

CARE INTERNATIONAL MONITORING, EVALUATION AND LEARNING GROUP

Face-to-Face meeting
April 25-27, 2017, Madrid



Back row (left to right): Malaika Cheney-Coker (USA), Sarah Eckhoff (USA, Gender), Santiago Núñez Regueiro (France), Rasha Natour (USA), Nicola Giordano (UK), Dora Curry (USA, SRMH), Amanda Mathies (USA), Claudia Sanchez (LAC region), Jay Goulden (CI Secretariat), Gideon Cohen (Southern Africa region), Neil Poetschka (Australia), Maria Christophersen (Norway), Regine Skarubowiz (UK, WEE). **Front row (left to right):** Lotte Renault (USA/MENA region), Korinne Chiu (USA), Emily Janoch (USA, FNS & CC), Kaia Ambrose (Canada), Mirjam Locadia (Netherlands/Resilience), Losane Retta (Humanitarian), George Kurian (India), Tom Aston (UK, Inclusive Governance), Ximena Echeverria (CI Secretariat), Sofia Sprechmann (CI Secretariat).

“So beneficial to have everyone together and be able to sit. How meaningful it is to have everyone in person”

“We’ve had the opportunity to share our concerns

“In the quest for perfection, let’s do not beat ourselves up. We are doing amazing work”

“Interesting and formative meeting. Great chance to establish the relationships and to strengthen connections”

“I’d love to see more people from the global south”

The CI MEL group acts as a reference team to further advance improve and expand an interdependent MEL agenda for all CARE, and to facilitate learning and capacity building for a broader MEL network, including MEL and programs staff around the world.

The group is commissioned by the CI Program Team and accountable to both the CI Program Strategy Team and the Program Quality and Impact Strategic Leadership Team.

The group is composed of CARE staff who lead or are highly involved in the development and management of sector or outcome specific MEL systems and can consolidate a global MEL capacity for monitoring, reporting and leaning around the outcomes and approach of the CARE 2020 Program Strategy.

For more information, please contact echeverria@careinternational.org

Outcome of the meeting: Our plan for FY18

Important note: Details about the different actions of this plan are described in the different sections of this document



Notes from all sessions



What was presented



Key issues discussed



Agreed actions

Important Note: all documents, presentations, materials presented or discussed in the meeting, can be found in this link: <https://drive.google.com/drive/folders/0B2p3kFI3bESSTU1LNxBwZUxJVEE>

Tuesday 25th April – Day 1



Welcome and introductions

- Welcome, introductions and logistics
- Agenda overview

MEL approach, principles and standards

- Overview of MEAL approach, principles and standards document w/examples of practice (**Ximena w/examples of IGSs, regions, outcome areas**)
 - Connections with MEL guidance being developed (**Kaia, Rasha and Amanda**)
- ⇒ **Exercise and action points:** Feedback about the approach, principles and standards document, and considerations for MEL guidance (**Neil, Nicola**)

The quantitative (WHAT and WHO): Reach, Impact, Approach Integration and Multiplying Impact (Sofia, Jay and Ximena)

- FY16 figures and key recommendations
 - Key challenges around the collection, reporting and sense making of reach, impact and markers data, and how to avoid data gaps in the future
- ⇒ **Exercise and action points:** Mapping and identifying actions to overcome the gaps and limitations; roles we and others can play, recommendations for the FY17 data collection process (**Sofia, Jay and Ximena**)

Session 1: Welcome, introductions and the CI MEL group



- Objectives and content of the meeting: 1) reaffirm our collective commitment to a CARE-wide MEL agenda and assess progress of work-streams for advancing this agenda and 2) Have clarity about priorities and gaps, and our roles and concrete actions for advancing the MEL agenda in FY18. The meeting will focus on the WHAT (are we achieving our goals?), the HOW (CARE's contribution) and PICTURING THE CHANGE (sharing our evidence and learning with others).
- MEL is an area with incipient progress over the past 20 years (e.g. M&E under-staffed in most COs and huge diversity of MEL practices in all CARE offices) – why: lots of organizational energy and investment in mobilizing resources, but by time it comes to evaluating if had impact, is the time we're focused on mobilizing resources for continuation/next phase/expansion, so continues to fall through the tracks. Yet, we know that evidence of impact is critical to attract resources and to be accountable. What could give us more motivation than knowing that all the hard work that goes into our programs actually makes a difference?
- The MEL group is a great opportunity to connect across members, areas, offices, to work out how we improve MEL practice and collectively measure the impact of our work, particularly in light of the Program Strategy, which we never had as CI before. Until 2014 every CMP had their own priorities – thousand flowers bloomed – in organization that focuses on all populations, addressing many thematic areas.
- The MEL group has a great composition of expertise: M&E, accountability, risk management, results based management, program-project-organizational MEL, outcome/approach area MEL, regional MEL, research, technical support, strategy, KM, use of evidence, data management, performance management, program quality.
- The measurement challenge: The theory of change for the Program Strategy states that: by addressing gender, governance and resilience as the three critical underlying causes of poverty, and by applying our humanitarian, innovation and multiplying impact roles, CARE can make significant contributions to changes, particularly around Humanitarian, FNS-CC, SRMH, Life free from Violence and WEE. The measurement challenge is testing if this hypothesis is true.



- Our strategy is to 2020, but the world is already working towards 2030 targets (SDGs) – likely that some things may remain the same post-2020, but will be also changes.
- Are we supposed to be validating and understanding the Theory of Change behind CARE 2020 Program Strategy? We should be able to do this through the 25 indicators (that cover approach, roles, as well as outcomes etc.)



- We are seeing a challenge in measuring impact of multiplying impact & influencing – what counts and at what level (multiplying to family members, wider communities, embedding in institutions, policy change)? **We need to be more consistent in how we define Multiplying Impact.** And we need to learn from work in LAC, Asia, etc. This group should provide with the directions on this issue.
- This group needs to act as core team to advance MEL agenda for CI in inter-dependent way. And **it is now time to activate the broader MEL network** (community of practice).

Session 2 – part 1: MEL approach, principles and standards



- The MEL approach, principles and standards document aims at updating and harmonizing the way we conceptualize and operationalize MEL in CARE.
- It is the result of 1) reviewing the CI Evaluation Policy, CARE’s Program Standards and M&E guidance from 1993 onwards from across CI (that showed multiple approaches, positions and priorities) and 2) incorporating new elements from current debates and thinking on M&E practice and definitions.
- Key elements of the document
 - Outlines our theoretical approach: achieving change is a contribution from CARE, and from others, in a complex environment that is constantly changing (Ben Ramalingan & others)
 - Outlines 7 principles and 7 standards for improved MEL practice



- Marketing/communications staff need to be able to communicate how many people we reach through direct & indirect means. However, when looking at impact/outcomes, we focus on “who is experiencing change”. We need to clarify the definition of direct/indirect, impact/target group.
- Issues for further debate: contribution only, or also attribution? – Accountability lens (are we talking about accountability of overall work, or of evaluation process?) – Data (open access, or copyright – what is our position – include that as a principle?)
- This is a 10-pager, but need go-to resources for key components (Value for Money, how to define a theory of change, how to test hypotheses behind a Theory of Change, etc.)



- **Incorporate all the feedback from the MEL team, discussed in this session** (see all feedback captured below)
- Have the **document officially approved and circulated through the Program Quality & Impact (PQI) Strategic Leadership Team (SLT)** in CI. Make sure to explain that this is a living document that can be improved every year or so. But already contains the main elements that we all commit to put in practice.
- For the first year, accompany the application of the document in a number of countries (idea of a pilot), in order to capture feedback towards an improved version of the document every year (this is a living document).

Group 1:

- Open data/transparency more explicit
- Include staff under accountability (documents in appropriate languages) – include SDG agenda
- Ensure management response under action (principle 6)
- Separate out 2 – learning, and multiplying impact (based on understanding how system works)
- Add in principle on adequate resourcing
- In introduction, be more explicit on scope (where sub, or donor control)
- On standards: more on triangulation, regular review of theory of change in OS1 – include standard on unintended consequences, emergent change, and positive & negative outcomes
- Appropriate allocation of resources for M&E work – should be part of the operational standards – need to pull out what resource implications are of these principles/standards, e.g. at proposal stage (CARE Canada has example checklists on that – on resources, and capacities)

Group 2:

- Principles: Be clear on what is directive (must) and what is suggestive (should)
- Preamble: How getting buy-in, and ensuring enabling environment within CARE (at different levels) to ensure these principles can be applied (so walking the talk)
- Can we provide concrete examples and templates, of how to put into practice? – What might it look like in a concrete case?
- Principle 1: who are the real agents of change, recognizing power dynamics – so voices of most marginal are represented, seen as users of M&E
- Principle 4: balance between rigor (& what we mean about this) and realism – no silver bullets – how get that balance
- Principle 7: add preamble on connection between individual initiatives and global evidence – referencing PIIRS, or markers, or global/thematic impact reports
- Gender equality/Women’s empowerment: do we need a specific principle on this?
- Do these apply equally to humanitarian and long-term development programming?

<p>Group 3:</p> <ul style="list-style-type: none"> • Adding specific examples from different outcome areas (not just SRHR) – but document needs to remain short and readable! • Ensure useable, visualized - e.g. CARE Norge developed traffic light system for gender standards for GEWEP • OS1: focus more clearly on Theory of Change & the change we are seeking • OS2: discussion re definition of target group – need to improve that (visually, linked to other documents) • OS3: focus more on manageable, focused on most important groups and questions • OS4: need to mention baselines under end line evaluations – for impact evaluations, specifically mention that should be testing theory of change • OS5: important considerations seem to only be relevant for summative evaluations 	<p>Group 4:</p> <ul style="list-style-type: none"> • Group focused on how to bring the document to life (rather than focus on wording) – we should learn from actual use of the document and need a few pilot countries to test out • Be more specific about different roles & responsibilities at different levels (CO (management, M&E, project staff), CMP, global, fundraising) – what need to do differently? • “Quality” and “knowledge” seem to be missing a bit • Need to be more specific about learning for what purpose • Apply to organization, and not just programming • Avoid being seen as top-down imposition, through testing and adapting at CO level • Replaces current CARE chaos on M&E – hugely valuable • Go with flow, rather than focus on getting the exact correct • Have a standard boilerplate language for proposals on CARE’s approach/standards – or checklists – or visual, with links to useful examples • Include failure, negative impacts - promote that culture of learning from those • Refer to values and 6 programming principles
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Session 2 – part 2: MEL guidance currently developed (& how it connects to CI MEL approach, principles & standards)

CARE USA Multiplying Impact team – Impact Growth Strategies M&E guidance



– Focus on “multipliers” and measuring how actors are changing/interacting (& link to boundary partners in Outcome Mapping – or “target groups” under P-Shift): Critical for being able to explain the why behind change (why we are not achieving, or over-achieving). Stresses importance of regular, refreshed stakeholder analysis.



– The guidance could also apply to specific projects beyond IGS, where working on scaling up change in a context environment. For example, this could complement quantitative analysis at regional levels, providing a how/why piece that is complementary to the “what” piece (e.g. work that Jay has been doing with Southern Africa).



– Some of the language from this document could be used for the Principles & Standards, on “target groups”.
– Review document against a couple of IGS, and with partners. Need to avoid seeing IGS as separate from the Country Offices – so avoid document being seen as something separate from main CO MEL work.

– Kaia: incorporate feedback and share the most recent version of this document with the group

CARE USA Advocacy Unit - MEAL toolkit for Advocacy



– It is not an all-inclusive system, but a set of tools to help people get started doing MEL for advocacy (for CO level, but could also work at regional level – and should work for CMPs – need a more inclusive dialogue here!).

– It includes: Advocacy activity tracker tool, advocacy log frame (based in part on CI M&E & accountability framework), reflection tool post-advocacy success (based on SA IGS tool), MEL methodologies overview (e.g. 1-2 page summaries on Most Significant Change, Outcome Mapping, Outcome Harvesting, and Contribution Analysis/Contribution Tracing), and advocacy evaluation pilot (with Dalberg/Hewlett).

– Aiming for final product by end of June (will be publicly available, on CAN website).



– Link with Governance marker? Packaging needs to outline how fits with other materials (e.g. advocacy handbook).

– Multiplying Impact team tool on targeting. Guidance for how to count reach and impact from advocacy (depending on stage of change, level of implementation, whether there is a budget for it, etc.).

– What about impacts beyond the 150m (need to capture those – or where changes might not yet have been measured)? CI Indicator 20 designed to capture what we think our influence is (at CO or CMP or regional levels) – 40 or so examples from PIIRS FY16, could be useful to see how useful the tools might be in generating numbers.

– CARE Norge tracking numbers from advocacy (with others) to reduce cut in official assistance. Chad influence example re family planning (task shifting re IUD insertion), & what numbers to count. Emphasis on numbers (outcomes) & quality (approach) looks different across different parts of the organization.

– This group could serve as sounding board for examples of where we are trying to quantify impact/change from multiplying impact work. Need also to be clear on what data we are using for what audiences for what purpose. Need also to capture negative effects (Uganda alcohol ordinance example) or backlash (e.g. on policy, in current global context).



– **Rasha and Amanda:** incorporate feedback of this conversation in the new versions of the toolkit

– **Jay:** share the CI M&E & accountability framework with the group

CARE UK - standards and foundations for MEAL management.



- Document on core standards and Excel tools for CARE UK program managers, with strong focus on Value for Money. Aim is to spread ownership for MEL across program managers, rather than have it solely on one MEL person.



- **Nicola:** share the document with the group (also available in the google drive for this meeting)

CARE India - M&E policy



- CARE India did post-mortem of quality issues in M&E systems and what causes these (from design side, onwards – use of CI indicators): highlighted need to align things internally– what needs to happen (with checklist) in design, etc.). Also needs capacity-strengthening process and orientation, to back up guidance and tools.



- **George:** share CARE India’s M&E policy with the group (also available in the google drive for this meeting)



General conclusion of the session: There is a lot of guidance overall across CARE – need to make sure it is all consistent, doesn’t reinvent wheels, and is compatible with the global CI MEAL approach, principles & standards. The group must bring together different pieces of guidance, in order to create a global CI MEL resource.

Session 3: The quantitative (WHAT and WHO): Reach, Impact, Approach Integration and Multiplying Impact



- The is great value in our current reporting system, especially considering we came from no system at all
- What our FY16 data tells us:
 - We see an incremental trend in participants reached. However, 65% of our participants reside only in Bangladesh and India.
 - Comparing reach with population size is a good reference to assess scale in countries.
 - The resilience marker being developed will help have a clearer picture around integration of this element of the approach



- We have enough knowledge around the challenges, common errors and limitations of our data. What needs to happen in FY18 so that the improvements take place?
- We are becoming increasingly involved in data/impact discussions outside CARE: FNS team in FAO discussions regarding SDGs. Program team working with the International Civil Society Center in Berlin: Sector wide analysis of international NGOs through evidence. We are not bad compared to peers and we should celebrate our progress.
- The first years of PIIRS we focused on generating the data, the next years will need to focus on usability. Data is immensely powerful. We need to ensure people find its usefulness.



- **Focus on top 50 projects to tell a comprehensive a more reliable reach and impact story,** and also to focus our capacity building efforts
- **Incorporate the feedback of the group to the PIIRS process/tools/roles,** so that we can see improvements in FY18, specially: split reach/impact sections; organize training and continuous support; involved MEL group members to support CARE offices while reporting the FY17 data; improve definitions for some PIIRS questions; etc.
- We are all doing our efforts to improve. Can we do it in a more coordinated way? **Improve along the way is the only way we have and learning from our best examples is our nearest option.**

Regions, CARE office perspective

- Closing feedback loops to improve involvement: collect the data, share the data intentionally so everyone sees what comes out of that process
- training and support on metrics and PIIRS, not only CO focal points but M&E focal points of those 50+ critical projects
- Top 10, top 50 projects approach is a good idea to focus: Get MEL group members to collectively map and decide who collaborates with which projects.
- Indirect impact an reach: provide with more examples categorizing direct and indirect
- Make sure there is enough time announcing the process and reporting deadline
- More focus on the HOW of impact. Capture qualitative data to explain and make more clear how we achieve the results

CMP perspective

- Focus on purpose, use and roles around the data: what is it for? Who is it useful for? In which way?
 - CMPs need more understanding on how the data is useful for them and for COs.
 - Responsibilities and roles need to be better organized so that we don’t overwhelm COs. COs are the first filter and CMPs can be a second filter
 - Visualization can spark usefulness

<ul style="list-style-type: none"> • Look at impact populations and make sure we are capturing the right indirect population • Guidance can potentially be overwhelming in large documents. We need shorter versions of the guidance, summarized, straight forward, visually friendly • Language is critical for people to access guidance 	
<p>Outcomes perspective</p> <ul style="list-style-type: none"> • We can all take X number of projects to support MEL FY17 process but that is probably going to take more: structured calls, sending out more details, references, WebEx's. One on one contact will be critical. • Clarify what our guidelines are around the direct and indirect: can't be a formula but we need detailed guidance on how we decide who is direct and indirect • Reflection on impact – Documentation of impact is critical • Filling in PIIRS is one thing and you have to work with what you have but what is the basic numeracy that we expect staff to have in MEAL? And should we be the people to provide that? • We need to continue exploring ideas of real time data base/open source solutions at outcome level, connect with PIIRS • Closing the feedback loop: COs being excited about CMPs looking at the data is impressive (and sad at the same time) • How to make the timeline more useful for COs? How do we deal with projects that have conflicting timelines (donor reporting vs. PIIRS reporting) • If we disconnect the reach part from the impact part, this may help making the data process more effective and deadlines better managed. We would then have impact data more regularly (at the moment of the evaluation), be it external or a solid report supported by a system in place (e.g. VSLAs) • Can we do the tracking quarterly rather than annual? How would that help to improve the data collection process? 	<ul style="list-style-type: none"> - Presenting data at regional but also country level has proven useful. Visualization for country level would help. - Make data available earlier so that we have the time to use the data before the next data round - The PIIRS process is certainly extractive but it can be more relevant. It is not surprising that some still don't see the use but it is not surprise that we need figures to explain our work. - The "what is this for" question becomes more important than the actual form. We need to stress on explaining why it is meaningful to aggregate data collectively and why we need active involvement of CARE offices (sometimes creating a sense of "healthy competition). - Every big NGOS has a system in place for counting and targeting. The PIIRS form is not the structural issue, the structural issue is how CMPs play a role in supporting the COs, the training, the capacity building, all the structural issues that need to be place, where the data in PIIRS is the final result of having that capacity in place.
<p>Approach perspective</p> <ul style="list-style-type: none"> • The elements of the approach are at different stages in narrating their stories. We need MEL resilience experts in the room. The Climate and Resilience platform should be the provided with a very clear ask on what we need in relation to MEL and resilience. • Advocacy: should it have a different form in PIIRS? • Testing the theory of change and connecting the elements of the approach with the outcomes will be a key challenge. We have different ideas that we need to explore further: <ul style="list-style-type: none"> - generate case studies where the approach can be shown as the driver for change - do peer to peer analysis of successful cases to prove the hypothesis - Within a group of projects, see how the markers behave and start digging on the relationship between the approach and the outcomes. - The knowledge we get from the markers is: how we do things better and make things right: do the right thing righter. Do not correlate between approach and outcomes. It may take a lot of resources. Bring this to the heart of our actions but don't push too much on trying to make the connection between the markers/approach and the outcome indicators. 	<ul style="list-style-type: none"> • Improve the form <ul style="list-style-type: none"> - Ease on the eyes - Summary form to highlight some alerts of inconsistencies in the data - FAQ - Helpdesk function to support? - Definitions: direct/indirect. Double/triple/etc. counting - Unique identifier of projects over time are necessary so we can track data trough different years • How to link data from CO M&E systems to PIIRS? • Capture learning from the very beginning of the FY17 process and think of a "PIIRS toolkit" that can be incrementally developed: For example -To Korine: the 8 students supporting CARE offices for 8 weeks, focused on the PIIRS FY17 process. They can capture learning from the process and draft some sort of initial toolkit. • Create a 1 pager on HOW TO USE PIIRS data for proposal, for M&E, for project/thematic area follow up

Wednesday 26th April – Day 2

The quantitative (WHAT and WHO): Global and Supplementary Indicators

- The global and supplementary indicators: connections, overlaps and the implications for MEL practice (Jay)

⇒ **Exercise and action points:** Resolving overlaps, finalization of indicators package, decision on how to manage supplementary indicators going forward (Jay)

The qualitative (HOW AND WHY) that supports the quantitative (WHAT AND WHO) (Tom and Kaia)

- A comprehensive impact story: examples of bringing the WHAT/HOW/WHY/HOW together

- Review of methods and tools that help us capture the HOW/WHY of change: what they are about, how they relate (or not), what using them implies and how they provide CARE with substantial elements for explaining change.

⇒ **Exercise and action points:** Mapping our story using methods or tools to capture the HOW/WHY and mapping our current and expected capacity to strengthen this area.



Session 1: The quantitative (WHAT and WHO) - Global and Supplementary Indicators



What are the supplementary indicators?

- They are indicators that help us to measure different domains of change, where the top-level indicators are insufficient to explain all the elements from our work in the outcome areas or elements of the approach
- Are these supplementary indicators related to a thematic area or are they sub-indicators of the already existing global indicators? We have a mixed bag! It may be worth categorizing the indicators and be clear at what level they are (e.g. impact, outcome, etc.)

Why do we want supplementary indicators?

- Indicators help us have deeper dialogues with stakeholders about the depth of our impact
- It is useful to provide a list of indicators for developing proposals, and thereby not reinvent the wheel every time
- A list of indicators gives us the opportunity to provide good guidance on a focused/specific list of metrics



How will CARE staff use the supplementary indicators?

- They should remain optional. CARE staff are free to use them in proposals or during implementation of their projects.
- It is a dynamic list: we can review and shorten the list once we have a better sense of whether these indicators are used, or not. There is no point in developing detailed guidance if indicators won't be used!

How will data be collected for these indicators?

- Don't make PIIRS unmanageable! And let us not have separate systems! The supplementary indicators will not be collected in PIIRS, in the same ways as the global indicators. PIIRS will provide the space for CARE staff to report on the supplementary indicators, when relevant, but there is no expectation of doing global analysis of data on the supplementary indicators each year. A different form to compile and analyze data of supplementary indicators in each outcome area and approach element will need to be defined.

Other important issues related to the global and supplementary indicators

- **We have a mix of impact and outcome indicators and we should harmonize how we refer to them.** For "lay" audiences (and not M&E specialists), the focus is on change, and no distinction is made between impact and change.
- We need **guidance for analyzing the information obtained through collecting data on the indicators**
- Should we include **WASH and education supplementary indicators**? They can be included under poverty indicators.
- Should we **spell out "all genders"** for other indicators? Is sex and age disaggregated data sufficient?
- LFFV will have to do a major review; will include child marriage indicators

Roll out and next steps

- **Feedback needs to be included by owners of indicators (based on comments by the MEL group).**
- **FNS team will review indicators in September**, after piloting.
- **GEVV will pilot indicators in the MENA region** (child marriage indicator, gender in emergencies)
- **Resilience, FNS and climate change teams need to dialogue about overlaps.** The Resilience platform could look at the difference or overlap between indicator 21 and 15?
- **The humanitarian team needs to dialogue with the outcome areas regarding the feasibility of tracking crisis modifiers**

- **WEE indicator on income may be difficult to track**; it will be trialed and results of the pilot shared.
- **Develop better guidance on indicator 20** (from an advocacy and inclusive guidance angle); we need clarity on policy cycle and guidance for the different stages of the cycle.
- **Have consistent phrasing of indicators** (no directionality – i.e. “reduction”, no process or activity indicators, etc.).
- **Have clarity on unit of measurement** (percentage of what?).
- Have clarity, first, on the story we want to tell (and decide then on the number of supplementary indicators we need).
- Link evaluation documents (on EEL) to PIIRS. That way, the EEL can support the compilation of impact evidence.
- We will explore to have a “yes or no” on PIIRS form to identify which supplementary indicators are collected. Explore in the future a form-based entry of data, “through PIIRS online”.
- Clarify that all indicators help us measure CHANGE but they are not purely impact
- How you collect and analyze data should be a preamble to the entire package (e.g. gender disaggregation)
- A good read of how the indicators are worded is required to make sure there its consistence
- Explore an online option to put all the indicators, guidance, references, etc.
- Agreement: global indicators are mandatory, supplementary are optional
- We will set up a deadline for the package to be shared with all CARE. Explaining that the indicators list can be reviewed every 6 months or every year.

Session 2: The qualitative (HOW AND WHY)



What makes a “comprehensive impact story”?

- Key question to answer: Who is doing what differently in order to support a broader change? Theories of change propose an “if-then” statement, and include a “but” (assumptions). They are messy and complex and that is where the comprehensive impact story is.
- Balancing act. Your questions should focus on: what happened and how CARE contributed to it? Instead of focusing on: what wonderful thing CARE did to change your life? Using these methods helps us recognize that we are not the most important actor for change to happen
- We have several methods that can support qualitative data collection. Most of them start from the change that actors identify as most important; they all focus on contribution rather than attribution. They also have in common that it is not always easy to store data, code data and analyze/make sense/interpret, therefore, it is not as simple as “this is the right method, this is the wrong method”, it is critical to look at what you have at your disposal (skills, tools, study questions, strategy, etc.).
 - **Outcome mapping** focuses on stakeholder analysis to identify change agents, as well as impact groups, and map how stakeholders will drive/advance toward outcomes. It forces us to “keep our eyes wide open”. Outcome mapping can be used for planning, since it describes the “like to see and love to see” outcomes.
 - **Outcome harvesting** points out the complexity of contexts and focuses on reconstruction of how outcomes happened (instead of having a *a priori* hypothesis). It cannot be used for planning since it takes an “analyzing the past” approach.
 - **Most significant change** focuses on the most positive changes achieved and triangulates between actors whether there is agreement about these changes. It is an easy to use tool. It focuses on the change that mostly matters.
- **Contribution tracing.** Demonstrating a contribution requires a ToC, so contributions can be assessed and evaluated. Explaining the causal pathways and the process is a critical part of contribution analysis. The methodology reconstructs the process in a participative way (using tools such as PRA tools). It reverses the logic since the teams/people build the pathway to change (instead of others extracting information about the change and analyzing it).



- We need to tackle the perception that qualitative is “less rigorous”. The MEL Group would be a good platform to address this perspective and stress the importance of qualitative methods and data. If you are addressing complexity with the use of a qualitative method, that is already rigorous and sometimes can be more relevant than the use of experimental methods.
- There is no silver bullet: Outcome mapping/harvesting may work well with some types of change, but less with others (where communities struggle to see/define the change, or see change where that is not happening). We can use multiple qualitative methods and they need to connect with quantitative data. Calibration and balance of methods is essential
- As we get better on introducing more qualitative methods - to understand the “and then something magical happens” gap - seems like it is time to generate greater learning and have guidance for programs on how to do this. Learning to feed into analysis, adaptation, and better programming. Support (resources) for qualitative capacity building is key.

- Many donors increasingly require theories of change in proposals (GAC, USAID, Gates, Dutch). That is a great opportunity to bring in discussion on these issues from the start, so it feeds into design of M&E systems
- From learning lens, how do we identify what is contributing to change, and what not (& the critical enabling or disabling factors around these) - & how adapted to local context? Do these methods help that, or are there other approaches/methodologies to explain the processes that contribute to change (so can then use that for policy influencing)?
- There is a lot of “beyond projects” research, exercises that step out of the “project frame” are a great opportunity for inserting qualitative approaches and methods and more deeply explore the “why”



- **Identify some of the stories of change that are very strong and that we want to describe, analyze and promote**
 - OM in tipping point / Real time learning, by participants & staff, in Malawi UMODZI / Social norms change across time (SNAP framework – adapting academic theory to practice), through observation & vignettes (& their analysis (in groups from 2-3 to 15) with stakeholders – in Ethiopia & Sri Lanka / Life histories (narrated by people themselves) / SII – shared question of significant interest, under common framework, with resources & investment to make it happen / AARs & Peer Review studies in CEG – and then feeding into practice, through tools, protocols, etc. / India: using adapted SII tool (which groups the 23 dimensions into 16 – into a composite index, with score out of 16 – looks at what change happens, what is contributing to that change), MSC in a couple of cases – mixed methodologies on all evaluation (quantitative and qualitative). Quasi-experimental study by CARE India of their work within 4 sectors, on women’s participation in c. 40K CARE-promoted collectives (most significant changes seen in agency, then logistical correlation analysis on why not changes in other domains – highlighted need for larger collectives, more consistent analysis – also compared where there were no collectives)
- **Recruit colleagues with affinity to qualitative data collection:** identify champions and connect them through the MEL community of practice (a “CIGN” type of space). Focus the community of practice on sharing learning/research exercises, beyond individual projects (e.g. Doris, Tam, Christian, George, Sebastien work on aspects of empowerment/collectives/social movements)
- **Develop a standard evaluation summary form,** to identify evaluations that can speak to these pieces: what was achieved (& if objective achieved); what contribution we made; what key strategies, by CARE and others, led to change – how adapted over time; what critical enabling factors/conditions for these strategies that led to change in the local context?
- **Develop a “handy overview” of qualitative method tools and guides,** especially in a “tree” format (“start here, continue there”). This would be 1-2 page overviews to define when appropriate to use different methods, who involved, resource implications, what work in different contexts, who doing this in the organization, where get further information – could it have a decision-tree overview, to help guide people, given types of enquiry, resources available etc. (Better Evaluation (Rainbow Framework), and BOND in UK, trying to do something along those lines)
- **Bring back reflective learning piece** – bring back the “program” philosophy (we went back to a project frame of mind)
- **Bring back the “D”** – design! DM&E used to be more deeply connected, now M&E feels like an “add on”
- **Continue investing in pilots for applying** qualitative methods in different regions and keep exploring the idea of a “helpdesk function” in CARE, where technical assistance in these methods could be of great value (budget ask for CARE USA?)

Thursday 27th April – Day 3



Visualizing evidence/data

- What we are trialing for data visualization: platforms, purpose, audiences and features (**Korinne and Ximena**)
- Presentation from Vizzuality (AidMap, World of Impact): What data visualization is, how it helps organizations like CARE and what it implies.
⇒ **Exercise:** The visualization we want: purpose, main features and audience

Translating evidence/data into knowledge

- Brief update on current dialogue on KM and KM technology platforms (**Jay and Emily**)
- Tutorial on the “5 minutes of inspiration” and how to use it more broadly (**Emily**)

Capacity development strategy and who leads what

Session 1: Visualizing evidence/data (Invited guests from Vizzuality)



Our attempts with data visualization

- Different teams have been trying different types of visualizations (e.g. Bangladesh infographic, FNS tableau, CARE USA Impact Mapper, Dashboards, etc.).
- Each visualization effort responds to a particular purpose and for a particular audience. Therefore, there is no single solution but should find the one that best responds to our general needs and start from there.

Vizzuality

- Make data understandable (know your audience! – it sounds obvious but we forget about it), usable, accessible and create conversations. Take the data to your users. Don't expect them to come to you.
- Use the concept of progressive disclosure, the “slow reveal”, which helps the learning process. Avoid overwhelming audiences with too much data from the very start.
- Get information where people are, where the audience is, allow visualizing through other means (embed information).
- Make it usable: don't make users think, less is more, make it beautiful. Beauty creates confidence (it is not just pretty!).
- Time element is critical: pay attention to: the time people spend in websites; the time it takes people to get information; the time required to obtain emotional response; time before people share it with someone else, time to get to deeper insights.
- Data must be accessible: findability, multiplatform, downloadable, analyzable.
- Let your people know data exists.
- Create a dialogue, so people can share insights, have conversations, take action (data must be actionable)
- Qualitative data: machine learning can help, but data needs to go through significant “curation” (always needs to be checked and validated. No machine can do that for you)
- Pick one or two key audiences – and different pieces of data are useful or interesting for different people



Primary audiences for CARE

- Governments in the Global South, influencing them for policy change
- Participants (low tech, updates by text and phone messages)
- Institutional donors
- CARE staff across the world: Closing feedback loops with
- Fundraising teams for private fundraising
- Senior management teams for decision-making

Messages

- CARE's global reach and breadth of information, show that CARE is an important actor for fighting poverty
- Donors have atomized view of our impact, but may want to see their aggregate impact.
- Hold us accountable for achieving what we said we would achieve and helping us plan for it
- Contextualize data: explain gender injustice around the world, why it is important, what is CARE bringing to this conversation. Information about CARE alone is not sufficient!
- Learning and advocacy – clearly distinguish from marketing

- What are the dialogues to which we want to contribute (and follow the thread of those dialogues consistently)? This is a more important question than “what do we want to show” (which is what we tend to do)
- Acknowledge failures and where to improve



- **Update CARE’s data in the NGO aid map and other platforms**
- **Have a “reveal slowly” approach to data, distinguish less between internal and external audiences. Start with the data we have and add story telling with other sources.**
- **Avoid high tech options**

Session 2: Translating evidence/data into knowledge



KM in CARE

- Minerva will work until June 2018 and then phase out. We have time to sketch the system/outline the process in the next months for developing a replacement (task force composed by Jay, Emily, Benjamin and Abby is developing a project plan for this process). A search capability for all of CARE – a “CARE Google” – would be immensely useful.
- Most CARE offices are transitioning to Office 365, and adopting Facebook Workplace – a good opportunity.
- We need ONE comprehensive web-based platform, accessible to all (35+ currently exiting platforms)
- There is interest and movement toward solving this critical issue (Office 365 Steering Committee, CARE USA's new Chief Digital Officer, etc.).
- Take the perspective of “let’s make something exciting happen” rather than “it is terrible/awful and needs urgent fixing”. Let’s be as solution-focused as possible and this is the moment to influence this process
- The Village and Minerva: Until a new platform is decided and developed, CARE staff can still use The Village and Minerva, although, please make sure to organize your content and tag things so that the future migration can be easier

○ *5 minutes of inspiration*

- Two stories: one of impact, one of process (what CARE does). We often start with process stories instead of impact stories. The impact stories are normally the most valuable.
- Process for presenting the 5 minutes of inspiration: hook (surprise, interesting fact, new connection, emotional impact), impact (the change that happened and why it matters, evidence, a comparison with something else), how we got there (what’s CARE unique value), and learn more.
- “Executive summaries are your friend” – include exciting impact data in the executive summary.
- You can always address failure as well. Examples on failure talks are included in the package of materials of this meeting. Also, recording, presentations, handouts and notes of Learning from Failure conversation in CARE USA available [here](#).
- Tips
 - Comparative sense. Don’t use numbers in isolation. Relate them to something. Did something really change? Can I compare it with anything?
 - Use literary means vs technical descriptions. Zero development buzzwords!
 - It is not about putting stories in nice clothing; it is about making stories more relevant.
 - Link the story with what’s behind. Start with what the change was and how it happened
 - Audience: Who else wants to know this
 - A network for whom this is important: who should we invite to this dialogue
 - Focus on Solutions. Not on everything that is wrong in the world
 - Tell people something that they can actually do (e.g. you can fund, you can increase, you can achieve...)
 - Check: If you cannot translate easily to another language, then you probably cannot tell the story
 - Test: will the person reading the hook be comfortable with it? Does it protect the dignity of the person



- **Accompany the Office 365 transition and make sure to engage in the discussions on new global platform**
- **Start using the 5 minutes of inspiration in different outcome areas or elements of the approach (send drafts to Emily for feedback and coaching)**

Session 3: Capacity development strategy and who leads what

- What does success look like in 3 years (2020)? What would we like to have accomplished?
- What concrete actions do we need to carry out in FY18 in order to make progress toward our vision of success?
Actions, person(s) responsible, by when, resources

MEL approach, standards and principles & MEL capacity building
 Incorporating recommendations, sharing with colleagues across CARE, pilots for testing tools and materials
 Amanda, George, Gideon, Neil, Nicola, Ximena

What and how
 Finalize list and guidance for supplementary indicators, roll out of indicators, finalize PIIRS form for FY17, deepening the use of qualitative data for telling our impact story
 Dora, Jay, Kaia, Lotte, Sarah, Tom

Visualizing data
 Emily, Korinne, Losane, Mirjam, Santiago

Multiplying impact and direct & indirect reach
 Claudia, Malaika, Maria, Rasha and Sofia



- Conclusions from group work

<p>MEL approach, standards, principles & MEL capacity building (Amanda, George, Gideon, Neil, Nicola, Ximena)</p> <p>Success by 2020</p> <ul style="list-style-type: none"> - Accuracy/completeness in PIIRS data - Greater understanding and prioritization of MEL in CARE with progressive skill building - MEL not only for MEL people: Diffusing MEL expertise - Unified efforts: all bought into one system, one MEL approach, one set of guidance, one MEL platform with equal ownership <p>Actions for FY18</p> <ul style="list-style-type: none"> - Give it a go and finalize training package for FY17 (even if it have to be updated in 6 months or a year): the approach document, the indicators and the FY17 PIIRS form with clearer instruction (this can also be an orientation package for now) - Stablish the MEL Community of Practice (CoP) with quarterly webexes. Connect with existing CoPs in some regions. - 1st WebEx: update on where MEL is in the organization and mapping of skills, systems, methods, MEL platforms outside CARE we participate in. - Other webexes in topics identified with the CoP (e.g. MEL for designs) - Accompany the 365 process and make sure to develop a MEL platform 	<p>What and how (Dora, Jay, Kaia, Lotte, Sarah, Tom)</p> <p>Success by 2020</p> <ul style="list-style-type: none"> - 100% of CARE projects worldwide are using at least one global indicator from each role/approach and 1 global indicator from the relevant outcome and relevant supplementary indicators - Proposal developers are incorporating approach and outcome indicators into the M&E design and plans for proposals - Adequate guidance and support for applying these indicators is available fostering greater capability for multiple users to utilize them, and analyze their data - An online platform that makes it possible to have readily available analysis of global change and impact data using a form-based data entry process that also allows for the entry and analysis of qualitative data <p>Wish list</p> <ul style="list-style-type: none"> - Capturing and analyzing data related to our reach and impact; capacity for mobile and offline/syncing data entry - Impact evaluations are consistently capable of explaining the change that has occurred, why it happened, and how it happened (and are thus utilizing principles and standards that facilitate this) <p>Actions for FY18</p> <ul style="list-style-type: none"> - Finalize list and guidance for supplementary indicators, roll out of indicators, finalize PIIRS form for FY17, depending the use of qualitative data for telling our impact story - Mapping and building a business case based on a review of already existing systems that are being used within and across the organization for data entry, analysis, and utilization <ul style="list-style-type: none"> o Have a small working group led by someone in the secretariat to move this work o Fund an intern; Dora volunteered to supervise + Eck, maybe someone from Education? Global South representation from India or Haiti? Maybe resources from Impact investments from CARE USA? o Pilot piece would be pulling different thematic areas of programming, or countries, regions - Finalization of the supplementary indicators + guidance <ul style="list-style-type: none"> o Thinking through the naming and coding conventions around supplementary indicators addressing multiple approach/role/outcomes
<p>Visualizing data (Emily, Korinne, Losane, Mirjam, Santiago)</p> <p>Success by 2020</p> <ul style="list-style-type: none"> - COs, regions, CI, CMPs, Outcome Areas, Approach Elements and Roles access visuals on reach and impact, from global to project level. - CARE is active in AidMap and other platforms and learns from incentives other platforms use to gather quality data. - We have tools in place to generate supplementary visuals (e.g. Real time reporting for Hum-IATI). Can we feed it into another system and still avoid duplication? 	

<p>Actions for FY18</p> <ul style="list-style-type: none"> - Bring back the unique project codes – PIIRS ID & CMP responsibility - Organize resources and time allocation from key staff, for data analysis - In training with COs: address visualization issues: how to make your data appealing and what the data means for you - Explore an external map to visualize CARE's work: drill down to country and project. Showcase some projects. - Explore geo-code beyond country in PIIRS: potential to crowdsource + retrofit - Make PIIRS form and data file more user friendly - Explore and decide on the best platform that CARE will contribute to and have a clear idea of resource, time, staff needed for that (IATI, NGO Aidmap, OCHA \$ tracker, etc.). Explore ID linkages to complementary data (Savix, Mirrors, etc.) - Capture feedback from various stakeholders about what they want to see to help in their daily/strategic work. Create templates with common visualizations - Use data visualization to identify missing data: CMPS can see if there are projects missing 	<ul style="list-style-type: none"> o Agreement on format (content) for the guidance o Jay + Ximena to draft and circulate o Idea: Include guidance for at what level this would feed into the logic model o End of June/July first cut of the supplementary indicators + guidance o End of the year by the end of the 2017 o Following learning meeting for FNS o Following piloting exercises o Decision to be made on education + WASH - Eck to facilitate a team putting together the design for an online learning space/CoP - Qualitative measures --> <ul style="list-style-type: none"> o Explore mapping of qualitative competencies (human resources) o Is there a need to do further capacity strengthening across the organization o By 2020 there's a cohort of touches and reference points for support on these methods o There is a plan + function in place for coaching opportunities + "office hours" o 2 page guidance, identify a point person to help populate this content o Summary of why you use qualitative methods; how they complement and reinforce the quant o Create a framework for sharing case studies/use cases around examples of projects that have used these methods o Include examples of this in this year's impact report and next year's o Decision-tree interface OR simple set of questions and key considerations --> if you have these resources, these questions, here's what you should consider (methodology)
<p>Multiplying impact and direct & indirect reach (Claudia, Malaika, Maria, Rasha and Sofia)</p> <p>Actions for FY18</p> <ul style="list-style-type: none"> - For the FY17 PIIRS tools: incorporate improved guidance and references to better define direct and indirect reach and populations to be considered when reporting impact - Facilitate the discussion around how we define multiplying impact and how we explain it 	<ul style="list-style-type: none"> o Guidance on gender, governance and resilience markers + training materials and references + examples on the shared platform <ul style="list-style-type: none"> o Get vetting forms and guidance to Sofia/translation fairy ASAP (funding out by end of June): French, Spanish, Arabic (potentially ask CARE Egypt to assist with this) - Cross-cutting capacity strengthening pieces: <ul style="list-style-type: none"> o Consultant roster o Help-desk function (on platform) o Documentation of (or linkages to existing) situations of when this has been done-- e.g., Emily Hillenbrand using Outcome Mapping with Pathways in these countries o Develop guidance and examples of how to write an evaluation report, ToR, executive summary, evaluation summary--> Nicola? o Build from gaps in existing guidance and reference docs - Long-term thinking: <ul style="list-style-type: none"> o Translating guidance and resource tools into broader capacity strengthening tools: - Resources: <ul style="list-style-type: none"> o Person time o Cost implications for the creation of the online platform/repository/community of practice o Suggestion to let private sector contractors know that we will be putting out an RFP around this (will help with costing and considerations)