



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**

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CARE USA Program Division, February 2003

TABLE OF CONTENTS

ACRONYMS USED IN THIS REPORT	2
FOREWORD	3
EXECUTIVE SUMMARY	5
General Comments	5
Major Findings	5
Methodology.....	7
Lessons Learned	7
Selected Recommendations.....	9
PART 1: MEGA METHODOLOGY	10
The MEGA 2002 Evaluation Sample.....	10
PART 2: MAJOR FINDINGS	14
2.A. Achievement of Project Objectives	14
2.B. Evidence of Findings	15
2.C. Project Goals.....	16
2.D. Project Intermediate Objectives Results Levels	17
2.E. Other Evaluation Patterns	18
2.F. Sustainability Objectives and Findings.....	20
2.G. CARE Strategic Directions: HLS, Gender and Diversity, Rights Based Approach (RBA), Partnership, Civil Society, Advocacy.....	22
PART 3: LESSONS LEARNED	27
3.A. General Observations.....	27
3.B. Types of Lessons Learned Included:	28
3.C. Sources of Lessons Learned.....	31
3.D. What Determines The Utilization Of Lessons Learned?.....	33
PART 4: METHODOLOGICAL PATTERNS AND LESSONS	35
4.A. General Patterns.....	35
4.B. Evaluation Methodology Findings.....	35
4.C. Experimental Design.....	36
4.D. Methodological Rigor.....	37
PART 5: RECOMMENDATIONS	40
5.A. Project Design.....	40
5.B. Evaluation Methodology & Standards.....	40
5.C. Future MEGA Evaluations	41
5.D. Utilization of Evaluations for Learning.....	42
LIST OF CARE EVALUATION REPORTS REVIEWED FOR MEGA 2002	43

ACRONYMS USED IN THIS REPORT

ANR	Agriculture and Natural Resources (Sector)
BGE	Basic and Girls; Education (Sector)
CH	Children's Health (Sector)
CO	CARE Country Office
DFID	Department for International Development (U.K.)
DME	Design, Monitoring, and Evaluation
EEL	Evaluation Electronic Library
HH	Household
HLS	Household Livelihood Security
INF	Infrastructure (Sector)
IOH	Integrated and Other Health (Sector)
MEGA	Meta-Evaluation of Goal Achievement
NUT	Nutritional Health (Sector)
OTHER	Interventions not captured under listed sectors (e.g. emergencies)
PAD	Program Assessment and Development (CARE technical units)
PNGO	Partner Non-Governmental Organization
RBA	Rights Based Approach
RH	Reproductive Health (Sector)
SEAD	Small Economic Activity Development (Sector)
USAID	United States Agency for International Development
WATSAN	Water, Sanitation, and Environmental Health (Sector)

FOREWORD

When we are asked whether or not CARE is really having an impact on the lives of people, how can we respond? Sure, we can (and do) give examples through human interest stories, describing some of the persons who have been helped by CARE projects. Individual project reports, including evaluations, can provide insights into the achievements of such projects.

However, at the CARE International corporate level, what credible evidence can we provide that answers the question of CARE's global impact? Through the Annual Project Information (API) survey we collect data on what projects are doing. But for practical reasons it focuses on indicators of activities and outputs, mainly because it is difficult for projects to measure high-level and long-term outcomes on an annual basis. Valid assessment of impact requires the perspective and rigor of project and program evaluations.

Therefore we rely on such evaluations to ascertain how successful our programs have been (and therefore CARE has been). Ideally, evaluation reports should be synthesized and analysed at the Country Office level, as a way of measuring progress towards the CO Long-Range Strategic Plan, and utilizing the lessons learned to inform future strategies and project design. Even if this were done systematically, it still leaves us with the challenge at the corporate level: with so many project evaluations conducted each year around the CARE world, who has time to read all of them? How can we get a perspective on what impact CARE is having globally?

Questions of this nature were asked by the senior management of CARE in 2000. In response, we conducted the first MEGA (Meta-Evaluation of Goal Achievement) of CARE projects.¹ It not only looked for measurement of impact, but also examined the methodologies used for such measurement. The CARE USA Board, the CARE International Programme Working Group, and other major stakeholders were so appreciative of that first MEGA report that they asked for it to be repeated every two years.

Thus we asked the same external evaluator, Dr. David A. Goldenberg, to conduct a similar review of evaluation reports that had been received by the DME Unit in Atlanta since the MEGA 2000 had been conducted. We were interested in not only a synthesis of the level of results reported to have been achieved, and the evaluation methodologies used, but also the trends. I.e. how did the cohort of project evaluations completed during 2000-2002 compare with those examined by the first MEGA (which were completed between 1994-1999)?

¹ The CARE MEGA Evaluation: A Review of Findings and Methodological Lessons from CARE Final Evaluations, 1994-2000, David A. Goldenberg. Printed February 2001. (Will be referred to in the present document as "MEGA '00" or "2000.")

As you read this report you will see some amazing and very encouraging trends. Not only are CARE projects achieving greater impact, the methodologies used for conducting evaluations have become much more rigorous – meeting higher standards.

Some of this may be attributable to the Impact Evaluation Initiative (IEI), which produced and disseminated the *Impact Guidelines* in 1999, and which led to the subsequent codification and official endorsement of the CI Project DME Standards in 2002. However, it must be recognized that most of the projects in the MEGA 2002 cohort were designed 3-5 years earlier. While the methods used for final evaluations could have been influenced by IEI and MEGA'00, the design of these projects, and the fact that more of them had conducted baseline studies, predate the IEI. The improved methodologies that have now been documented may be indicators of a longer-term trend in CARE, perhaps attributable to the increased emphasis on program quality and better DME practice dating back to at least 1995.

Nevertheless, whatever the explanation, the findings of this MEGA 2002 study provide solid evidence of some very positive trends in the results being achieved by CARE, and the credibility of the evaluations that measure that achievement. We can be proud of these trends. As you read this report, look for that proof, and also the explicit and implicit recommendations for how we can do even better in the future.

As we look forward to the next MEGA evaluation study in 2004, there are a number of things we need to work on. These include:

More systematic collection of project evaluation reports by Country Offices, which need to be submitted to the centralized Evaluation Electronic Library, not only for subsequent analysis by the MEGA exercise, but also to be accessible to project designers and others who need to avail themselves of the lessons learned from previous evaluations. Being sure that those who supervise and those who conduct evaluations read these MEGA evaluation reports and apply the recommendations in the methodologies used.

More proactive commissioning of strategic program evaluations, including meta-evaluations of multiple projects with common sectoral or other themes, and examination of broader issues of importance to CARE. The articulation of CARE evaluation policy and strategies, incorporating many of the recommendations from MEGA 2000 and MEGA 2002.

David Goldenberg has done a very thorough and professional job of reading, analyzing and synthesizing the 65 evaluation reports upon which the MEGA 2002 study was based. He has summarized his extensive findings in a clear, succinct style. He has provided many relevant and useful recommendations that should guide us in further improving our design, monitoring and evaluation practice.

I commend this report to your reading and edification.

Jim Rugh
Coordinator of Program Design, Monitoring and Evaluation

EXECUTIVE SUMMARY

General Comments

The 2002 Meta-Evaluation of Goal Achievement (MEGA 2002 or MEGA '02) continues CARE's process of upgrading and learning from its project and program evaluations. This effort has included the formulation of the *Impact Guidelines* (1999), the dissemination and use of the DME Capacity Assessment Toolkit (2000 – 2001), the first MEGA evaluation (2000), the development and official endorsement of the CI Project Standards (2002), and the production of the Project Design Handbook.

In every respect, the evaluations included in the MEGA 2002 study represent an impressive improvement over those covered by the original MEGA.²

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

We believe that this is testimony to the great investment that CARE has made in promoting improved project design, monitoring, and evaluation practices. The effort that began in the mid-1990s culminated in the recent definition of DME standards.

Major Findings

The overwhelming majority – 82% – of the evaluations covered by the MEGA 2002 reported that projects had achieved most of their intermediate objectives. Only 18% demonstrated mixed results, and none were rated as having no substantial results.³ Even more striking was the fact that 94% of final evaluations reported the achievement of most project objectives. The most significant improvement over the MEGA '00 findings was in the degree to which evaluations actually measured final goal achievement. 89% of the MEGA '02 evaluations did so versus only 47% of those in MEGA '00. Furthermore, all MEGA '02 projects were deemed to have “measurable final goals.” We do note, however, that CARE may need a more systematic manner of judging whether or not project objectives were achieved.

MEGA 2002 includes eight post-project evaluations and these throw an interesting light on the long-term significance and sustainability of projects.

² Even though only two years separate the two MEGA studies, the reader should note that most of the evaluations examined in the MEGA '00 report were actually conducted in the mid-to-late 1990s.

³ MEGA 2000 results: a) most objectives achieved – 66%; b) mixed results – 29%; c) no substantial results – 5%.

The findings of the MEGA '02 evaluations were based upon much stronger evidentiary foundations than those reviewed in 2000. 63% of the projects had baseline data (versus only 39% for MEGA '00). Health and nutrition projects were much more likely to have baselines – 82%. However, there was an increase in baseline data across all sectors: ANR projects had 37% (vs. 28% in 2000) and SEAD projects 56% (vs. 14%). The MEGA '02 also found that 74% of final evaluations and 80% of post-project evaluations included a household survey. In contrast, only 43% of MEGA '00 final evaluations utilized surveys. 97% of projects with baselines followed them up with final evaluation surveys.

Nearly three-quarters (74%) of final goals were aimed at the household level (up from 68% in 2000). There was also an **increase in impact level final goals** as a percentage of household level goals (65% vs. 53% in 2000). Whereas MEGA '00 described 71% of project final goals as measurable, those covered by MEGA '02 had nearly universal ratings as measurable – 97%. Moreover, 90% of those projects actually measured final goal achievement (up from 66% for MEGA 2000).

A third of the reviewed evaluation reports failed to provide full information regarding project intermediary objectives. It is striking **that 69% of all projects (with sufficient information) included an intermediate objective at the institutional level**.

MEGA '00 noted that “a number of evaluations remarked upon the failure of projects to revise objectives in the face of data, implementation experiences, or the findings of other evaluations.” Indications from MEGA '02 are that **CARE projects are now doing a better job of adjusting in response to relevant, timely information**.

The MEGA '00 report noted that “it was a rare project evaluation that included measurements of cost-efficiency, unit cost, or financial measures.” In sharp contrast, **61% of the MEGA '02 evaluations included cost-related data**. 77% of MEGA '02 projects included **goals or objectives** with specific reference to sustainability. Only 36% of MEGA '00 projects met this qualification.

Only 15% of MEGA '00 projects were defined as having **an objective with a clear gender orientation** that sought to increase the participation and influence of women in their societies. In contrast, **50% of MEGA '02 projects include such gender-related objectives**.

The MEGA '00 found that “more than half (51%) of the partnership comments covered issues with national government agencies and ministries,” but only 29% of the 2002 comments do so. Yet it is surprising that only a third of the 2002 comments are devoted to partnerships with national NGOs, little changed from 2000.

Only 16 MEGA '02 project evaluations -- **26%** -- had something approximating an **RBA focus**.

Methodology

MEGA'02 utilized the same methodology that was employed in MEGA'00. While reviewing each document, the evaluator recorded key characteristics in a series of tables covering: a) goals, objectives, and findings; b) lessons learned, partnership comments, and sustainability findings; c) evaluation rigor and range of methods; and d) a broad range of methodology and topical characteristics.

MEGA'02 consists of a review of 65 evaluation documents, primarily final project evaluations. Almost all of them were written between 2000 and 2002. While MEGA'00 relied upon a review of both abstracts and original documents, MEGA'02 is **based entirely upon original report documents**. We are, however, **concerned regarding the geographic representation** of the reports reviewed for MEGA'02. The PAD unit in Atlanta solicited evaluations from all CARE country offices, but the response was uneven. Consequently, **61%** of the MEGA 2002 evaluations come from just **four countries** (Bangladesh, Peru, Ethiopia, and India), with **30% from Bangladesh** alone.

MEGA'02 includes numerous projects that supported multiple independent evaluation efforts. In some cases, these represent separate quantitative and qualitative studies. Others project were subject to both final and subsequent post-project studies. However, it is **unclear how the results of these multiple evaluations were utilized**. No documents were submitted demonstrating a rigorous analysis and synthesis of independent studies for the same project.

Lessons Learned

During the MEGA'00 process, the author often had to rely upon his own judgement to identify "lessons learned" from the reports. It is consequently impressive that many (if not most) MEGA'02 reports contain sections explicitly devoted to Lessons Learned. **The author found no references in any MEGA 2002 report to relevant evaluations from other CARE country offices**. A more important issue may be the degree to which lessons learned from evaluations of previous projects are absorbed into the project design process. It would be very worthwhile for CARE to conduct **a meta-evaluation of project proposals** to assess such utilization.

The variety of interpretations concerning what constitutes a "lesson learned" and who the audiences are for such learnings indicates that there is no consensus on this matter. **What is meant by a lesson learned? There is a clear need to distinguish between "lessons" and "findings."**

What level of confidence is required to establish a Lesson Learned?

Are lessons learned being shared with partners?

Types of lessons learned included:

- Lessons Regarding Project Design
- Lessons with Policy Implications

- Lessons Learned Concerning Documentation and a Learning Orientation
- Lessons Regarding Sectoral Implementation
- Lessons Learned Regarding Evaluation Methodology

MEGA'02 uncovered no meta-evaluations (vs. 11 in 2000), but it did include eight post-project evaluations. Emergency projects may be the most suitable for the incorporation of lessons learned.

- ◆ Because of the continuity of management at international and country levels;
- ◆ Because their application is likely to be immediate and short-term.

The India CO carried out Emergency Lessons Learned Reviews of its responses to the 2001 cyclone that devastated the State of Orissa and the 2001 Gujarat earthquake.

Methodological Patterns and Lessons

The sample of reports included in MEGA'02 demonstrates that CARE managers are supporting a **much wider variety of evaluation formats**: separate quantitative and qualitative studies, Lessons Learned reviews, special studies focused upon project elements, and post-project evaluations. Disappointingly, many reports did not review the quality of project M&E data. However, several 2002 evaluations were critical of project M&E practices.

87% of the reports reviewed for MEGA'02 (vs. 79% for MEGA'00) provided a basic **description of the evaluation methodology** employed, including evaluation team composition, activities, and number of data collection days. On the whole, the quality of information provided was adequate.

The total percentage of projects employing control groups in their evaluation design rose from 10% for MEGA'00 to 24% for MEGA'02. As demonstrated by the increase in baselines, **pre-test designs** (which call for baseline measurements) **increased from 38% to 50%**.

The **mean score for methodological rigor was 4.3** (vs. 3.6 for 2000) on a scale of 6, with a **median of 4** (vs. 3 for 2000). There was a clear improvement **in the percentage of projects that clearly defined their target populations** in their goals and/or objectives – **80%** (vs. only 52% for MEGA'00).

On a scale of 6, MEGA'02 evaluations **scored a mean of 3.7** (vs. 3.4 in 2000) for their inclusion of “other (non-survey) methods”, with a **median of 4** (vs. 3 in 2000). The MEGA sample included a number of rigorous evaluations that employed a **wide range of methodologies**. In contrast with the MEGA 2000 review, hardly any 2002 evaluations were based solely upon document reviews and interviews. A majority (63%) of evaluations conducted some form of **institutional assessment**. Sixty percent of all MEGA 2002 evaluations employed **participatory methods**.

Selected Recommendations

For Project Design:

- ✓ Require the citation of relevant CARE evaluations of previous projects and/or other forms of research and sectoral best practice guidelines and how their lessons learned were incorporated in project proposals and project designs.
- ✓ Conduct a meta-evaluation of CARE project designs (in order to have an assessment of the state of the art of project design in CARE similar to this MEGA assessment of the state of the art of project evaluation).

For Evaluation Methodology & Standards

- ✓ Establish guidelines for categorization of project achievement:
- ✓ Thresholds regarding objectives reached
- ✓ Inclusion of indicators of sustainability
- ✓ Target population measures
- ✓ Institutional effects such as partnership capacity enhancement

For Future MEGA Evaluations

- ✓ Take steps to ensure that the MEGA sample of evaluations is fully representative of CARE's projects.
- ✓ Develop a schedule of anticipated project final evaluations
- ✓ Identify roles at CO and RMU responsible for collecting and forwarding all relevant evaluations.

For the Utilization of Evaluations for Learning

- ✓ Establish a schedule of regular meta-evaluations covering:
- ✓ Emergency project evaluations
- ✓ Title II (including Food for Work) project evaluations
- ✓ All Lessons Learned Reviews

PART 1: MEGA METHODOLOGY

It should be emphasized that the **MEGA methodology** focuses upon the identification of patterns that emerge from a review of a number of evaluation reports. It is not expected to provide detailed findings regarding sectoral or programmatic approaches.

MEGA'02 utilized the same methodology that was employed in 2000. While reviewing each document, the evaluator recorded key characteristics in a series of tables covering: a) goals, objectives, and findings; b) lessons learned, partnership comments, and sustainability findings; c) evaluation rigor and range of methods; d) a broad range of methodology and topical characteristics.

The MEGA 2002 Evaluation Sample

MEGA 2002 consisted of a review of 65 evaluation documents:⁴

47 Final Evaluations
10 Mid-term Evaluations
8 Post-project Evaluations

Throughout this report, the reader will note some fluctuation in total numbers provided for projects, evaluations, and other findings. Some single reports covered multiple projects. In other cases, a single project generated multiple evaluation reports, e.g. quantitative and qualitative, or individual reports on separate project elements.

While MEGA 2000 relied upon a review of both abstracts and original documents, MEGA 2002 is **based entirely upon original report documents**⁵. Almost all these reports **were carried out subsequent to the MEGA 2000** that reviewed evaluations produced between 1994 and 1999. For MEGA 2002, 77% of the evaluations were dated 2001 and 2002, and 19% were produced in 2000. This MEGA includes no true⁶ meta-evaluations (vs. 11 in MEGA 2000). It does, however include two multi-agency evaluations: India DEC Gujarat Earthquake Appeal and Nicaragua Nicasalud.

The MEGA 2000 evaluations were a good match for CARE 's project portfolio across regions and country offices. However, we are **concerned regarding the geographic representation** of the reports reviewed for MEGA 2002. The PAD unit in Atlanta solicited evaluations from all CARE country offices, but the response was uneven. The lack of a comprehensive, centralized schedule of anticipated final evaluations hampered

⁴ 76 documents were submitted, but eleven were considered inappropriate for MEGA. These included baseline survey results, a workshop report, and several mid-term reports for projects for which there should have been final evaluations by this time.

⁵ All MEGA 2002 reports were available in electronic form.

⁶ Bangladesh did conduct a post-project evaluation of three related "Homesteads" programmes: LIFT, CHAP, and SHABGE.



this search for evaluations. Consequently, **61%** of the MEGA 2002 evaluations come from just **four countries** (Bangladesh, Peru, Ethiopia, and India), with **30% from Bangladesh** alone. It should be noted that the professionalism and innovations of the CARE Bangladesh CO has had an influence on the findings in this report.

Table 1: MEGA 2002 Evaluations – CARE Regions and Countries

REGION	COUNTRY	NUMBER
Asia		25
	Afghanistan	1
	Bangladesh	18
	India	5
	Nepal	1
East/Central Africa		12
	Burundi	1
	Ethiopia	6
	Kenya	1
	Tanzania	4
South/West Africa		11
	Angola	2
	Malawi	1
	Madagascar	2
	Mali	1
	Mozambique	2
	Zambia	3
Middle East/Europe		3
	Kosovo	3
Latin America		14
	Haiti	3
	Honduras	1
	Nicaragua	1
	Peru	9

Few of the evaluation reports provide project numbers or sector designations. Consequently, the MEGA evaluator had to make educated guesses regarding sector labels. Again, the lack of a comprehensive and dependable project database listing all projects due for evaluation made it impossible to establish whether the MEGA 2002 sample was representative across sectors (Table 2) and countries (Table 1). We can, however, assume that CARE’s current project profile does not differ greatly from the 2000 portfolio (See Table 2).

Table 2: Distribution of Evaluated Projects by Sector⁷

Sector	Number of Projects- MEGA 2002	% of MEGA 2002 Sample	% of MEGA 2000 Sample	% of CARE Projects in FY '00
ANR	22	29%	37%	19%
SEAD	10	13%	14%	15%
WATSAN	7	9%	11%	12%
CH	8	11%	7%	8%
RH	8	11%	9%	11%
IOH	0	0%	11%	5%
NUT	6	8%	2%	5%
BGE	1	1%	6%	7%
INF	7	9%	5%	8%
OTHER (Emergencies)	6	8%	0%	11%

With three exceptions, the MEGA 2000 was characterized by a single evaluation per project. As demonstrated in Table 3, **MEGA 2002 includes numerous projects that supported multiple independent evaluation efforts.** In some cases, these represent separate quantitative and qualitative studies. Others project were subject to both final and subsequent post-project studies. The Bangladesh SHABGE project commissioned a comprehensive review plus three different studies of various project elements.

Table 3: MEGA 2002: Multiple Evaluations Of Single Projects

PROJECT	INDIVIDUAL EVALUATIONS	Date
BANGLADESH		
Local Initiatives For Farmers' Training (LIFT) Project	Final Mid-term report	6/02
	Homesteads Programmes: LIFT, CHAP and SHABGE Final Study	3/02
SHABGE (Strengthening Household Access to Bari Gardening Extension) Project	Final & Extension Review	11/01
	Impact Study on FFS Activities within SHABGE-DFID Project	5/02
	Partnership Review	5/02
	Homesteads Programmes: LIFT, CHAP and SHABGE Final Study	3/02
	Review Of The Local Entrepreneurship (LE) Strategy	5/02

⁷ Some projects covered multiple sectors, consequently the sector labels exceed the number of projects and reports.

PROJECT	INDIVIDUAL EVALUATIONS	Date
BANGLADESH <i>(continued)</i>		
Greater Opportunities for Rice-Fish Production Systems GO-INTERFISH	Output to Purpose Review Final Report	6/01
	Lessons Learned Review	1/01
Chittagong Homestead Agroforestry Project (CHAP)	Final Evaluation	5/99
	Homesteads Programmes: LIFT, CHAP and SHABGE Final Study	3/02
ETHIOPIA		
Family Planning and HIV/Prevention Program	Final Evaluation	8/01
	Qualitative Followup to the Final Evaluation	
HAITI		
RICHES 2000	Final Evaluation	7/00
	An institutional survey on the management capacity of eight partner institutes in the eight towns of la Grande Anse	
INDIA		
Gujarat Earthquake Relief	Lessons Learned Review	6/01
	Independent Evaluation of the DEC Gujarat Earthquake Appeal	12/01
PERU		
ENLACE Child Survival XII	Final Evaluation Survey Report	10/00
	Final Evaluation Qualitative Interviews Report	10/00
TANZANIA		
Magu District Livelihood Security Project (MDLSP)	Final Term Field Evaluation Survey Report	11/00
	Final Qualitative Evaluation Of Magu District Livelihood Security Project (MDLSP)	9/01

Such efforts clearly represent a growing sophistication in the application of evaluation methodologies. However, it is **unclear how the results of these multiple evaluations were utilized**. No documents were submitted demonstrating a rigorous analysis and synthesis of independent studies for the same project.

Unfortunately, CARE's **Electronic Evaluation Library (EEL)** proved difficult to use as a source of reports. The search function still yields incomplete results. Users should be able to browse the EEL content, but are prevented from doing so (as noted in the MEGA 2000 report) by the lack of a standardized file naming system for evaluation reports. Without such a system, the rising number of submitted reports will soon make the EEL nearly unfathomable.

Seventy-five percent of the MEGA 2002 reports contained a complete executive summary (up from 66% in 2000) including key findings, lessons learned, a methodology description, and recommendations. Eighty-seven percent of MEGA 2002 reports were judged to have an **adequate methodological description** (up from 79% in 2000).

PART 2: MAJOR FINDINGS

2.A. Achievement of Project Objectives

The overwhelming majority – 82% - of the evaluations covered by the MEGA 2002 reported that projects had achieved most of their intermediate objectives. Only 18% demonstrated mixed results, and none were rated as having no substantial results.⁸ Even more striking was the fact that 94% of final evaluations reported the achievement of most project objectives. The most significant improvement over the MEGA 2000 findings was in the degree to which evaluations actually measured final goal achievement. 89% of the MEGA 2002 evaluations did so versus only 47% of those in MEGA 2000. Furthermore, all MEGA 2002 projects were deemed to have “measurable final goals.”

Table 4: MEGA 2002 - Project Achievement by Type of Evaluation

EVALUATION TYPE	Most Objectives Achieved		Mixed Results	
	n	%	n	%
FINAL	45	94%	3	6%
MID-TERM	4	57%	3	43%
POST-PROJECT	7	54%	6	46%
TOTAL	56	82%	12	18%

Does CARE need a more systematic manner of judging whether or not project objectives were achieved? While some evaluation reports refrain from providing an overall qualification of project achievement, most do so. However, it appears to this author that many such statements emerge from the evaluators’ overall impressions. Subsequent detailed descriptions of project achievements often include severe reservations concerning particular project components or the sustainability of what was achieved, e.g.

“This has been a very successful project, as measured by comments from urban dwellers... but CARE lost opportunities to do more. CARE missed the opportunity to integrate health, hygiene, sanitation and nutrition education into the package of infrastructure interventions, ... although the infrastructure remains functioning, project sustainability is problematic.” (Ethiopia CII/UFW)

One report differentiated achievements into areas of ‘greatest, moderate, and least impact’ (Angola *CARE Angola Child Survival Project, Kuito*). DFID has a 3-point rating system for project achievement based upon clearly defined criteria. Should a project be rated as successful if it has achieved most of its objectives, even if these are

⁸ MEGA 2000 results: a) most objectives achieved – 66%; b) mixed results – 29%; c) no substantial results – 5%.

not deemed sustainable? Sustainability is frequently discussed in findings, but it is generally considered a very separate dimension (see Section 1.F. below).

MEGA 2002 includes eight post-project evaluations and these throw an interesting light on the long-term significance and sustainability of projects. For example the Bangladesh LOTUS project promoted a technology that was abandoned shortly after project completion in 1991.

“Unfortunately during the course of LOTUS, and shortly thereafter, deep tubewells became obsolete in most parts of the country. Probably only about 5 of the 200 or so LOTUS schemes are still being operated by the original groups today. A few others have been sold to farmers, and the rest have been abandoned... (However) even in abandoned schemes, farmers remember much of the technology they were shown, indicating the success of the extension component of the project... Another significant indirect impact was the experience which LOTUS gave to Grameen Bank, which eventually led to the creation of its agricultural NGO offshoot, Grameen Krishi Foundation.”

2.B. Evidence of Findings

The **findings** of the MEGA 2002 evaluations were **based upon much stronger evidentiary foundations** than those reviewed in 2000. **63% of the projects had baseline data** (versus only 39% for MEGA 2000). Again, it was health and nutrition projects that were much more likely to have baselines - 82%. However, there was an increase in baseline data across all sectors: ANR projects had 37% (vs. 28% in 2000) and SEAD projects 56% (vs. 14%). The MEGA 2002 also found that **74% of final evaluations and 80% of post-project evaluations included a household survey**. In contrast, only 43% of MEGA 2000 final evaluations utilized surveys.

Table 5: MEGA 2002 Percentage of Sector Projects with Baselines

	ANR	SEAD	Health	NUT	INF	BGE	OTHR	TOTL
YES	6	5	14	4	4	1	3	37
%	33%	50%	74%	80%	54%	100%	60%	57%
NO	12	5	5	1	3		2	28
NA	4	2	2				1	9

Table 6: MEGA 2002 Project Evaluations Including Household Survey⁹

	ANR	SEAD	Health	NUT	INF	BGE	OTHR	TOTL
YES	8	4	15	4	4	1	3	38
%	58%	40%	75%	67%	67%	100%	60%	57%
NO	11	6	5	2	2		2	29
NA	3		3				1	7

⁹ The table includes results from 64 projects covering 74 sector interventions

97% of projects with baselines followed them up with final evaluation surveys. The one exception was a nutrition project. On the other hand, two ANR projects that had not originally run baseline surveys, did conduct surveys for their final evaluations.

2.C. Project Goals

The MEGA '00 study took place immediately after CARE USA's Program Division issued the first version of its "Impact Guidelines" for project design, monitoring, and evaluation. Even though the evaluations covered by MEGA '00 predated them, the study examined the degree to which they met some of the Guidelines. Almost all the MEGA '02 evaluations post-date CARE's considerable investment in disseminating its evaluation standards.

- ✓ Did the project final goal address impact consistent with household livelihood security (HLS)?
- ✓ What was the intended results level for each final goal?
- ✓ Household Impact, Effect, or Output?
- ✓ Institutional Impact, Effect, or Output?
- ✓ Did the project have a measurable final goal?
- ✓ Was final goal achievement actually measured?

HLS Goals

MEGA reviewed the anticipated results levels for each project's final goal and its intermediate objectives. Nearly three-quarters (74%) of final goals were aimed at the household level (up from 68% in 2000). There was also an **increase in impact level final goals** as a percentage of household level goals (**65%** vs. 53% in 2000). Impact is defined as "equitable and durable improvements in human well being and social justice."

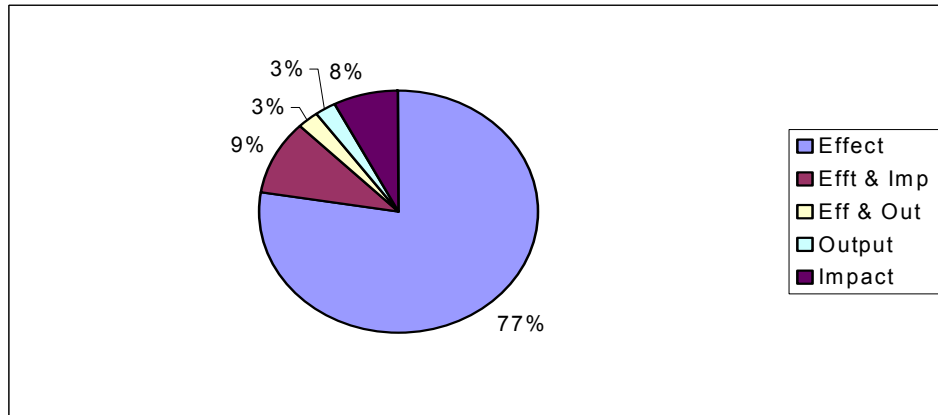
Table 7: MEGA 2000 and 2002 – Anticipated Project Results Levels

RESULTS LEVEL	NUMBER	2002 Percentage	2000 Percentage
HOUSEHOLD IMPACT	32	49%	39%
HOUSEHOLD EFFECT	15	23%	27%
HOUSEHOLD OUTPUT	2	3%	2%
INSTITUTIONAL IMPACT	9	14%	14%
INSTITUTIONAL EFFECT	7	11%	16%
INSTITUTIONAL OUTPUT	0		2%

Whereas MEGA 2000 described 71% of **project final goals as measurable**, those covered by **MEGA 2002 had nearly universal ratings as measurable – 97%**. Moreover, **90%** of those projects actually **measured final goal** achievement (up from 66% for MEGA 2000). There was little difference in measurement rate across sectors.

Did the project goal address a least one of the security areas specifically at household level? **83% of the MEGA 2002 projects were deemed to have HLS related goals.** 80% of the MEGA 2000 projects met that standard. Only infrastructure projects (67%) had a high proportion of non-HLS goals.

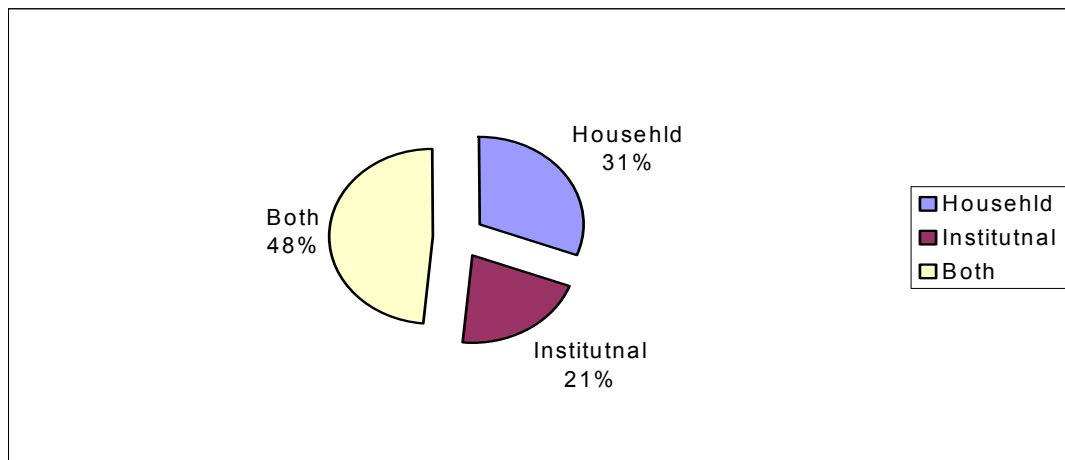
Figure 1: MEGA '02 Intermediate Project Objectives – Household vs. Institutional



2.D. Project Intermediate Objectives Results Levels

A third of the reviewed evaluation reports failed to provide full information regarding project intermediary objectives. This problem had been noted in MEGA 2000 as well. We enumerated the projects by their inclusion **of household and/or institutional objectives** (see Figure 1 below). It is striking that 69% of all projects (with sufficient information) included an intermediate objective at the institutional level. During the MEGA 2000 study we found that 55% of the project objectives were institutional ones.

Figure 2: MEGA '02 Intermediate Project Objectives – Results Levels



90% included intermediate objectives at the effects results level (see Figure 2).

The results are not comparable¹⁰, but this undoubtedly reflects the trend in CARE projects toward more systemic approaches.

Of the projects with sufficient objectives detail, **90% included intermediate objectives at the effects results level.** During MEGA 2000, we identified 73% of objectives as being at the effects level. Only two MEGA 2002 projects included objectives at the outputs level and only seven included objectives at the impact level.

“Relationships between inputs, activities, outputs, assumed impact and (intermediate) goals is not clearly established in the logical framework of the MNRMP. Additional to that, the intermediate goals are mixed up with strategies, targets, etc. while it is also not clear which activities would contribute to achieving which intermediate goals (partially or wholly). This made it difficult to analyse and evaluate achievements and impact in relation to the intermediate goals and, indeed, in relation to the final goal of the project.” (Nepal MNRP)

2.E. Other Evaluation Patterns

Shifts in design, objectives, and length of intervention

MEGA‘00 noted that ‘a number of evaluations remarked upon the failure of projects to revise objectives in the face of data, implementation experiences, or the findings of other evaluations.’ Indications from MEGA‘02 are that CARE projects are now doing a better job of adjusting in response to relevant, timely information. Examples:

- “CARE’s Child Survival project was able to demonstrate many significant gains in spite of formidable obstacles. Although the target population changed from rural villages to IDP camps, the original objectives were maintained, as were most of the proposed strategies.” (Angola Child Survival Project Kuito)
- “Tremendous and positive changes have occurred within SHAHAR during the last twelve months. Many of the findings and recommendations cited in this evaluation have already been recognized by SHAHAR staff and are being incorporated into present activities and strategies.” (Bangladesh SHAHAR)
- “The project managed to achieve most of its overall goals, according to the logical framework given in the project proposal. As many of the indicators and means of measurement were open to interpretation, they have been modified throughout the project.” (Bangladesh CHAP)
- “In 1996 the project log-frame was revised, which indicated that the project goal was to ‘improve the living standards (and food security) of small-scale marginal male and female farmers’ while its purpose was to ‘increase the economic returns

¹⁰ For MEGA 2000, each project intermediate objective was tabulated in a results level table. This time, we have simply noted the types of objectives defined by each project.

from project participants' rice fields in an environmentally sound manner'.” (Bangladesh INTERFISH Lessons Learned Review)

- “The project management changed the initial strategy and targeting of activities because of significant budget reductions. The revised strategy placed more emphasis on infrastructure development so that the maximum number of participants could receive some benefit but at the cost of not achieving the full impact of the interventions.” (Ethiopia SHEWA)
- “In many cases, the original objectives were unrealistic, and consequently adjusted.” (Kosovo Rugova Valley)

Financial and cost considerations

The MEGA 2000 report noted that “it was a rare project evaluation that included measurements of cost-efficiency, unit cost, or financial measures.” In sharp contrast, **sixty-one percent of the MEGA 2002 evaluations included cost-related data.** Surprisingly, ANR projects lagged far behind other sectors in incorporating cost factors in their evaluations.

- “People in the intervention UPs are now better aware of the budget and local development plans. Budget size and expenditure is also known but different section of the community are not equally aware of it.” (Bangladesh UPWARD project)
- “The Midegdu Irrigation scheme... Although costly, the scheme is showing little impact on the 175 affected farming households, who currently plan to plant the same crops twice a year that they have already been planting.” (Ethiopia WHDP)
- “The lack of a cost recovery strategy to improve the sustainability of contraceptive access is of concern. There appears to be a willingness to pay for family planning services and contraceptives. However, MSPP and donor organizations have been reluctant to implement cost-recovery for family planning.” (Haiti RICHES)
- “During the period analyzed, the Program has not been self-sufficient in operational and financial terms.” (Honduras CREEME)
- “The evaluation objectives include... To assess implementation according to plan; and expenditure according to budget (money and food resources)... Test models for hand-over, such as the local food processing model proposed for funding partially by monetization resources, as a high priority for INHP-II to prove the financial feasibility of INHP program blocks “graduating” from Title II food and towards sustainability.” (India INHP)

- “As a pilot, CRIMP has provided significant learning for how public works programmes can enhance livelihoods of rural women and establish local contractors. However, some work remains to be done in refining the approach as it has to date incurred high costs and been somewhat isolated from national and local institutions. . A cost-effective and replicable model has been developed for road maintenance which could potentially be adopted by the District authorities, financed by the National Roads Fund.” (Malawi CRIMP)
- “La mayor valoración del aporte financiero por parte de las instituciones se debe a que éste les facilitó la posibilidad de diseñar, implementar, operativizar y validar productos de capacitación y asesoría” (Peru RUTA)

Table 8: Percentage of Sector Intervention Evaluations Including Cost-Related Data

	ANR	SEAD	Health	NUT	INF	BGE	OTHR	TOTL
YES	4	8	15	5	5	1	4	42
%	18%	80%	75%	83%	71%	100%	67%	58%
NO	18	2	5	1	2		2	30
NA			3					3

2.F. Sustainability Objectives and Findings

77% of MEGA ‘02 projects included goals or objectives with specific reference to **sustainability**. Only 36% of MEGA ‘00 projects met this qualification. The objectives were reviewed for clear reference to long-term benefits. It was not assumed that institutional or organizational development objectives necessarily implied a commitment to sustainability.

“The final evaluation objectives include... To assess achievement in enabling **sustainable institutions**, governmental and non-governmental, that can make continuous improvements in health status.” (India INHP)

55% of all project evaluations reported finding strong indications of sustainability (vs. 20% in 2000). **Of the projects with sustainability goals or objectives, 67% reported successful** movement toward sustainability.

To what degree are indicators of sustainability central to a judgement of project achievement? Certainly, the increase in explicit sustainability objectives is a positive sign. However, most evaluation reports continue to segregate sustainability findings from general project accomplishments.

The evaluators are all struggling to identify valid indicators of sustainability. Only a post-project evaluation can effectively determine the long-term viability of an

intervention. MEGA 2000 noted that several meta-evaluations had found substantial evidence of project sustainability. MEGA 2002 covers no meta-evaluations, but it does include 8 post-project evaluations, 5 from Bangladesh.

- “The project has already given some thought to sustainability, but the strategy proposed is limited, relying heavily on the momentum the FFS (Farmer Field School) generates and on a continuing role for the Community Organiser (CO)” (Bangladesh INTERFISH)
- “The ultimate test of a program is the long-term effects on people, policies and capacities. Impact evaluation can be superficial or deep, depending in part, on the time that the impact evaluation is done. Impact evaluations generally take an independent second look at projects 5-10 years after completion to assess what lasting contributions it is making to development. As this project was only five years old, with some 1st batch nurseries and AFHs “graduated” three years ago; these examples were examined and some general assumptions made regarding the possible impacts in the longer term.” (Bangladesh CHAP)
- “Une bonne organisation communautaire suppose que la communauté soit de plus en plus responsabilisée pour la prise en charge des activités une fois qu’il n’y a plus d’appui extérieur. Cela suppose un transfert de technologies aussi bien au niveau organisationnel qu’au niveau technique” (Burundi SEAD)
- “Every sustainability strategy should systematically include a structured phase-out plan that is known by all the partners.” (Haiti RICHES)
- “The innovations effected by the project would continue also when the project withdraws. Group work, respect, tolerance and improved communication do not depend on funds. Children, parents and teachers understand the necessity of methods that are creative and life-skills oriented, and perceive them as their own priority.” (Kosovo TRAUMA)
- “Le *retrait* se définit par la situation en fin de projet quand les partenaires sont laissés libres de leur initiative pour se concerter, et se coordonner mutuellement en l’absence de structure ou de partenaires identifiés pour se substituer à l’équipe de coordination PAPAT-CARE. Le *transfert* se propose de mettre en place des noyaux de structure régionaux, auxquels l’équipe de coordination PAPAT-CARE aura transféré ses attributions fonctionnelles assorties des compétences idoines *d’interface, de coordination* et de *suivi*, des partenaires opérationnels (instituts de recherche ; centres multiplicateurs de semences, organismes de développement, ménages de paysans bénéficiaires...)” (Madagascar PAPAT)
- “The aspect that makes *Enlace* stand out as a unique community health project in Peru, in Latin America, and perhaps in the world, is its system giving a unique and firm organizational structure to health promoters. A formal health promoter

- committee (COPROMSA) in each health facility groups together all the promoters in the relevant surrounding communities.” (Peru ENLACE)
- “La opción por el municipio como estrategia de sostenibilidad de los procesos emprendidos tiene algunos límites en el país por varias razones: i)la fragilidad de nuestra institucionalidad en la que los municipios son un eslabón muy débil; ii)el debate descentralista que tiene a los gobiernos locales en su centro; iii)la próxima coyuntura electoral del año 2002 que supondrá el recambio de muchas de las autoridades actuales; iv)el interés del gobierno por relacionarse más directamente con la sociedad civil local.” (Peru FOGEL)
 - “*In general, it can be concluded that the CBRHP has met the goals and objectives set forth in the DIP’s sustainability strategy... It would appear that these assumptions (MHO willingness and sustained drug availability to the districts) pose the greatest threats to CBRHP impact sustainability. While they should not be deemed “killer assumptions” which have absolutely no chance of holding up and therefore could doom the strategy to failure from the start, they certainly pose a substantial risk to long-term, sustained impact. To its credit, CBRHP has recognized these threats and has made reasonable efforts to address them through its project interventions ... Another threat to CBRHP sustainability is the question of whether communities will continue to value and support the activities of their VHWs.*” (Tanzania CH –11)
 - “There are mixed indicators for the sustainability and viability of the assets and institutions established under the project. There is some evidence of management capacity from the running of pre-schools and the planning and development of the Chipata water project, though this latter has yet to prove itself in action. There has been no experience so far in managing finances or raising external resources,” (Zambia PUSH-II)

2.G. CARE Strategic Directions: HLS, Gender and Diversity, Rights Based Approach (RBA), Partnership, Civil Society, Advocacy.

Most of the projects reviewed for MEGA 2002 were designed and initiated during the mid- to late 1990s. This predates the evolution of a number of important CARE program orientations: the shift to gender rights and diversity; a major new emphasis upon partnerships; a commitment to civil society formation; advocacy as a integral part of programming; and the Rights Based Approach. Future MEGA evaluations will need to track the inclusion of these elements in project DM&E. MEGA 2000 focused only upon gender and partnership findings.

HLS Findings, Civil Society and Partnership

As noted earlier, 83% of the projects reviewed for MEGA 2002 had HLS-related final goals. Only Infrastructure projects (67%) had a high proportion of non-HLS goals. It is

worth noting, however, that an increasing proportion (69%) of projects are designed to achieve household level impact through the realization of institutional intermediate objectives. While CARE is still focused upon changing conditions for household members, it is adopting systemic strategies to achieve that goal.

Gender Analysis and Gender Benefits

Only 15% of MEGA 2000 projects were defined as having **an objective with a clear gender orientation** that sought to increase the participation and influence of women in their societies. In contrast, **50% of MEGA 2002 projects include such gender-related objectives**. Many more MEGA 2002 evaluations included significant gender analysis and almost 50% more demonstrated gender benefits.

The reader should be reminded that the MEGA 2002 sample of evaluations is not representative of CARE projects in all country offices. Clearly this can skew our findings. For example fifteen of the eighteen Bangladesh evaluations found significant gender benefits in their projects. In contrast, none of the 8 Ethiopia evaluations demonstrated particular gender benefits.

Table 9: Gender Objectives, Analysis, and Benefits

	MEGA 2000	MEGA 2002
Projects include a gender-related objective	15%	50%
Evaluation has significant gender analysis	38%	58%
% of evaluations with specific gender analysis that found significant gender benefits	83%	84%
% of all evaluations that found significant gender benefits	33%	49%

- “The evaluation team found no evidence that gender was considered in CARE’s emergency assessments.” (Afghanistan Emergency)
- “Pro-gender extension, majority female FTs, majority women farmers, women-managed homestead businesses, women associations” (Bangladesh LIFT)
- “DSI efforts have been found to be consistent with CARE-Bangladesh’s Long Range Strategic Plan particularly ...gender rights with CARE being part of the solution as an advocate in VAW programming and in encouraging women’s roles in family and community decision-making as in BP card, CmSS, etc.” (Bangladesh DSI)
- “PNGO performance closely matches what CARE’s direct delivery (DD) programme had achieved after one year of operation. These achievements are

impressive as all of the women involved in the project have made improvements in vegetable production and consumption and their status as women has positively improved.” (Bangladesh SHABGE)

- “The participation of the women councillors in the UP activities is noticeably greater in the intervention UPs. External interventions has made the women councillors well informed about their rights and responsibilities. Successful reduction of gender discrimination with regard to councillors participation in UP activities has been achieved.” (Bangladesh UPWARD)
- “While most women still use the majority of the profits from their IGAs to cover family needs, the uses of savings appears to have evolved. ... During the baseline survey a large percentage of women said they used savings to take care of family health, school and food needs. The evaluation revealed that a roughly the same percentage of women used their savings to invest in their economic activities.” (Haiti RCC)
- “The program has demonstrated two important achievements: 1) Mothers, trained as community health workers, can effectively manage sick children at the community level. 2) A reduction in childhood mortality” (Kenya CH-43)
- “The Project has trained 3,674 households with pregnant and lactating women on gender, workload reduction and the use of labor saving devices.” (Tanzania KAFEM)
- “The project has made good progress in addressing gender issues and in particular women’s practical and strategic needs.” (Zambia PUSH-II)

Partnership Findings

Less than half (45%) of the MEGA ‘02 evaluation reports devoted substantial discussion to partnership issues. These covered a variety of forms of partnerships.¹¹

Table 10: MEGA 2002 Forms of Partnership

TYPE OF PARTNERSHIP	N	%
National NGO	15	33%
International NGO	7	16%
National or State Government	13	29%
Local Government	3	7%
Community	6	13%
Private Sector	1	2%

¹¹ The vast majority of “partnerships” reported by projects in the API’02 survey were with community-level organizations. Note how few of these are recognized as true “partners” in the evaluation reports.

The MEGA '00 found that “more than half (51%) of the partnership comments covered issues with national government agencies and ministries,” but only 29% of the 2002 comments do so. Yet it is surprising that only a third of the 2002 comments are devoted to partnerships with national NGOs, little changed from 2000.

- “Partnerships practice does not match CARE’s policy aspirations. A subcontracting model predominates, with the expectation that FFSs can be delivered more economically through PNGOs. This model misses the opportunity to enhance impact by linking GO-IF interventions with relevant pre-existing PNGO activities. The project has yet to determine how to capitalise on this, either during the project or after EoP.” Bangladesh INTERFISH)
- “In the long run, the outcome of the partnerships was not as would have been predicted during the intervention period...there are likely to be surprise outcomes from partnerships. It isn’t always going to be that today’s heroes will become tomorrow’s villains, but in some cases it may be that those who appear today to be under-performing or deviating from the guidelines will come in as winners.” (Bangladesh LOTUS)
- “La place et le rôle de CARE International Madagascar sont déterminants dans le système de Partenariat PAPAT. Par rapport aux cinq partenaires du système (CARE – chercheurs – semenciers – encadreurs – paysans) CARE joue un triple rôle :
rôle d’initiateur d’un système original de Projet de développement ;
rôle de responsabilité générale à l’égard du bailleur de fonds, et vis-à-vis des autorités et pouvoirs publics ;
rôle spécifique de coordination, d’évaluation et de suivi ;” (Madagascar PAPAT)
- “Ironically, though project documents and the prior evaluation report emphasize that PHLS was a *capacity-building*, rather than direct impact activity, indicators to measure performance at that level were never developed. Neither changes in the capacity of CARE, nor that of its partners, have been regularly tracked. Indeed, various key informants asserted that the development and application of capacity-building measures was a high priority for the future.” (Peru PHLS MG)
- “The cordial working relationship between KAFEM and the District Government including its active involvement and support of the Project – both financially and materially -- was one of the key factors – indeed it was a catalyst in spelling success for this Project. The Government valued, regarded and treated KAFEM as its own special Project” (Tanzania KAFEM)

The Rights-Based Approach

Only 16 MEGA'02 project evaluations -- 26% -- had something approximating an RBA focus. 7 of those were from Bangladesh, 3 from India. We used a generous definition for RBA focus, looking for sensitivity to enfranchisement.

- “DSI efforts have been found to be consistent with CARE-Bangladesh’s Long Range Strategic Plan particularly 1) the Stakeholder Committee empowering civil society, 2) capacity building emphasis at the community and facility level, 3) linkages between community facilities, elected bodies, and NGOs,” (Bangladesh DSI)
- “A rights based approach would recognize relief as an “entitlement” for the affected communities and would assess communities in terms of their vulnerabilities and needs as well as their capacities and coping mechanisms.” (India Gujarat Emergency)
- “In the FFW, social engineering was used in order to foster a sense of unity and cooperation among the villagers, to empower the communities and to ensure social justice... The Food for Work Team motivated the farmers and educated them on the critical importance of the water harvesting structures in their villages. As a result, rich farmers donated parts of their land for community use.” (India Bolangir FFW)
- “People regularly inform the local government bodies about their existing problems. However, local bodies could not ensure effective service delivery by the government departments to the people. ... The participation of the women councillors in the UP activities is noticeably greater in the intervention UPs. External interventions have made the women councillors well informed about their rights and responsibilities. Successful reduction of gender discrimination with regard to councilors participation in UP activities has been achieved.” (Bangladesh UPWARD)
- “L'expérience de Ségué, tout comme d'autres expériences similaires, démontre que dans certains cas, les acteurs locaux sont capables de dépasser les logiques de concurrence, et de se doter de règles collectives de gestion des ressources. Les institutions locales possèdent, dans certaines situations, une capacité remarquable de gérer de façon durable certaines ressources.” (Mali ANR Ségué)
- “Más profundamente, creemos que el proyecto ha sido un aporte importante en el proceso interno de redefinición y cambio que se observa en la institución y en la lógica de los servicios que ésta brinda, permitiéndole posicionarse en los temas de la descentralización y el desarrollo local que ocupan lugar preponderante en la agenda nacional.” (Peru FOGEL)

PART 3: LESSONS LEARNED

3.A. General Observations

During the MEGA '00 process, the author often had to rely upon his own judgement to identify “lessons learned” from the reports. It is consequently impressive that many (if not most) MEGA '02 reports contain sections explicitly devoted to Lessons Learned.

In MEGA 2000, we noted that “few project evaluation reports refer to other projects or make attempts to draw upon a broader development perspective.” Unfortunately, this statement still applies in 2002. While 98% of MEGA 2002 reports do cite previous evaluations, these are almost all documents from previous project stages or related projects within the same area of operation.

The author found no references in any MEGA 2002 report to relevant evaluations from other CARE country offices. Even in Bangladesh, a CO that has strongly emphasized Learning, evaluations do not cite findings from projects elsewhere in the CARE world. Obviously, someone needs to be managing such a learning process and bringing such reports to the attention of evaluators.

A more important issue may be the degree to which lessons learned are absorbed into the project design process. It would be very worthwhile for CARE to conduct a meta-evaluation of project proposals to assess such utilization.

What audiences do evaluators have in mind for the “lessons” they extract from their studies? Are “lessons learned” meant for a) project and partner staff? b) CARE managers in other countries? c) other evaluators? One would assume that a lesson has value primarily for individuals who have the power and scope to apply it.

*“Lessons learned from the Community Management of Childhood Illness (CMCI) in Siaya are extraordinary and have great relevance to other parts of Africa”
(Kenya CH-43) ”*

The variety of interpretations concerning what constitutes a “lesson learned” and who the audiences are for such learnings indicates that there is no consensus on this matter.

What is meant by a lesson learned? There is a clear need to distinguish between “lessons” and “findings.” For example:

“The most important conclusion reached by the CARE’s Lessons Learned Team (LLT) was the magnitude, professionalism, and speed of CARE’s response to the super cyclone” (India ORISSA Emergency).

MEGA 2002 evaluators applied the term to a broad range of meanings including: a) narrow technical finding, b) context-specific insights, c) implications calling for policy changes, and d) broad illuminations of the development process.

What level of confidence is required to establish a Lesson Learned?

“It is to be noted that the term ‘lesson’ in this study refers to a piece of information that is so sufficiently and broadly accepted that it is no longer questioned. These ‘lessons’ were only documented by the Study Team and they are generally known as common knowledge... Where and when the lessons were learned was difficult to determine with any level of confidence. The historical documentation provided was intermittent and the lessons were not transparent.” (from the Bangladesh Homesteads Programmes Study).

Are lessons learned being shared with partners? Several Bangladesh evaluations addressed this issue:

“Many local district-based NGOs and the GOB’s Department of Fisheries (DoF) are trying to transfer INTERFISH technologies to other farmers. While excellent dissemination has taken place locally within the two districts, the technology has not had a natural rate of spread elsewhere in the country (i.e. district to district) through the extension and networking systems practised. Therefore, this second phase of the project is designed to ensure that the technology is widely spread throughout Bangladesh.” (Bangladesh INTERFISH)

3.B. Types of Lessons Learned Included:

Lessons Regarding Project Design

- “The greatest lesson learned by this (malaria) intervention is the importance of being able to guarantee that services are available before attempting to increase demand for them.” (Angola CH)
- “The main lesson to be learnt from this experience (overachievement re: latrine construction) is the overriding importance of assuring the prevalence of effective demand for any project intervention in the project designing stage.” (Ethiopia UFFW)
- “The CAGES project, implemented between 1996 and 2002, offers a fascinating insight into the problems and opportunities for technology transfer and adaptation for poor households. The project began with a technology and development focus, and evolved to become more ‘people’ and poverty focused as the policy environment evolved.” (Bangladesh CAGES)
- “For success in a rapid onset emergency, leadership, decision making (at all levels) and some risk taking are important elements of disaster response. Disaster

Plans should be regularly updated and be used in staff training and drills. All staff need to have access to their disaster plans and know how to use them. CARE should train its staff on how to conduct rapid assessments and how to target vulnerable groups/blocks” (India ORISSA)

- “De prime à bord, les objectifs qui ont guidé la formulation du projet, répondent à la problématique socio-économique de la commune de Ruhororo. Toutefois, dans sa formulation le concepteur n’a pas tenu compte de l’impact socio-politique que le projet pouvait avoir sur les membres de la communauté hors site. En effet, l’échantillonnage tiré lors de l’enquête qui a précédé la formulation du projet n’appartenait qu’au site des déplacés, qui ne représente que 20% de la population.” (Burundi SEAD)
- “One of the most important conclusions reached by CARE’s Lessons Learned Team is that CARE India- in spite of not having a field presence in the state- was able to mount a successful relief operation to the Gujarat disaster without having to call upon large numbers of CARE International staff.” (India Gujarat Emergency)
- “*Las posibilidades de transferencia y réplica* de la experiencia de CARE son muy altas, Del proyecto FOGEL se desprenden distintas *lecciones aprendidas*: i) la importancia de definir ex ante los beneficios intangibles que se buscan en cada intervención, lo que facilita el monitoreo de los procesos involucrados; ii) la necesidad de estrategias claras de sostenibilidad que precisen sujetos, mecanismos y capacidades a desarrollar; iii) el valor de contar con enfoques multisectoriales y holísticos para lograr impacto; iv) la sistematización, que debe ser entendida y diseñada como un proceso permanente a lo largo de la intervención; v) la importancia del compromiso de la población involucrada.” (Peru FOGEL)

Lessons with Policy Implications

- “All health projects are faced with two dilemmas:
The first is how does the project allocates scarce resources between capacity building and delivery of services.
The second dilemma is the allocation of resources across three major health interventions: Promotive, Preventive, and Curative
Child survival projects over the last decade have been planned and organized from an *a la carte* menu of interventions. Given our understanding of the concept of attributable risk and the need for a comprehensive package of interventions based on cost effectiveness, the current guidelines for Child Survival Project design need review.” (Kenya CH-43)

Lessons Learned Concerning Documentation and a Learning Orientation

- “The HIV Programme must properly and thoroughly document its various intervention models. Nearly 100% of the Programme’s institutional memory is in the minds of staff, almost nothing is written down. This is not a problem unique to CARE-B but it would be a significant loss not to capture the Programme’s imbedded knowledge because it is 1) so extensive, 2) of such a high quality and 3) so valuable to broader efforts to stop the spread of HIV/AIDS. Most importantly, this documentation will play a major role in the CARE-B’s ability to attract, train and support good partner organisations that can rapidly increase the coverage of SHAKTI-RASTTA interventions in Bangladesh” (Bangladesh HIV)
- “The evaluation team found numerous innovations at the state and Anganwadi level, but documentation and evaluation of these innovations needs strengthening. Although CARE has prepared four working papers at the program level on different innovative experiences, and has documented experiences at the State level, documentation and evaluation of innovations needs to be more systematic and rigorous. Descriptions of “better practices,” while increasingly available, sometimes lack clear guidance regarding processes and costs in terms of manpower and time (essential for effective replication either within CARE-supported areas or in government programs). There has also been little prospective testing of potentially feasible solutions to common problems, nor operations research to test the feasibility of new interventions or strategies. Diffusion occurs easily and frequently within state offices, but sharing between states appears inadequate. CARE cannot complete its evolution from a feeding to an integrated health and nutrition organization without a much clearer learning approach to issues and innovations.” (India INHP)
- “LSFP has been prolifically documented, largely by its own highly capable staff. However a 1998 report concluded that LFSP’s action research documentation was its “best kept secret” (Lyons, 1998b). Turner (2000) also identifies a need for organizing and improving dissemination of research summaries and other project documents. LFSP acknowledges these sentiments and has responded by recently creating a position for a documentalist.” (Zambia SEAD)

Truisms Presented As “Lessons Learned”

- “From the interviews and observations of the Evaluation Team, one core necessity for establishing a successful community support system is trust and transparency.” (Bangladesh DSI)
- “A second lesson learned is the prerequisite for buy-in from a large portion of the community.” (Ibid.)

- “The effectiveness of an institutional strengthening project is enhanced when it builds on existing community mobilization and behavior change communications strategies.” (Haiti CH)
- “The project provided important confirmation that the organizational and managerial aspects of a community health program are at least as, if not more, important as the technical approach taken.” (Peru ENLACE)

Lessons Regarding Sectoral Implementation

- “Communities and projects should develop better strategies of selection, recruitment, expected coverage, and motivation of VHWs to improve contact with mothers in all the sub-villages. **Carefully define the work we expect a community volunteer can do.** Some of the factors to consider include geographical coverage, time associated with the job, incentives required to motivate the volunteer and community’s capacity to motivate and sustain the volunteer.” (Tanzania CH-11)

Lessons Learned Regarding Evaluation Methodology

- “After three surveys and perhaps as much confusion as clarity, CARE should consider whether there is really any benefit to implementing large-scale surveys. To date, the value added of these large-scale (in terms of cost, coverage, and investment of time) efforts is less than clear. As a revised strategy, CARE should consider whether smaller, more targeted evaluations would provide the level of data necessary to assess program impact without leading to further questions” (India INHP)

3.C. Sources of Lessons Learned

Meta-evaluations are a valuable source of learning. MEGA 2000 included eleven meta-evaluations, but none have turned up for the current exercise. Post-project evaluations can also provide lessons beyond verification of project sustainability. In Kosovo, CARE ran a “participatory mid-term review of lessons learned” for a livestock improvement project.

BANGLADESH POST-PROJECT EVALUATIONS

The BD Landless Owned Tubewell Users Support (LOTUS) Program post-project evaluation was conducted eleven years after project termination. “This evaluation was commissioned because CARE is again interested in addressing the needs of the landless. The objectives were to identify and describe direct and indirect sustained impacts and to extract lessons to improve the effectiveness of CARE’s project design, monitoring and evaluation systems. The exercise itself was a learning experience and

a few lessons were identified. These include the need for CARE to retain as much documentation as possible from closing projects; issues associated with fieldwork which do not arise when a project is still functional, and difficulties with recall over such a long time interval. Taken together, these last two mean that up to 3 or 4 times as much time is needed to do a thorough study of a long-completed project than of an ongoing one.”

The BD Homesteads Programmes Study: “The purpose of this study is somewhat different (from individual project final evaluations). The Study Team was asked to review the years of LIFT and CHAP, focusing on three related topics. The first topic is on evolution of the projects, concentrating on where and when the lessons were learned, and why they were or were not incorporated. The second topic is an evaluation of the technical and delivery mechanisms of LIFT/CHAP, and the third topic, an evaluation of the sustainability of the impacts of LIFT/CHAP.”

Bangladesh commissioned a special Lessons Learned evaluation of the INTERFISH project, just one year after termination:

- To identify the best practices and challenges of the project.
- To document the major learning from 7 years Interfish experiences.
- To recommend the uses of key learning for the ANR projects.

“Efforts have been made to learn and incorporate the lessons from the earlier INTERFISH and other projects (NOPEST and CAGES especially), particularly with respect to improved targeting; increased emphasis on livelihoods and social development in SLT, and adopting a systematic approach to NGO partnerships.”

INDIA EMERGENCY LESSONS LEARNED TEAMS

Emergency projects may be the most suitable for the incorporation of lessons learned.

- Because of the continuity of management at international and country levels.
- Because their application is likely to be immediate and short-term.

The India CO carried out Emergency Lessons Learned Reviews of its responses to the 2001 cyclone that devastated the State of Orissa and the 2001 Gurjarat earthquake.

The Orissa Cyclone Response:

“For success in a rapid onset emergency, leadership, decision making (at all levels) and some risk taking are important elements of disaster response. Disaster Plans should be regularly updated and be used in staff training and drills. All staff need to have access to their disaster plans and know how to use them. CARE should train its staff on how to conduct rapid assessments and how to target vulnerable groups/blocks.”

The Gujarat Earthquake Relief:

- One of the most important conclusions reached by CARE's Lessons Learned Team is that CARE India -- in spite of not having a field presence in the state -- was able to mount a successful relief operation to the Gujarat disaster without having to call upon large numbers of CARE International staff.
- Despite CARE-India's commitment to being a major player in addressing natural disasters in the country, the organization has not been able to prepare itself adequately with appropriate plans for responding to disasters.

OTHER EMERGENCY REVIEWS

The Bolangir Food for Work Drought Relief review was not consistent in approach (or quality) with the other CARE India Emergency Lessons Learned Reviews.

CARE Afghanistan did not fully benefit from its own staff experiences: "While CARE staff in Afghanistan have always worked in situations of poor security, little attention has been paid to formalising learning from this or to prepare formal guidelines for the future." (Afghanistan Emergency)

The Bangladesh IFSP mid-term recommended more systematic learning involvement of CARE staff in Disaster Management Preparedness (DMP):

- "Many long term CARE employees have been displaced to serve in four to eight different emergencies. What is missing from this effort is documentation of lessons learned. Employees serving efficiently during the trying times of response may deserve greater acknowledgement by CARE. For example, at the end of each major disaster response project, staff could democratically identify the most exemplary employee and he/she could be awarded a trip to a RDM Training in Thailand or the Philippines, regardless of his/her direct membership on DMC or the DMP project."
- "Coordinate the Damage and Needs Assessment System so that a single post-disaster assessment is made public. Repackage the assessment system with guidelines and incorporate a 'lessons learned' section."

3.D. What Determines The Utilization Of Lessons Learned?

- Bangladesh-LOTUS: "Why the lessons were or were not incorporated is speculative at best. When the lessons were incorporated, it appeared to be due to pressure from either end of the spectrum: either externally or at the field level. When lessons were not incorporated, it was thought to be due mainly to organizational culture not accepting the innovators or "first adopter."

In discussing the SHAHAR project component, the recent Bangladesh-IFSP mid-term evaluation noted: "A new spirit of inquiry and reflective practice is emerging among



staff and the positive impacts of this are already being witnessed. Intervention strategies are being explored and tested in new ways, flexibility is being introduced in implementation activities, data is being used more to guide decision-making, and staff are developing a richer understanding of the social, economic and political context of urban areas.”

Are lessons being learned too late? Their incorporation in a final evaluation does not automatically lead to adoption in another project.

- “There was relatively little learning brought in from other post-conflict programs outside of Afghanistan, despite CARE International’s considerable experience in Kosovo, East Timor, Mozambique and similar contexts. *CARE International should include an assessment of the opportunities for applying lessons learned elsewhere as part of the terms of reference for Real Time Evaluations*”. (Afghanistan Emergency)
- “DEC members should... Ensure that major lessons from previous disasters cannot be ignored.” (India Gujarat DEC multi-agency evaluation)

PART 4: METHODOLOGICAL PATTERNS AND LESSONS

4.A. General Patterns

As noted in the introduction, the MEGA 2002 sample reports demonstrate that CARE managers are supporting a **much wider variety of evaluation formats**: separate quantitative and qualitative studies, Lessons Learned reviews, special studies focused upon project elements, and post-project evaluations.

Overall, **the evidentiary foundations for MEGA 2002 sample reports were much stronger** than those for many covered by the previous MEGA. The MEGA 2000 reported on methodology limitations that were noted in meta-evaluations. Disappointingly, many reports did not review the quality of project M&E data. Furthermore, several 2002 evaluations were critical of M&E project practices:

- “Despite the generally professional implementation of the projects, knowledge and use of impact indicators appears to be relatively low.” (Afghanistan Emergency Response)
- “Attribution of the impact of the interventions individually or collectively to the utilization of EmOC is problematic, due to the lack of consistency and quality of data collection.” (Bangladesh DSI)
- “In future operations research (OR) projects, staff responsible for implementation should not be the same as those staff responsible for the ongoing monitoring and data collection related to that project.” (Bangladesh DSI)

4.B. Evaluation Methodology Findings

87% of the reports reviewed for MEGA 2002 (vs. 79% for 2000) provided a basic description of the evaluation methodology employed, including evaluation team composition, activities, and number of data collection days. On the whole, the quality of information provided was adequate. The MEGA 2000 report recommended that evaluation reports should “include a section defining the objectives of the evaluation.” It is our impression that there was an increase in such sections.

CARE’s evaluations continue to be led and conducted by external (non-CARE) professionals. **92%** of the reviewed MEGA 2002 evaluations had at least one **outsider on the evaluation team**, and the majority of team members were not CARE staff members. The average size of an evaluation team was 4.8; the range was 1 – 24, with a

median of 3 members. See Table 11 for MEGA 2002 methodology findings and comparisons to MEGA 2000 findings.

A high proportion (38%) of MEGA 2002 evaluations provided no information on the number of days involved in the evaluation. The evaluations exhibited a considerable range of **data collection days**: from 2 to 180. The median was 18, the mean 29 days.

All evaluation reports gave indications that the evaluators had reviewed reports from relevant previous evaluation exercises. However, as previously noted, **in no cases did evaluators cite reports from other CARE country offices. 76%** of the evaluations drew directly upon **monitoring and evaluation data from the projects themselves**. Although this was not previously tracked, it is the author’s impression that this represents a considerable increase over the pattern for MEGA 2000. Sixty-one per cent of the 2002 evaluations examined cost or financial issues, but only 26% had what could be interpreted as an RBA focus.

4.C. Experimental Design

The total percentage of projects employing control groups in their evaluation design rose from 10% for MEGA 2000 to 24% for MEGA 2002. As demonstrated by the increase in baselines, **pre-test designs increased from 38% to 50%**.

Table 11: Project Evaluation Design

EVALUATION DESIGN	NUMBER ¹²		PERCENTAGE	
	2002	2000	2000	2002
A. Pre- and Post-test/no control group	21	32%	34%	
B. Pre- and Post-test with control group	10	6%	16%	
C. Post-test only no control group	25	54%	41%	
D. Post-test only with control group	5	4%	8%	
E. Time Series	0	2%	0%	

- “The hypothesis behind the original INHP strategy, and the subsequent unified capacity building strategy, is that the demonstration sites will show greater level of change than the non-demonstration sites. To a great extent, this can be seen in the differences between Demonstration Sites (DS) and all INHP program areas (ALL) as compared to baseline information. While there certainly are some outliers, on the whole the hypothesis seems to be born out by the data.” (India INHP)
- “The project was designed as a community and facility based longitudinal study with an intervention and two comparison areas.” (Bangladesh Dinajpur SafeMother Initiative – DSI)

¹² 4 NAs

- “When comparing the final survey to the control group survey, the results indicate that in the case of all but 1 of the 13 indicators, varying degrees of improvements have been made.” (Peru ENLACE)

4.D. Methodological Rigor

Fifty-nine evaluations for which there was sufficient information were rated for the methodological rigor of their evaluation designs. The rating counted the number of the following elements included in the design:

- ✓ Basic: review of documents and interviews
- ✓ Use of previous data – baseline or monitoring data
- ✓ Final goal measured
- ✓ Measured % of target population reached by project
- ✓ Reference to past or related evaluations
- ✓ Cross-validation through complementary methodologies

The **mean score for methodological rigor was 4.3** (vs. 3.6 for MEGA 2000) on a scale of 6, with a **median of 4** (vs. 3 for 2000). There was a clear improvement **in the percentage of projects that clearly defined their target populations** in their goals and/or objectives – **80%** (vs. only 52% for MEGA 2000).

More than three quarters of the evaluations (77%) presented **findings** that specifically enumerated impact and effect upon the **target populations** (63% in 2000). **88%** of projects with clearly defined target populations followed through with impact measurement (vs. 68% in 2000).

59% of the projects had been initiated with the benefit of **baseline measurement of key indicators** (vs. 39% in 2000). **69%** (43% in 2000) of the final and post-project evaluations involved a **household survey**. Of the projects that were initiated with baseline data, all except one had a final evaluation that also included a household survey (vs. 75% in 2000).

The study rated evaluations for their inclusion of “**other (non-survey) methods.**” The rating counted the number of the following methodologies used:

- ✓ Document review and interviews
- ✓ Inclusion of participatory methods
- ✓ Observations
- ✓ Case studies
- ✓ Institutional assessment
- ✓ Report includes tables of quantitative data

On a scale of 6, MEGA 2002 evaluations **scored a mean of 3.7** (vs. 3.4 in 2000) for their inclusion of “other (non-survey) methods”, with a **median of 4** (vs. 3 in 2000). The



MEGA sample included a number of rigorous evaluations that employed a wide range of methodologies. In contrast with the MEGA 2000 review, hardly any 2002 evaluations were based solely upon document reviews and interviews. A majority (63%) of evaluations conducted some form of **institutional assessment**. While controlled **observation** techniques (39%) and **case studies** (44%) were less frequently employed, the rates were considerably higher than those for MEGA 2000. The MEGA 2000 noted that “participatory techniques were commonly featured during project implementation, but they were rarely employed for final evaluations.” **Sixty percent of all MEGA 2002 evaluations employed participatory methods.**

Table 12: Evaluation Methods and Content - MEGA 2000 and 2002

	PERCENTAGE		MEAN		MEDIAN	
	2000	2002	2000	2002	2000	2002
Complete executive summary	68%	75%				
Methodology description	79%	87%				
Size of evaluation team			4.4	4.8	4	3
Outsiders on team	94%	92%				
Data collection days			21	28.6	14	18
Full report reviewed for MEGA	42% ¹³	100%				
Previous reports consulted in evaluation	NA	98%				
HLS related goal	80%	83%				
Final goal measurable	71%	97%				
Final goal measured	47%	83%				
Project baseline indicators	39%	59%				
Evaluation includes HH survey	43%	59%				
Target pop. clearly defined	52%	80%				
Target pop. impact measured	63%	77%				
Methodological rigor rating 1-6			3.6	4.3	3.0	4
Other methods rating 1-6			3.4	3.7	3.0	4
Gender objective	15%	50%				
Significant gender analysis	38%	58%				
Project gender benefits	33%	49%				
Sustainability goal/objective	36%	77%				
Sustainability achieved Y or N	NA	55%				
Sustainability achieved 0-3			1.6	NA	2	NA
Evaluation has RBA focus	NA	26%				
Evaluation has cost data	NA	61%				
Evaluation used data generated by project monitoring and previous evaluations	NA	76%				

¹³ MEGA 2000 reviewed both abstracts and original documents.

PART 5: RECOMMENDATIONS

In every respect, the MEGA 2002 evaluations represent an impressive improvement over those covered by the original MEGA two years earlier:

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

We believe that this is testimony to the great investment that CARE has made in setting and disseminating project design, monitoring, and evaluation standards.

The MEGA 2000 report recommended a number of steps to “orient evaluations for organizational learning”. While a number of these have been acted upon, quite a few still merit consideration. The following are recommendations growing out of the MEGA 2002 process.

5.A. Project Design

Require the citation of relevant CARE evaluations of previous projects and/or other forms of research and sectoral best practice guidelines and how their lessons learned were incorporated in project proposals and project designs.

Lessons Learned need to be collected from individual evaluations and processed in some form that makes them accessible and relevant to project designers.

Conduct a meta-evaluation of CARE project designs (in order to have an assessment of the state of the art of project design in CARE similar to this MEGA assessment of the state of the art of project evaluation).

5.B. Evaluation Methodology & Standards

Ensure that each mid-term and final evaluation contains an assessment of how well the project met the CARE International Project Standards.

Ensure that each mid-term and final evaluation contains an assessment of the project M&E system.

Require that each evaluation report include:



- ✓ Report date
- ✓ Project sector(s) and numbers
- ✓ Explanation of project acronym¹⁴

Establish guidelines for categorization of project achievement:

- ✓ Thresholds regarding objectives reached
- ✓ Inclusion of indicators of sustainability
- ✓ Target population measures
- ✓ Institutional effects such as partnership capacity enhancement

5.C. Future MEGA Evaluations

Take steps to ensure that the MEGA sample of evaluations is fully representative of CARE's projects.

- ✓ Develop a schedule of anticipated project final evaluations
- ✓ Identify role at CO and RMU responsible for collecting and forwarding all relevant evaluations.

Track evaluation attention to CARE strategic directions:

- ✓ RBA
- ✓ Partnership
- ✓ Civil Society
- ✓ Advocacy
- ✓ Gender & Diversity

Identify other crucial elements for review, e.g.

- ✓ Cost & financial consideration
- ✓ Use by the evaluation of project baseline and monitoring data

Consider revision of the “methodological rigor” rating elements to ensure that we incorporate relevant items from the CI Project Standards.

Consider revision of the “other methods” rating elements. Avoid duplication with other existing methods ratings.

¹⁴ In other words, evaluators need to be aware of the need to address their reports to a wider audience than the particular stakeholders most intimately connected to the project being evaluated.

Examine the manner in which findings from separate evaluation exercises (for a single project) are synthesized and summarized.

Clarify categories of evaluations:

- ✓ Final
- ✓ Evaluations
- ✓ Reviews
- ✓ Assessments
- ✓ Reports
- ✓ Post-project
- ✓ Program evaluations
- ✓ Lessons Learned Review
- ✓ Mid-term evaluations
- ✓ Multi-agency evaluations

5.D. Utilization of Evaluations for Learning

Require each evaluation to contain a discrete “lessons learned” section addressed to other professionals, e.g. for use in designing future projects.

Establish clear definitions for learning:

- ✓ Acceptable topics and forms of “lessons”
- ✓ Define the level of confidence required to establish a “lesson learned”. Describe the evidence that should support such a “lesson”.

Establish a schedule of regular meta-evaluations covering:

- ✓ Emergency project evaluations
- ✓ Food for Work project evaluations
- ✓ All Lessons Learned Reviews

Make the Electronic Evaluation Library (EEL) fully accessible and user-friendly to country offices, partners, evaluators, and other agencies.

Ensure adequacy of the search function.

Standardize file naming system to facilitate browsing of EEL content.

Establish a system to regularly capture and share “lessons learned” within CARE and with partners.

LIST OF CARE EVALUATION REPORTS REVIEWED FOR MEGA 2002

AFGHANISTAN

Evaluation of CARE Afghanistan's Emergency Response. September 2002 FINAL EVALUATION

ANGOLA

Child Survival Project, Kuito. April 2002 FINAL EVALUATION

Lubango Peri-urban Social Mobilization and Hygiene Education Project. June 2001, FINAL EVALUATION

BANGLADESH

Landless Owned Tubewell Users Support (LOTUS) Program. January 2002 POST-PROJECT EVALUATION

Cage Aquaculture for Greater Economic Security (CAGES) Project. March 2002 FINAL PROJECT REVIEW (after 1 year extension)

Flood Proofing Pilot (FPP) Project. July 2002 POST-PROJECT EVALUATION

Strengthening Household Access to Bari Gardening Extension (SHABGE) Project. November 2001 FINAL AND EXTENSION REVIEW

Strengthening Household Access to Bari Gardening Extension (SHABGE) Project. May 2002 IMPACT STUDY ON FFS ACTIVITIES WITHIN SHABGE-DFID PROJECT

Strengthening Household Access to Bari Gardening Extension (SHABGE) Project. May 2002 PARTNERSHIP REVIEW

Strengthening Household Access to Bari Gardening Extension (SHABGE) Project. May 2002 REVIEW OF THE LOCAL ENTREPRENEURSHIP (LE) STRATEGY

Homesteads Programmes: LIFT, CHAP and SHABGE. March 2002 POST-PROJECTS EVALUATION

Greater Opportunities for Rice-Fish Production Systems (GO-INTERFISH). June 2001 OUTPUT TO PURPOSE REVIEW FINAL REPORT

Greater Opportunities for Rice-Fish Production Systems (GO-INTERFISH). January 2001 PHASES I & II LESSONS LEARNED REVIEW



Local Initiatives for Farmers' Training (LIFT) Project. June 2002 FINAL MID-TERM REPORT

Integrated Food Security Program (IFSP). July 2002 MID-TERM EVALUATION

Chittagong Homestead Agroforestry Project (CHAP). June 1999 FINAL EVALUATION

Dinajpur SafeMother Initiative (DSI). July 2001 FINAL EVALUATION

Sanitation and Family Education Resource (SAFER). June 2001 FINAL EVALUATION

HIV Programme SHAKTI-2 and RASTTA-BONDOR Projects. November, 2001 COMBINED REVIEW MID-TERM EVALUATION

UPWARD Project. 2001 FINAL EVALUATION

Phased-out Locally Intensified Farming Enterprises (LIFE) and New Options for Pest Management (NOPEST) Projects, Rice-Fish Programme Projects. July 2001 IMPACT STUDY

BURUNDI

Goat Husbandry Project. No date. FINAL EVALUATION (after 16 months of implementation)

ETHIOPIA

National Title II Program (DAP) January 2002 FINAL EVALUATION

SEVERAL INDIVIDUAL PROJECTS WERE COVERED BY A SINGLE REPORT:

- 1) Shoa Health, Extension, Water, and Agriculture (SHEWA) Project
- 2) Western Hararghe Development Project (WHDP)
- 3) Garamuleta Rehabilitation & Development Project (GRAD)
- 4) Community Infrastructure Improvement/Urban Food For Work Project (CII/UFW)
- 5) Care Ethiopia Food Information System (CEFIS)

West Hararghe MICA Project. June 2002 FINAL EVALUATION

Family Planning and HIV Prevention (POP/AIDS) Program. August 2001 FINAL EVALUATION

Family Planning and HIV Prevention (POP/AIDS) Program. Date?
QUALITATIVE FOLLOWUP TO THE FINAL EVALUATION

Quality of Care (QOC) Oromiyaa Region. May 2001. EVALUATION OF FACILITATIVE SUPERVISION TRAINING AT EIGHT SITES

HAITI

RICHES 2000. July 2000 FINAL EVALUATION



RICHERS 2000. July 2000 an INSTITUTIONAL SURVEY on the management capacity of eight partner institutes in the eight towns of la Grande Anse

Rural Re-Capitalization Project (RCC) 2000? FINAL REPORT

HONDURAS

CREEME (Microentrepreneurial Economic Growth) June 2002 PROGRAM EVALUATION

INDIA

Orissa Cyclone Response. No date EMERGENCY LESSONS LEARNED REVIEW

Integrated Nutrition and Health Project (INHP-I) 2001. Phase I FINAL EVALUATION

Bolangir Food for Work Drought Relief. No date (2001?) “A STUDY IN VIABILITY AND REPLICABILITY”

Gujarat Earthquake Relief. June 2001 EMERGENCY LESSONS LEARNED REVIEW

DEC Gujarat Earthquake Appeal. January 2001 INDEPENDENT MULTI-AGENCY EVALUATION

KENYA

Community Initiatives for Child Survival - Siaya District (CICSS) II Child Survival XV November, 2001 MID-TERM EVALUATION

KOSOVO

Livestock Improvement in Novo Berde/Novo Brdo and Kamenica/Kamenice (LINK) February 2002 PARTICIPATORY MID-TERM REVIEW OF LESSONS LEARNED

Support Programme for Traumatized Children in Kosovo. April 2002 FINAL EVALUATION

Participatory Rehabilitation in Rugova Valley. October 2002 FINAL EVALUATION

MADAGASCAR

Emergency Response to Cyclone Grettelle February 1997 IMPACT STUDY

Project d'Amélioration des Plantes à Tubercules (PAPAT) – Partneriat 2001 FINAL EVALUATION OF THE PARTNERSHIP COMPONENT



MALAWI

Central Region Infrastructure Maintenance Programme (CRIMP) March 2002 FINAL OUTPUT TO PURPOSE REVIEW

MALI

Gestion des Ressources Naturelles. April 2002 FINAL EVALUATION

MOZAMBIQUE

Micro-finance Program (CRESCE) February 2000 INSTITUTIONAL ASSESSMENT

Viable Initiatives for Development of Agriculture (VIDA) I 2001 FINAL EVALUATION

NEPAL

Mahottari Natural Resources Management Project (MNRMP). March 2000 FINAL EVALUATION

NICARAGUA

The NicaSalud Network: Restoring Community Health Activities in Nicaragua after Hurricane Mitch. November 2001 FINAL EVALUATION

PERU

ENLACE Child Survival XII October 2000? FINAL EVALUATION – SURVEYS

ENLACE Child Survival XII October 2000? FINAL EVALUATION –INTERVIEWS

Evaluación Proyecto Niños. October, 2001 FINAL EVALUATION

Proyecto FOGEL. October, 2001 FINAL EVALUATION

Proyecto “Formación Empresarial de la Juventud” February, 2001 MID-TERM EVALUATION

Proyecto RUTA January, 2001 MID-TERM EVALUATION

Proyecto ALTURA. October, 2001 FINAL EVALUATION

Proyecto Piloto De Agua Potable Rural Y Salud Comunitaria En El Departamento De Cajamarca – PROPILAS 2000 MID-TERM EVALUATION



Partnership & Livelihood Security Capacity Building Matching Grant. March 2002 FINAL REPORT (Peru as one of four pilot countries – only one evaluated)

TANZANIA

Community Based Reproductive Health Project (CBHRP) Child Survival XII. December 2001 FINAL EVALUATION

Magu District Livelihood Security Project (MDLSP) November 2000 FINAL TERM FIELD EVALUATION SURVEY REPORT

Magu District Livelihood Security Project (MDLSP) September 2001 FINAL QUALITATIVE EVALUATION

Kwimba Food Security And Maternal Nutrition Project (KAFEM) July 2002 FINAL EVALUATION

ZAMBIA

PUSH II Project Urban Self Help Project. February, 1997 FINAL EVALUATION

The CARE Livingstone Food Security Project Phase II. June 2000 MID-TERM EVALUATION

Infant and Child Mortality Reduction (ICMR) Project. September 2001 FINAL ASSESSMENT OF PHASE I