

Guidance for Building a Balanced D-MERL System in a Post Response Recovery



December 2018



USAID
FROM THE AMERICAN PEOPLE

World Vision



Institute for
Development Impact

Search for
Common Ground

WILLIAM DAVIDSON INSTITUTE
AT THE UNIVERSITY OF MICHIGAN

Acknowledgements

This publication was produced by the Institute for Development Impact (I4DI) and World Vision under the BalancedD-MERL Program, Cooperative Agreement Number AID-OAAA-15-00061, funded by the U.S. Agency for International Development (USAID).

The authors would like to thank the USAID Development Lab and Global Health Bureau teams for their insights and effort in providing feedback to draft versions of the document, which informed the development of this guidance. Gratitude is also extended to Rebecca Baylor from the William Davidson Institute at the University of Michigan (WDI), for her review and recommendations.

About Balanced-MERL

The Balanced Design, Monitoring, Evaluation, Research and Learning (BalancedD-MERL) consortium under the U.S. Global Development Lab's Monitoring, Evaluation, Research, and Learning Innovations (MERLIN) program at USAID is testing how balanced integration across all aspects of D-MERL enables teams to rapidly learn and incorporate findings into program design. The BalancedD-MERL consortium consists of World Vision (Prime), Innovations for Poverty Action, Institute for Development Impact, Search for Common Ground, and the William Davidson Institute at the University of Michigan.

Disclaimer

The contents are the responsibility of I4DI and World Vision and do not necessarily reflect the views of USAID or the United States Government.

Suggested citation:

Nurkic, A.K., Vicary, B., and Lavin, B.C. (2018). Guidance for Building a Balanced D-MERL System in a Post response Recovery. Washington, DC: BalancedD-MERL consortium

BACKGROUND AND CONTEXT

The BalancedD-MERL technical assistance pilot for the Global Health Ebola Team

The 2014-2016 Ebola epidemic in Sierra Leone, Liberia and Guinea devastated local health systems. Affected communities suffered a catastrophic loss of life. This created an urgent need to support survivors. A lack of real-time information further compounded the effects. Responding to this crisis, the Global Health Ebola Team (GHET), situated in the Global Health Bureau of the United States Agency for International Development (USAID), oversaw a \$150.5 million portfolio of health-related projects falling under Pillar II of the US Government response between January 2015 and October 2018. The GHET program included 23 separate activities, carried out by 12 implementing partners (IPs) at national and regional levels across the three countries.

In May 2016, GHET approached the BalanceD-MERL consortium to request support with its monitoring, evaluation, and learning needs. As part of this engagement, the BalanceD-MERL consortium conducted: (1) a deep dive assessment of program and partner D-MERL and a high level review of GHET Strategy, MERL frameworks and performance monitoring systems to inform recommendations to improve the effectiveness of GHET's monitoring and utilization of data for program decision making; (2) an endline performance evaluation of the GHET survivor-specific program; and (3) a data quality verification of 55 indicators against standard data quality criteria. In the future, a separate case study on the engagement will address specific D-MERL activities implemented and the BalanceD-MERL consortium's internal learning about its own work.¹



USAID Ebola Recovery Liberia
Photo Source – USAID Flickr

¹ See [BalanceD-MERL approach](#) page

INTRODUCTION

Distinct challenges emerge in the post response recovery period. The particular challenges to planning and implementing program design, monitoring, evaluation, research and learning (D-MERL) activities prove different than those associated with longer-term development. These include the immediacy of needs often accompanied by insecurity for affected populations and staff, lack of infrastructure, unreliable data, lack of adequate support systems and human capital, among others.^{2,3}

When performance management systems apply effort and rigor to D-MERL from the outset, these systems produce trustworthy information for adaptive management and the achievement of program goals. Because every emergency is followed by a period of recovery, it is important for program managers and MERL staff to consider strategies for successful recovery early, while the response is underway. USAID staff can begin to lay the groundwork for strong program design and accompanying MERL system, even if specific recovery activities remain rapidly evolving.

What is D-MERL?

D-MERL refers to the integration of program design (D) with monitoring (M), evaluation (E), research (R), and learning (L) activities. This includes *designing* program activities to achieve the partnership's stated objectives, as well as using the following MERL processes to inform iterative changes that improve implementation of the program over time:

- *Monitoring* the performance of the program
- *Evaluating* the program on its set goals
- Engaging in *research* that generates new knowledge related to the context of the program, and,
- *Learning* based on data gathered from any of the above activities and/or from changes in the program context.

CRITICAL NEED FOR GUIDANCE

Given the emergent nature of programming in a post response period, D-MERL plays a vital role in evolving program strategy and enabling collaboration, learning and adapting. In such contexts, D-MERL systems should be flexible to accommodate the program's needs for urgent action and to allow for iterations of major D-MERL products to take place over time as conditions change. For example, after review of initial program results or once new partners join, aspects of the D-MERL system may need to change or iterate. However, D-MERL "stakes in the sand" must mark each stage, so that implementation and other D-MERL activities can proceed without delays in planned and coordinated ways, not ad hoc.

² Findings in monitoring and evaluations practices during humanitarian emergencies:

<https://elliott.gwu.edu/sites/g/files/zaxdzs2141/f/IBTCI.pdf> Accessed Tuesday 6 Nov 2018@ 11:00 hrs

³ Assessment of monitoring and evaluation in INGOs in humanitarian, relief and development:

<https://conservancy.umn.edu/bitstream/handle/11299/180997/INGO%20M&E%20Report%20-%20UMN%205.13.16.pdf?sequence=3> Accessed Tuesday 6 Nov 2018@11:30 hrs

Currently, post response recovery programs lack practical guidance on how to establish balanced D-MERL systems that respond to these unique needs. The purpose of this document is to help USAID staff plan for and implement effective and efficient programs and MERL systems in a post-response recovery. The information presented here derives from experiences during a 27-month MERL technical assistance pilot following the 2014-2016 Ebola epidemic in Sierra Leone, Liberia, and Guinea (see figure below), as well as literature on D-MERL in a post-response recovery setting. It reinforces ADS 201 and preserves the institutional knowledge developed during the Ebola public health recovery and other similar efforts needed post Zika and Ebola outbreak in DRC.

The paper comprises six building blocks of strategies which will strengthen and balance D-MERL systems during such recoveries. Each block follows this structure:

- A framing question faced by staff, accompanied by a description of the issues
- A discussion of why this matters
- Success strategies for addressing the issues
- A suggested timeline for addressing the issues. Note that the timelines are illustrative and based on a hypothetical program of 2 years or more duration. For shorter programs the timeline needs to be adjusted accordingly
- The interdependencies illustrating the connections with other building blocks
- The trade-offs represent the consequences that USAID staff might anticipate if this building block is not addressed.



USAID Ebola Recovery Liberia
Photo Source – USAID Flickr

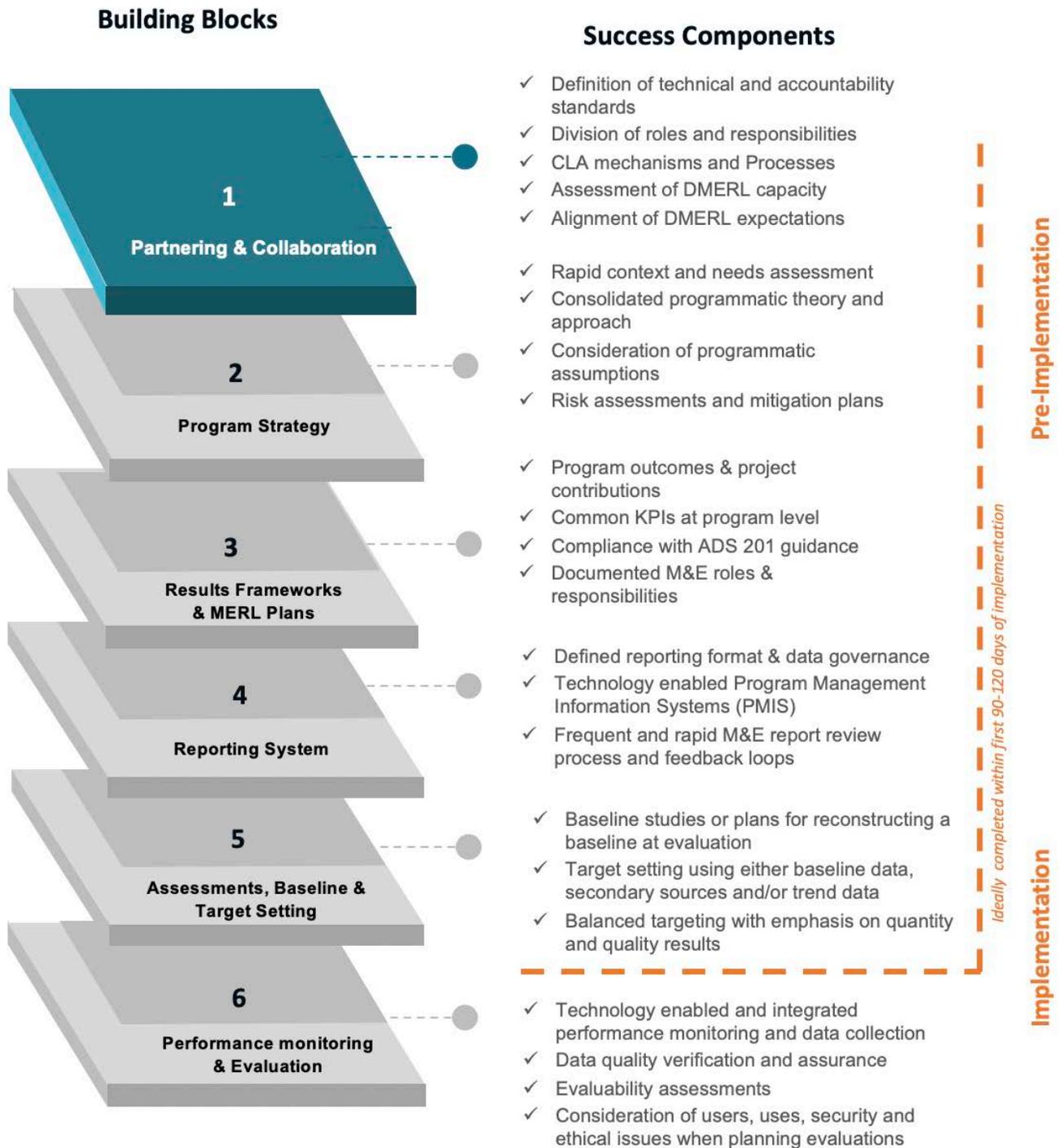


Figure 1. Building blocks for establishing a Balanced MERL system.

Building block 1: Partners and collaboration

How can successful partnering and collaborating integrate MERL and adaptive management?

Post response recovery interventions focus on stabilization after emergency. Their success depends on MERL systems-based solutions that address and integrate longer-term development objectives. Such interventions involve multiple partners joined in complex arrangements. Partners need to co-manage, closely coordinate, collaborate and share information effectively.

In order to do so, partners must establish internal capacities, processes and systems for learning and adaptive program management. Once program partnering structures are defined and engagements in D-MERL processes begin, all partners should leverage their skills and resources to benefit the partnership and program overall. These engagements begin with assessments, formative evaluations and development of program strategies (theories of change). In many cases, it is the engagement on, preparation for, and sharing of these foundational D-MERL processes that facilitates cooperation.

Why does this matter? *A joint vision requires formally established partnerships and standards for coordination. Lack of coherence in delivering post response recovery interventions and dissonance in their MERL planning and reporting processes can lead to difficulties in measuring results and managing for effectiveness. A lack of clarity around goal ownership, or coordination mechanisms among implementing partners can lead to misalignment of objectives and program management styles. Clarity on these elements is necessary in order to ratify implementation results frameworks, to which they will be held accountable. Information and knowledge management is most often compromised when this coordination is not well established, resulting in partnerships that are not clear on what has to be reported, by whom, to whom, and how. Successful coordination depends upon solid knowledge management. Poor foundations can be difficult to remedy at later stages during implementation.*

In addition, national authorities in health and related sectors should be supported to take the lead for interventions to bridge the divide between a humanitarian emergency and long-term development. Lack of early involvement of national, regional and local authorities in initial planning, assessments and design of post-emergency recovery interventions often results in lack of ownership and jeopardizes program's success in achieving necessary systemic change.

Success Strategies

Effective partnering and collaboration that integrates MERL and adaptive management includes partner MERL capacity, MERL expectations, roles and responsibilities, Collaborating, Learning and Adapting (CLA) mechanisms and processes. Partners and collaborators should:

- **Reach agreement on each partners' and stakeholders' D-MERL expectations for the program and the capacity to carry out D-MERL functions effectively.** Complete this as early as possible in order to prevent resource losses and implementation delays. A rapid assessment and discussion of each partner's D-MERL capacity & competence will define roles and responsibilities and establish an appropriate capacity building plan. There are several MERL capacity assessment and improvement models which can be utilized for this purpose.^{4,5}

⁴ See [Competence model for improved program effectiveness](#), developed by Institute for Development Impact.

⁵ See [ACME tool](#) developed by USAID Peru Mission.

- **Define and (or (re)negotiate) technical and accountability standards for coordination.** Ensuring explicit agreement on technical and accountability standards and requirements related to specific health and humanitarian action (e.g. standards of care, package of services offered to patients or survivors, principles of engagement with communities and health providers, protocols for reporting incidents, etc.), helps synchronize approaches for implementing partners. This also enables cooperation and achieves benefits of coordination.⁶
- **Agree on CLA management mechanisms and processes.** Contracting documentation should include these expectations. In the case of the GHET program, various strategies supported CLA. For example, quarterly site visits proved useful for strengthening collaboration, as well as use of technology and remote management best practices. Partners should develop learning agendas, cover technical health programming, and implement management at the activity level. Using these learning agendas during structured pause and reflect events is also recommended. USAID has published ample guidance on CLA.⁷ The LEARNcontract in support of USAID PPL recently completed a CLA case analysis deep dive and concluded that CLA approaches used by Global Communities in Liberia contributed to ending the outbreak of Ebola in that country. Specifically, the study found that front-end investments in CLA approaches fostered trust and supported efficient scale-up. Collaborative networks unlocked local knowledge and mobilized an array of actors for collective benefit, supported social inclusion and facilitated diverse, culture-specific adaptations.
- **Prepare a D-MERL capacity building plan when competency gaps emerge through the assessments noted above.** The plan should include defined learning objectives by target staff, modes and schedules for capacity building, budgetary information, and, ideally, a plan for evaluating the effectiveness of the capacity building. The most effective capacity building efforts will schedule training activities so that there is immediate opportunity for staff to apply their learning back to their work.

Timeline	Address the strategies within the first 3 months of implementation
Interdependencies	<ul style="list-style-type: none"> ● This building block is foundational to all others so there are no dependencies.
Trade-offs	<ul style="list-style-type: none"> ● Learning cannot be consolidated across individual program components or the whole program unless it is proactively planned and executed. Opportunities for needed changes to the program may be missed. ● Without alignment of D-MERL expectations, understanding of capacities, along with articulation of D-MERL roles and responsibilities, CLA may be ad hoc and disorganized. This would reduce its efficacy and reach.
Information needed	<ul style="list-style-type: none"> ● D-MERL competence and knowledge management capacity. ● Expected key roles and dedicated MERL staffing for the program. ● Learning topics and agenda for the program.

Building block 2. Program strategy - the big picture planning

Is the program Theory of Change realistically defined and does it reflect the inputs and buy-in of all key stakeholders?

⁶ When formalizing partnering and establishing coordination and reporting mechanisms, consider consulting additional resources such as [working together in the field](#), [best practices for successful partnerships](#) and [guidance on remote management](#). There are several USAID guidance documents, international events, agreements, commitments and related protocols that should be considered including: the [Business case for the implementation of global standards](#), [Guidance on the definition and the use of the global health programs account](#), [Inter-Agency Steering Committee Transformative Agenda](#), the [Accountability to Affected Populations Operational Framework](#), the [Core Humanitarian Standards on Quality and Accountability](#), the [World Humanitarian Summit](#) which resulted in a set of [Core Commitments](#), and a few relatively new initiatives such as the [New Way of Working](#) and the [Grand Bargain](#).

⁷ See USAID [CLA Toolkit](#).

Partners need to elevate planning to the big picture level. Effective post response requires clearly defined, yet flexible, program strategies. These must balance short and long-term objectives. The Theory of Change (ToC) can help to ensure programs address immediate needs and also include the big picture. This perspective should help address systemic deficiencies caused by underlying social, economic and other drivers affecting resiliency of the local population, communities and institutions.

A strategy development process engages partners and leads to a realistic discussion of what is in the manageable interest of the program. These discussions build an understanding about how post response programming provides the bridge back to longer term development. Practice shows that this is best done early in the program's formation, to analyze the context, discuss and articulate programmatic hypotheses, identify assumptions and programmatic risks, and devise mitigation strategies.⁸

A growing body of evidence supports developing the big picture program strategy and using it as a foundation for D-MERL. This is particularly important in data-poor environments where evidence may be hard to gather and where a sense of urgency may prompt program implementers to act on intuition.⁹ When planned this way from the onset, post-recovery response programs identify realistic pathways of impact and program outcomes, making them more appropriately ambitious and risk-aware.

***Why does this matter?** A Theory of Change (ToC) methodology can assist with big-picture strategy and provide a basis for program planning discussions. A ToC requires partners to articulate an overarching outcome pathway. This helps define parameters for their contributions, what aspects of the program they are accountable for, and where they need to coordinate and collaborate with others, including external stakeholders. Moreover, understanding and documenting all program assumptions helps partners keep a record of important dependencies. This in turn enables proper risk assessment and mitigation strategies for measurement and improvement.*

Success Strategies

The big picture approach realistically defines and consolidates the buy-in and expected contributions of all key stakeholders. It is therefore recommended that program managers and MERL staff:

- **Review existing emergency phase assessment data from partners (or collect new context/needs assessment data if needed) to:**
 - Identify urgent individual and health system needs relevant to the program context and objectives.
 - Map available local resources, stakeholders and other similar programs that may be leveraged.
 - Identify potential areas of uncertainty or risks that can affect the program.
 - In addition, consider 'Lessons Learned from the Ebola Epidemic' to help with some of the risk or assumption examples.¹⁰
- **Develop and agree on an overarching Theory of Change and program design prior to initiating program implementation.** Ideally, a ToC for a post response recovery program should be developed with input from the Office of Foreign Disaster Assistance (OFDA), Global Health Bureau, Bureau of Food Security, USAID missions, the implementing partners, and representatives of local stakeholders (i.e. local governments), and any other informants to the ToC.

Consolidate programmatic approaches across all partners to minimize and eliminate redundancies whenever possible, except where they are intended to act as safety nets or failsafes.

⁸See [Working together in the field for effective humanitarian response](#), Background paper, 30th ALNAP Annual Meeting 3–4 March, Berlin.

⁹ Exploring Program Theory to Enhance Monitoring and Evaluation in Ecosystem-Based Adaptation Projects, Dennis Bours, Colleen McGinn, Patrick Pringle, *NewDirectionsforEvaluation*147, 49-60

¹⁰ See https://ebolaresponse.un.org/sites/default/files/sierra_leone_recovery_strategy_en.pdf pp.31

- **Identify and document program assumptions.**¹¹
- **Assess risks to the program’s design and develop mitigation plans.**

Timeline	Complete all elements of the initial program strategy within the first 90-120 days of implementation. This includes consolidated program approach, assumptions and risk assessments and mitigation strategies. Program strategy can run concurrently with partnering CLA activities. To further expedite the planning and implementation, partners already operating on the ground should be included in CLA efforts, to incorporate their learnings and help them adapt as new information becomes available. Once an agreement is reached on the ToC among partners and key stakeholders, building results frameworks and MERL system can begin and run concurrently with the remaining activities within this block.
Interdependencies	<ul style="list-style-type: none"> ● Program strategy is foundational to all other design and MERL activities. Efficiency of the process and development of synergies across projects within the program depends in part on the relational dimensions of the partnership and levels of collaboration established by this point.
Trade-offs	<ul style="list-style-type: none"> ● Without a consolidated program ToC, the outcome indicators to which all implementing partners contribute are compromised. This may result in missed opportunity for baseline measurement, use of invalid indicators, and subsequent reporting, learning and performance evaluation challenges. ● Without assumption and risk analysis, important clues into the program drivers behind efficiency and relevance may be missed and not sufficiently monitored, resulting in subsequent challenges to adaptive management and performance evaluation.
What information is needed?	<ul style="list-style-type: none"> ● Relevant or similar programs, both past and current, implemented in a similar context. ● Needs and vulnerabilities of direct beneficiaries, with consideration to gender and social dynamics. ● Drivers affecting levels of resilience. ● Institutional, communal and human resources available, including social, financial, and natural capital that the program can leverage. ● Relevant secondary and trend data.

Building Block 3. Results frameworks and MERL plans

Are IP results frameworks and MERL plans appropriately coordinated and harmonized to inform a program-level results framework?

The foundation for performance monitoring systems is a results framework. Fundamentally, post response recovery programs should function like development programs in terms of requirements for performance management systems. Planning should answer three questions: *Are we doing the right things? Are we doing things right? How do we know?*

Successful program management should align results frameworks and MERL plans. Whenever possible, partners conducting similar activities should measure the same indicators and employ comparable methods and protocols. This enables comparison and aggregation of data. Programs should consolidate their results frameworks prior to the major implementation of project activities and before any data collection is done. Once these components

¹¹ See Parker A.M., Nelson C., Shelton S.R., Duasey D.J., Lewis M.W., Pomeroy A., Leuschner K.J. 2009. [Measuring Crisis Decision Making for Public Health Emergencies](#). Prepared for the Department of Health and Human Services

are in place, orientation can proceed to ensure all partners understand their D-MERL responsibilities. Coordinated planning will also help minimize resource demands as implementing partners share data collection tools, instruments and other collaterals.

Why does this matter? *Given the significant time, resource and political pressures, post response recovery programs often start implementation with limited time for planning. This means programs sometimes rush into implementation with preliminary or incomplete results frameworks at a program level or with a collection of project level frameworks that are not aligned.*

When a results framework and MERL plans at a program level are not clearly defined, implementing partners will proceed with their own. These may or may not be aligned with program expectations or sufficiently promote transparency, accountability and program level learning. This makes it difficult, if not impossible, for USAID program managers and MERL teams to adequately track progress, report and evaluate results and make evidence-based decisions. Without such performance management foundations, USAID cannot determine whether its investments in post-emergency recovery are fit-for-purpose and what adjustments might be necessary to increase efficiency and effectiveness at the program level.

Success Strategies

In collaboration with key program stakeholders, program managers and MERL staff should:

- **Agree on the outcomes and what partners contribute to each outcome.** Since program outcomes will be identified in the ToC, the primary focus hinges on identifying which implementing partner will complete each programmatic output. Program outcome and output statements should be cautiously ambitious. When determining the results statements, the partners should utilize the principle of “manageable interest.”¹²
- **Agree on key performance indicators at outcome and output levels for the program.** To the extent possible, all relevant health, social, system strengthening, cross-cutting or other relevant F indicators should be considered prior to using custom indicators. Ideally, these would be common for implementing partners, although there may be a need to locally contextualize guidance. Limit these to a minimum number of standard leading and lagging indicators that will be used for decision-making, adaptive management, and communication of essential results. The nature of the response and context will dictate what is useful and realistic. Consider all partners’ information needs, how the information will be used, the timing of the data collection with respect to other activities, and resources needed.
- **Ensure implementing partner compliance with ADS 201 guidance.** This includes required program MERL Plans, adequate completion of PIRS and appropriate selection of data collection methods, analysis plans and targets adequate to the program context and reality in the field. In terms of quality assurance requirements, ensure the methods for collection and timeliness of collection and reporting are aligned with the both reliability and utility of indicators. Especially in a post-recovery setting, this will ensure that limited time and resources focus on the most appropriate program management and decision-making needs. In the absence of reliable field data, implementing partners will likely collect their own data rather than drawing on existing in-country mechanisms; though donors should also prioritize strengthening these in-country mechanisms while parallel data is being collected in these cases, in order to leave behind a stronger local system. Particular

¹² “The concept of manageable interest recognizes that achievement of results requires joint action on the part of many other actors such as host country governments, institutions, other donors, civil society, and the private sector. When an objective is within USAID’s manageable interest, it means that we have reason to believe that our ability to influence, organize, and support others around commonly shared goals can lead to the achievement of desired results, and that the probability of success is high enough to warrant expending program and staff resources. A result is within an entity’s manageable interest when there is sufficient reason to believe that its achievement can be significantly and critically influenced by interventions of that entity (USAID Automated Directives System - ADS - Chapters 200-203).” Source: Glossary of Terms Used for USAID’s Automated Directives System (ADS) - Updated 07/15/2011 Partial Revision.

care design should eliminate duplication of efforts and maximize interoperability between indicators, especially as they might be aggregated together at the outcome level. PIRS should be detailed from the start there should be flexibility to revisit and request clarity from implementation partners on specific data sources, analysis methods, and reporting timelines during the implementation period.

- **Agree on and document all D-MERL roles, responsibilities and activities plans.** This will include reporting commitments. Set expectations that processes remain flexible to accommodate likely modifications over time. These changes and logic justifying adjustments need to be communicated and documented.

Timeline	Once the program outcomes and outputs are defined, work can commence on defining the KPIs at the program level. Ideally most KPIs will be defined and referenced (PIRS) prior to operationalizing the reporting system.
Interdependencies	While it is possible to identify many KPIs based on the basic ToC for the program, completion of assumptions and risk analysis is key to articulating a comprehensive results framework and set of indicators, including context monitoring.
Trade-offs	<ul style="list-style-type: none"> ● If common KPIs have not been established at a program level, then early and valuable insights into the near and medium-term outcomes can be lost, at a minimum. ● Different stakeholders may require different reporting. Without a well-articulated results framework, requirements for reporting to some stakeholders may not be able to be met. This is particularly important if potentially disenfranchised stakeholders are key program decision-makers. ● Lack of defined KPIs negatively impacts the configuration and implementation of the program’s management information system
What information is needed?	<ul style="list-style-type: none"> ● Implementing partner strategies and project plans. ● Partner and contract requirements for reporting to funders. ● Analysis of current systems used for reporting, as well as contextual technology assessment to inform decisions on systems investment. ● Data collection resource requirements and other considerations, human, financial and other.

Building Block 4. Reporting system

Does the program reporting system meet information and knowledge needs in the most efficient and effective manner possible?

The goal of performance management systems is to produce trustworthy information and knowledge that partners can employ for Collaborating Learning and Adapting (CLA) and reporting. The needs for information and knowledge vary according to primary intended user’s¹ role in a program, contextual dynamics affecting implementation (e.g. differences in geographical areas that may be related to risks of resurgence of disease, stigmatization related conflict vulnerabilities etc.), and reporting requirements of funders, such as monthly reports to Congress and contractual USAID reporting requirements.

The reporting system should include accurate, detailed and compliant reporting requirements. This enables program managers to gain necessary insights and communicate results to funders and stakeholders. Data quality is of critical importance for reliability of the reporting system. There should be no discrepancies in terms of reporting across all projects within a program. With advances in project management information system technologies, programs can obtain substantiated information faster, audit program data and ensure quality across the entire portfolio of projects.

Why does this matter? A D-MERL system is only beneficial if it provides accurate information and knowledge to the partners and stakeholders when and how they need it. In post response recovery efforts, complexity is compounded by the different knowledge and reporting needs of a large diversity of actors who are often engaged at different times in the program's cycle. For example, implementing partners may need to understand the efficiency and consistency of their activities during active implementation. Whereas funders may need to understand the cost-benefits and opportunity costs of their appropriations at various stages. And communities and government actors may seek to understand the significance of the program for different segments of target population.

Time and other pressures facing post response recovery programs often lead to delayed decisions to employ robust reporting solutions. Common challenges include failure to select and correctly use the right system to develop and deliver reports. GHET was a new team established to quickly facilitate and manage health service and health systems recovery support. The GHET team quickly established excel based data tracking and reporting to capture data across the various programs. which made it difficult to analyze, aggregate and interpret data in real time; ensure data quality and integrity and synchronize and manage reporting processes at implementing partner levels. Furthermore, even in cases when the right data is being reported, but not in consistent ways, or with redundant and duplicative data, reports cannot be relied upon for decision making. When a reporting system is not set up to meet these requirements and flexible enough to adjust to program learning needs, reporting is anecdotal and inadequate, leading to significant management, reputational and accountability risks.

Success Strategies

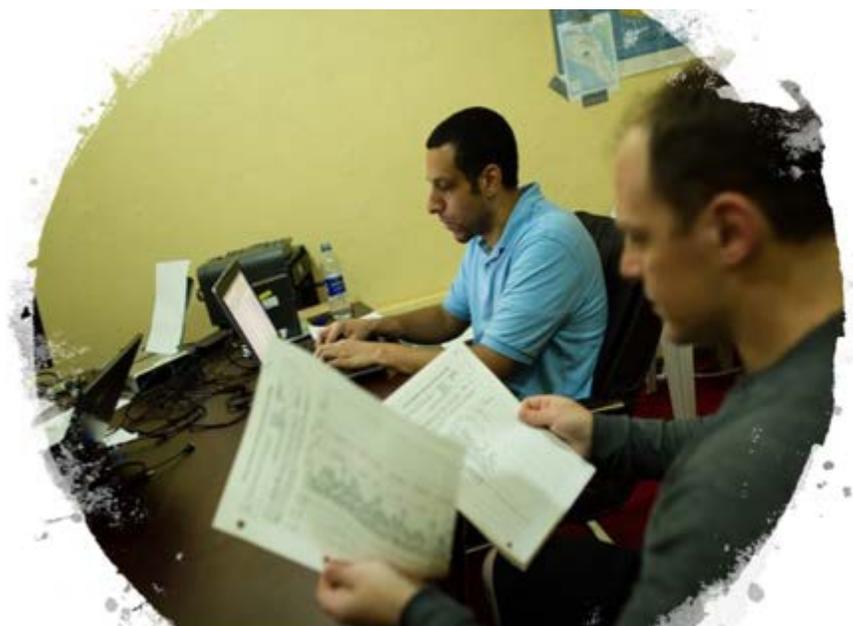
Strive to create an efficient and effective information and knowledge management that meets the needs of all stakeholders. When planning a reporting system, program managers and MERL staff should:

- **Create efficient business processes for data collection, storing, processing and reporting.** Cost-effective, simple, reliable, accurate and timely reporting will ultimately result in improved engagement of implementing partners and donors. In some instances, it may be pertinent to revisit the reporting system as the recovery advances as conditions may change and the reporting system which was adequate at initial stages may no longer be efficient. For example, in the case of GHET, transition from monthly to quarterly reporting became appropriate. The monthly reporting was an extension of what was expected during the emergency phase, to adapt to changing circumstances, USAID played an important role in advocating for the shift to reduce a reporting burden and unnecessary strain on resources.
- **Agree on a reporting format and clear responsibilities.** Employ standards, templates and guidance to reduce complexity. This will ensure the right data is reported in consistent ways, making it more easily aggregated, compared, understood and used.
- **Leverage technology to reduce reporting burden and supply real-time data.** The ubiquity of the Internet in most countries means there most programs can leverage data collection technology for real-time, self-service reporting and presentation of results. Setting up a Project Management Information System (PMIS) using off-the-shelf software solutions that are now available for subscription or purchase will enable self-service reporting using web-based systems and provide users with significant savings in staff time and effort compared with current manual knowledge management systems. If a comprehensive PMIS system cannot be utilized, develop a standard reporting template for all projects that can be aggregated within a program using such tools as MS Excel.
- **Define data governance.** Determine who has what information, who needs what information and how will it be shared, secured, managed. Early in the program lifecycle, create regular monitoring and evaluation report

review processes and feedback loops that will be agreed upon and followed by all partners in the program for project level MERL.

- **Organize at least one annual CLA event with all implementing partners.** This meeting should focus on sharing results and learning from monitoring and evaluation insights to support program level CLA. Implementing partners should closely adhere to USAID CLA guidance and adapt it to the specific context of their program, as appropriate. There are many relevant case studies and useful best practice examples available on the [USAID Learning Lab](#) website that can be leveraged for this purpose.

Timeline	This work can commence once KPIs are defined and completed before the first reporting period and major review of the program.
Interdependencies	Reliable, accurate and timely reporting on program outcomes and contributions depends on a consolidated program strategy and a results framework with KPIs, PIRS, understanding of roles and responsibilities and overall D-MERL competence.
Trade-offs	Reporting can be open to interpretation without detailed PIRS for each indicator and standardized guidance across the program. Unless clear reporting guidance is given from program level managers, implementing partners will start reporting using their own templates and formats. Later on this becomes harder to aggregate and integrate for the purpose of program reporting and therefore can require considerable effort to remediate.
What information is needed?	<ul style="list-style-type: none">● Data from KPI monitoring.● Clarity on stakeholders and their preferred use of systems and reports.● Systems currently in use and understanding of the implications of changing processes.● User requirements and available budget for a PMIS system.



USAID Ebola Recovery Liberia
Photo Source - USAID Flickr

Building Block 5. Assessment of Needs, Baseline and Data-based Target Setting

What matters and how much is needed to measure timely progress toward results?

Establishing clear targets keeps implementing partners focused on what matters. Defining targets for each indicator focuses attention on results rather than day-to-day management and logistics. Tracking progress against milestones and targets promotes true learning. It becomes possible to study both negative and positive deviance from milestones and targets. This offers clues into the scale of change and what is possible in similar contexts. In addition, clearly established and endorsed targets provide a sound basis for resource management decisions and re-direction of activities if and when needed.

A baseline allows a program to measure its achievements and contributions to change during the period of performance. While it is imperative for programs to measure some form of a baseline, in post response recovery settings it may not always be possible to carry out an elaborate baseline study.

Why does this matter? *Too often, target setting in post response programs occurs within the confines of each partner's organization and proves inconsistent at the program level. Ideally, collaborative, participatory target setting provides a vertical communication channel between different levels of program performance management. This, in turn, helps translate targets into an accountability mechanism. Such collaboration creates an important platform for program harmonization, alignment of expectations and integration between different program components.*

Defining where the interventions start is essential to determining the level and magnitude of change required. However, without a baseline conducted before implementation starts, this cannot be easily ascertained later. There is an inherent tension in post response recovery settings when it comes to this. From the implementers' perspective, any time spent collecting baseline data is time NOT spent implementing a much-needed intervention. In the case of the endline study of GHET's survivor program, while baseline values were available for some indicators, the evaluation team had to resort to alternative methodologies for reconstructing baseline values. The evaluation addressed this effectively by seeking respondents who had a history of working in the context prior to the Ebola crisis and used a recall technique to reconstruct baseline and measure performance. However, this introduced biases and limitations.

Success Strategies

When planning a baseline, setting up targets and determining important milestones, program managers, MERL staff and implementing partners should:

- **Complete baseline measurements of indicators prior to commencing activities.** One should expect that baseline data that already exist will be incomplete or of low quality due to the limitations of working in an emergency context and measurement should become the first order of business as implementation begins. Program managers and MERL staff can balance several criteria to determine the type and scope of a baseline evaluation appropriate for the context, time and resource availability, including the number of baseline indicators, measurement methods, data sources and level of rigor required for the purpose. Some indicators and methods are less resource intensive and can make baseline studies more efficient. Additionally, a combination of reliable secondary data sources, needs assessment data and strategic and purposeful use of qualitative methods can help establish adequate program baselines with less time, budget and burden on respondents than traditional household surveys and other quantitative methods. Some examples of secondary sources may include: Health Management Information Systems, demographic and health surveys, other health program evaluations and data systems etc. However, the data quality of secondary data quality needs to be assessed before such information can be trusted for program action. In other instances, mobile technology can be leveraged to deploy and manage large and reliable data collection (e.g. SMS messaging) which can be cost and time effective and provide sufficient indicator data. Other strategies may include youth

or community led data collection strategies and other crowdsourcing methods using social media. **Determine whether reconstructing the baseline data is feasible, if a comprehensive baseline study cannot be conducted at program onset.** This evaluation could employ program administrative or secondary data and develop a plan for reconstructing a baseline. Alternatively, it can be reconstructed using the ‘recall’ technique, which itself poses a set of unique challenges particularly through the possibility of systematic recall bias.¹³

- **Look for historical data points to inform target setting.** In order to set ambitious but realistic targets commensurate with available resources and performance timeframe, combine baseline values with other sources. These might include trend data on specific phenomena or occurrence, being mindful that emergency contexts represent a significant disruption to historical patterns. This evidence can triangulate findings and ground the projection of performance milestones in what can be realistically expected after that disruption. To the extent possible, performance targets should project historical trends into the future. Once the projection is made, the target can be adjusted based on analysis of the program’s likely impact.
- **Consider whether a target level puts the program on a path to success or just completion.** If the target is achieved, will that represent a good benefit or value for the money spent on the program?
- **Ask is the program doing things right and is it doing the right things?** Asking these seemingly similar but importantly different questions helps program partners and managers know if the program is producing good and sufficient outputs (products or services), rather than just a lot of it.
- **Determine whether the target creates unintended incentives.** Is the focus on achieving targets rather than doing the right things? Analyze whether or not the target in question is susceptible to manipulation in some way, and/or could divert the attention of implementers. A misaligned target may encourage quantity over quality.
- **Ask if the target level could be achieved without the program partners’ action.** Answering this question will help determine the benefit of the program – the value of money.

Timeline	As KPIs are defined, planning for acquisition of baseline data and establishing targets can commence and with goal of completion before the first major program level review.
Interdependencies	<ul style="list-style-type: none"> ● Baseline and targeting require agreed upon and well-defined results frameworks and KPIs. ● Likewise, establishing baselines, targets and expected milestones brings focus to planned program monitoring, reviews, ongoing risk management and future program evaluations.
Trade-offs	<ul style="list-style-type: none"> ● Some form of a baseline assessment is necessary to understand the status quo of a context at commencement of an activity and subsequent achievements, but may not always require primary data collection. If not done at the onset of the program, reconstructing baselines later on will require additional resources and may introduce biases and limitations. ● Targets and milestones ground the performance plans around realistic expectations of achievement and set the stage for learning and inquiring about negative and positive deviance from expected results. In a post response, it is likely that planning and implementation constraints will impact achievements. Realistic

¹³ Qualitative researchers use recall technique which employs a set of carefully designed questions that guide participants to recall and describe their situation before the intervention began and compare or account their progress over time using time markers or other aids. Since this technique deals with issues that took place in the past or changes that have taken place over time, some respondents may find it difficult to accurately compare events or remember their situation accurately, therefore recall bias cannot be excluded.

	and well-informed targets prevent the loss of important orienteers and reference points.
What information is needed?	<ul style="list-style-type: none"> • Understanding of context and existing primary and secondary data. • The learning agenda for the program. In other words, what questions does the program want answered? • Methodologies for data collection and analysis plans.

Building Block 6. Performance monitoring, evaluation and learning

What opportunities are there for learning and adaptive management?

Regular performance monitoring continues throughout the entire period of program performance. This expectation applies to each implementing partner. Monitoring includes the use of data collection methods, analysis and reporting plans described in the PIRS. In addition, the post response recovery context requires ongoing risk assessment. Establishing these mechanisms should help program management understand the probability and impact of risks. These ongoing evaluations determine when mitigation is on track or when a change to the program’s direction is required.

USAID is an industry leader in program evaluation with an ambitious commitment and amply developed guidance for rigorous and quality program evaluation. Therefore, this subject will not be treated in depth here, other than to state that different types of evaluation are necessary for different contexts. Impact evaluation, which is the most resource intensive, requires careful consideration, particularly in instances where insufficient evidence exists to prove that a program’s ToC are shown to be effective under given circumstances applicable to the context and is hence not advised unless absolutely necessary. However, performance evaluations should and will be carried out to study programs’ contributions to results and learn from their implementation. Given short performance timeframe cycles, it may often be the case that a program may have multiple evaluations of its subcomponents ongoing at the same time. In such instances, close coordination between partners across all these performance management exercises is required in order to right-size the studies and reduce redundancies. These can be offset through early and regular communication between different evaluating teams and proactive communication of differences to field teams and stakeholders with limited exposure to the portfolio of complementary evaluations—as was the case with GHET, in which two evaluations covering the (1) overall Pillar II response and (2) a survivor-specific response occurred simultaneously. Use of an evaluation SOW [checklist](#) and collaboration on its development among partners, evaluators and relevant USG bodies, reduces burden on respondents, staff and consultants and demonstrates fiduciary responsibility.

Why does this matter? *In post-response recovery contexts, programs are typically emergent, responding to needs as they present. The uncertainties created in such dynamic operating environments make performance monitoring and evaluation especially critical to systematically improve resource management and ultimately achieve the best program outcomes possible. The best learning approaches are analytical and prospective, allowing programs to take stock of the (positive and negative) unintended program effects and appropriately respond. By continuously tracking and measuring progress against indicator targets, program managers are able to review milestones and make timely adaptations to program implementation, identify lessons learned and correct course to manage risks before they become a threat to success. Performance monitoring, evaluation and learning processes also provide structured opportunities for critical discussions between program managers and implementing partners. They are also a way to showcase results, share lessons learned and recommendations to inform future programming and ensure transparency and accountability to donors, host country and international stakeholders as well as general public.*

Success Strategies

Some considerations resulting from the GHET experience and the broader industry include:

- **Develop complimentary approaches to context and performance monitoring.** The complexity of contexts in post response recovery calls for flexibility. When managing programs and guiding implementing partners, program managers and MERL staff should consider context aware monitoring principles and methods. These prove powerful in unstable environments when program assumptions depend on many external factors and results prove difficult to predict. USAID PPL offers useful guidance on complexity aware monitoring for development practitioners.¹⁴
- **Conduct Data Quality Verification (DQV).** In addition to carrying out ADS required data quality assessments, programs should conduct DQV once a year on at least one indicator per implementing partner (outcome & output). These should include at least three data quality standards: reliability, integrity and timeliness. Although DQVs are not required by ADS they have been demonstrated in practice to be a useful quality assurance tool for program managers. An abbreviated version of DQV that provides ongoing reviews and ensures confidence in data reported by the program enables timely action and course correction if needed. GHET employed a DQV in parallel with endline evaluations, which leveraged the ongoing engagement with program implementing partners. This created a more context-driven analysis for both DQV and endline study.
- **Conduct performance evaluations.** Allow ample time and adequate level of effort for completion. This should consider the stability of a post-emergency environment and how that can affect the planning and implementation. Evaluators need significant lead time to make necessary preparations, secure permissions, confirm appointments with key informants, etc. In the case of the GHET survivor study evaluation, BalanceD-MERL evaluators faced the challenges of local elections, bureaucracy at the Ministry of Health in all three countries and within the survivor networks, survivor protests, rainy seasons, etc.
- **Assess program's evaluability prior to commissioning the evaluation.**¹⁵ A common challenge in post response recovery evaluations that cover unstable environments with high staff turnover, institutional changes and span a wide geographical scope and timeframe is the availability of consistent, reliable data and institutional memory. In contexts such as the new health service recovery and system strengthening programs, a variety of issues contributed to the evaluability challenges. These issues included that knowledge management was insufficiently structured, reporting requirements were not consistently aligned and projects under the program umbrella had differing start and end timeframes, and the lack of some program level baseline data. Further, because the projects were not funded with long-term funds, many key staff were hired temporarily and their availability for the evaluation was limited, especially upon project closure. Such factors must be considered when planning and budgeting an evaluation of post response recovery programs.
- **Articulate the use and users of the evaluation clearly.** Prior to commissioning an evaluation, consider whether another evaluation evaluates the performance question. If another ongoing evaluation overlaps, consider establishing data sharing agreements. This will synchronize timing of data collection, leverage instruments and minimize burden on respondents.
- **Identify anticipated ethical issues and whether the evaluation will require ethical reviews.** USAID does have a scientific research policy which includes ethical consideration and need for IRB and other protections. To ensure alignment and best practice implementation, whenever program participants collect data, study materials should undergo some form of independent ethical review. Increased sensitivities make this especially important in a public health response. Respondent burden, stigma, and re-traumatization proved substantial issues confronting evaluators of the GHET Ebola survivor program. Steps taken to address these issues included coordination with other planned data collection efforts so as to minimize contacts with beneficiaries, careful design and testing of instruments, sensitivity training among data collectors, and execution of and adherence to data storage plans and data sharing agreements that required the de-

¹⁴ See USAID PPL [Discussion Note: Complexity Aware Monitoring](#)

¹⁵ See USAID PPL [Guidance on conducting an evaluability assessment for USAID evaluations.](#)

identification of data. Ethical reviews take time, can sometimes be unpredictable and cause delays in evaluation implementation, which need to be taken into consideration when estimating evaluation timeframes and levels of effort.

- **Consider the roles of the evaluation team, USAID management and governance arrangements.** While the evaluation team will spearhead the study, USAID plays a significant role to support an effective and focused evaluation. This will include identifying the evaluation team, supplying access to relevant documentation, and linking ongoing evaluations/evaluators with each other. In addition, USAID should grant evaluators flexibility to leverage the other evaluations if ongoing, make early introductions to internal M&E or sectoral experts at design phase, and review deliverables and provide critical and timely input and assistance in securing internal approvals from field offices, etc.
- **Leverage technology for seamless, integrated data collection whenever possible.** This improves traceability, and minimizes effort and transcription errors.

<i>Timeline</i>	Performance monitoring cannot commence before KPIs are defined and referenced through previous blocks. Ideally completed baselines will also exist, although this is not absolutely necessary. This is an ongoing activity throughout the life of the program and its corresponding projects. Evaluations can occur at various points, most commonly halfway through and/or toward the end, depending on the duration of the period of performance.
<i>Interdependencies</i>	Comprehensive performance monitoring and evaluation is dependent upon all the other building blocks. If done well and comprehensively, it provides the data and information required to manage the activity adaptively and therefore can link back to program strategy, results frameworks and indicator definitions, and also inform the efficiency of the reporting system.
<i>Trade-offs</i>	It is assumed that post response programs, particularly those in protracted crises, are emergent and therefore need adaptive management. This requires efficient performance management systems, an evaluable program and completed evaluations. Without these, learning would at best be retrospective and unsustainable, and would most likely be intuitive, which is one of the least effective methods.
<i>What information is needed?</i>	<ul style="list-style-type: none"> ● Who primary intended users are, their information needs and preferred information delivery mechanisms. ● Purpose of each evaluation and how they will be used so that exercises can be rationalized to maximize return on resources. ● Expectations for monitoring and evaluation processes and questions that they need to answer. ● Timeframe and budget available to support each task as cost of data collection in some programs (such as health) are higher than in others. ● Who are key informants and how what are the best engagement mechanisms. ● Limitations of studies and data collection (things outside of program’s control).

CONCLUSION

D-MERL systems become even more important in the urgent post response recovery period. A D-MERL process plays a vital role in evolving program strategy and in enabling collaboration, learning and adapting. The six building blocks outlined in this paper are key to strengthening and balancing D-MERL systems in these emergent conditions. This report provides insight into practical guidance on how to establish balanced D-MERL systems that respond to these unique situations.

A companion document offers a hands-on, quick reference tool to help program managers and MERL practitioners navigate the process of building the balanced D-MERL system in this evolving context. This document titled “A Heuristic Tool for Building a Balanced D-MERL System in a Post response Recovery” (See Annex 1) provides a dynamic instrument to help USAID staff plan for and implement effective and efficient programs and MERL systems in a post response recovery.

BIBLIOGRAPHY

1. Adams, Beverley; McMillan, Anneley. “Indicators for Measuring, Monitoring and Evaluating Post-Disaster Recovery. 2018.
https://www.researchgate.net/publication/238590785_Indicators_for_Measuring_Monitoring_and_Evaluating_Post-Disaster_Recovery
2. “ADS Chapter 201 Program Cycle Operational Policy .” USAID , Oct. 2018,
<https://www.usaid.gov/sites/default/files/documents/1870/201.pdf>
3. Amanda Janis, Catholic Charities USA; Kelly M. Stiefel, Mississippi Case Management Consortium; Celine C. Carbullido, Consultant. “Evolution of a monitoring and evaluation system in disaster recovery: Learning from the Katrina Aid Today National Case Management Consortium.” Washington, DC, 18 June 2010, <https://onlinelibrary.wiley.com/doi/pdf/10.1002/ev.330>
4. “Application for the Self-Assessment of Development Needs of Competencies in Monitoring, Evaluation and Evidence-Based Knowledge Management (ACME Tool).” USAID, Mar. 2015.
5. APEC. Disaster Recovery Checklist: Incorporating Disaster Risk Reduction Measures into the Process. APEC Seminar on Capacity Building for Disaster Recovery and Rehabilitation. June 27 – 28, 2012, Shanghai, China,
6. Ashraf, Sameera, et al. “Monitoring and Accountability Manual .” Monitoring and Evaluation Accountability Unit, Emergency Response and Recovery Program, Save the Children Pakistan,
<https://www.alnap.org/system/files/content/resource/files/main/1358.pdf>
7. Asian Development Bank. “Recommendations for Dealing with the Transition from Disaster Response to Recovery. <https://www.adb.org/sites/default/files/publication/29455/disaster-response-recovery.pdf>
8. Asian Disaster Preparedness Centre (ADPC). *Disaster Recovery Toolkit, Tsunami Global Lessons Learned Project*. Asian Disaster Preparedness Centre (ADPC) for the Tsunami Global Lessons Learned Project - Steering Committee. 2015,
<https://reliefweb.int/sites/reliefweb.int/files/resources/Handbook.pdf>
9. “Assessing the Socio-Economic Impacts of Ebola Virus Disease in Guinea, Liberia and Sierra Leone. The Road to Recovery.” UNDP , 2014,
<http://www.africa.undp.org/content/dam/rba/docs/Reports/EVD%20Synthesis%20Report%2023Dec2014.pdf>

10. Australia and New Zealand School of Government. "A Monitoring and Evaluation Framework for Disaster Recovery Programs", March. 2016.
11. Bayntun C, Rockenschaub G, Murray V. *Developing a Health System Approach to Disaster Management: A Qualitative Analysis of the Core Literature to Complement the WHO Toolkit for Assessing Health-System Capacity for Crisis Management*. PLOS Currents Disasters. 2012 Aug 22. Edition 1, <http://currents.plos.org/disasters/article/developing-a-health-system-approach-to-disaster-management-a-qualitative-analysis-of-the-core-literature-to-complement-the-who-toolkit-for-assessing-health-system-capacity-for-crisis-management/>
12. "Best Practices for Successful Partnerships." *Care Toolkit*, Care International, www.careemergencytoolkit.org/management/12-partnership/4-best-practices-for-successful-partnerships/.
13. "Business Case for the Implementation of Global Standards." USAID Global Health Supply Chain Program -Procurement and Supply, Jan. 2018, https://www.ghsupplychain.org/sites/default/files/2018-02/GHSC-PSMGlobalStandardsBusinessCase_v1.0_FINAL.pdf
14. Brown, Daniel, and Stephen Platt. "Monitoring and Evaluating Post -Disaster Recovery Using High-Resolution Satellite Imagery – Towards Standardised Indicators for Post-Disaster Recovery ." Cambridge Architectural Research Ltd., Mar. 2015, <http://www.carltd.com/sites/carwebsite/files/CAR%20Brown%20Monitoring%20recovery%20standardised%20indicators.pdf>
15. "CLA Toolkit." *USAID Learning Lab* , USAID , usaidlearninglab.org/cla-toolkit.
16. "Core Humanitarian Standard on Quality and Accountability ." CHS Alliance, Group URD and the Sphere Project, 2014, <https://corehumanitarianstandard.org/files/files/Core%20Humanitarian%20Standard%20-%20English.pdf>
17. Daniel Brown, Stephen Platt, and John Bevington. *Disaster Recovery Indicators: guidelines for monitoring and evaluation*. Published online March 2015.
18. Darden-O'Fallon J, Barry MA, Brodish P, Hazerjian J. *Rapid Assessment of Ebola-Related Implications for Reproductive, Maternal, Newborn and Child Health Service Delivery and Utilization in Guinea*. PLOS Currents Outbreaks. 2015 Aug 4. Edition 1
19. Eric Toner, MD; Matthew P. Shearer, MPH; Tara Kirk Sell, PhD; Diane Meyer, RN, MPH; Hannah Chandler; Monica Schoch-Spana, PhD; Erin Thomas Echols, PhD; Dale Rose, PhD; Eric Carbone, MBA, PhD. *Health Sector Resilience Checklist for High-Consequence Infectious Diseases—Informed by the Domestic US Ebola Response*. http://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2017/HCID_Final_Report_05.23.2017.pdf
20. Eric Toner, MD; Meghan McGinty, PhD, MPH, MBA; Monica Schoch-Spana, PhD; Dale Rose, PhD; Matthew Watson; Erin Thomas Echols, PhD; Eric G. Carbone, PhD, MBA. *A Community Checklist for Health Sector Resilience Informed by Hurricane Sandy*. UPMC Center for Health Security, https://disasterinfo.nlm.nih.gov/content/files/sandy_resilience_checklist.pdf
21. "Evaluation Statement of Work Checklist and Review Template." USAID Bureau for Policy, Planning and Learning, Aug. 2017, https://usaidlearninglab.org/sites/default/files/resource/files/template_evaluation_sow_checklist_and_review_aug_2017.pdf

22. Ethiopian Health and Nutrition Research Institute, Public Health Emergency Management Centre. *Public Health Emergency Management Guidelines for Ethiopia*. February 2012, Addis Ababa Ethiopia. <http://www.ephi.gov.et/images/guidelines/phem-guideline-final.pdf>
23. Field, Christina and Punay, Victoria (2016). "Assessment of Monitoring and Evaluation in INGO's in Humanitarian, Relief and Development." Humphrey School of Public Affairs at the University of Minnesota, <https://conservancy.umn.edu/bitstream/handle/11299/180997/INGO%20M&E%20Report%20-%20UMN%205.13.16.pdf?sequence=3>
24. Global Facility for Disaster Reconstruction and Recovery (GFDRR), World Bank, European Union, and UNDP. Guide to Developing Disaster Recovery Frameworks. World Reconstruction Conference Version, September 2014, <https://gfdr.org/sites/gfdr/files/publication/DRF-Guide.pdf>
25. "Guidance on the Definition and Use of the Global Health Programs Account - A Mandatory Reference for ADS Chapter 201." USAID, 2014, <https://www.usaid.gov/sites/default/files/documents/1864/201mau.pdf>
26. Hageboeck, Molly, et al. "Meta-Evaluation of Quality and Coverage of USAID Evaluations 2009-2012." USAID, 2013, <https://www.usaid.gov/sites/default/files/documents/1870/Meta-Evaluation%20of%20Quality%20and%20Coverage%20of%20USAID%20Evaluations%202009-2012.pdf>
27. Hallam, Alistair. "Evaluating Humanitarian Assistance Programmes in Complex Emergencies." Relief and Rehabilitation Network, Sept. 1998, <https://odihpn.org/wp-content/uploads/1998/09/gpr7.pdf>
28. "Instruction Note for ECHO Staff on Remote Management." European Commission - Directorate General Humanitarian Aid and Civil Protection – ECHO, https://ec.europa.eu/echo/files/partners/humanitarian_aid/Remote_Management_instructions.pdf
29. James C. Thomas, PhD; Reid Miller, MPH. *Ebola: The Ethics of Thinking Ahead* J Public Health Management Practice, 2015, 21(5), 507–508 https://journals.lww.com/jphmp/Citation/2015/09000/Ebola_The_Ethics_of_Thinking_Ahead.14.aspx
30. J S Bevington; AA Hill; RA Davidson; SE Chang. "Measuring, Monitoring, and Evaluating Post-Disaster Recovery: A Key Element in Understanding Community Resilience." Structures Conference. 2011.
31. MEASURE Evaluation Population and Reproductive Health Project: Carolina Population Center, University of North Carolina at Chapel Hill. *Performance Management Plans: A Checklist for Quality Assessment*. 2012.
32. "Monitoring and Evaluation Shortcuts: Capacity Building Guidance." USAID, Catholic Relief Services and American Red Cross, Sept. 2008, <https://www.crs.org/sites/default/files/tools-research/me-shortcuts.pdf>
33. Morel, Dominique, and Clara Hagens. *MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING IN EMERGENCIES*. N.p.: Catholic Relief Services, 2012. PDF. <https://www.crs.org/sites/default/files/tools-research/monitoring-evaluation-accountability-and-learning-in-emergencies.pdf>
34. MSB. *Early Recovery Road Map Linking Relief to Recovery and Development: Strengthening International Humanitarian Post-Disaster Assistance New Approach to Early Recovery Planning and Implementation*. 2015, <https://www.msb.se/RibData/Filer/pdf/27558.pdf>
35. Munodawafa D, Moeti MR, Malekele, Phori PM, Fawcett SB, Hassaballa I, Sepers C, DiGennaro Reed F, Schultz J, and Tafadzwa Chiriseri E. *Monitoring and Evaluating the Ebola Response Effort in Two Liberian Communities*. J community Health (2018) 43:321-327

36. "National Ebola Recovery Strategy for Sierra Leone 2015-2017." Government of Sierra Leone, July 2015, https://ebolaresponse.un.org/sites/default/files/sierra_leone_recovery_strategy_en.pdf
37. Ontrac, Newsletter of the International NGO Training and Research Centre. "Contribution to Change: An approach to evaluating the role of intervention in the. Disaster recovery process No. 58, November 2014.
38. Parker, Andrew M., et al. "Measuring Crisis Decision Making for Public Health Emergencies." RAND Corporations, 2009, https://www.rand.org/content/dam/rand/pubs/technical_reports/2009/RAND_TR712.pdf
39. PEPFAR Monitoring and Evaluation Systems Strengthening Tool. 2007, <https://www.pepfar.gov/documents/organization/79624.pdf>
40. "Project/Programme Monitoring and Evaluation (M&E) Guide." International Federation of Red Cross and Red Crescent Societies, 2011, <http://www.ifrc.org/Global/Publications/monitoring/IFRC-ME-Guide-8-2011.pdf>
41. Saavedra, L. and Knox-Clarke P. (2015). *Working together in the field for effective humanitarian response*. ALNAP Working Paper. London: ALNAP/ODI, <https://www.alnap.org/system/files/content/resource/files/main/alnap-30-am-paper-working-together.pdf>
42. Tara Kirk Sell, PhD; Matthew P. Shearer, MPH; Diane Meyer, MPH; Hannah Chandler, Erin Thomas, PhD; Dale A. Rose, PhD. "Public Health Resilience Checklist for High-Consequence Infections Diseases – Informed by the Domestic Ebola Response in the United States." *Journal of Public Health Management and Practice*, March 2018.
43. UNDP. *Global Cluster Early Recovery Strategic Plan, 2015-2017*. Geneva, 2016.
44. UNDP with The World Bank, European Union and African Development Bank. *Recovering from the Ebola Crisis*. 2015
45. USAID. "Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum". May 2014.
46. USAID. Policy, Planning Learning (PPL). July 2018."Discussion Note: Complexity-Aware Monitoring", https://usaidlearninglab.org/sites/default/files/resource/files/cleared_dn_complexity-aware_monitoring.pdf
47. USAID. Policy, Planning Learning (PPL). June 2017." Conducting An Evaluability Assessment For Usaid Evaluations" https://usaidlearninglab.org/sites/default/files/resource/files/conducting_an_evaluability_assessment_june2017.pdf
48. Vicary, Bernard, and Azra Kacapor Nurkic. "Competence Model for Improved Program Effectiveness." Institute for Development Impact, 2015, <http://www.institutefordevelopmentimpact.com/insights/competence-mod-effectiveness/>
49. World Health Organization. "Recovery Toolkit: Supporting countries to achieve health service resilience. A library of tools & resources available during the recovery period of a public health emergency" December, 2015, http://apps.who.int/iris/bitstream/handle/10665/205944/WHO_HIS_SDS_2016.2_eng.pdf;jsessionid=710D2ECF8E52F1C4E6B74067EDBAA7D6?sequence=1
50. Wright, Simon, and Luisa Hanna. "Wake Up Call: Lessons from Ebola for the World's Health Systems." The Save the Children Fund, 2015, <https://www.savethechildren.org.uk/content/dam/global/reports/health-and-nutrition/a-wake-up-call.pdf>



A Heuristic Tool for Building a Balanced D-MERL System in a Post response Recovery

About this tool

Given the emergent nature of programming in a post response recovery transition period, D-MERL plays a vital role in evolving program strategy and enabling collaboration, learning and adapting. In such contexts, D-MERL systems should be flexible to accommodate the program's needs for urgent action and allow for iterations of major D-MERL products to take place over time as conditions change. For example, aspects of the D-MERL system may need to change or be iterated, after review of initial program results or once new partners or program components are added on. However, D-MERL "stakes in the sand" need to mark each stage, so that implementation and other D-MERL activities can proceed without delays in planned and coordinated ways and not ad-hoc.

The purpose of this document is to help USAID staff plan for and implement effective and efficient programs and MERL systems in a post response recovery. This heuristic tool is quick reference document developed to assist program managers and MERL practitioners navigate the process of building the balanced D-MERL system in this evolving context.

Six Building blocks of a balanced D-MERL system and their components

The following are the six building blocks of a D-MERL system and corresponding framing question faced by staff:

Building block 1: Partners and collaboration

- *How can successful partnering and collaborating integrate MERL and adaptive management?*

Building block 2. Program strategy - the big picture planning

- *Is the program Theory of Change realistically defined and does it reflect the inputs and buy-in of all key stakeholders?*

Building Block 3. Results frameworks and MERL plans

- *Are IP results frameworks and MERL plans appropriately coordinated and harmonized to inform a program-level results framework?*

Building Block 4. Reporting system

- *Does the program reporting system meet information and knowledge needs in the most efficient and effective manner possible?*

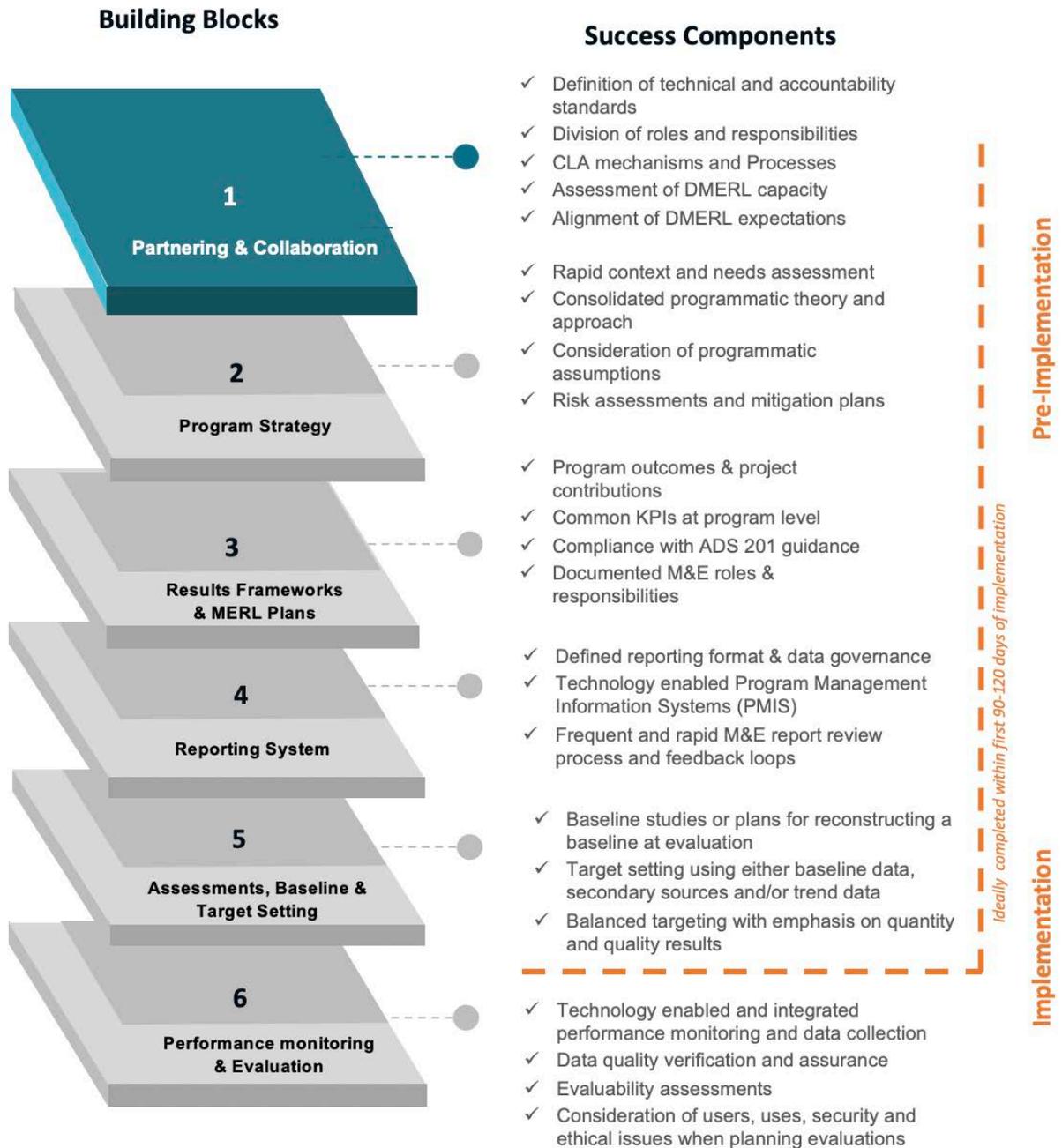
Building Block 5. Data-based target setting

- *What matters and how much is needed to measure timely progress toward results?*

Building Block 6. Performance monitoring, evaluation and learning

- What opportunities are there for learning and adaptive management?

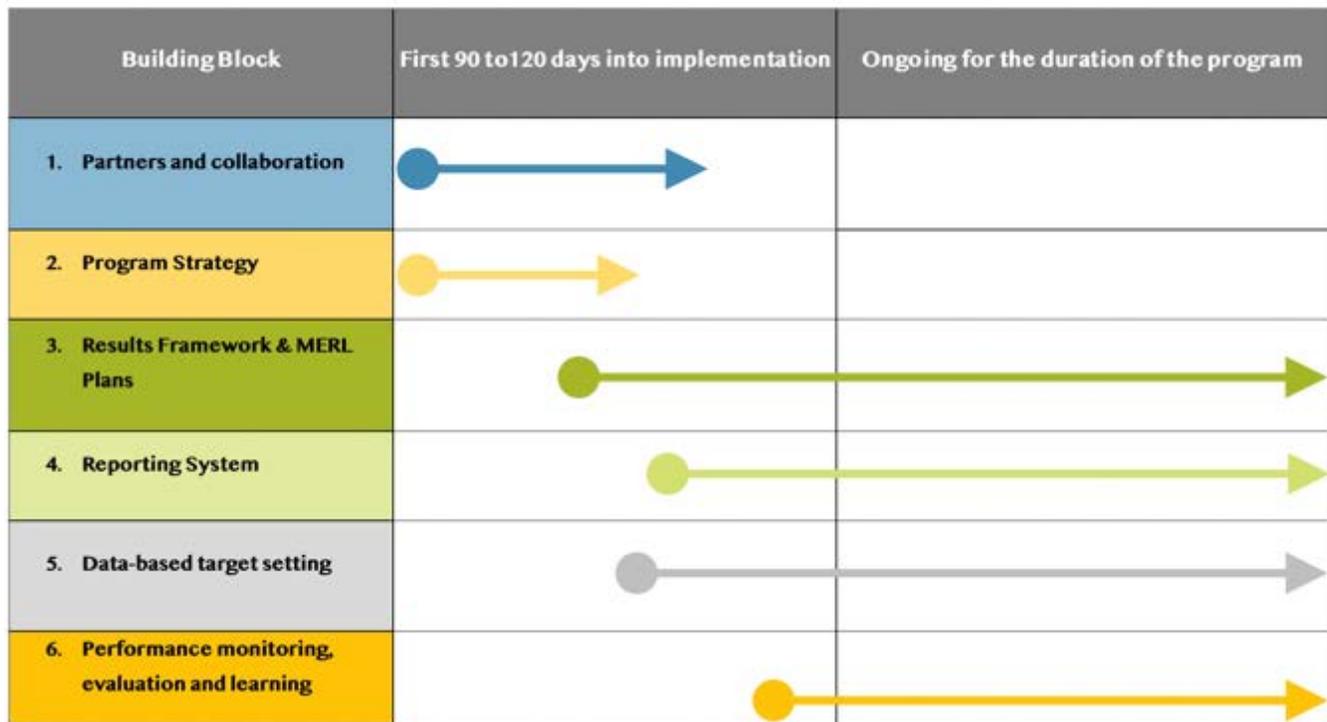
Each of these blocks requires implementation of multiple components that are necessary for successful completion. The following figure presents specific subcomponents of each building block against the general implementation timeline.



A pathway through implementation of building blocks

In the sequencing progression of D-MERL building blocks, some subcomponents can take place concurrently. In order to do so successfully, programs can place D-MERL “stakes in the sand,” so that D-MERL activities proceed in planned and coordinated ways, rather than ad hoc. Aspects of the D-MERL system may need to change or iterate after review of program results. However, this is not a reason to delay implementing the D-MERL success strategies.

The following graph highlights a timeline of a hypothetical two year-long program post response recovery program. It illustrates general heuristics to show which building blocks start when and demonstrates possible overlaps.



For each building block, the summary tables below present additional details that include:

- Timeline for when each building block takes place
- Interdependencies that illustrate the connections between these building blocks and how some are prerequisite to others
- Trade-offs which represent the consequences that USAID staff might anticipate if this building block is not addressed, and
- Information needed to build the block successfully

Icon Legend:



- Timeline;



- Interdependencies;



- Trade-offs;



- Information needs

Building Block 1. Partnering and Collaboration

The success of post response recovery interventions depends on D-MERL systems-based solutions that address and integrate both short and longer-term development objectives.

	Address components of this building block within the first 3 months of implementation
	This building block is foundational to all others so there are no dependencies.
	<ul style="list-style-type: none"> • Learning cannot be consolidated across components of or the whole program unless it is proactively planned and executed. Opportunities for needed changes to the program may be missed. • Without alignment of D-MERL expectations, understanding of capacities, along with articulation of D-MERL roles and responsibilities, CLA may be ad hoc and disorganized. This would reduce its efficacy and reach.
	<ul style="list-style-type: none"> • D-MERL competence and knowledge management capacity. • Expected key roles and dedicated MERL staffing for the program. • Learning topics and agenda for the program.

Building Block 2. Program strategy-the big picture planning

Partners need to elevate planning to the big picture level. In order to do this, all stakeholders must define the Theory of Change (ToC) with realistic inputs and achieve buy-in. Effective post response requires clearly defined, yet flexible, program strategies.

	Complete all elements of the initial program strategy within the first 90-120 days of implementation. This includes consolidated program approach, assumptions and risk assessments and mitigation strategies. Program strategy can run concurrently with partnering CLA activities. To further expedite the planning and implementation, partners already operating on the ground should be included in CLA efforts, to incorporate their learnings and help them adapt as new information becomes available. Once an agreement is reached on the ToC among partners and key stakeholders, building results frameworks and MERL system can begin and run concurrently with the remaining activities within this block.
	Program strategy is foundational to all other design and MERL activities. Efficiency of the process and development of synergies across projects within the program depends in part on the relational dimensions of the partnership and levels of collaboration established by this point.
	<ul style="list-style-type: none"> • Without a consolidated program ToC, the outcome indicators to which all implementing partners contribute are compromised. This may result in missed opportunity for baseline measurement, use of invalid indicators, and subsequent reporting, learning and performance evaluation challenges. • Without assumption and risk analysis, important clues into the program drivers behind efficiency and relevance may be missed and not sufficiently monitored, resulting in subsequent challenges to adaptive management and performance evaluation.
	<ul style="list-style-type: none"> • Relevant or similar programs, both past and current, implemented in a similar context. • Needs and vulnerabilities of direct beneficiaries, with consideration to gender and social dynamics.

	<ul style="list-style-type: none"> • Drivers affecting levels of resilience. • Institutional, communal and human resources available, including social, financial, and natural capital that the program can leverage. • Relevant secondary and trend data.
--	---

Building Block 3. Results frameworks and MERL plans

The foundation for performance monitoring systems is a results framework. Planning should answer three questions: *Are we doing the right things? Are we doing things right? How do we know?*

	Once the program outcomes and outputs are defined, work can commence on defining the KPIs at the program level. Ideally most KPIs will be defined and referenced (PIRS) prior to operationalizing the reporting system.
	This block depends on program strategy. While it is possible to identify many KPIs based on the basic ToC for the program, completion of assumptions and risk analysis is key to articulating a comprehensive results framework and set of indicators, including context monitoring.
	<ul style="list-style-type: none"> • If common KPIs have not been established at a program level, then early and valuable insights into the near and medium-term outcomes can be lost, at a minimum. • Different stakeholders may require different reporting. Without a well-articulated results framework, requirements for reporting to some stakeholders may not be able to be met. This is particularly important if potentially disenfranchised stakeholders are key program decision-makers. • Lack of defined KPIs negatively impacts the configuration and implementation of the program's management information system
	<ul style="list-style-type: none"> • Implementing partner strategies and project plans. • Partner and contract requirements for reporting to funders. • Analysis of current systems used for reporting, as well as contextual technology assessment to inform decisions on systems investment. • Data collection resource requirements and other considerations, human, financial and other.

Building Block 4. Reporting system

The goal of performance management systems is to produce trustworthy information and knowledge that partners can employ for Collaborating Learning and Adapting (CLA) and reporting. The reporting system should include accurate, detailed and compliant reporting requirements.

	This work can commence once KPIs are defined and completed before the first reporting period and major review of the program.
	Reliable, accurate and timely reporting on program outcomes and contributions depends on a consolidated program strategy and a results framework with KPIs, PIRS, understanding of roles and responsibilities and overall D-MERL competence.
	Reporting can be open to interpretation without detailed PIRS for each indicator and standardized guidance across the program. Unless clear reporting guidance is given from program level managers, implementing partners will start reporting using their own

	templates and formats. Later on this becomes harder to aggregate and integrate for the purpose of program reporting and therefore can require considerable effort to remediate.
	<ul style="list-style-type: none"> • Data from KPI monitoring. • Clarity on stakeholders and their preferred use of systems and reports. • Systems currently in use and understanding of the implications of changing processes. • User requirements and available budget for a PMIS system.

Building Block 5. Data-based target setting

Establishing clear targets keeps implementing partners focused on what matters. Defining and tracking targets for each indicator focuses attention on results rather than day-to-day management and logistics.

	As KPIs are defined, planning for acquisition of baseline data and establishing targets can commence and with goal of completion before the first major program level review.
	<ul style="list-style-type: none"> • Baseline and targeting require agreed upon and well-defined results frameworks and KPIs. • Likewise, establishing baselines, targets and expected milestones brings focus to planned program monitoring, reviews, ongoing risk management and future program evaluations.
	<ul style="list-style-type: none"> • Some form of a baseline assessment is necessary to understand the status quo of a context at commencement of an activity and subsequent achievements, but may not always require primary data collection. If not done at the onset of the program, reconstructing baselines later on will require additional resources and may introduce biases and limitations. • Targets and milestones ground the performance plans around realistic expectations of achievement and set the stage for learning and inquiring about negative and positive deviance from expected results. In a post response recovery, it is likely that planning and implementation constraints will impact achievements. Realistic and well-informed targets prevent the loss of important reference points.
	<ul style="list-style-type: none"> • Understanding of context and existing primary and secondary data. • The learning agenda for the program. In other words, what questions does the program want answered? • Methodologies for data collection and analysis plans.

Building Block 6. Performance monitoring, evaluation and learning

Regular performance monitoring continues throughout the entire period of program performance. These mechanisms help program management evaluate the opportunities for learning and adaptive management. Ongoing evaluations determine when mitigation is on track or when a change to the program's direction is required.

	Performance monitoring cannot commence before KPIs are defined and referenced through previous blocks. Ideally completed baselines will also exist, although this is not absolutely necessary. This is an ongoing activity throughout the life of the program and its corresponding projects. Evaluations can occur at various points, most commonly halfway through and/or toward the end, depending on the duration of the period of performance.
	Comprehensive performance monitoring and evaluation is dependent upon all the other building blocks. If done well and comprehensively, it provides the data and information required to

	<p>manage the activity adaptively and therefore can link back to program strategy, results frameworks and indicator definitions, and also inform the efficiency of the reporting system.</p>
	<ul style="list-style-type: none"> It is assumed that post response recovery programs, particularly those in protracted crises, are emergent and therefore need adaptive management. This requires efficient performance management systems, an evaluable program and completed evaluations. Without these, learning would at best be retrospective and unsustainable, and would most likely be intuitive, which is one of the least effective methods.
	<ul style="list-style-type: none"> Who primary intended users are, their information needs and preferred information delivery mechanisms. Purpose of each evaluation and how they will be used so that exercises can be rationalized to maximize return on resources. Expectations for monitoring and evaluation processes and questions that they need to answer. Timeframe and budget available to support each task as cost of data collection in some programs (such as health) are higher than in others. Who are key informants and how what are the best engagement mechanisms. Limitations of studies and data collection (things outside of program's control).

Illustrative workplan

This illustrated timeline suggests a workplan for building a balanced D—MERL system in a hypothetical post response recovery program of two years or more. Shorter programs should adjust the timeline accordingly.

Building Block	Days into implementation	First 90 to 120 days	Ongoing for the duration of the program
Partnering and Collaboration	Definition of technical and accountability standards		
	Division of roles and responsibilities		
	Alignment of DMERL expectations		
	Definition of CLA mechanisms and processes		
	Assessment of DMERL capacity		
Program Strategy	Rapid context and needs assessment		
	Consolidated programmatic approach		
	Consideration of programmatic assumptions		
	Risk assessments and mitigation plans		
Results Framework	Definition of program outcomes and project contributions		

& MERL Plans	Common KPIs at program level			
	Compliance with ADS 201 guidance			
	Documented M&E roles & responsibilities			
Reporting System	Defined reporting format & data governance			
	Technology enabled Program Management Information Systems (PMIS)			
	Frequent and rapid M&E report review process and feedback loops			
Data-based target setting	Baseline studies or plans for reconstructing a baseline at evaluation			
	Target setting using either baseline, secondary and/or trend data			
	Balanced targeting with emphasis on quantity and quality results			
Performance monitoring, evaluation and learning	Technology enabled & integrated performance monitoring & data collection			
	Data quality verification and assurance			
	Evaluability assessments			
	Consideration of users, uses, security & ethical issues when planning evaluations			



USAID Ebola Recovery Liberia
Photo Source - USAID Flickr



World Vision

