



CARE INTERNATIONAL PROJECT STANDARDS

As endorsed by the CI Board of Directors, May 2002

INTRODUCTION

These standards apply to all CARE projects and other types of programme intervention. The standards should be used in conjunction with CARE's Impact Guidelines to guide the work of project designers; as a checklist for approval of project proposals; as a tool for periodic project self-appraisal; and as a part of project evaluation.

It is intended that the standards be subject to enforcement within the CARE International (CI) context. However, it is also important to emphasise that they are more than a minimum requirement. They are high standards, and therefore will represent a real challenge for some parts of the organisation. It may be that at the time of initial approval, a project proposal is unable to comply with one or more of the standards. In such cases it is not the intention for the standards to be used by management as a simple "passed/failed" checklist. Rather, in these cases the opportunity should be taken to clarify why a given standard is not being met and, if appropriate, what will be done about it going forward.

Emergency response projects provide a good example. Clearly, in the heat of a rapidly breaking emergency response, flexibility is of paramount importance, and proposals for CARE's intervention should not be expected to dwell on some of the finer detail of project design. Nevertheless, the basic discipline of the project cycle, which forms the foundation of these standards, should still apply.

The other issue raised by the introduction of standards is that of capacity building – how does CARE ensure that its Members and Country offices have the capacity going forward to apply the standards in a consistent and effective manner? This is an important point, and is in effect the reverse side of the enforcement issue. CARE is adopting Project Standards with the intention that they be enforced – however, unless efforts are made to ensure that the capacity for compliance actually exists, then the value of enforcement becomes questionable. Therefore, in adopting these standards, CI Members and COs are in effect committing to an agenda of capacity building across the organisation, to ensure that compliance is in fact achievable.

CI Programme Working Group
May 2002

CARE INTERNATIONAL PROJECT STANDARDS

Each CARE project¹ 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.

¹ 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.