IP

Institutional Policy

Project Planning, Monitoring and Evaluation Policy

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HANDICAP INTERNATIONAL

Institutional Policy

Project Planning, Monitoring and Evaluation Policy

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1.

Introduction

This document sets out Handicap International's Planning, Monitoring and Evaluation Policy for the implementation of its projects in all contexts, intervention zones and sectors. It updates and replaces 2010's Project Monitoring and Evaluation policy document.

1.1

Background

This new policy enables us to adapt our response to Handicap International's external and internal challenges.

In terms of external challenges, in recent years there has been substantial development in the debates on the quality of humanitarian aid and the effectiveness of development aid, in particular the 'Paris Declaration on Aid Effectiveness'[1] (2005), the 'Accra Agenda for Action'[2] (2008), and the eight 'CSO Development Effectiveness Principles' (ratified in Istanbul in 2010[3]), which debates have been defining moments in the management of international aid. Since the mid-1990s, a range of initiatives aiming to establish quality standards has also emerged (the Code of Conduct for the International Red Cross and Red Crescent Movement, the SPHERE Project's Humanitarian Charter and Minimum Standards, URD's Quality COMPAS, etc.) to which Handicap International partly refers in its interventions. Institutional donors are therefore more demanding with regard to the capacity of the operators they finance to account for the results of their interventions. Occasionally imposing specific monitoring/evaluation mechanisms and/or the implementation of new approaches (such as change theory), and advocating performance-related concepts (Value for Money), institutional donors expect NGOs to demonstrate that the actions financed produce positive changes in their target groups, and this accompanied by an increasing concern for efficiency.

1. Charter drafted in 2005 under the auspices of the OECD Development Assistance Committee. It was approved symbolically by national agencies of development aid and leaders of beneficiary countries who had gathered for the occasion. http://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm
2. http://www.oecd.org/dac/effectiveness/parisdeclarationandaccraagendaforaction.htm
3. Website of the 8 Istanbul Principles and their effective implementation: http://cso-effectiveness.org/istanbul-principles,067?lang=en

In terms of internal challenges, this new policy contributes to the quality and accountability challenges of the Federation's Intervention Principles, and the "Principles Relating to Quality and Impact" in particular, which "force [us] to objectify the results of our actions and then to measure the impact of our activities on the final beneficiaries". This policy is part of a process that ensures consistency and complementarity between the various reference frameworks, procedures, tools and practices that exist within the various divisions and support services (technical, administrative, financial, logistical, human resources, communication etc.). This policy places performance and results measurement at the very heart of our projects' quality approach: for Handicap International, such measurement is the primary objective of its accountability to the groups targeted by its actions, its partners, local stakeholders and institutional donors.

1.2

Key concepts and definitions

Planning can be defined as the "process of setting goals, developing strategies, outlining the implementation arrangements and allocating resources to achieve those goals"[4]. Planning is regarded as the starting point, and is therefore a crucial stage. Planning forms the basis both of the project (project framework) and its monitoring and evaluation system (monitoring plan).

Monitoring can be defined as "a continuing function that uses systematic collection of data on specified indicators to provide management and the main stakeholders [...] with indications of the extent of progress and achievement of objectives and progress in the use of allocated funds"[5].

Evaluation is "the systematic and objective assessment of an on-going or completed project, programme or policy, its design, implementation and results"[6],

4. UNDP, Handbook on planning, monitoring and evaluating for development results, 2009. http://web.undp.org/evaluation/handbook/documents/english/pme-handbook.pdf
5. OECD, Glossary of key terms in evaluation and results based management, 2010. http://www.oecd.org/dac/2754804.pdf
6. European Communities, Methodological bases for evaluation, 2006. http://ec.europa.eu/europeaid/evaluation/methodology/examples/guide1_en.pdf

including the sharing of results and the implementation of corrective measures. The aim is to determine the relevance and achievement of the objectives with regard to predefined criteria. An evaluation process should provide credible and useful information that allows the lessons learned to be integrated into future decision-making and programming processes.

A **project** can be defined as "a series of activities aimed at bringing about clearly specified objectives within a defined time-period and with a defined budget"[7]. Here, a distinction should be made between 'project' and 'funding contract'.

2.

Main components

2.1

Objectives

This Project Planning, Monitoring and Evaluation Policy aims to:

- Provide a **common language** for use by all our teams in the implementation of our projects;
- Boost **the organisation's continuous improvement approach**, with particular regard to the management of performance and project results;
- **Guide** the Planning, Monitoring and Evaluation practices of our projects and ensure that they meet **the quality, learning and accountability challenges** that sit at the very heart of our institutional procedures, including Handicap International's Principles of Intervention.

7. European Commission, Project cycle management guidelines, March 2004. https://ec.europa.eu/europeaid/sites/devco/files/methodology-aid-delivery-methods-project-cycle-management-200403_en_2.pdf

2.2

Specific features of Handicap International's Planning, Monitoring and Evaluation Policy

Scope: all intervention contexts and methods
In addition to its specific mandate relating to people with disabilities and vulnerable people, Handicap International is characterised by the wide diversity of its fields of intervention and the contexts of its projects. In drawing up a Planning, Monitoring and Evaluation Policy that can be adapted to all its projects, the association aims to enhance further the consistency of its missions and the values that are common to all its interventions.

A strategic and cross-cutting approach
Most Planning, Monitoring and Evaluation policies are built around the major stages of a project, and therefore develop a chronological and sequential approach to project management. This policy is based on a different method, in that we construct the Planning, Monitoring and Evaluation process from the point of view of the ultimate aim of our interventions, underpinned by the three broad principles of quality, learning, and accountability; this policy is then applied at the different stages of the project cycle via a commitment to action. This allows us to maintain an overall view of the ultimate aim of the policy whilst helping our teams to apply it in practice.

A vibrant and progressive policy
This revised policy is meant to be a flexible and dynamic framework—this will primarily be achieved by providing our teams with a practical guide and regular updates to a dedicated toolbox.

2.3

Structure

The policy consists of three levels where quality criteria and minimum commitments have been brought together into a coherent whole which aims to address the principle internal and external challenges facing the organisation.

These three levels revolve around one analytical framework: the project quality framework which is to be applied throughout the entire duration of the project cycle.

3.

Fundamental principles

Three principles constitute the basis of Handicap International's Project Planning, Monitoring and Evaluation Policy: quality, learning, and accountability.

3.1

Quality

To achieve its social aims and its mission, and to make the organisation and its programmes more efficient in the service of its beneficiaries, Handicap International constantly strives to improve quality. In line with the discussions held and the approaches adopted at international level, Handicap International defines quality as "the capacity to pursue the purpose and mission, achieve the objectives of the association and serve the beneficiaries and satisfy the expectations of stakeholders at the right cost" and in a manner adapted to meet the needs, demands and context of an intervention. This approach

is multi-dimensional: governance, administration, human resources, communications and fund-raising, financial management, management structure, programmes, and performance (of projects run for beneficiaries). It also involves steering systems, guidelines, processes and practices.

The Project Planning, Monitoring and Evaluation Policy divides this notion into three constituent parts:

- **The quality of processes** (Implementation, support, steering systems and measurement), which helps to implement the various constituent activities of a project in a fluid and cohesive manner;
- **Technical quality**, which mainly concerns a project's products and/or services, with reference to the standards and norms specific to each domain or sector of activity;
- **The quality of the response** to identified needs, which examines the way in which Handicap International helps to introduce positive changes for the benefit of target populations.

The principle of quality must therefore be placed at the heart of the implementation process of all the association's projects. Its ultimate aim is to help guarantee and substantiate the performance and results of our projects.

3.2

Learning

Handicap International sees itself as a learning organisation which thrives on reality in the field to develop its intervention methods and to stay as in tune as possible with the needs, expectations and choices of the populations concerned.
With a key role in the constant improvement of the organisation's actions, learning and knowledge management processes must form an integral part of the project's management cycle, regardless of the timescale of the project.
The ultimate aim of this policy's principle of 'learning' is to make a contribution to our interventions' process of continuous improvement, by fostering the creation and transfer of knowledge and feedback, and sharing project results and lessons learned.

3.3

Accountability

At Handicap International, the notion of accountability refers to the ability to answer to our stakeholders (agencies, organisations, groups or individuals which have a direct or indirect interest in the action) in a transparent manner (i.e. a clear and understandable manner). It aims to demonstrate that actions are implemented in accordance with agreed methods so as to achieve the set objectives and, where necessary, to explain and analyse any discrepancies or changes.
The accountability process can be boosted by the introduction of an appropriate and reliable information system attached to the planning, monitoring and evaluation mechanisms which will allow results to be disseminated, and will demonstrate the contribution made to the process of change. A planning, monitoring and evaluation policy also facilitates an increase in accountability to our beneficiaries who, aware of Handicap International's commitments, can bring Handicap International to account more easily.

The ultimate aim of this policy's principle of 'accountability' is therefore to strengthen our ability to account for our actions and to achieve our objectives by means of a transparent and responsible mechanism for gathering, analysing and sharing information relating to events, actions and the performance of our projects.

4.

Project quality framework

Handicap International has adopted a project quality framework that teams and partners can use to improve the quality, learning and accountability of our actions.
This framework represents an analytical tool which can be used to define:

- The target (i.e. recommended) situation;
- The minimum (i.e. required) commitments to be implemented in all Handicap International projects.

This framework is the result of an internal and external consultation process. It is based on key points taken from the following emergency response and development standards and commitments (a non-exhaustive list):

- The Quality COMPAS[8],
- The criteria for evaluating humanitarian aid and development as developed by the Development Co-operation Directorate (DCD–DAC) of the Organisation for Economic Co-operation and Development (OECD)[9],
- P3O® status–Portfolio, programme and project support offices/PMO[10],
- Evaluation and monitoring systems based on the results from Europe Aid[11],
- The Core Humanitarian Standard (CHS)[12],
- The Istanbul Principles for CSO Development Effectiveness[13].

This framework consists of:

- **12 criteria:** participation, cooperation, synergy, ethics, relevance, changes, capacities, sustainability, administration, effectiveness, efficiency and accountability;

And

- **A minimum of 3 commitments per criterion.**

4.1

Criteria

The project quality framework sets out twelve criteria.
A definition and three accompanying keywords are provided for each one; each keyword corresponds to a description of the target situation.
For ease of reading, these criteria are grouped into three broad categories: Stakeholders, Management and Benefits.

STAKEHOLDERS

In reference to a project environment, the **Stakeholders category** includes the key concepts of beneficiary participation, partner cooperation, synergy with all other stakeholders, and ethical behaviour, which respects the universal ethical principles and values promoted by Handicap International.

8. http://www.compasqualite.org/en/index/index.php
9. http://www.oecd.org/development/evaluation/qualitystandards.pdf
10. http://www.best-management-practice.com/gempdf/P3O_Appendix_D_Version_1_2009.doc
11. http://capacity4dev.ec.europa.eu/public-design_monitoring_evaluation/document/rom-handbook-2015
12. http://www.corehumanitarianstandard.org/the-standard
13. http://cso-effectiveness.org/istanbul-principles,067?lang=en

1. Participation

The project has put specific mechanisms in place to involve beneficiaries

Consultation: Beneficiaries are consulted at every stage in the project cycle.
Expression: Beneficiaries have the means to express their opinions (complaint mechanisms, satisfaction surveys, etc.).
Understanding: Beneficiaries agree with the priorities defined for the project and understand the expected benefits.

2. Cooperation

Project partners are involved to the greatest extent possible

Choice: A preliminary analysis is carried out of potential partners (financial, technical, logistics, ethical, strategic).
Involvement: Partners are kept regularly informed and involved in decision-making processes concerning the project's steering and implementation.
Results: Partners (if any) actively contribute towards the project's success.

3. Synergy

The project is consistent with its environment and interacts positively with other stakeholders

Cooperation: The project is accepted by all stakeholders and actively seeks their involvement.
Complementarity: The project is coherent with other interventions so as to ensure a comprehensive response to the multiple and changing needs of the target groups.
Respect: Project teams adopt a respectful and fair attitude towards everyone and ensure that actions are socially acceptable to the people targeted in all their diversity and to communities.

4. Ethics

The project respects universal ethical principles and applies Handicap International's values

Non-Discrimination: In accordance with humanitarian principles and international conventions (CRPD, Ottawa Treaty, etc.), the project helps to prevent any form of distinction, exclusion or restriction, including those related to gender, disability, age, sexual orientation and/or cultural/political/geographic affiliation.
Do No Harm: The project systematically considers the risk

of negative effects and reviews any action that is seen to be harmful in any way.
Values: The project applies the ethical principles promoted by Handicap International (Humanity, Solidarity, Impartiality and equity, Independence and Commitment).

MANAGEMENT

The **Management category** defines requirements in terms of management, effectiveness, efficiency and accountability, thereby establishing the characteristic features of an optimal project management structure entirely geared towards achieving objectives and expected results.

5. Administration

The project has the appropriate management capacity

Organisation: Project and support teams (Handicap International and partners) know their roles and offer a timely, cost-effective and quality contribution (operational, financial, etc.).
Control: Controls are in place for monitoring activities, compliance with Handicap International rules and the effects of the project, allowing corrective measures to be taken where necessary.
Communication: Project communication is tailored to meet the objectives of the population it is targeting.

6. Effectiveness

The project successfully achieves its objective

Feasibility: The project has the necessary resources (human, financial, logistical, technical, etc.) to achieve its objectives.
Consistency: The results contribute to achieving project objectives.
Product/service: The project's outputs are of the required quality, in compliance with Handicap International's and/or international technical standards.

7. Efficiency

The project makes optimal use of resources (human, financial, logistical, technical etc.)

Strategy: The proposed intervention method achieves the expected results at the lowest cost.
Flexibility: The project is flexible and adapts to the evolving needs and risks (constraints and opportunities).
Optimisation: The necessary resources are mobilised and optimised throughout the project.

8. Accountability

The project is able to account for its actions to all stakeholders

Information: The stakeholders (including beneficiaries) are clearly and impartially informed about the results and performance of the project.
Compliance: The project complies with international law, the laws in force in the project country, donor requirements, as well as Handicap International's own rules, standards and commitments.
Availability: All project documentation is conserved, classified and accessible.

BENEFITS

Lastly, the **Benefits category** forms the backbone of these guidelines. It addresses the relevance of the project in terms of the needs of target groups and how to meet them, the changes brought by the project, the existence or strengthening of local capacities and the association's internal capacities which allow these needs to be addressed, and lastly the sustainability of the sum total of the benefits brought by the project.

9. Relevance

The project meets demonstrated priorities and adapts to the intervention setting

Needs: The project meets the demands and needs of beneficiaries and helps achieve the priorities of other stakeholders (authorities, partners, donors, etc.).
Mandate: The project reflects Handicap International's strategy and values.
Context: The project adapts its action to the intervention setting (socio-cultural and historical determinants, security, logistical and regulatory constraints, etc.) and its evolution.

10. Changes

The project aims to achieve positive short-, medium- and/or long-term change for the targeted groups

Effects: The project brings about positive short- and medium-term changes in the lives of the beneficiaries and their families.
Impact: The project helps bring about long-term positive effects on the lives of the beneficiaries and their families.
Mitigation: Any negative changes that might be brought about by the project (environment, economy, conflicts, etc.) are avoided, minimised or offset.

11. Capacities

The project helps strengthen internal and external capacities

Autonomy: The project helps to build the capacities of local stakeholders and to ensure their autonomy at the end of the project.
Competencies: The project team and partners develop the skills necessary for implementing the project.
Learning: The project contributes towards internal and external learning dynamics, and towards improving Handicap International's practices.

12. Sustainability

The project aims to achieve positive effects that will be ongoing once the intervention is over

Anticipation: The post-project phase is anticipated and planned from the outset.
Continuity: The intervention has met the identified needs of the populations and/or the project's activity has been transferred to other stakeholders in a position to continue it.
Resilience: The project helps to reduce the vulnerability of targeted populations and to increase their response capacity.

4.2

Commitments

These commitments correspond to the minimum actions that must be implemented by all Handicap International projects. A description of the minimum commitment to be implemented is assigned to each keyword and target situation. A frequency-based distinction is occasionally given– 'long-term project' (at least 12 months) and 'short-term project' (under 12 months).

STAKEHOLDERS

MINIMUM COMMITMENTS

Participation

Consultation: Involve beneficiaries (or their representatives) in the initial diagnosis and project launch phases.
Expression: Encourage and empower beneficiaries (or their representatives) to express their level of satisfaction during the implementation phase.
Understanding: Keep beneficiaries (or their representatives) informed during the project implementation and closure phases.

Cooperation

Choice: Conduct a preliminary analysis of the capacity of potential implementing partners.
Involvement: Hold a steering committee meeting with potential partners at least once every 3 months for short-term projects and once a year for long-term projects.
Results: Monitor the extent to which partners are meeting their objectives (at least once a month for short-term projects and every 4 months for long-term projects).

Synergy

Cooperation: Carry out a stakeholder analysis during the initial diagnosis phase.
Complementarity: Look for opportunities for cooperation and complementarity between projects working in the same area during the project design and launch phases.
Respect: During the project design phase, verify that the proposed intervention not only respects Handicap International's principles, but is also perceived as appropriate to the context, is acceptable to the people, and is not in contradiction with local development strategies.

Ethics

Non-discrimination: During the project design phase, ensure that the project addresses everyone's needs and interests in an inclusive and differentiated way.
Do No Harm: In the initial diagnosis and design phase, include a risk analysis of potential short- and long-term negative effects for communities.
Values: Inform project teams and partners about the need for compliance with Handicap International institutional policies (Child Protection, Gender, Sexual exploitation and abuse etc.).

MANAGEMENT

MINIMUM COMMITMENTS

Administration

Organisation: Plan activities, budgets, logistical requirements and indicator monitoring, and share the completed and planned activities on a monthly basis.
Control: Conduct an inter-services project review (project/support teams) on a regular basis (at least every 4 months) in order to monitor and adjust activities, indicators, budgets, logistical needs, risk management, recommendations and Handicap International rules; write up the results in a report.

Communication: Adapt communication to each project stakeholder and propose a project summary from the perspective of one female and one male beneficiary.

Effectiveness

Feasibility: Verify project feasibility during the project design and launch phase.
Consistency: Produce a written document outlining the intervention approach and explaining the links between activities, results and objectives.
Product/Service: Monitor the technical quality indicators of the product/service.

Efficiency

Strategy: During the project design phase, verify that the intervention strategy proposed is in fact the most cost-effective.
Flexibility: Define and manage the main risks and assumptions linked to the project's implementation.
Optimisation: Monitor and analyse the budget between project team and support services (at least once a month for short-term projects and every 4 months for long-term projects).

Accountability

Information: Provide stakeholders (beneficiaries, partners, donors, Handicap International support teams) with the clear and verified information they need in a suitable format.
Compliance: Check compliance with the rules during the project design, project launch and project implementation phases with the relevant support services (Admin/Log/HR, etc.).
Availability: Develop, update and backup a project document database, to be used in compliance with data access and protection regulations.

BENEFITS

MINIMUM COMMITMENTS

Relevance

Needs: Conduct an analysis of needs, demands and resources in the initial diagnosis phase.
Mandate: During the project design and implementation phase, verify that the project meets both Handicap International's mandate and the programme's strategy.
Context: Analyse the intervention setting as outlined in the programme strategy or during the initial diagnosis phase.

Changes

Effects: Carry out a baseline assessment so that trends in identified indicators can be monitored. Depending on the projects:

- Self-evaluation for all projects (at least once every 3 months for short-term projects and once a year for long-term projects).
- Interim evaluation for any project of 3 years or over.
- Final external evaluation for any project of 2 years or over; and/or with a financial volume exceeding 3 million Euros.

Impact: Consolidate the number and categories of beneficiaries at least once a year.
Mitigation: Define and manage project risks and assumptions.

Capacities

Autonomy: Conduct a preliminary analysis of the capacity and structure of potential implementing partners during the design phase.
Competencies: Train project teams, and partners if necessary, on Handicap International approaches and skills.
Learning: Write up and share lessons learned on each project during project completion phase.

Sustainability

Anticipation: Develop a project exit and/or continuity strategy adapted to the context prior to the project closure phase.
Continuity: Update the analysis of needs, stakeholders, risks and context during the project's implementation phase.
Resilience: During the project design phase, and again during the project closure phase when there is a final evaluation, verify that the project contributes/has contributed towards reducing the vulnerability of target populations.

These commitments must be respected by each project manager and all other stakeholders involved in, or affected by the implementation of a project, thus allowing for a minimum practical application of Handicap International's Project quality framework.
In acute crisis situations, or environments that are particularly hostile to the deployment of these commitments, any deviations must be explained formally and be accompanied by an alternative and validated proposal.

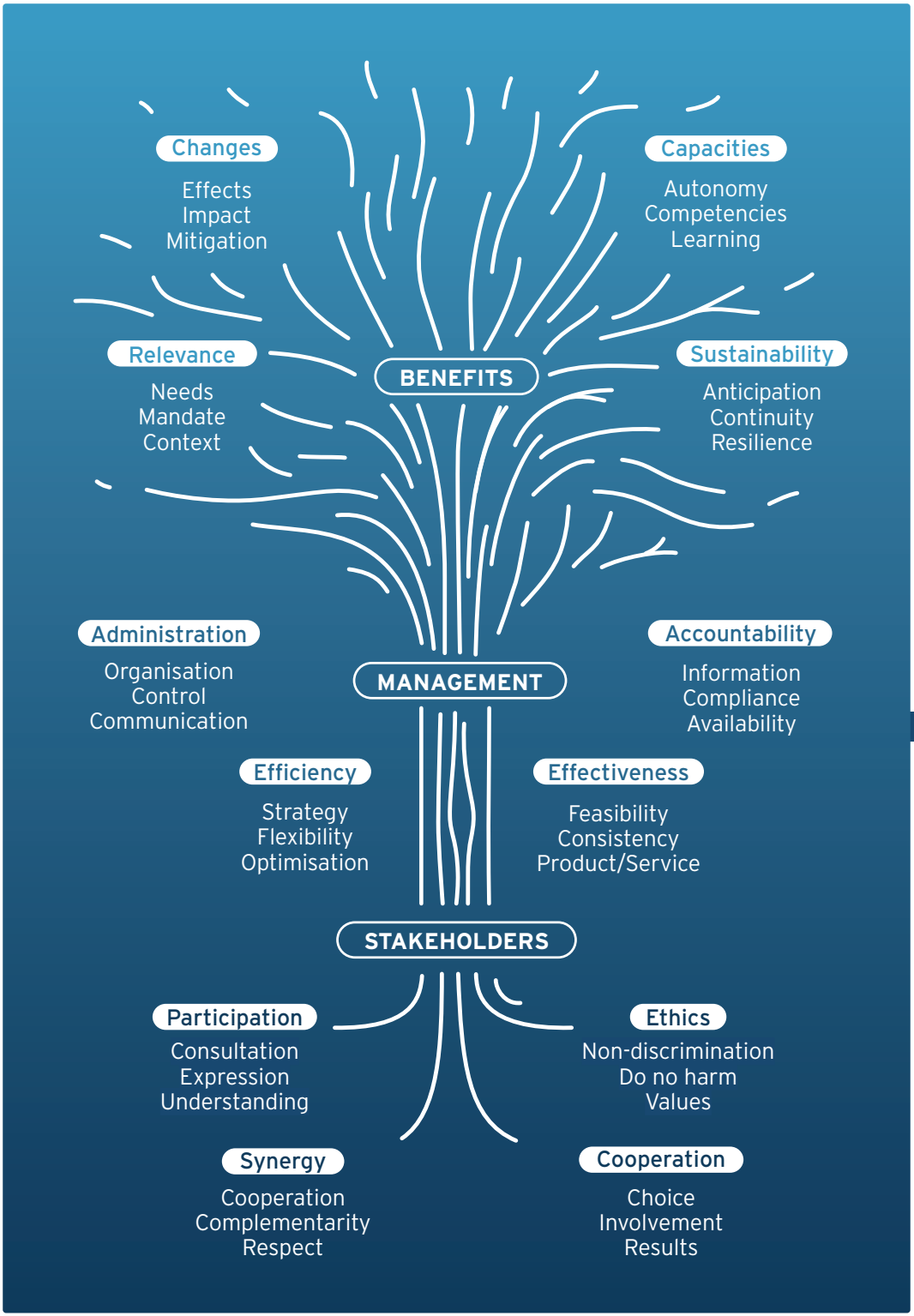
4.3

Use

These guidelines are designed to be used in various ways, in particular:

- To share a common vision of the status of Handicap International projects;
- To evaluate and improve project quality;
- To monitor project quality, learning and accountability at Handicap International;
- To develop action plans for the continuous improvement of our project implementation.

A poster gives an overview of the 12 criteria and their keywords, their definitions and the minimum commitments for Handicap International projects. The version shown on the next page is a simplified one; the full version is available online at: http://www.hiproweb.org/uploads/tx_hidrtdocs/PosterQualityFrameworkHI.pdf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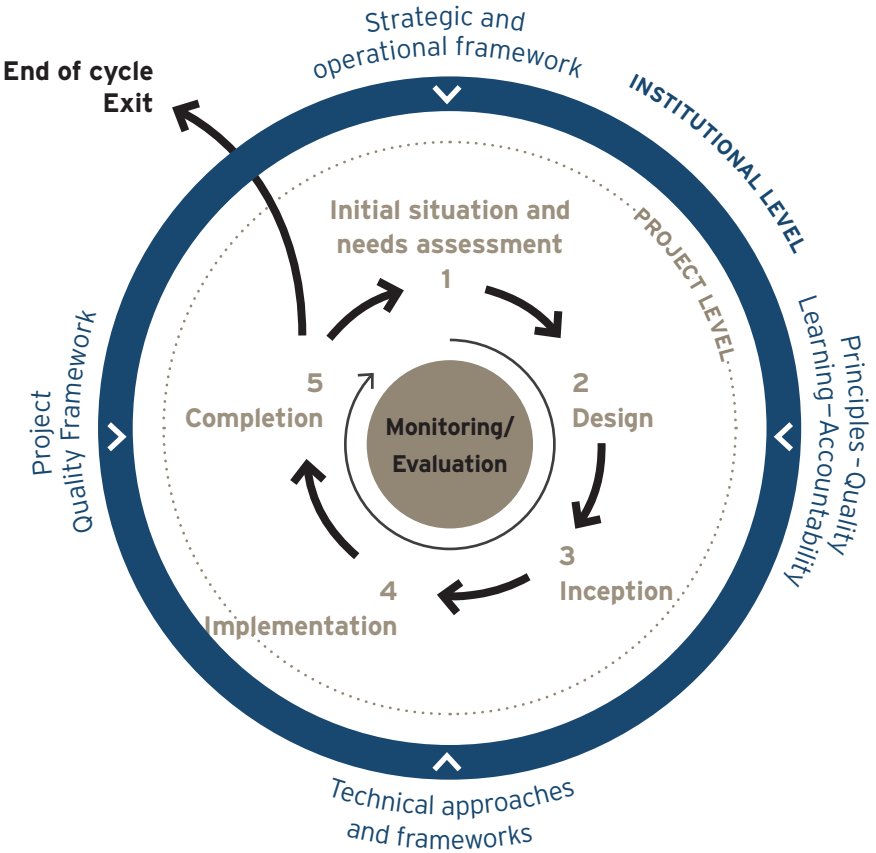
Consistency
Product/Service
STAKEHOLDERS
Participation
Consultation
Expression
Understanding
Ethics
Non-discrimination
Do no harm
Values
Synergy
Cooperation
Complementarity
Respect
Cooperation
Choice
Involvement
Results

5.

Application in the project cycle



This diagram represents Handicap International's vision of a **project cycle**: a cycle consisting of five phases and two cross-cutting components (monitoring and evaluation) representing the strategic and operational framework (in particular the intervention strategy for a programme formalised by a Country Business Plan or Country Operational Framework), and the technical approaches and frameworks as defined by the organisation or as recognised internationally.

The **initial situation and needs assessment** phase is intended to identify and understand the needs of a given population by means of a detailed situation analysis. It provides a means of identifying potential solutions to the problems analysed, and of determining whether these solutions are consistent with Handicap International's mandate and expertise. If the decision is taken to develop a project, an appropriate response and (usually) a funding application are drafted during the project **design** phase.

Once funding for a project has been secured, an **inception** phase allows the foundations to be laid and a favourable environment for the **implementation** of the project to be established. During the implementation period, the project manager manages the human, financial and logistical resources in an efficient and effective manner so as to generate the expected results and meet the project's objectives.

Regular analysis must be undertaken so as to monitor ongoing needs, question the quality of the actions undertaken and the effects they are having on the target population, foster learning throughout the duration of the project, and allow the project to be flexible so as to make any adjustments as and when necessary.

At the end of the project, a period of **completion** allows the extent to which all activities have been completed and the objectives achieved to be ascertained and conveyed; it also allows any contractual files relating to the implementation of the project to be closed.

The **monitoring** and **evaluation** aspects, based on the gathering and analysis of various relevant data, are cross-cutting and therefore appear in each of these phases.

In **acute emergency response situations** where intervention is required within 72 hours, the response will have to be adapted to a certain degree (based on experience and a typology of the needs to be covered). Having said that, the intervention will soon absorb some of the diagnostic, design and inception data produced when the initial rapid response is implemented.

Commitment/project cycle stage summary

Criteria	Minimum commitments R Recommended (R) Required	1. Initial situation	2. Design	3. Inception	4. Implementation	5. Completion
Participation	**Consultation:** Involve the beneficiaries	(R)	R	(R)	R	R
	Expression: Assess beneficiaries' level of satisfaction			R	(R)	R
	Understanding: Inform beneficiaries	R	R	R	(R)	(R)
Cooperation	**Choice:** Analyse partners' capacities	R	(R)	R	R	R
	Involvement: Hold a steering committee meeting with partners	R	R	R	(R)	R
	Results: Monitor partners' achievement of the objectives			R	(R)	(R)
Synergy	**Collaboration:** Analyse the stakeholders	(R)	R	R	R	R
	Complementarity: Look for opportunities for cooperation between projects in the same intervention area	R	(R)	(R)	R	R
	Respect: Confirm that the proposed action is appropriate to the context and acceptable to the community	R	(R)	R	R	R
Ethics	**Non-discrimination:** Ensure that the project is inclusive	R	(R)	R	R	R
	Do no harm: Analyse the risk of negative effects	(R)	(R)	R	R	R
	Values: Make teams aware of institutional polices (Child Protection etc.)	R	R	(R)	(R)	R

Criteria	Minimum commitments R Recommended (R) Required	1. Initial situation	2. Design	3. Inception	4. Implementation	5. Completion
Relevance	**Needs:** Analyse needs, demands and resources	(R)	R	R	R	R
	Mandate: Ensure that the mandate and the strategy are respected	R	(R)	R	(R)	R
	Context: Analyse the intervention setting	(R)	R	R	R	R
Changes	**Effects:** Implement an evaluation process based on a reference situation; self-evaluation for all projects; intermediate and final evaluation depending on duration and budget criteria	R	R	(R)	(R)	(R)
	Impact: Consolidate beneficiary data	R	R	R	(R)	R
	Mitigation: Identify and monitor risks and possibilities	R	(R)	R	(R)	R
Capacities	**Autonomy:** Analyse partners' capacities	R	(R)	R	R	R
	Competencies: Train project teams (and partners if necessary) on Handicap International's approaches and skills	R	R	(R)	R	R
	Learning: Formalise and share the 'lessons learned'	R	R	R	R	(R)
Sustainability	**Forward-planning:** Formulate a continuity/exit scenario	R	R	R	(R)	R
	Continuity: Update needs, stakeholder, risk and context analysis	R	R	(R)	(R)	R
	Resilience: Verify the reduction of vulnerability	R	(R)	R	R	(R)

Criteria	Minimum commitments R Recommended (R) Required	1. Initial situation	2. Design	3. Inception	4. Implementation	5. Completion
Administration	**Organisation:** Plan and share activities and support needs		(R)	(R)	(R)	R
	Control: Facilitate a review of the project for monitoring and adjustment purposes			R	(R)	(R)
	Communication: Define a tailor-made communications system and carry out a summary of the project from the beneficiaries' point of view (M/F)		R	(R)	(R)	R
Effectiveness	**Feasibility:** Verify the feasibility of the project	R	(R)	(R)	R	
	Consistency: Explain the links between activities/results/objectives	R	(R)	R	R	R
	Product/Service: Monitor the technical quality indicators	R	(R)	R	(R)	R
Efficiency	**Strategy:** Review the project's intervention strategy		(R)	R	R	R
	Flexibility: Identify and monitor risks and possibilities	R	(R)	R	(R)	R
	Optimisation: Monitor and analyse the budget		R	R	(R)	R
Accountability	**Information:** Share monitoring reports with partners, institutional donors and Handicap International's support teams	R	R	(R)	(R)	(R)
	Conformity: Ensure that the rules are respected	R	(R)	(R)	(R)	R
	Availability: Maintain a database of project documentation	R	R	R	(R)	(R)

NB: A full definition of each commitment is available in Part 4.2 and on the poster.

6.

Implementation, monitoring and evaluation of the policy

6.1

Stakeholders

The Project Planning, Monitoring and Evaluation Policy provides a framework for all those who are directly or indirectly involved in the management of Handicap International projects.

Even though the implementation of this policy is the responsibility of project managers and their management line, other stakeholders directly or indirectly affected by the implementation of a project (support services, technical and financial stakeholders etc.) must also refer to this framework, respect it and implement it.

The policy also applies to:

- Handicap International's operational partners involved in the planning, monitoring and evaluation processes;
- Institutional partners and donors who are increasingly mindful of the planning, monitoring and evaluation processes adopted by stakeholders in the field.

The Planning, Monitoring and Evaluation Policy is therefore designed to act as a framework and joint reference point for all people directly or indirectly linked to the projects implemented by the association. It acts as the 'backbone' for the various participants by championing the role of each party, and the complementary and dynamic aspects of a collaborative project.

By respecting the implementation of the Project Planning, Monitoring and Evaluation Policy, each member of Handicap International's staff is contributing to the fulfilment of Handicap International's mission: to respond to the essential needs of people with disabilities and vulnerable populations, to improve their living conditions, and to promote respect for their dignity and fundamental rights.

6.2

Implementation aids

A guide is available for all staff concerned; it contains the processes, roles and tools for implementing the principles and guidelines presented in this policy.

Tools developed from field practices and the experience of

our peers are provided as action support tools. They are arranged in project cycle order and according to the criteria set out in the project quality framework.

Items to assist with deployment, such as training kits for project managers, are available to teams in accordance with the needs identified.

Support for the implementation of the policy is also meant to be living, through regular contributions to the online tool box provided for Handicap International teams. This aspect will be the responsibility of the Impact, Monitoring & Evaluation Unit and will benefit from contributions from all the association's services involved in the implementation of our projects.

For updates, go to SkillWeb's Methodology and project quality tab at: http://www.hiproweb.org/en/home/quality-of-activities.html

6.3

Monitoring and evaluating policy implementation

Monitoring the implementation of this policy is the responsibility of each Division. The policy must be monitored at least once per year.

Evaluating the implementation of the policy is the primary responsibility of the Impact, Monitoring & Evaluation Unit, and requires the participation of all Divisions.

Like all institutional policies, implementation of the Project Planning, Monitoring and Evaluation Policy may be subject to verification, as instructed by the managerial chain in accordance with its responsibilities in matters relating to internal control. Similarly, its application may be subject to internal audit, as scheduled by the Audit Committee on behalf of the Executive Division and the Federal Board of Trustees.

6.4

Policy revision

The policy will be revised and updated by order of the Operations and Technical Resources Division to reflect trials and lessons learned, and on the basis of an evaluation of its implementation and the experiences and needs of the various stakeholders or on the basis of the need to harmonise the policy with the organisation's strategic guidelines.

In the same collection

- **IP:** Mission, scope of activity, principles of intervention, charter and visual identity
- **IP 01:** Child protection policy (2007)
- **IP 02:** Gender Policy (2007)
- **IP 03:** Protection of beneficiaries from sexual exploitation and abuse (2011)
- **IP 04:** Policy and mechanisms for the prevention of, and fight against, bribery (2012)
- **IP 05:** Tackling the risk: Handicap International's Safety and Security Policy (2012)

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Project Planning, Monitoring and Evaluation Policy

This document sets out Handicap International's Planning, Monitoring and Evaluation Policy for the implementation of its projects, in all contexts, intervention zones and sectors.

HANDICAP INTERNATIONAL NETWORK

FEDERATION
138, avenue des Frères Lumière
CS 88379–69371 Lyon cedex 08–France
contact@handicap-international.org

GERMANY
Leopoldstr. 236
80807 München
kontakt@handicap-international.de

BELGIUM
Rue de l'Arbre Bénit 44
1050 Bruxelles
info@handicap.be

CANADA
50 rue Sainte Catherine Ouest
Bureau 400
Montréal (QC) H2X 3V4
info@handicap-international.ca

UNITED STATES
8757 Georgia Avenue–Suite 420
Silver Spring, Maryland–20910 USA
info@handicap-international.us

FRANCE
138, avenue des Frères Lumière
CS 78378–69371 Lyon Cedex 08
info@handicap-international.fr

LUXEMBOURG
140, rue Adolphe-Fischer
1521 Luxembourg
contact@handicap-international.lu

UNITED KINGDOM
9 Rushworth Street–London SE1 0RB
info@hi-uk.org

SWITZERLAND
Avenue de la Paix 11–1202 Genève
contact@handicap-international.ch

HANDICAP INTERNATIONAL