

Monitoring, Evaluation and Learning – Guidance Note for Partner-led Designs.

Glossary

A Program Logic (PL) is a diagram that describes how change is expected to occur in a particular context by presenting the causal linkages between outputs, intermediate outcomes and ultimately the end of program outcomes. *The partner-led design requires a program logic.*

The MEL Framework (MELF) is a table that outlines how the program will measure progress towards the end of program outcomes detailed in the program logic. It will include indicators at each level: outputs, intermediate outcomes, and end of program outcomes. The MELF also includes information on data collection, baselines (if available), and targets and evaluation questions (guide evaluation & learning). *A draft MELF will be submitted with partner-led designs – refer template in Annex 1.*

The MEL Plan describes the MEL System that will be put in place to track, assess, and improve program performance over its lifetime. The MEL Plan is not required at design. It is a contract milestone due within the first 6 months of programming. The MEL Plan includes a MELF, information on data collection and analysis, learning and adaptation, evaluation plans and questions, and resourcing. *Standard 5 outlines what should be included in an MEL Plan – Annex 3 provides a template that reflects Standard 5.*

Overview

Partners who implement activities funded under DFAT's Partnerships for a Healthy Region (PHR) initiative have a critical role in the monitoring, evaluation, and learning (MEL) processes that underpin its performance. The initiative's performance management system aims to demonstrate achievements, measure progress towards its outcomes, inform continuous learning and improvement, and support accountability and transparency. This PHR MEL system is based on a PHR [Program Logic](#) and a set of common indicators for the PHR initiative, and tools that provide evidence to report against these. Partner reporting, guided by their MEL plan, is one of these tools.

The following guidance sets out DFAT's requirements for MEL in the design document. It also explains requirements to develop and submit a MEL Plan within the first six months of contracting. This guidance aligns with the [DFAT-design-monitoring evaluation learning standards](#) (the Standards), which were updated in September 2023. Applicants should refer to the Standards to inform their design. For brevity, they are not repeated here. Standard 3 Program Logic/Theory of change and Standard 5 Standards are particularly relevant to applicants preparing a design.

Key messages

MEL requirements

Designs must include a program logic, a draft Monitoring, Evaluation and Learning Framework (MELF) and a description of the MEL system. These will be assessed as part of the design assessment process. During the initial mobilisation phase partners will submit a MEL plan that includes the final program logic and MEL framework (generally within 6 month of contract date).

Meeting DFAT's standards

The Standards form the basis for DFAT's assessment of program logics, MEL plans, and reporting. Applicants should refer to these when preparing their designs, in particular Standard 3: Program Logic/Theory of Change, and Standard 5: Monitoring, Evaluation and Learning Plan and System.



Aligning with the outcomes of the Partnerships for a Healthy Region initiative

Activities funded through the PHR initiative need to contribute directly and clearly to its outcomes. PHR End of Program Outcomes (EOPOs) and Intermediate Outcomes (IOs) are provided in the PHR Program Logic. When developing their designs, partners should clearly articulate how their activity and its specific outcomes link to and contribute towards relevant IOs and EOPO(s), and where relevant, PHR's cross-cutting themes. Where an activity contributes to cross cutting priorities partners should also monitor the outcomes of this approach.

Embedding cross-cutting priorities into monitoring, evaluation, and reporting.

All partners should measure how their activities promote gender equality, women's empowerment; equity and outcomes for people with disabilities; and inclusion of groups that experience greater marginalisation. This includes ensuring that quantitative and qualitative data are appropriately disaggregated, collected, analysed, and reported, underpinned by principles of inclusion and meaningful participation.

Where there is intention to embed the perspectives of First Nations Australians into partnership/project planning, delivery, and governance structures, this should be integrated into monitoring and evaluation. Additionally, where relevant monitoring systems should measure how promotion of One Health has contributed to greater health security, and the extent that programs have strengthened mitigation and/or improved climate change adaptation and disaster resilience.

Allocating resources

MEL is adequately resourced and costed (the Standards recommend between 4-7%) including human resources, to support the approach to MEL set out in the design.

MEL requirements for partner-led designs

Partners must include a program logic, an indicative MELF and a summary description of how the partner proposes to implement its MEL in the program design. Annex 2 provides a checklist that will be used to assess the MEL aspects of the design.

DFAT's expectations for MEL are proportionate to the funding amount and complexity of the activities. Activities valued over \$3 million, or those that pilot new or experimental interventions, are expected to meet the Standards comprehensively. Partner approaches to MEL vary, and DFAT acknowledges that program logics and MEL plans can look different. Partners can use their preferred approach, systems, and terminology provided that the Standards are met.

The following provides specific guidance on these requirements:

Program Logic

The design program logic diagram and narrative should clearly articulate how partner activities link to and contribute towards the outcomes of the Partnerships for a Healthy Region **Program Logic**. At a minimum, each Partner's activities must directly contribute to at least one of EOPOs 1- 5, and/or one associated Intermediate Outcome (IO). It should also meet DFAT's Standard 3: Program Logic/Theory of Change.

To support strengthened gender equality commitments in DFAT's investments, it is mandatory for proposals greater than \$3 million to have a gender equality objective (either as an EOPO or IO).

Tips:

1. *Check your Program Logic provides a clear visual of how change can occur in the relevant context. Does it provide pathways to change using an 'if-then' logic?*
2. *Use of terminology – DFAT uses the following terminology for logic levels: goal, objective, end of program outcomes (EOPOs), intermediate outcomes (IOs), outputs. If partners use other terminology, include an explanation to align with DFAT terminology.*

3. *The EOPOs and IOs should be worded as outcome statements, describe a change that is expected to occur and where possible are 'actor-based'. A program is generally contracted to achieve the EOPOs, and it should be clear in the Program Logic and the MEL Plan (refer scope) as to what level the program is accountable to deliver.*
4. *Develop outcomes based on GEDSI analysis that address the specific GEDSI challenges, barriers and opportunities within the program context and clearly articulate the desired change and outcomes for populations and groups who experience health disparities and inequities.*
5. *Numbering the EOPOs, IOs and outputs makes it easier to track in the MELF. Please tag outcomes that connect directly to the PHR Program Logic, using DFAT's numbering (e.g. ref PHR IO1.2).*

A Monitoring, Evaluation and Learning Framework

All designs must include a draft MELF, covering the program's key evaluation and monitoring questions, a small set of key performance indicators, data sources, frequency of data collection, baselines (if available) mapped against the program's outcomes. Annex 1 provides a template for a draft MELF. Once the design is submitted, the PHR team will work in partnership with partners to finalise their MELFs – with a particular focus of interface between partner MELFs and PHR wide performance frameworks.

DFAT will provide partners with a list of draft indicators by PHR Outcome (IO and EOPO) that will inform partner MELFs. Partners should select the indicators that relate to their program, i.e. a partner will identify the specific PHR outcomes that they expect to report to and select the applicable PHR indicators listed against those outcomes. Partners would also be expected to include their own indicators as needed to provide evidence of how the project is contributing to change. The rationale for having PHR indicators, is to support PHR to undertake aggregated reporting of a program area as a whole – with each partner contributing to change.

Program's approach to MEL

The design document will include a brief description of the program's approach to track, verify, and improve program performance. The following outlines information to be included in the MEL section of the design document:

- a brief outline of proposed data collection methods and how the MEL system will work with, or align with other partners (e.g. a partner government),
- confirmation that the monitoring (& evaluation) will measure progress towards outcomes, reach / coverage, and the quality of key outputs (e.g. for training delivered – measure how the additional skills are being used),
- description of the reviews and evaluations and the key evaluation questions,
- across all relevant indicators, aggregate by sex, disability status and other relevant aspects of social inclusion,
- approaches to program learning and adaptation, and
- resources that will be committed to MEL with the design budget including MEL budget by year.

Note a full MEL Plan that provides description of how the MEL system for the proposed activities will be implemented must be submitted within 6 months of the program design – Annex 3 provides guidance on preparing a partner MEL Plan.

Cross cutting priorities and monitoring, evaluation, and learning in the design.

- The partner program logic should include outcomes specific to gender equality, disability equity and social inclusion (GEDSI) and be designed to measure outcomes that relate to social change and improved equity for populations and groups who experience health disparities, including women and girls in all their diversity and people with disabilities In addition, as relevant, partners should

integrate engagement of First Nations Australians, climate resilience and One Health within program design and MEL – this may be at outcome level or elsewhere.

- For MEL purposes, measuring how outcomes reflect the cross-cutting priorities should be included as part of indicators, evaluation questions and learning processes. This will enable programs to leverage higher level commitments to GEDSI, climate resilience and One Health in practice.

Preparing for reporting

Progress reports from partners are a key component of DFAT's performance management system. These allow DFAT to understand achievements, challenges, implementation progress, and program learning. Reports provide the basis for an ongoing dialogue about how individual programs and PHR can adapt for best results. Within the Standards, *Standard 6: Program Progress Reports* provides information on what is expected. Applicants are encouraged to review this to inform planning and budgeting for reporting requirements. Progress reporting, for most partners will be through the Smarty Grants platform. DFAT will provide specific templates and guidance on using Smarty Grants to all partners.

Additional Resources

The [DFAT Design and Monitoring, Evaluation and Learning Standards](#) are designed to support the whole program cycle - from concept through to design and implementation including MEL and aims to improve the quality and use of design, monitoring and evaluation products.

[Ethical Research and Evaluation Guidance Note](#) sets out the requirements for ethical practice in research and evaluation. It aligns and reinforces DFAT's existing policies related to program management, conduct and risk management and safeguarding policies.

[Gender Equality in Monitoring and Evaluation Good Practice Note](#) is an operational resource to assist DFAT's partners to integrate gender equality into monitoring, evaluation, and reporting.

[Disability-Inclusive Development Guidance Note](#) outlines DFAT's approach to disability-inclusive development and identifies main entry points for disability inclusion.

Annex 1 - Indicative Monitoring, Evaluation and Learning Framework

Key Evaluation Questions:

- include small number of key evaluation questions that align with the specific information needs of primary users. Questions should not be phrased as generic program evaluation questions or indicators phrased as questions, rather they are targeted exploratory questions that allow users of the MEL system to make appropriate decisions about the program or respond to a particular area of interest.

Framework:

Insert, goal outcomes, outputs	Indicator	Data collection method, frequency & responsibility	Baseline	Target
Goal				
End of Program Outcomes				
Intermediate outcomes				
Outputs				

Notes

- Goal, EOPOs, IOs are from the program logic.
- Outcomes relating to cross cutting priorities should be included as EOPOs or IOs.
- Outputs are what the program activities will deliver to contribute to the outcomes – e.g. training, health facility support, distribution of medical products, policy workshops etc.
- For EOPOs and IOs – refer to the PHR potential indicator list and select indicators that are relevant to your IOs and EOPOs. As above, partners can use additional indicators that are relevant and not from the PHR indicator list.
- Useful to number the indicators, and where PHR indicators are used to reference them using the PHR indicator number e.g. (PHR#22) at the end of indicator.
- Data collection method, frequency, and responsibility – what methods will the program use to collect data against each indicator, how often will it be collected and who is responsible.
- Baseline – include baseline information where it is available. Under the standards, partners have 12 months to develop baselines. If it is not feasible to achieve a baseline, this should include a summary of, or reference to, the current status or situation.
- Targets – include targets where available. If not available, they should be submitted with the MEL Plan (6 months from contract signing). If it is not feasible to include targets, progress markers or similar could be used to demonstrate progress towards the outcome. Annual or mid-point targets can be provided, as relevant to support measurement of progress.

Annex 2 Checklist of requirements for monitoring, evaluation and learning in project and partnership designs.

This annex provides a summary of the assessment checklist that will be used to assess the Monitoring, Evaluation and Learning within the design document.

PROGRAM LOGIC (PL)

- The design includes a program logic (diagram and supporting text)
- The outcomes directly contribute to relevant EOPO(s) and IOs of the Partnerships for a Healthy Region initiative.
- The partner PL includes outcomes designed to measure gender equality – these should include a vision of what success looks like from a gender equality perspective.
- As relevant include outcomes relating to other cross-cutting priorities.
- The partner PL includes outcome statements (not worded as activities)
- The program logic meets DFAT's Standard 3: Program Logic / Theory of Change (refer to Annex 1)

MONITORING AND EVALUATION FRAMEWORK (DRAFT)

- The draft MELF reflects the outcomes in the program logic.
- The draft MELF follow the guidance provided in Annex 2 and the DFAT MEL Standards.
- The draft MELF uses relevant indicators (where partner outcomes contribute to PHR outcomes) from the PHR draft MEFs (note that for PHR learning is presented in the PHR performance assessment framework).
- The partner draft MELF includes indicators designed to measure gender equality, disability equity and social inclusion including – detail on how to report progress toward the GEDSI outcomes in the program logic and attention to capturing social norm change and outcomes for groups who experience marginalisation.

BRIEF DESCRIPTION OF A MEL SYSTEM

- The design will include a brief description of how a MEL system will be implemented as above.
- Adequate resources (personnel and financial) are allocated to MEL in the budget.

Annex 3 - Monitoring, Evaluation and Learning Plan

A monitoring, evaluation and learning plan (MEL Plan) describes the partner's MEL system. The MEL Plan is a contract milestone submitted within six months of contracting and not required in the partner-led design. Standard 5: Monitoring, Evaluation and Learning (MEL) Plan and System for details on what will be expected.

This annex provides an annotated template with guidance and reference to DFAT standards, particularly Standard 5. The MEL Plan should be a standalone document. We recognise that partners may have their own MEL Plan templates which they prefer to use.

During the inception phase (first six months of the program), DFAT will work with partners to finalise key indicators to measure progress against the initiative's outcomes. The indicators list will include indicators to measure outcomes related to gender equality, disability, and social inclusion (GEDSI), community engagement and – where relevant – reporting on climate change, One Health, and engagement of Australia's First Nations Peoples in the delivery of activities.

Suggested Template

Contents

Purpose and scope

Ref 5.1

Include a statement of the purpose of the MEL Plan, e.g., to outline to MEL system.

The scope includes what the plan will measure. Provide a clear description of what will be measured (monitored and evaluated) linked to the Theory of Change / Program Logic. Clearly state what the program is accountable to achieve – e.g., the EOPOs.

Include the program value, start, and end dates, and any other useful information.

MEL Principles

Describe the most important principles will guide your MEL work, and how they will be implemented. For example, how might the MEL system support engagement with program participants. Refer to DFAT's [Ethical Research and Evaluation Guidance Note](#).

Users of the MEL system

Ref 5.6, 5.17, 5.18, 5.32

Identify who is expected to use the MEL system and the information it provides. DFAT is one stakeholder, however, the MEL system should be primarily oriented to the needs of the program team and stakeholders. Consider partner governments, program participants, and other users.

Program Logic

Ref Standard 3 (Program Logics) for the requirements for a Program Logic (or Theory of Change). The Program Logic should articulate the proposition of how the program's EOPOs will be achieved, and the key assumptions being made that underpin this. Annex 1 also provides guidance on drafting a program logic.

Ref 5.2

The MEL Plan will closely reflect the Program Logic. For example, EOPOs and IOs will be included in the MEL Framework and plans for data collection should align with the program's other activities. The Program Logic provides the backbone for the Plan.

Ref 5.3, 5.24

State the process/frequency for reviewing and updating the Program Logic (and reflecting these changes in the MEL Framework).

The MEL System

Ref 5.2

Explain the MEL system and how it will operate. Ref Standard 5 (MEL Plan and System) for a full description of what is required.

Key evaluation questions

Ref 5.7

Key evaluation questions should be framed to help understand progress towards outcomes (often testing assumptions in the Program Logic) and/or meet the needs of decision-makers or stakeholders. Consider how DFAT quality criteria of effectiveness, efficiency, gender equality, disability equity, risk management, relevance, sustainability as well as DFAT policy priorities for PHR – social inclusion, climate change, engagement of First Nations’ Australians might apply.

Monitoring, Evaluation and Learning Framework (MELF)

Ref 5.4, 5.7

Provide an overview of the MEL Framework in the text and attach an annex that presents it in table form. Refer to Annex 1 for a template).

Tips:

- EOPOs, IOs and outputs/activities in the MELF must match those in the Program Logic. Each must have one (or more) indicator(s), with a method for data collection.
- Data collection methods must be specific. E.g., if a survey is included as a tool in the MELF, the survey methods must be described in the following section on data collection.
- Data collection activities included in the MELF must also appear in the schedule of MEL activities and be reflected in the program’s budget and program team’s responsibilities.
- include small number of key evaluation questions that align with the specific information needs of primary users. Questions should be phrased as targeted exploratory questions that support users of the MEL system to make appropriate decisions about the program or respond to a particular area of interest.

Indicators (quantitative and qualitative)

Ref 5.4, 5.7, 5.8, 5.9

- Refer to the guidance in Standard 5 regarding designing appropriate indicators.
- DFAT will work with partners to identify universal indicators for PHR IOs and EOPOs. Where indicators are related to the partners program, they will need to be included in Partners’ MELFs.

Data collection methods

Ref 5.12, 5.13, 5.16, 5.19, 5.26, 5.27, 5.28, 5.29

- Explain what data will be collected, and how it will be collected, stored, and analysed. Where possible, representatives of socially disadvantaged groups should be meaningfully included in informing data collection methods and as part of the team collecting and analysing data. Data is disaggregated by sex, disability status and other relevant aspects of social inclusion. Describe how partners’ data (e.g., official government datasets) are used. Refer to DFAT’s [Ethical Research and Evaluation Guidance Note \(dfat.gov.au\)](https://dfat.gov.au/ethical-research-and-evaluation-guidance-note). Data collection tools must be clearly described. For example, if a survey is used, the MEL Plan will describe the survey design, sampling strategy, timing, and resources.

Baselines

Ref 5.5, Ref 5.23

Provide baseline information, and/or plans to collect it. All baseline data must be collected within twelve months of commencement. Sooner is recommended for short-term programs. Baselines will be informed by gender equality, disability equity and social inclusion analysis undertaken by partners, with other data from cross-cutting priorities informing baselines as relevant.

Cross-cutting priorities

Ref 5.8, 5.10

The MEL Plan enables partners, and DFAT, to measure and understand how cross-cutting priorities are addressed. For the PHR Initiative, these are IOs address outcomes relating to One Health approaches and integration of climate change considerations, GEDSI including Australian First Nation's engagement, and community engagement. Partners may also have other priorities. Include a brief explanation of how the MEL system will collect and use relevant data.

Reach and benefits to different groups and quality of participation are assessed.

Program reporting

Ref 5.16, 5.20, 5.29

*Specify the timing and requirements for Progress Reports (as stated in the Agreement) and any additional reporting). **Ref Standard 6 (Program Progress Reports)** for requirements. DFAT will provide more specific guidance for PHR partners.*

Evaluation and strategic review

Ref 5.1, 5.15

Include the dates of planned program reviews, mid-term reviews or evaluations. It is good practice to have at least one independent assessment (and for higher value and longer-term programs, this is standard). If the program includes a technical advisory group (or similar) include an outline of their Terms of Reference. Include any other processes for strategic review e.g., partner Government review meetings.

Program learning

Ref 5.6, 5.14

Describe how program learning will occur through the program. This should relate to the key evaluation questions, and/or the needs of M&E users or program stakeholders.

Resourcing and Implementation

Ref 5.17, 5.31

Describe how program leadership/managers will oversee the MEL system and its use for decision making accountability and learning. The role of leaders in driving use of the MEL system is key to its success, and often overlooked during implementation.

Ref 5.21, 5.34

Include a budget for MEL activities. Note the DFAT standards guidance is that MEL budget should be 4-7% of the total budget for more predictable programs and up to 10% for highly flexible and adaptive programs.

***Ref 5.19, 5.20** Annex a MEL implementation plan/schedule that indicates when all key activities will be carried out. Specific people are allocated to tasks, and allocated time and resources to complete them.*

Risks

Ref 5.2, 5.11



The MEL plan should address how risks to achieving outcomes, based on the Program Logic, will be monitored. It should also identify risks to implementing the MEL Plan. Risk management will be addressed more comprehensively in the Program Design and Progress Reports.