Health Security Initiative

Monitoring, Evaluation and Learning Framework Guidance Note

Monitoring, Evaluation and Learning Frameworks

Purpose

This guidance note is for CHS staff and partners working on programs and projects funded by the Health Security Initiative (HSI). It provides a recommended approach to developing monitoring, evaluation and learning frameworks (MELFs) to provide a basis for systematically collecting results to report progress and inform program improvements. The guidance also aims to ensure a level of consistency between partners and enable reporting against the HSI's overarching Performance Assessment Framework (PAF). This document provides guidance only and acknowledges that each partner may have their own MEL system and may wish to incorporate some or all this guidance into their existing system.

Monitoring, evaluation and learning framework

A monitoring, evaluation and learning framework (MELF) identifies the following against each program objective, outcome or evaluation question:

- how we will measure its progress
- which data will be collected to monitor progress
- how, when, from where and by whom the data will be collected.

A MELF also monitors the cross-cutting themes for the HSI (i.e. gender equality, disability inclusion, One Health and climate responsiveness).

Structure and elements of monitoring, evaluation and learning framework

There are many types of MELF structures. An example is given below. While the structure chosen is flexible, what is important is that all the elements in the example are included in your MELF. Each element of the MELF is explained below:

- **End-of-program outcomes (EOPOs)** –the desired development change that can be achieved by the end of program implementation. DFAT's M&E standards require outcomes to define: an 'end state' when the outcome has been achieved; who or what is expected to change; the type of change expected to occur: knowledge (awareness of new ideas, techniques or strategies); action (behaviour change based upon new information/ideas); or condition (organisational or societal conditions changes due to the stakeholder's actions); and the time by which the change is expected to occur.

- **Intermediate outcomes (IOs) -** shorter-term changes expected during program implementation. These are the short and medium-term effects of a program's outputs. Shorter term outcomes include changes in knowledge, attitudes, skills, while medium term outcomes often reflect changes in behaviour, practice and decisions. However, some changes in decisions may only be achieved by the end of the program. Intermediate outcomes should contribute towards the achievement of the EOPOs.

- **Outputs** – the products, goods and services that are the immediate results of a program or project (e.g. nurses trained, funding provided, policy reviewed, laboratory equipment provided), NOT inputs or the activities themselves..

- **Performance indicators** – quantitative and qualitative measures of progress. Quantitative indicators need to be specific, observable, and measurable (e.g. % of locations where surveillance reports are received weekly). Qualitative indicators need to be able to show evidence of changes and progress that a program has contributed to either in full or in part (e.g. evidence that data generated by the program is being used by policymakers to inform policy/funding decisions). Both types of indicators can be included in a MELF.

- **Unit of measure / disaggregation** – this can be number of people, training courses, meetings or it can show progress against a rubric, such as those often used by international monitoring tools. This column is to also note where data will be disaggregated (e.g. by sex, disability, age, or geographic region etc, as needed).

- **Data collection method / source** – this is the method used for collecting the data (e.g. a survey, monitoring visit, WHO external evaluation etc. and the source that you will extract the data from e.g. country reports, WHO monitoring report, country partner database, interviews).

- **Baseline & year** – this is the state of the program (for each indicator) ideally prior to program implementation, or at least as soon after implementation begins as possible.

- **End of program target & year** - this is the anticipated state of the program at the end of the program's duration (for each indicator).

- **Frequency of data collection** – how often data will be collected for each indicator e.g. annually, quarterly

- **Responsibility for data collection** – the team, role or individual responsible for collecting the data against each indicator.

Other monitoring considerations

HSI Performance Assessment Framework

Determine which measures from your MELF will be used to address the relevant indicator(s) in the HSI Performance Assessment Framework (PAF) and ensure that these indicators in your MELF align with the HSI PAF. Your CHS program manager can help with this process.

Unanticipated outcomes

These are not usually in the MELF but need to be captured. They could be included in country monitoring reports (e.g. *the move to online workshops due to Covid19 travel restrictions resulting in progressing activity X much faster than waiting for the activity to occur during in-country visits*).

Enabling environment

It is important to regularly monitor changes in the broader landscape (i.e. political, social, environmental etc) that could impact on the program and consider how your program will be managed or adapted in response to these changes. These sit outside of the MELF but need to be monitored and reported in your progress reports.

Assumptions and risks

Assumptions are hypotheses about how a program's activities will result in change. They include factors or risks that could affect the progress or success of program implementation. These are sometimes articulated in a program logic.

Risks are factors that may affect the successful achievement of program results. Risk analysis considers the factors affecting or likely to affect the successful achievement of program results. They are often 'flipped' program assumptions and are regularly monitored through the program's risk register.

Monitoring, evaluation and learning plan (MEL plan)

A MEL plan is a short document that describes the MEL for a program in narrative form. It usually includes the program logic, MELF, program evaluation questions, risks, reporting requirements, key audiences for reporting, a process for learning and potential program improvement and a timeline for monitoring and evaluation. It is useful when working with partners and can be co-developed so that everyone has a mutual understanding and agrees to the MEL architecture, processes, and each person's/team's role. The MEL plan can be simple and short (3-5 pages).

Example of a monitoring, evaluation and learning framework

The following is a MELF structure which has been partially completed using examples from a laboratory strengthening program. MELFS can take many formats and yours may be structured differently. However all MELFs need to be able to clearly show how a program's progress is being monitored at an output, intermediate outcome and end of program level. Note: Add these rows for each end of program outcome.

Output/intermediate outcome/end of program outcome	Indicator	Unit of measure/ disaggregation	Data collection method/ source	Baseline (data & yr of collection)	End of program target (data & yr of collection)	Frequency of data collection	Responsible for data collection
Evaluation question 1 or Program objective 1							
End of program outcomes							
EOPO1: Strengthened systems and processes in laboratories including quality assurance	*Improved competency against FAO Laboratory Mapping Tool (LMT) area of QA*	*FAO LMT competency scores #X & #Y*	*Self-evaluation or FAO evaluation against FAO LMT*				
Intermediate outcomes							
IO 1.2: Established systems to achieve and maintain external QA/ISO accreditation	*Evidence that laboratory QA systems established, including QA manager, committee, manual and records.*	*QA committee meeting records Proformas established for internal QA auditing*	*Internal/external lab audit reports QA manual QA records*				
Outputs							
Output 1.2.1: Training and mentoring of laboratory staff in maintaining an effective quality management system	*Number of people trained in XX QA systems*	*M/F, by country, by role*	*Training register*				
	Evidence of improved application of appropriate quality assurance for all tests	*FAO LMT competency scores #X & #Y*	*QA records*				

Developing a monitoring, evaluation and learning framework:
Working with program partners to develop the monitoring, evaluation and learning framework

- Run through a draft program logic, seek their input, and ensure there is mutual understanding of the program before it is finalised. Co-develop the program logic if there is sufficient time.
- For those programs operating in multiple countries, it would be useful to also develop a country-level MELF that reflects country work plans. This would be a simplified version of the program-level MELF with indicators only relevant to activities in that country.
- Run though a draft country-level MELF with country partners and incorporate feedback (co-develop together if there is sufficient time). Seek to map out in the MELF how your organisation and the country partners will contribute to the data collection process.
- Discuss with country partners what their role could be in collecting, analysing, and reporting on the country level data. The outcome of this discussion can be included in the MEL plan.

Checklist for a monitoring, evaluation and learning framework
The following is a check list in developing a MELF:

Will the data you collect address all evaluation questions or program objectives?		Does your MELF collect data against both your intermediate and end of program outcomes?		How are you documenting unanticipated outcomes?	
Does your MELF reflect the structure in your program logic and the logical causal pathways between outputs, IOs and EOPOs?		Are you collecting cross cutting data against gender equality, disability inclusion, climate resilience and/or One Health as appropriate for your program?		Do you and your partners have the capacity to collect all the data? *(as a guide, programs often have 10-15 indicators)*	
Will the data you collect through the MELF adequately help you to: • monitor progress of the program? • meet reporting requirements (DFAT and partner)? • improve implementation of activities (program improvement)?		Have you identified which data will be used to inform the indicator(s) relevant to your program in the HSI Performance Assessment Framework (PAF)?		Have you created a table with definitions of terms used in the indicators? E.g. *priority diseases, stakeholders*	
Have you developed the MELF in collaboration with your program partners?		Do the MELF indicators align with activities in program-level and country-level work plans?		Would it be beneficial to include the use of case studies? If so, for what purpose?	
Does your MELF include both outcome and output-level data?				Are you collecting any data that you don't really need?	