

Feedback-Questions around the definition and incorporation of the global indicators



- **What are the global indicators?**

The 2020 Program Strategy includes a set of global outcomes for CARE and its partners. In order to measure progress towards these outcomes CARE needs a global evidence system. Having a common set of guiding indicators and metrics applicable to CARE projects and programs worldwide will allow collection and aggregation of coherent and comparable outcome and impact data and analysis. The global indicators are therefore an important part of CARE International's architecture for measuring our impact. They will also help us in taking more consistent approaches on monitoring, evaluation and learning (MEL).

- **How were the global indicators selected?**

Indicators were selected drawing on the experience of CARE programs and the current debates around impact measurement in development and humanitarian actions. They were proposed and crafted by the thematic teams working on the outcomes, approaches and roles, with further consultation and input from CARE MEL experts and other interested staff. They were drafted in the context of the Sustainable Development Goals (SDGs) and their indicators, as well as feasibility of measurement. They were reviewed by the CI Program Team, before being approved by the National Directors' Committee in March 2016. Some teams have already started incorporating the indicators.

- **How should the global indicators be applied?**

New projects designed from 1 July 2016 should integrate global level indicators (as appropriate and relevant). Projects contributing to one of the Program Strategy global outcome areas should incorporate at least one relevant outcome indicator. All projects should measure indicators for the CARE approach and roles, as relevant to their activities. For existing projects/programs/contracts, assess where indicators can be integrated in monitoring and evaluation plans- in particular through processes such as annual planning and mid term reviews. Please revise these plans accordingly and integrate indicators where possible. We should also include a relevant selection of the proposed indicators in any upcoming evaluations (from now onwards, wherever possible).

The CI MEL group has the role to facilitate technical support to teams applying the global indicators.

- **We've seen these kind of global indicators introduced by other international NGOs. Have we learned from their experiences?**

In developing our approach with global indicators, we looked at experiences of other NGOs like Save the Children, Plan and Oxfam. Some have an easier task (e.g. child-focused) and others collect a narrower set of impact data and extrapolate across their global program. For CARE, we need to be transparent when we explain how we've arrived at our assertions of impact (the approach we've used, the type of data collected, the assumptions we've made). The experiences of large organizations like UNDP and the World Bank also indicate that they don't always have all the data – for example, more than 40 countries haven't measured poverty in the last 10 years so data is often based on projections and hypothesis of existing in-country data or data from similar settings. In the first year of our new global indicators we won't have a full picture of our impact or reach but we will be able to learn each year how to do this better as well as build the picture over time.

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- **How do we incorporate global indicators into projects that don't fit so well with Program Strategy Outcomes (e.g. education projects)?**

CARE's core Approaches (gender equality, governance and resilience) and the Roles we play (humanitarian, innovative solutions and multiplying impact) outlined in the Program Strategy will be relevant across our work. The strategy agreed to focus efforts around achieving and measuring certain outcomes, but we acknowledge this won't capture everything CARE does. CARE's overarching approach (addressing the underlying causes of poverty and social injustice) will be implemented in different ways in different contexts.

While an educational outcome may not specifically link with the strategy Outcomes, we can still record impact data that's relevant for that project. Girls' education is seen as an important part of our approach of strengthening women's equality and voice. It is also an enabling intervention which supports outcomes under WEE, SRMH and right to life free from violence.

Of course, we may not be in a position to aggregate up to a global level on education as a global theme. And that's ok. The focus of the intervention should not be driven by CI global indicators – rather use it as a frame of reference. But just because there is no explicit commitment to joint expertise, and impact measurement around education indicators it does not mean there is misalignment with the strategy. Where there are others in CARE doing education – they can continue to learn from each other and work on technical approaches.

Feedback-Questions around data reporting on the global indicators



- **Where can I find the most recent guidance on the global indicators?**

- **How will data be collected-reported for the global indicators?**

Data on the progress of the global indicators will be collected and reported annually through PIIRS. Other specific studies or analysis may also be made every year (e.g. Impact Reports).

- **Many global indicators use a percentage (%) to reflect impact level changes. At the project level, we can use percentages but this may have very little impact at the national level.**

This is an ongoing discussion. Anytime we use % we need to be clear on denominator. We need numbers who experience change but we also need to know context of change (of total population). In most cases, % change will be for groups/communities we are working with but having information on the context allows for defining the size of CARE's contribution to impact.

- **A number of the global indicators are percentage increases/decreases which give us a snapshot in time but how do we report on changes over time?**

- **In some areas we don't know exact numbers of population – so then what do we do?**

We would do what we do now with our current MEL systems: make our best estimate based on assumptions and sources of available information we do have. This is not a new problem, and many indicators are imperfect and we have to make the best use of the information we have.

- **How do we use DHS data source to measure change at project level? Can we use other data sources beyond those specified in the guidance note?**

It will vary from country to country. In some cases it will be useful, to understand national benchmark and we may be able to break it down to smaller geographic areas. We may also look to other sources of data where needed.

- **The guidance suggests we do some analysis to make sure we are contributing to change but what quality assurance processes are in place?**

This is probably a good question for all M&E systems. In the guidance document, under each indicator there is a section about data collection and questions on contribution to change, to help prompt analysis. Thematic networks in CI will be a useful resource to help compare approaches and methods to help explain change.

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- **Is there an expectation to incorporate every indicator?**

In new projects, look at the list and pick any global indicators which are relevant to each project. They should incorporate at least one relevant outcome indicator, if possible. There may be more, but you also need to consider what other information is necessary to collect. So bottom line – do our best to incorporate one or more if possible.

- **The PIIRS forms have standardized all the indicators to %, however, some of the indicators were originally expressed in other units (e.g. proportion). How do we manage this?**

All indicators in the PIIRS forms have been expressed in percentages while the actual wording of the indicator may be expressed differently (e.g. % of the population with moderate or severe food insecurity vs. prevalence of the population with moderate or severe food insecurity). We have done this for standardization in the data collection process but doesn't affect the definition of measurement in any way. Please report your data as %. If you have any case with other unit (e.g. proportion or prevalence) that you cannot convert to %, you can also report it but would need to clarify this in the comments section of the form.

- **Can we use other data sources than the ones suggested in the guidance note?**

- **Can we keep using our own data collection approaches?**

- **Does all the data reported to PIIRS need to be supported by an external evaluation as evidence documented?**

- **Is it a problem to double report across CARE approach indicators (e.g. resilience) and outcome level indicators (e.g. food and security)?**

Feedback-Questions around data reporting on the global indicators



• Feedback to the global indicators questions in PIIRS

- In the global indicators reporting, we reported our contribution and achievements but it was really difficult to report the baseline information and the population figures within our limited resources.
- There is lack of clarity over the indicators that use %. People aren't clear what the denominator should be (for instance, if we are looking at a % of women/girls reached, is that % of women/girls who live in our target district, or % of those targeted by the program (a lot smaller in number) or % of women/girls across the country with whom we could have worked, but chose not to through geographic focus, (a much bigger in number). We need further guidance to calculate the result.
- We are having trouble identifying the numerator and the denominator definitions for the % fraction in the indicators. Is the "population that CARE seeks to impact the direct or the indirect beneficiaries?
- Despite having lots of work and results under the projects, we end up not reflecting that in PIIRS because the indicators/evidence requested does not fully match with the nature of the project, the metrics it uses and the context it works in.

Common errors in data entry on impact/outcome indicators in PIIRS FY16:

- Only baseline figures inserted (need both baseline & latest measurement figures to be useful)
- Impact population #'s: inserted those meeting the indicator criteria, rather than the total impact population (to which %'s apply)
- Male/female %'s add up to 100%, rather than representing the % figure for that indicator for women/men
- #'s or dates in the % fields, or vice-versa
- % figures for total population are not consistent (should be the population-size weighted average of % female & % male)
- Data not input on an indicator, despite the project having evidence that could be used
- Projects not reporting against the indicators as they haven't had an evaluation (yet still have solid data from internal records – that can be used for some indicators, at least)
- Impacts from closed projects not captured – as PIIRS form not even submitted
- Figures inserted are different from those in the external evaluation/report
- Figures show worsening situation against the indicators, without explanation
- Interpretation issues of indicator (e.g. the 2 resilience indicators: 15 (capacity) vs. 21 (actions))
- Significant changes in impact population numbers between baseline & latest measurement, without explanation
- Not explaining what exact indicator the project used (e.g. for 6 – contraceptive use, 13 – food security, or 15/21 – resilience – or 19 - participation)