlements all people have to basic conditions supporting their efforts to live in peace and dignity and to develop their full potential as human beings.*”⁸ It implies including human rights as the objectives of development. In addition to the people whose rights are not realized, we focus on duty bearers who have responsibilities in this respect, building their capacities to live up to their obligations.

Poverty is often related to or caused by societal discrimination and injustice. Marginalized groups have fewer economic, social and political opportunities, which leads to or reinforces their poverty. Moving towards rights based programming we will need to focus on a range of social injustices and discrimination. This moves us into the realm of addressing social relations and power imbalances, in addition to improving livelihood conditions.

Beside the more immediate and intermediate causes of poverty that we have often been addressing from a perspective based on human needs, rights based programming moves us to also address root causes of poverty and social injustice. We will increasingly go beyond fulfilling immediate needs and look into the issue of why needs persist, addressing more structural issues and power relations that perpetuate vulnerability, marginalization and poverty. We no longer take the context in which we work for granted but try to address issues of the social and political environment itself.

In rights based programming participation becomes more than an aim to reach our goals. Moving towards rights based programming, genuine participation of poor, vulnerable and marginalized groups in public affairs will become more pronounced as an objective in itself. This process often referred to as “empowerment”, includes engaging poor, vulnerable and marginalized people in developmental processes that affect their lives, involving them in the decision-making processes related to it as a matter of right. It is not just rights outcomes that we aim for, we should pursue such outcomes in a way that

⁸ CARE, *Human Rights and Rights-based Programming, Basic Training Manual, 2002.*

respects and promotes poor, vulnerable and marginalized people's rights to informed participation and enhances their capacity to influence and control their own development.

Thus, our position changes and we become involved in solidarity with poor groups. Other stakeholders need to be involved from the perspective of the poor, vulnerable and marginalized groups that we work with. This goes especially for involving duty bearers and rights violators. It is essential that the groups that we work with and target, take key decisions themselves. They will also be the ones who will be bearing most of the risks involved. Our role in Rights Based programming becomes one of facilitator in development, in solidarity with poor and marginalized groups.

Moving towards a rights based approach to programming will put an increased emphasis on accountability towards program participants. We are used to being accountable, especially to donors, to other organizations and to ourselves as an organization. In Rights Based programs accountability towards program participants and their organizations will become increasingly important. Program participants are no longer regarded primarily as people in need of something, but as people who have rights. Also regarding the support that we provide to them, they are entitled to transparency and a certain level of quality, including their own inclusion in decision-making processes.

This changed perspective on program participants and their involvement will also affect the role of DME in programming itself. We usually regard DME as the enabling mechanisms for projects and programs that we implement, either by ourselves or together with other organizations. From a rights based perspective DME can provide the means for poor, vulnerable and marginalized groups and their local organizations to formulate, implement and manage change processes, and for duty bearers responsible for support services, to improve their own performance. DME can be an empowering tool for various local and partner organizations and our attention shifts to include DME capacity development of local organizations, and partners including duty bearers in addition to implementing DME ourselves.

4 DME CHALLENGES IN A RIGHTS BASED APPROACH⁹

Given the extent of the issues that we want to address and the impact we intend to realize in rights based programming we need to move away from stand-alone projects and work on programs, which means a longer term, integrated set of activities that mutually reinforce and complement one another to reach an overall rights based program goal (see box 5, below).¹⁰

⁹ For a more extended discussion on DME challenges in RBA see Frank Noij: Design, Monitoring and Evaluation in a Rights Based Approach in CARE: Identifying Challenges. Working Draft, January 2003.

¹⁰ The term program is often used in different ways. Sometimes all projects in a country are referred to by a CARE country office as a program, though they might not be interrelated, nor share a common goal. The term 'sectoral program' is usually used to refer to all the work of CARE in a sector in a country or even around the world. In the HLS framework, the term is, moreover, used to refer to a set of projects that share a common goal for a specified target population. This is sometimes referred to as an 'area program'.

Box 5: A definition of a rights based program

A rights based program consists of a set of focussed and mutually reinforcing activities – some project-based, some non-project-based; some carried out by CARE, many carried out by others – that are based on strong social analysis of underlying causes of poverty and social injustice and that over time lead toward the sustainable achievement of a common rights goal.

(from John Ambler, The Program Strategy Paper, A tool for Integrating CARE's Household Livelihood Security and Rights-Based Approaches within a Program Structure, October 17, 2002, Draft)

Components of a program will be focused activities with specific funding for limited time frames, each with their own goal and contributing to a higher impact level program goal. A rights based program will need to include activities on multiple levels. In addition to working on household and community levels, we will need to include addressing issues on organizational, policy and other relevant levels. Program components can include a variety of modes including analysis and social research, direct delivery, capacity development, advocacy, awareness raising on rights and responsibilities, facilitation¹¹ and mediation¹².

Rights based programs will need a longer time frame, allowing for a longer term commitment to address underlying causes of poverty and social injustice and achieve significant impact on these. As root causes of poverty and social injustice are complex and multi-dimensional, a rights based program will need to go beyond the limits of any single sector. For a graphic representation of what a program could look like see figure 2 below.¹³

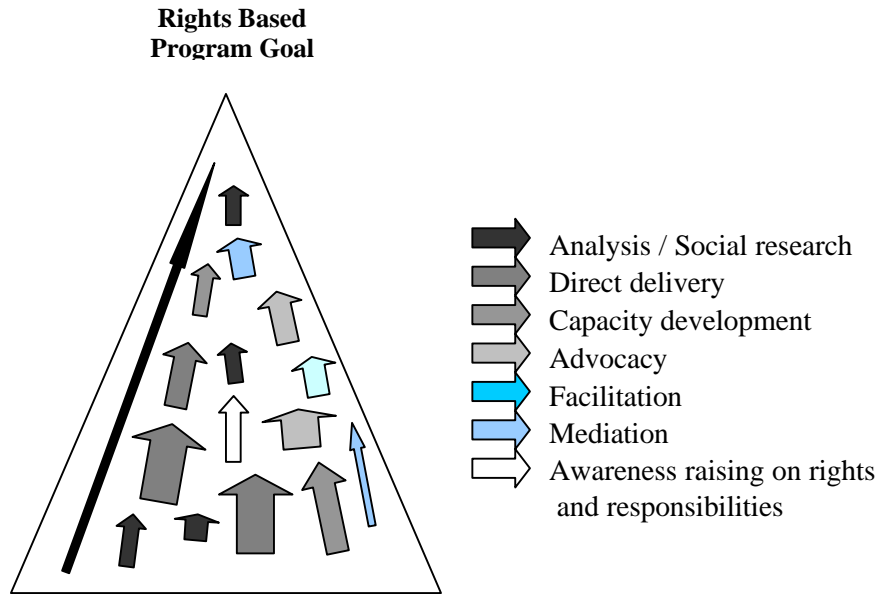
Rights based programs are organic and process oriented, which means that the ultimate goal is defined and initial strategies and activities are outlined. Additional activities and strategies to reach the program goal need to be developed during the life of the program. Rights based programming implies a continuous learning process, both in new as well as in mature programs. Monitoring and evaluation and continued research and analysis need to enable us to learn throughout the life of a program. For a graphical impression of what program implementation could look like see figure 3 below.

¹¹ Facilitation refers to processes of keeping partnerships and coalitions together. Especially in longer term strategic partnerships, the facilitation of linkages will become more critical (see also table 1)

¹² Mediation refers to a set of activities aimed to ameliorate tense relations between groups of people or organizations, promoting connecting aspects while at the same time trying to reduce dividing factors in specific settings (see also table 1).

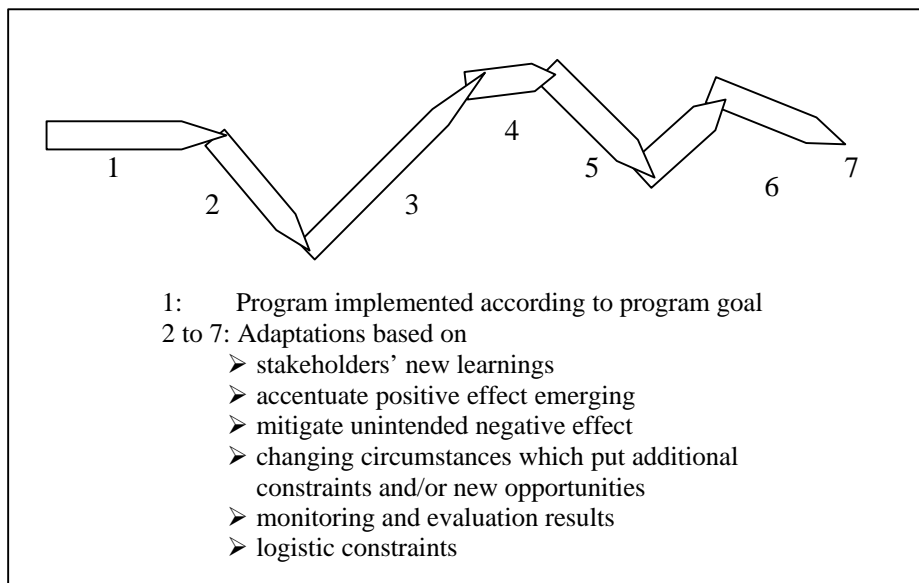
¹³ The starting point for a program diagnosis and design could be a marginalized group, whose rights are being neglected, actively denied or even blatantly abused and with whom we stand in solidarity. This may be because we have been working with them already or because they are one of the more marginalized groups identified in a diagnostic analysis. A program would include various types of activities to improve the social position and livelihood conditions of a marginalized group. Program goals should be developed in close cooperation with marginalized groups. In cooperation with them, we can involve other stakeholders and parties concerned, including duty bearers or rights violators.

Figure 2: A Program and its components aimed at a Rights Based program goal *



* The length of the arrows indicates the time frame of the various components while the thickness of the arrows indicates variance in other aspects of components including scale, stakeholders involved, and implementing agency(ies)

Figure 3: Adaptations made during implementation of an organic program



Adapted from Heyer, Molly den: *The Development of a Temporal Logic Model*, University of Guelph, 2001.

We will not be able to implement such a diverse set of activities on multiple levels all by ourselves. Rights based programming requires us to work in partnership with others, based on comparative advantages of a number of organizations in specific fields and activities. These partnerships need to go beyond functional partnerships for the duration of a project, and include longer-term relationships in which we cooperate with partners in a program set-up, in order to reach (part of) a programmatic goal together. Building longer-term partnerships implies an open attitude towards other organizations and stakeholders. This can include organizations that we are working with already, like governmental and civil society organizations including community based and other local organizations. It may also include organizations that we are less used to work with, like applied research organizations, various types of social movements and interest groups. Working in longer-term partnerships implies certain partner selection criteria, which will need to include shared commitment to human rights' principles and norms and to sustainable development goals. Moreover, a commitment to quality programming, as described in the CARE project standards, needs to be included. In that way we can work with partners that share common objectives and values with us.

Working from a rights based perspective allows us to have impact beyond the target populations that we can address through direct delivery types of activities, to include a wider range of beneficiaries, affected through addressing more structural and underlying causes of poverty and social injustice. Thus we can broaden our impact and reinforce our endeavors to reach our vision and mission.¹⁴ Through working on multiple levels and through a range of activities we can have impact beyond the target group of households and communities that we directly work with, to assert a wider effect. This means that in rights based programming CARE's direct implementations at the local level should not only be seen as an aim in itself, but should always be considered pilot activities. Linking our direct actions with activities on higher levels and vice versa is an important reason for why we want to remain involved in direct implementation. Although we will continue with field level activities as appropriate, the role of CARE shifts, away from direct service delivery towards one of a facilitator of development.

Moving towards rights based programming gives us strong fundamental principles that are widely agreed upon, to guide our work in order to reach our vision and mission. In addition to incorporation of rights principles in our programming, we need to adapt the ways in which we function as an organization. When we want to address issues of discrimination in a credible way, we will need to uphold high standards of non-discrimination within our own organization. In order to enable us to address issues of vulnerability and marginalization, we will need to be a diverse organization ourselves, with members of vulnerable and marginalized groups among our staff at various levels.

¹⁴ Increasing the scale of our impact is necessary given the ambitious poverty reduction goals that CARE has committed to, together with other organizations, including reducing the proportion of very poor households by 50 % by 2015, compared to levels of 1990, one of the UN Millennium Development Goals (see DAC 1998 & 2001).

5 CHALLENGES ALONG THE PROGRAM CYCLE

5.1 *On-going contextual Analysis*

In a rights-based approach we will need to reinforce various types of analysis, both in the diagnostic phase as well as throughout the life of a program. We need to analyze unrealized rights and unmet responsibilities. We need to include policy analysis to look at laws and regulations, the ways in which these are implemented and their impact on poor, vulnerable and marginalized groups. We need to include social analysis, looking at power relations and processes of exclusion and marginalization. Institutional analysis needs to provide insight in the core players on a local level and their relationships with and position viz a viz poor and marginalized groups. We also need to analyze wider socio-economic issues, which affect local societies, as they might bring out wider socio-economic causes of poverty as well as identify opportunities for economic development. In our analysis we need to gather and analyze data along criteria of poverty, vulnerability and marginalization. Our analysis needs to be informed by on-going debates on social change and development. CARE does not necessarily implement all these types of analysis itself, but needs to look for opportunities to partner with applied research agencies, (departments of) universities and other relevant organizations.

5.2 *Focused strategies*

Some of the underlying causes of poverty and social injustice lie beyond the household and the community level, including local, regional, national and international levels. Therefore we need to work on a wider range of levels in addition to household and community levels. This wider range of levels includes policies and their implementation, capacities of duty bearers' organizations, governance issues and the conditions under which civil society organizations function. Working on a wider range of levels implies that we will need to diversify the types of activities that we implement. For an overview of different types of activities in Rights Based programming see table 1 below.

We need to move beyond direct delivery activities and reinforce our work in areas like policy development, conflict resolution and civil society strengthening. We increasingly need activities like advocacy, capacity development, facilitation, mediation, awareness raising and applied or action research to be part of rights based programs. These various activities can be implemented by CARE or by one of the longer term partners with whom we implement and develop a rights based program. The relative importance of the various activities can vary among rights based programs and may change also in time within a specific program. These different types of activities might also be combined: we might support building local organization's capacities to advocate on their own behalf, we might advocate for capacity development of duty bearing organizations, or build capacities for mediation.

Working on a wider range of levels might also include levels above a country or country office, including regional levels and international level. Issues concerned could include sharing of water resources amongst and within countries, or international trade relations and policies. There is a need to identify some of the underlying causes of poverty and social injustice on these wider levels and to address these issues.

Table 1: Various Types of Activities in Rights Based Programming

Type of Activity	Description	Remarks
Holistic Analysis & Research	Assessing the issues of poverty, social injustice, vulnerability and marginalization in a holistic way, in a local or a wider context, in an inclusive way, representing the views of various stakeholders, involving their active participation	Results should inform the development of a program and its components Results of analysis during the diagnostic phase of program and components, on-going throughout the program, in related research activities and in monitoring and evaluation of program and components should be cumulative
Direct Delivery	Activities in which CARE directly delivers certain goods and/or services to local communities, households and household members	In RBA direct delivery is no longer an aim in itself, but needs to be linked with and inform other activities on other levels. In turn, direct delivery will be informed through our work on other levels
Capacity Development	Capacity development is the process of reinforcing the capabilities of organizations to fulfill their functions. Beside people's capabilities, these include organizational issues and structural aspects of the organizations involved	Capacity development can focus on local communities and civil society organizations, building people's capacity to represent themselves and to reinforce their capacity to improve their livelihoods, to realize their rights and fulfill their responsibilities. It can also focus on organizations of duty bearers, allowing them to better serve their target groups in various ways (including organizational aspects and support systems in place).
Advocacy	Advocacy is the deliberate process of influencing those who make policy decisions and/or those who implement them to change their actions.	Beside the advocacy agenda on laws and policies, there is an important advocacy agenda related to the ways in which laws and policies are being implemented. Implementation of laws and policies can include issues like ways in which staff are trained to implement a policy and ways in which supporting budgets are allocated. Advocacy is a relatively new strategy for CARE, though a well established practise in some other NGOs
Awareness raising on rights and responsibilities	Awareness raising on rights and responsibilities means making people aware of the inherent rights and responsibilities that they and others have and of the responsibilities of duty bearers to respect, protect and fulfill people's rights.	Raising the awareness on issues of rights and responsibilities is useful both towards right holders as well as duty bearers. It can make both groups more aware of their rights and responsibilities in certain circumstances. Awareness raising will often need to be combined with one of the other activities mentioned in order to support rights realization
Mediation	Mediation refers to a set of activities aimed to ameliorate tense relations between groups of people or organizations, promoting connecting aspects while at the same time trying to reduce dividing factors in specific settings.	Activities could include supporting links between groups that have come into conflict with one another or building civil society capacities for conflict reduction and resolution. Mediation is important since conflict and rights denial or violation often go hand in hand.
Facilitation	Facilitation refers to the process of keeping partnerships and coalitions together. Facilitation also refers to a set of cross cutting activities aimed to support and reinforce implementation of a program and its components by all parties concerned.	The facilitation of linkages will become more critical when moving towards strategic partnerships. Keeping partnerships and coalitions together is no small task. Other activities could include activities to promote people's participation in program activities and governmental programs or support to the development of poverty alleviation strategies and development of pro poor policies on various levels, bringing various stakeholders together.

Working on a variety of levels, we will need to use our experience of working at the grass roots level to inform our interventions at higher levels. In turn, activities on higher levels and our learning obtained, need to inform and influence our local level activities. Only in this way can we create the outcomes needed in order to reach a rights based program goal. Though we will work on various levels, in the end our activities need to impact the livelihoods of poor, vulnerable and marginalized people.

5.3 Coherent Information Systems

Working with new types of activities, we will need to monitor the outputs and effects of activities such as capacity development, advocacy, mediation and facilitation. Through monitoring we also need to make sure that our local level activities provide the right type of information to inform activities on other levels, and vice versa. In monitoring social change we need to assess preliminary outcomes, while at the same time also looking for unintended effects. In order to enable monitoring of new types of activities and of social and policy changes we need to develop indicators for these new kind of activities.

In rights based programming, the process, the way in which we reach our goals, becomes more meaningful. This process of empowerment of participants is not just the means through which the program impact is reached, in rights based programming it is an aim in itself since it refers to the basic right of people to participate in decision making processes that affect their lives. Given the importance of process issues as part of the outcome of programs, it becomes necessary to monitor and evaluate these. Program process monitoring is an important addition to program impact assessment. Monitoring of the process gives insight in how the program activities relate to reaching program outcomes and the program intermediate goals, which parts of the program worked well, which did not work less well or not at all, as well as the reasons behind relative successes and failures of the program and its components. Process documentation research is an important means of monitoring process issues.¹⁵

In addition to monitoring of individual activities we need to monitor programs as a whole. Monitoring of programs is relatively new to CARE since our approach has always focused on stand-alone projects. Working in partnerships with other organizations in rights based programs means that we have to monitor and evaluate programs and their components together with other organizations. Components of programs implemented by partner organizations will be monitored and evaluated by these partners. If there is a role for us to play in M&E of components of other organizations it would be foremost in DME capacity development, supporting partner organizations to get the right organizational mechanisms, supporting mechanisms and staff capacities in place for quality DME.

¹⁵ See for a detailed description of process documentation research, some examples of its use and additional methods of process-oriented assessment methodologies: Veneracion, Cynthia, C. (ed.) *A decade of Process Documentation Research, Reflections and Synthesis*. Manila: Institute of Philippine Culture, Ateneo de Manila University (1989).

5.4 Evaluation

Evaluations in rights based programming need to focus both on the level of the program as well as on the level of the various program components. Program evaluation builds on evaluation of program components (projects) and provides a bigger picture in terms of a longer-range program goal. It includes assessing how the various components link together (synergy), and whether reaching the goals of the various components contributes to the achievement of the program impact goal. In our evaluation we need to go beyond assessing change on intermediate levels (like changes in policies or policy implementation, strengthened capacity of service delivery organizations), to include changes in rights realization of targeted groups.

Evaluation of a program needs to track changes over longer periods. In many cases changes on the level of the vulnerable and marginalized groups may take more time, thus ex-post evaluations might be necessary. As in monitoring, we need to evaluate the process as well as the outcomes of a program and its components. Given that we reach program goals together with various other organizations and parties involved, in our evaluations we need to focus on what the program as a whole reached - that is, what we have reached together with others.

In both monitoring and evaluation of rights based programs, we will need to pay ample attention to qualitative, which could include qualitative indicators of both results and process of the program, the perceptions of the various stakeholders involved and qualitative relations among core issues involved in the program focus.

Rights-based programs are process oriented. We need to constantly adapt the program based on new learnings of stakeholders, reinforcing positive effects, mitigating unintended negative effects and adapting to changing circumstances. Rights based programming implies a continuous learning process, both in new as well as in mature programs. There we need to further reinforce our capacity to learn as an organization.

6 MEETING THE CHALLENGES

The DME challenges as described above do not imply that we need a whole new set of methods and tools. It means that we have to revisit the ways in which we design, monitor and evaluate and that we need to adapt our methods and tools and manuals in which these are described, to the requirements of rights based programming. Often that will mean that we will have to adjust our methods and tools.¹⁶ In some cases we will need to develop new tools and actually we have started that process already. One new tool for rights based programming is the Program Strategy Paper¹⁷, a means to develop a rights based program. Another new tool, developed in CARE is the Benefits-Harms tool. This tools are meant to help us better understand the overall humanitarian, political and security impact of our work.¹⁸ Another tool is the causal-responsibility analysis tool,

¹⁶ For an interesting discussion of how the logical framework, one of the basic tools of project cycle management, can be adapted to fit the needs of rights based programming see: Patel, *Human Rights as an Emerging Development Paradigm and some implications for Programme Planning, Monitoring and Evaluation*. HRAP M&E Workshop Update, UNICEF (draft paper).

¹⁷ John Ambler, *The Program Strategy Paper, A tool for Integrating CARE's Household Livelihood Security and Rights-Based Approaches within a Program Structure*, October 17, 2002, Draft

¹⁸ The benefits harms tool set includes Profile Tools, aimed at assessment of a specific context, Impact Tools, focusing on the overall impact of projects and Decision Tools, to facilitate acting on problems or

designed to guide the analysis of unrealized rights and corresponding responsibilities and responsible actors.¹⁹ Gender Equity and Diversity resource materials and guides have been developed, dealing with both programmatic and internal organizational aspects.²⁰ Regarding advocacy a guideline has been produced and disseminated around the CARE world²¹, while the Reproductive Health sector prepared guidelines for participation.²² These and other tools will be useful in the development and implementation of rights based programming.

Adaptation of existing DME methods and tools and development of new tools for rights based programs and their components needs to be done based on field experience. In various COs, DME experience has been obtained regarding rights based issues in projects. Raks Thai Foundation (CARE Thailand) for example facilitated a process of development of indicators for well being of people living with HIV/AIDS by representatives of this group and related stakeholder organizations themselves²³ while in CARE Sri Lanka experience has been obtained with process documentation. Capturing these types of experiences, trying to synthesize them in the form of methods and tools and disseminating them, is an important task ahead of us in CARE. In addition, we will need to plan for DME learning in upcoming rights based programs, we need to learn from other CARE regions, and from other organizations working from a rights based development perspective.

7 PRELIMINARY CONCLUSIONS

There is a considerable amount of DME challenges in rights based programming. Working on a variety of levels, with an increasing variety of activities, monitoring and evaluating on both the level of a program and that of its components means that we have to expand our repertoire of DME to include these new levels and activities.

Expanding our repertoire does not necessarily mean that we need to develop methods and tools from scratch. We need to learn from peer and other organizations in order to increase our capacities in DME. We need to look at a variety of evaluation approaches

opportunities. Each of the tools looks at political, security and economic, social and cultural rights and impacts. See for further details: *Benefits – Harms Handbook & Facilitation Manual*, CARE International.

¹⁹ Andrew Jones, *A Rights Approach and Causal-Responsibility Analysis* (Part of CARE RBA Reference Group Meeting Materials, October 2001). A slightly adapted version of the tool can be found in: Paul O'Brien and Andrew Jones: *Human Rights and Rights-Based Programming. Participants' Workbook*. 2002, CARE.

²⁰ For programmatic issues see Elisa Martinez and Nancy Peters (eds.): *Gender Equity Building Blocks*. 2002, CARE. This is a gender equity resource kit including *Concepts, Analysis, Strategy, Implementation, Partnership and Information Systems*. For internal organizational aspects see CARE, *Organizational GAP Analysis Guidelines. A Resource Guide for Advancing Gender Equity & Diversity within CARE*.

²¹ Sofia Sprechmann and Emily Pelton: *Advocacy Tools and Guidelines. Promoting Policy Change. A Resource Manual for CARE Program managers*. January 2001, CARE

²² Meera Kaul Shah, Sarah Degnan Kambou & Barbara Monahan (Eds.) *Embracing Participation in Development: Wisdom from the field. Worldwide experience from CARE's Reproductive Health Programs with a step-by step field guide to participatory tools and techniques*. CARE Health and Population Unit. October 1999.

²³ Raks Thai Foundation, Center of New Life Friends, Chiang Mai, New Life Friendship, Udonthani, Alden House, Bangkok and Power of Life, Bangkok: *PHA Indicators of Well Being, A study on the factors that have influence on people with HIV/AIDS as identified by people with HIV*, October 2001.

and see what we can learn from other schools of thought in evaluation including “empowerment evaluation”, “inclusive evaluation”, “theoretical evaluation”. We need to learn from other than problem oriented approaches, including appreciative enquiry and more exploratory forms of social research. We need to look more at qualitative means of data gathering and analysis, to complement our quantitative means. We need to learn how to combine a variety of evaluation perspectives within a specific situation of a program or one of its components. Moreover, we need to support multiple roles in DME including DME capacity development.

Our improved DME capacity as a result of the DME capacity development initiative and an overall increase in attention to DME in the last decade within CARE will enable us to move forwards on DME in RBA. This especially as the initiative moved beyond merely looking at staff capacities, to include organizational means in place, DME policies and processes and other enabling requirements.

We need to continue our process of DME capacity development in CARE but we need to direct the initiative by the requirements of a rights-based approach, now that this approach becomes more central to our programming.

In CARE we have started to address these challenges, there is still a long way to go ahead of us though. We need to further develop our DME systems together with core partner organizations with whom we will work in rights based programming.

REFERENCES

Ambler, John

The Program Strategy Paper, A tool for Integrating CARE's Household Livelihood Security and Rights-Based Approaches within a Program Structure, October 17, 2002, Draft

Development Assistance Committee (DAC)

Measuring Development Progress: A Working Set of Core Indicators. 2001.

Methodological Note. Indicator Methodology Sheets. 1998.

CARE

Benefits – Harms Handbook & Facilitation Manual, CARE International.

CARE Impact Guidelines.. 2000.

Defining Characteristics of a Rights Based Approach, Working Draft authored by the CARE RBA Reference Group, Nairobi, 12 October 2001

Human Rights and Rights-based Programming, Basic Training Manual, 2002.

Organizational GAP Analysis Guidelines. A Resource Guide for Advancing Gender Equity & Diversity within CARE.

Sphere Project, The

Humanitarian Charter and Minimum Standards in Disaster Response. Oxford 2000 (note 7)

Goldenberg, David A.

The Mega 2002 Evaluation (Meta-Evaluation of Goal Achievement in CARE Projects) A review of Findings and Methodological Lessons from CARE Final Evaluations, 2001-2002. February 2003

The CARE MEGA Evaluation: A Review of Findings and Methodological Lessons from CARE Final Evaluation, 1994-2000. February 2001.

Heyer, Molly den

The Development of a Temporal Logic Model, 2001. University of Guelph, 2001

Jones, Andrew

A Rights Approach and Causal-Responsibility Analysis (Part of CARE RBA Reference Group Meeting Materials, October 2001).

Marisol Estrella (ed.)

Learning from Change. Issues and experiences in participatory monitoring and evaluation. Trowbridge: Cromwell Press. Participation in Development Series (2000).

- Martinez, Elisa and Nancy Peters (eds.)
Gender Equity Building Blocks. 2002, CARE. This is a gender equity resource kit including *Concepts, Analysis, Strategy, Implementation, Partnership and Information Systems*.
- Noij, Frank
Design, Monitoring and Evaluation in a Rights Based Approach in CARE: Identifying Challenges. Working Draft, January 2003.
- Patel
Human Rights as an Emerging Development Paradigm and some implications for Programme Planning, Monitoring and Evaluation. HRAP M&E Workshop Update, UNICEF (draft paper).
- O'Brien, Paul and Andrew Jones
Human Rights and Rights-Based Programming. Participants' Workbook. 2002, CARE.
- Raks Thai Foundation, Center of New Life Friends, Chiang Mai, New Life Friendship, Udonthani, Alden House, Bangkok and Power of Life, Bangkok
PHA Indicators of Well Being. A study on the factors that have influence on people with HIV/AIDS as identified by people with HIV, October 2001.
- Richard Caldwell
CARE Project Design Handbook. 2002
- Rugh, Jim
Introduction to the CARE International Design, Monitoring and Evaluation (DME) Standards. PowerPoint presentation, 2001
- Self-Evaluation: Ideas for Participatory Evaluation of Rural Community Development Projects*. World Neighbors, 1986.
- Shah, Meera Kaul, Sarah Degnan Kambou & Barbara Monahan (Eds.)
Embracing Participation in Development: Wisdom from the field. Worldwide experience from CARE's Reproductive Health Programs with a step-by step field guide to participatory tools and techniques. CARE Health and Population Unit. October 1999
- Sprechmann, Sofia and Emily Pelton
Advocacy Tools and Guidelines. Promoting Policy Change. A Resource Manual for CARE Program managers. January 2001, CARE
- Veneracion, Cynthia, C. (ed.)
A decade of Process Documentation Research, Reflections and Synthesis. Manila: Institute of Philippine Culture, Ateneo de Manila University (1989).

ANNEX 1: CARE INTERNATIONAL'S VISION AND MISSION

OUR VISION

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 a partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakable commitment to the dignity of people.

OUR MISSION

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.

ANNEX 2: CARE INTERNATIONAL'S PROGRAM PRINCIPLES

FUNDAMENTAL PRINCIPLES

These are programming principles that form the basis for all of CARE's work in development and relief. Each CARE project is expected to embody all five principles, as are the overall country-specific strategies and the sectoral strategies. CARE has a long-term commitment to the implementation of these principles through its programme efforts.

- I. Significant scope**
- II. Fundamental change**
- III. Working with poor people**
- IV. Participation**
- V. Replicability**

I. SIGNIFICANT SCOPE

A key programming principle is identifying and addressing problems which are common to a significant number of people. Programming for individuals - or problems affecting a small number of people - is not an efficient use of limited resources. The research for a project, the correspondence concerning it, its review and funding, as well as its administration and evaluation, are far too demanding of resources to be undertaken except when a problem broad in its scope is being addressed.

CARE projects are, therefore, intended to affect problems of those other than the direct participants or beneficiaries of the project. Whether a broad approach to a problem is adopted elsewhere or on a larger scale, or a simple technology is copied by those on the periphery of a project, good programming has a multiplier effect which can only occur when it is addressed to conditions common to many.

II. FUNDAMENTAL CHANGE

Not only is good programming addressed to a significant number of people, it also effects their lives in a significant way. CARE projects address basic needs and reduce limitations imposed on people's lives by poverty. Good projects strive to bring about a fundamental change in society as traditional barriers to mobility are weakened and new opportunities are grasped.

One way of conceiving fundamental change is in terms of "capital formation". By capital we refer to land, labour, physical infrastructure and entrepreneurial skills. Capital formation is the new increase in the stock of capital a family or a community controls.

Projects that support capital formation include, but are not limited to, micro-enterprise development and income generation intervention. Other examples of capital formation include increased land productivity, increased worker skills and, through health and nutrition activities, increased worker productivity.

III. WORKING WITH POOR PEOPLE

The Statement of Purpose of CARE begins: "CARE's purpose is to help the developing world's poor in their efforts to achieve social and economic well-being". The target populations for all CARE projects are to be found, therefore, among the poor of the developing world.

IV. PARTICIPATION

All proposed CARE projects must demonstrate the full participation of the target group and the counterpart agencies involved in the project. This holds for all phases of the project life including design, implementation and evaluation. Mechanisms for integrating participant feedback into project monitoring and subsequent mid-course adjustments are stressed. This leads to projects that are community based and self-sustainable, that is, projects that respond to the most urgently felt needs of the community and whose success depends foremost on community Member participation.

V. REPLICABILITY

A replicable project is one which may be duplicated elsewhere in similar conditions, given similar resource allocations. Designing a replicable project implies a choice of goals, processes and activities that could be made again in another setting. The purpose in implementing replicable projects is to develop models that CARE and other agencies and groups could adapt and follow in the country of origin or elsewhere in the world. A key factor in designing replicable projects is the awareness of the assumptions on which project success rests and the possible secondary consequences (results which are not stated as part of the project goals) - both intended and unintended.

ANNEX 3: CARE INTERNATIONAL'S PROJECT STANDARDS

Each CARE project²⁴ should:

1. ***Be consistent with the CARE International Vision and Mission, Programming Principles and Values.***

Projects and programmes should fit comfortably within the spirit and content of the CARE International (CI) Vision and Mission statements. In other words, CARE projects should show how they will contribute, ultimately, towards lasting improvements in human well-being, hope, tolerance, social justice, reduction in poverty, and enhanced dignity and security of people. They should be guided by CI Programming Principles that synthesize and integrate with central elements of CARE's evolving programme approaches, including livelihoods, basic rights, gender and diversity, partnerships and civil society.

2. ***Be clearly linked to a Country Office strategy and/or long term programme goals.***

Projects should not be isolated, but clearly embedded in long term multi-project programmes and strategic frameworks that address the underlying conditions and root causes of poverty and social injustice. Doing so provides a larger framework in which project decisions are made, but does not preclude strategic innovation and experimentation. CARE's strategies should be clearly linked to the development efforts of others (e.g. government, multilaterals, NGOs).

3. ***Ensure the active participation and influence of stakeholders in its analysis, design, implementation, monitoring and evaluation processes.***

Every project should be explicit about its process of participation and consultation, aiming for openness and transparency. "Stakeholders" will be understood to include target communities, partner organizations, governments, and CARE staff. The interventions of the various actors should be coordinated and reinforcing and, individually and together, work together to achieve sustainable impact.

4. ***Have a design that is based on a holistic analysis 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.***

The diagnostic assessment and subsequent analysis should be based upon a clear frame of reference and include an analysis of problems and their causes from a range of perspectives including institutional as well as opportunity analysis. Social analyses could examine how needs and rights are related to gender, social class, ethnicity, religion, etc. The analysis should lead to an understanding of institutional capacity, power relationships, and the exercise of rights and responsibilities, as well as household level conditions.

²⁴ These standards refer specifically to CARE **projects** (whether implemented directly or through partners). However, where there are specific longer-term **programme** plans these standards should apply to them as well.

5. ***Use a logical framework that explains how the project will contribute to an ultimate impact upon the lives of members of a defined target population.***

The project plan should be clearly summarized in a logical framework that shows how proposed interventions and anticipated outputs will result in defined effects and impact. It should specify level of intervention (household, community, institutional, societal) and how the project will ultimately contribute to sustainable impact for a specific target population. It should identify key assumptions and provide validation for its central hypothesis.

6. ***Set a significant, yet achievable and measurable final goal.***

A project final goal must be achievable and measurable during the life of the project. This calls for project designers to clearly define what the project will be held accountable for achieving. It should be practical and do-able, yet be at the outcome level (intermediary impact or at least effect) rather than output level.

A project final goal must also be clearly and explicitly linked to, and significantly contribute to, “higher level” programme or strategic goals. Programme goals should address underlying causes of poverty and social injustice, but their impact – “equitable and durable improvements in human wellbeing and social justice” – should be ultimately manifest at the household or individual level.

7. ***Be technically, environmentally, and socially appropriate. 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.***

The project must be designed in a way that is likely to make a significant and positive difference, with minimal undesired social or environmental consequences. Interventions must make reference to technical or sectoral experience or standards, developed by CARE or others, to demonstrate the viability of their approach. Environmental analysis could include assessment of current status, analysis of potential impact, and regional environmental issues. These may require technical appraisal by those with expertise in the relevant professions.

8. ***Indicate the appropriateness of project costs, in light of the selected project strategies and expected outputs and outcomes.***

Programme designers must be able to defend the budget of a project relative to its outputs, scale and anticipated impact. Also, the M&E plan should include methods for measuring cost effectiveness, i.e. to demonstrate that the costs of project interventions are reasonable and commensurate with the outputs and outcomes achieved.

9. ***Develop and implement a monitoring and evaluation plan 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.***

M&E plans should provide sufficient detail to clearly identify evaluation design, sources of data, means of measurement, schedule for measurement, data processing and analysis, dissemination of information to and utilization by key stakeholders, and responsibilities for each of these processes. Sufficient budget should be allocated for designated tasks, and planning should ensure that CARE staff and partners have the capacity required for their implementation. Monitoring information should be useful and timely to promote reflective practice, for management decision-making, and for adapting project approaches and strategies. M&E plans should incorporate methods to measure risks and assumptions and to track unintended effects.

10. *Establish a baseline for measuring change in indicators of impact and effect, by conducting a study or survey prior to implementation of project activities.*

There needs to be a distinction between a diagnostic assessment and a baseline study. The former gathers a little information about many conditions and is used to inform project design. A baseline study, on the other hand, should focus on measuring indicators of effect and impact with a level of rigor required for a “before-and-after” comparison with evaluation. Baseline studies can use qualitative as well as quantitative data, as long as they describe the initial situation with sufficient precision to be able to clearly measure changes over the life of the project.

11. *Use indicators that are relevant, measurable, verifiable and reliable.*

Indicators should be capable of yielding data that can be disaggregated to the individual level according to criteria that reveal vulnerabilities, such as gender, age and social class. Both qualitative and quantitative measures are acceptable as long as they can illustrate discernible and significant change. For indicators to be reliable denotes that they are robust and will be useful and credible throughout the life of the project. CARE should draw upon the international development community’s great wealth of experience with indicators.

12. *Employ a balance of evaluation methodologies, assure an appropriate level of rigor, and adhere to recognized ethical standards.*

Evaluation should be incorporated as standard practice as a basis for accountability and for documented, institutionalized learning. Although various forms of evaluation should be planned, such as internal or external, formative (mid-term) or summative (final) or even ex post (to evaluate sustainability), the minimum is that there should be at least a final evaluation that summarizes the achievements and lessons learned by the project.

Diagnostic assessments, baseline studies, monitoring, and evaluations should utilize a balance of methodological approaches to ensure triangulation, a richness of data, and mutual modifications. Evaluations should assure appropriate levels of rigor and precision in their designs and selection of methodologies. Informant confidentiality should be protected. Each evaluation event should draw upon previous ones and anticipate subsequent events. Evaluation processes must be

documented and carefully archived, allowing subsequent project phases to replicate methods and draw upon comparative data.

13. *Be informed by and contribute to ongoing learning within and outside CARE.*

It is critical that relevant research and previous project evaluations inform the initial proposal preparation stage. More than that, learning should also apply throughout the life of a project and beyond. The lessons learned from a project should be adequately documented for utilization in the design of other projects. Project management should support the documentation of project processes, including re-designs. Reflective practice, such as the regular use of monitoring data, should be built into every project. Learning should be an organization-wide priority supported by frequent meta-evaluations.