

Program Quality Integrating Piece:

WHAT DOES PROGRAM QUALITY MEAN TO CARE?

A SYNOPSIS

CARE is an international relief and development organization with programs in over 70 countries. All of our programs are united by our Vision and Mission:

Vision: We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE International will be a global force and partner of choice within a world-wide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

Mission: to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility. We facilitate lasting change by:

- Strengthening capacity for self-help
- Providing economic opportunity
- Delivering relief in emergencies
- Influencing policy decisions at all levels
- Addressing discrimination in all its forms

Guided by the aspirations of local communities, we pursue our mission with both excellence and compassion because the people whom we serve deserve nothing less.

We realize that the potential to achieve our Vision and Mission relies on a consistent view of quality that is held by and expressed in the work of each and every individual staff person around the globe. CARE has developed policies, principles, standards, good practices, and a spirit of learning to aid staff in responsibly implementing *quality* programs.

At its best, quality programs are tantamount to lasting positive change in the lives of those we serve. To attain this level of impact, CARE staff must engage in dialogical processes and relationships, in the development of approaches and strategies, and the generation of products and outcomes. Notwithstanding the myriad external factors beyond our control, the success of actions we initiate in combating poverty and social injustice does depend on the quality to which we uphold ourselves. We have drawn on the best wisdom of the international community, our own good practices, and the accumulated knowledge and experience we have as a global organization to derive our understanding of *quality*. By taking lessons learned from the field and iteratively developing conceptual models, we place ourselves in a continual learning mode. Moreover, as an organization that has existed for 60 years, we also have *lived* the experience of having to adapt our approach and programmatic response to a changing and increasingly complex world. Thus, quality is a dynamic concept but always explicit and inherent in what we do.

CARE underwent three significant changes in recent years that have led to a substantial shift in what we do and how we do it. The re-examination of the Vision and Mission in 1999, an organizational pause-and-reflect on our relevance and effectiveness resulted in the vision and mission statements above. This implied a stronger orientation to structural and root causes of poverty. Reflecting on its role in combating poverty, CARE's 'enlightenment' by and large lay in accepting that efforts to *reduce* poverty by improving the incomes and asset base of individuals and households would not *eradicate* poverty. As a responsible actor in the global fight against poverty, CARE needed to take greater aim in its development approach at the structural causes of poverty, i.e., reform of the political, social, and

cultural institutions that create and reproduce chronic vulnerability and exclusion. To progress, as one player amongst many, in achieving *lasting change* in the lives of the poor, this was *the way forward*.

Thus began a realignment process and commitment to broaden one's analysis of poverty and level programmatic interventions at root causes. But the seeds for many of the adjustments to be made were already germinating in visible strands around the globe – taking power relations into account, working in partnership with other organizations, supporting the voices of civil society actors, intervening at both community and macro levels. With the necessity to confront root causes, an ever more cohesive, braided approach began to take shape.

So what does this have to do with *quality*? What derived from efforts to realign the organization with the new vision and mission was a set of programming principles, adopted by the CARE International Board and now contained within the CI Code, that spell out a set of behaviors to which all staff will be accountable. The culmination of an abundance of discussion forums with staff worldwide, the principles encapsulated the most significant programmatic shifts to be put into practice. They go a long way in representing what CARE stands for, what we do, why we do it, and even how. Though not the only criteria, they speak volumes for CARE's professed *quality* in programming.

The CI Programme Standards Framework in the Core ring of the PQDL elaborates the principles in their relationship to the Vision and Mission. The reader is referred to the Framework for a thorough review of the Principles. The crux of each principle is given here to help explain the shifts CARE is making. The first principle on *empowerment* recognizes that the poor and vulnerable should be empowered to claim their right to live in dignity. CARE must promote not only the capabilities and freedoms of the poor but the 'power' and the 'rights' that afford them equal and regular access to the means, services, opportunities, etc., they require to live in dignity and security.

Principle two, *working with partners*, makes it incumbent upon CARE to see itself as part and parcel of a broader web of players who will collectively have a greater impact on poverty eradication. Alliances and strategic partnerships with a common vision and with whom CARE can advocate for social change upgrade notions of collaboration and consultation. Principle three, *to ensure accountability and promote responsibility*, situates CARE in constant relationship to other actors, all of whom have roles and responsibilities to fulfill vis-à-vis the poor and vulnerable populations. Similarly, the poor should hold CARE and others accountable. Principle four, *to address discrimination*, compels CARE staff to recognize and take appropriate measures to address discrimination where it occurs – within the organization or within its programming – and to make the link between discrimination and chronic poverty. As the most widespread form of discrimination, gender inequality has been strongly emphasized as an area of study and innovation in CARE. Principle five is CARE's oath to *non-violent resolution of conflict* (as conflict appears in many forms and contexts where we work), and Principle six asserts CARE's commitment to *sustainable results* that can only be achieved by addressing the underlying causes of poverty and rights denial.

All the themes that appear in the Core of the PQDL are constituent elements of an approach to program quality that conform to the programming principles. This includes partnership, advocacy, a rights-based approach, gender equity and diversity, and the conceptual work on underlying causes of poverty (UCP). A fuller analysis of poverty, social injustice, and exclusion, substantiated by CARE's ongoing engagement with vulnerable groups at the grassroots level builds CARE's credibility and legitimacy to advocate and influence policymakers whose decisions impact the poor. But there is no illusion that to do this effectively, CARE must build the constituencies, allies for the poor and with the poor, who will mobilize for change.

As previously mentioned, the organizational learning that led to the formulation of the CI Programming Principles was built upon prior experience and rigorous field testing of conceptual models generating new lessons and adaptations over time. Most notably, Household Livelihood Security (HLS) remains a pillar of CARE's analytical framework on poverty, furnishing a holistic perspective in how the lives of

the poor are examined and vulnerable households and groups disaggregated. Recognizing the importance of rights realization to overcoming poverty, this became an added dimension of the HLS framework. And with further conceptual work, CARE elaborated the *unifying framework for poverty eradication and social injustice* that is presently the most comprehensive analytical framework for development programming. It encompasses social position, the human condition, and the enabling environment in our view of poverty and ensures we analyze the underlying, as well as the more immediate, causes. But as with any framework, tool, or innovation, it maintains the status of a work in progress.

At a slightly different level is another constituent element of CARE's approach to program quality related to the project or program cycle. CARE developed a set of standards on Design, Monitoring and Evaluation (DME) that pertain to every phase of the program cycle (inclusive of implementation). The phases begin with appraisal (diagnostic phase), design (analysis and focused strategy), coherent information systems (monitoring), and reflective practice (evaluation, lessons learned). The current 13 standards were endorsed by CARE International in 2001 and remain in effect. CARE also has an Evaluation Policy that supports transparency and accountability to donors, constituencies, and the poor; organizational learning, and continuous improvement.

Making a reality of policies, conceptual frameworks and standards, however, requires an accompanying set of good practices, which is the purpose of the Practice category of the PQDL. Conceptually, there are three arenas of influence on program quality that are interdependent and overlapping and represent areas within CARE's control. Surely, so long as our development work is structured in a project or program (often encompassing more than one project under one umbrella) mode with finite funding and timelines, the adherence to standards for how we design, implement, evaluate and learn from projects or programs is fundamental. But good practices in DME alone are not sufficient to claim program quality. There are two reasons for this: (1) Their application may be undermined in the absence of a set of good practices at the level of (a) programmatic strategy and of (b) the organizational context; or (2) efforts to broaden the impact of a project may not be maximized. That is to say that the impact of any project, however demonstrative of sustainable results, will be *enhanced* by a programmatic strategy that is faithful to the cross-cutting themes (e.g., partnership, gender equity, rights-based programming) reflected in the programming principles and promotes cohesion / synergy over a diversity of initiatives and other projects – other technical interventions, advocacy, facilitating dialogue, influencing other key players, etc., towards creating lasting change in the lives of poor people. In terms of the organizational context, good DME practice at project or program level requires a salient organizational culture that rewards learning, innovation, creativity, and evaluative thinking. There are many aspects of an organization that impinge on DME practice and on program quality – the capacity, attitudes, behaviors, and skills of staff and partners in applying good principles and practices; the organizational drivers and incentives; the relationships with and accountability towards partners; whether there are mechanisms for institutionalizing good practices; mechanisms for accountability; and how current and informed the senior management is in its approach to the wisdom and good practices that exist. The working environment must be conducive to good practice and is thus an important constituent element in defining program quality. For this reason, the Practice category is divided up into DME, Programmatic Strategy and Organizational Context. These three arenas are interactive, interdependent, and mutually reinforcing.

That is not to exclude innumerable other dimensions of good organizational performance at Country Office level that contribute to lasting change. The ability to access and acquire resources, administrative and financial operations, human resources management, the knowledge of and adaptability to the country context, and more, must all be present and demonstrate excellence for the broader impact to occur. Good practices do exist independently for program support and management functions. In this instance, the policies, standards, guidelines, conceptual frameworks, practices, and tools contained in Core and Practice are intended for staff who engage in program work and for senior managers in terms of their responsibility to foster an enabling environment that program staff need in order to make good of the policies and practices.