ANNEX 3: KNOWLEDGE, PERFORMANCE AND LEARNING FRAMEWORK

This Annex provides supplementary information to the KPL section in the main document. It includes:

- Indicative Knowledge, Performance and Learning Framework
- Overview of potential key methods
- Indicative Results and Performance Framework
- Indicative List of MEL products
- Indicative List of MEL costs.

It is intended to provide ideas and inform potential approaches/methods/tools that can be drawn upon to develop the final program Knowledge, Performance and Learning Framework (KPLF). It is not intended to be prescriptive or binding. The final KPLF will be developed by the Managing Contractor and approved by through the program governance arrangements.

Figure 1: Monitoring, Evaluation and Learning (MEL)
This section provides an overview of the key KPL methods and processes that could be used to measure change at three interconnected levels including:

I. the level of program pillars
II. the partnership level; and
III. the whole of program level.

Program pillars

Pillar 1: BNPB organisational systems strengthening

Strategy Testing

Members of the management team and BNPB Executive Support Office will undertake Strategy Testing\(^1\), a new monitoring method developed by The Asia Foundation (TAF) under the DFAT-TAF partnership, designed in accordance with an adaptive programming approach. This monitoring tool will support management to adjust program strategies as they build relationships with government and gain a deeper understanding of the problems and interests at play, the incentives driving key actors and as unexpected opportunities arise.

The Managing Contractor will develop Theories of Change (TOC) with strategies and associated outputs and outcomes for the various areas of work under Pillar 1. Through Strategy Testing, program staff will take periodic, structured breaks from day-to-day program implementation to collectively reflect on what they have learned, what is working, what is not, and to scrutinize and update their TOCs in response to new information, emerging opportunities, and changes in local context. Based on such reflection and reassessment, program teams will adjust their strategies as needed with the aim of increasing the likelihood of achieving results. Teams will conduct Strategy Testing exercises every three to four months and may invite DFAT and other key stakeholders to the exercises.

The process involves documenting how and why the TOCs (including activities, outcomes and indicators) have been revised and identifying any related programmatic, operational or budgetary implications. To assist with this discussion, program teams will maintain a Timeline, which they create at the beginning of the program and update on an ongoing basis as events occur and new decisions are made. By keeping a record of major events and decisions, the Timeline will provide a useful tool for capturing what has happened over the course of the program and demonstrating how the program has adapted to the context, which is a key performance criterion and focus of the Mid-Term Review.

Strategy Testing will facilitate structured learning among program staff by enabling them to reflect on which strategies are and are not working and how they can be improved. The findings generated through Strategy Testing will be used in real time by the program team to adapt strategies as required, supporting program improvement. The documentation of Strategy Testing exercises will provide evidence to inform on the assessment of aspects of the program’s performance against related indicators outlined in Annex 2, such as by demonstrating if and how the program has assessed the context and adapted its approach and strategies if blockages have been encountered.

Individual and institutional capacity assessment

The Managing Contractor is expected to develop appropriate tools and processes to track and assess the progress of more detailed EOPOs under Pillar 1. This includes:

- 1) individual capacity - the knowledge and skills developed and how they have been applied;
- 2) institutional capacity - changes to systems, policies, procedures and their implementation; and
- 3) coordination capacity - coordination skills and systems and resulting changes to the level of coordination within BNPB and between BNPB and key stakeholders.

Monitoring and evaluation processes should also support the capture of how associated changes in these three areas have or are likely to lead to improved DRM. A rubric will be developed by the Managing Contractor to assess the capacity needs to be developed and assist the Managing Contractor and government partners to determine the focus of capacity building support. This rubric will be used throughout implementation to assess

\(^{1}\) The approach, steps involved and practical resources and templates to support Strategy Testing can be accessed at: https://asiafoundation.org/resources/pdfs/AnInnovativeApproachtoMonitoringHighlyFlexibleAidPrograms.pdf
the progress and impact of the investment’s capacity building support to government partners. The process for assessing capacities in these three areas should be developed and implemented in partnership with government.

A monitoring plan and system will be developed to monitor and track changes at the three levels (against identified needs) such as through the use of a dashboard database, training forms and surveys, event questionnaires and after meeting participant interviews. Where possible, monitoring methods should be developed in collaboration with government stakeholders and use, support or at a minimum align with government monitoring processes and systems, so that monitoring functionality is maintained within BNPB on the program’s completion. Assessment of longer term qualitative changes can be captured as part of the Mid-Term Review and Final Evaluation, or through separate data collection and analysis processes undertaken through surveys, focus group discussions, or taskforce meeting reflection processes which then inform on these whole of program assessment processes. Program teams will use available evidence generated through these processes in the Strategy Testing exercises outlined above.

Monitoring changes in the individual, institutional and coordination capacity of government on a periodic basis will provide data that can be used to enable program staff to assess the effectiveness of capacity building strategies, and make decisions on where and how to best focus efforts and resources if expected changes are not resulting. Assessing institutional and coordination changes will support assessment of the extent to which the program is bringing about systemic and sustainable change. Clear measurement of these three areas will also support accountability by providing an evidence base which clearly demonstrates how the program has strengthened government capacity in different areas, and how this has in turn has contributed to improved DRM in Indonesia

**National disaster simulations**

Improved capacity for coordinated national disaster response led by BNPB will also be measured through national disaster simulation exercises. As outlined in the performance criteria, disaster simulations should be designed to test policies and systems and their application, improve capacity and coordination, and promote actioning of learnings. When designing national disaster simulation exercises, the Managing Contractor is expected to develop a rubric and process which enables the assessment of capacity and coordination during the simulation exercise. For example, a rating system may be used to assess levels of knowledge and appropriateness of responses, levels of stakeholder coordination, and alignment with GoI policies and procedures. This process, and the results recorded through this monitoring tool, should be used by the program team as an opportunity to take stock and reflect on the appropriateness of the institutional systems strengthening activities and approaches used to build government capacity.

Simulation exercises will include a reflection by participating stakeholders at the end of the exercise which supports government to learn about their own strengths and gaps as well as identify opportunities to strengthen DRM. They will also include a practical session which supports participants to identify learnings and actions to be undertaken to address gaps such as the updating of policies, procedures and systems. The Managing Contractor is expected to monitor the extent to which identified actions are implemented to demonstrate the program’s contribution to strengthened government capacity.

It is expected that a minimum of two national disaster simulations are held over the life of the program. Results of the two assessment processes should be compared and used as a method to assess changes in relation to the longer-term program outcome of ‘Improved capacity for coordinated national disaster preparedness and response led by BNPB’. This tool will therefore provide evidence to demonstrate the program’s contribution to strengthened DRM capacity for accountability purposes. Other methods will also inform on the measurement of this outcome as described directly above. It will be important for these resulting changes to be documented to inform on the assessment of program outcomes and performance in the Final Evaluation.

**Pillar 2: Sub-national DRM capacity and community resilience**

**BPBD / Pusdalop baselines, monitoring and periodic assessment**
In the first 12 months of the program, situational analyses and baseline assessments will be carried out in each of the six localities. These processes should include assessment of HR / personnel capacity, systems capacity, and coordination capacity. This will involve an analysis of the relationships between the BPBD/Pusdalop with key DRM stakeholders at local level (the Governor/Mayor, other government agencies, and non-state actors such as media, CSOs including DPOs and women’s organisations, and private sector agencies) and also vertically (with BNPB and BPBDs). The process will also include identification of enablers and barriers to, and opportunities for, effective DRM.

As outlined in the MEL section under Pillar 4 below, assessment at this level is also expected to assess BNPB/BPBD staff knowledge of gender and disability inclusion, and ability to engage appropriately and inclusively with women’s organisations and DPOs in DRM in the coordination of DRM planning and response. A rubric will be developed by the Managing Contractor to assess partners’ capacity needs to be developed which will be used throughout implementation to assess the impact of the investment’s capacity building to the partners.

Based on the findings from these assessments, clear strategies and MEL plans with targets to be achieved within specified timeframes, associated indicators (drawing on relevant indicators featured in the MELF in Annex 2) and data collection methods will be developed. Capacity building plans should be developed jointly with BPBDs/Pusdalops and other key stakeholders. They should place sufficient focus on building coordination, leadership and influencing skills, and on measuring changes in these areas.

Associated MEL plans and tools should be designed to track progress and measure changes in:

1. individual / human resources capacity (the knowledge and skills developed and how they have been applied);
2. institutional capacity (systems, policies and procedures and their implementation); and
3. coordination capacity (the level and quality of coordination between BNPB and DRM stakeholders).

The Managing Contractor will provide an overarching framework to support the measurement of these different types of changes in BPBD/Pusdalop capacity (as outlined below in Pillar 4). While locally driven and contextualised capacity building and MEL plans will be developed, an overarching framework will support a consistent approach to measurement, and aggregation and analysis of the work carried out across the six provinces.

A range of methods and processes will be used to assess changes in BPBD/Pusdalop capacity and how these have or are likely to lead to improved DRM. In cases where no disaster has occurred, improved capacity will be assessed through annual assessment processes which capture stakeholder perspectives through interviews, focus group discussions and use of the Most Significant Change technique – the approach used by DM Create. Changes in capacity at the three levels will also be measured through disaster simulation exercises. A rubric and assessment processes will also be used at the sub-national level to ensure simulations measure changes in response capacity using the same process as described above under Pillar 1 in relation to national level disaster simulations.

In each location it is expected that three disaster simulation exercises are carried out during the lifetime of the Program which test BPBD’s capacity to lead and coordinate disaster response, and apply SOPs, policies and guidelines. These processes will support stakeholder and program staff learning for decision making and improvement and will provide an evidence base to demonstrate contribution to change for accountability purposes.

In instances where disaster occurs, after action reviews should be carried out (as discussed below in Pillar 4). Where after action reviews are not funded, BPBDs will self-assess their own performance against an assessment tool developed by the Managing Contractor. This tool will facilitate learning among BPBDs by assisting staff to reflect on aspects of their response performance, helping them to identify gaps, strengths, and explore how well they were able to apply the knowledge and skills obtained through the program, along with areas for improvement that can be incorporated into program capacity building activities (if not already addressed). The success and performance criteria and indicators in Annex 2 for the outcome ’Reduced impact on men, women and children (with and without disability) in the event of a disaster’ will be drawn on in the development of these tools.

2 This may be reduced to two simulations in instances where frequent disasters occur which enable BPBDs / Pusdalops to assess their response capacity.
Changes in capacity captured through various MEL processes will be compared against the baseline to enable an assessment of the impact of the program’s capacity building support mid-way through the program to inform on the Mid-Term Review, and at the end of the program to inform on the Final Evaluation.

**Joint provincial learning and analysis**

The program’s technical advisors working with select BPBDs / Pusdalops will periodically analyse and reflect on the effectiveness of their strategies in bringing about the desired changes in the three areas of capacity (individual / HR, institutional, and coordination) captured through monitoring tools (as described above) with BPBD staff. Coordination with the Local Development Planning office (Bappeda) will be important. A Strategy Testing process (as described above under Pillar 1) can be used for this process.

In the second year of the program, it is expected that technical advisors and BPBD staff within the six locations are brought together for a joint workshop at the end of the second year of the program (linked with the BPBD case study process outlined in Pillar 4). This is primarily a learning process which will enable staff and technical advisors to share their program experiences and discuss successes and challenges, the effectiveness of different strategies and approaches and learn from each other. Following the workshop, technical advisors and BPBD staff should use the lessons learned and information gained to determine the most appropriate focus of the remaining capacity building support. This workshop should occur 12 months before the technical support is lessened, to give BPBDs the opportunity to apply learnings and maximise the remaining capacity building support.

**Resilient Village MELF**

NGOs implementing the Resilient Village programs will be required to submit proposals to DFAT/Managing Contractor which detail activities, outcomes, indicators and targets set in relation to the specific communities in which they will work. NGOs are expected to report key data sets against a Resilient Village reporting framework to be developed by the Managing Contractor using the associated criteria and indicators under Pillar 2 Resilient Village outcomes. This process will streamline data collation, and support in the Resilient Village documentation process outlined below under Pillar 4.

NGOs will use their own MEL systems and processes to collect evidence against indicators and report on progress and changes in community capacity (including changes in knowledge, skills and practices), and importantly the sustainability of these changes. If a disaster occurs in the communities supported by NGO Resilient Village partners, it is expected that NGOs undertake an assessment of the project’s contribution to reducing the impact of the disaster on women, men, children, and people with disability. NGOs can develop their own methods for these assessments such as case studies and outcome harvesting processes used as part of their own internal review and evaluation processes.

Between 10-15% of total grant funding to NGO partners implementing Resilient Village programs will be allocated to partner MEL. These funds will enable partners to develop appropriate MEL tools (or refine existing tools), implement monitoring tools and systems, produce reports and undertake project evaluations. It is also expected that partners use these funds to develop and implement structured learning and reflection processes to improve the quality and effectiveness of their programs. Partners are encouraged to use learning funds for targeted enquiry and reflection that enables them to better understand the ways in which their programs are supporting the inclusion of women and people with disability in decision making and leadership across program activities and explore opportunities to strengthen program strategies and approaches in these areas. Partner MEL budget allocations for different MEL activities (monitoring, reporting, learning exercises, and review / evaluation) will be specified in project proposals, and must be approved by the Managing Contractor.

**Pillar 3: Cooperation between GoI and GoA on regional humanitarian action**

**Training and exchange feedback processes**

The Managing Contractor will maintain a database of the number of CSO and government personnel supported by the program and the kinds of training and exposure opportunities they receive. A range of tools will be used to capture what participants have learned and gained as a result of these activities. After training / visit feedback forms or debrief / reflection meetings will capture feedback on the quality and usefulness of the activities. Follow up surveys or interviews carried out 6-12 months after activities will capture the ways in which participants take forward and apply the new information, ideas, systems or technologies they were exposed to through training / visits. It is also important to track down how the participants/beneficiaries of a particular activity share those new knowledge and skills with their peers.
These tools will enable monitoring of progress towards intermediate outcomes under Pillar 3, including the effectiveness and impact of program interventions related to: CSOs and government personnel training in international humanitarian response standards and systems; Australia’s sharing of systems, approaches and technology with Indonesia in the development of its regional response system; and the processes and practical activities put in place to support collaboration and cooperation between GoI and GoA including joint activities. Gender equality and disability inclusion will be monitored in terms of content of training, system sharing and joint activities, as well as in terms of who participates in activities. Initial feedback provided directly after events will be used to assess how well training and exposure visits were designed and delivered to meet GoI information and learning needs and revise particular elements of training and exposure visit processes, content and formats. The follow up data collection processes will enable the program to assess the ways in which these various activities have helped participants to strengthen GoI DRM systems, policies and practices, and foster links with Australia, as encapsulated in more detailed EOPOs.

**GoI perceptions of Australia’s contribution**

Key GoI stakeholders involved across all three pillars will be engaged towards the end of the program through the final evaluation or a discrete assessment process which captures their views on Australia’s contribution to Indonesia through the AIP. This process will inform an assessment of the program’s contribution and value add in the DRM sector, including the value and significance of the changes brought about by the program, and how well it has met Indonesia’s needs and priorities from the perspective of GoI government stakeholders. Data collection methodologies may include a survey or interviews and use of the of the Most Significant Change (MSC) and Significant Policy Change (SPC) technique. This method will assist the program to capture data related to several indicators under Pillar 3 of the Results and Performance Framework in Annex 2. It will also provide valuable data against Evaluation Question 4 which seeks to assess the value and relevance of the program to the GoI.

**Social Network Analysis**

Pillar 3 more detailed EOPO ‘An increased number and strength of links established between Australia and Indonesian humanitarian actors that supports future collaboration on DRM planning & response’ requires the investment to capture information relating to the number and types of links created and strengthened by the program between Australian and Indonesian stakeholders. From the perspective of the Australian Government, it is of high importance that the program captures data which clearly displays the links that have been formed between the GoI and GoA at different levels through the program, to enable it to see how well Australia is positioned to engage, support and respond in the event of a disaster in Indonesia.

Social Network Analysis will be used as a tool to enable the program to track and map the links created and strengthened through the program and analyse where valuable links have been formed that could be drawn on in the future. It will also help to identify gaps to improve targeted engagement at different levels. Social Network Analysis is an approach to capturing, visualising and analysing the structure and interactions of the networks and connections that exist between individuals, groups and organisations. Social Network data can be obtained through surveys or interviews with personnel who have participated in training or exchanges and from other GoI staff closely involved in the program (as described directly above). If possible, data sets should be obtained to demonstrate the types of links established between GOI and GoA stakeholders at different levels and in different agencies/sections of government, and the variable strength, value and likely sustainability of these different links. Use of Social Network Analysis will assist the program to strategically target the right influencers and position holders in a range of ministries necessary to deliver on the partnership objective of this investment. It is expected that the Managing Contractor use this visual tool to step back and assess if it is targeting the right Indonesian and Australian stakeholders and building the links and connections expected by DFAT. The visual map should be presented and discussed with DFAT staff during program implementation for decision making and improvement. The final version of the visual map should be used to inform on Question 4 of the final evaluation which includes an assessment of the relevance and value of the links and connections established from the perspective of the GoA.

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3 A range of free and open-source tools for social network analysis are available online including at: [http://socnetv.org/](http://socnetv.org/)
**Pillar 4: Learning, innovation and inclusion for DRM**

**BPBD capacity building case studies**

The BPBD / Pusdalop capacity building model will be documented through a case study process. Three provinces out of the six targeted provinces will be selected, with an in-depth case study carried out in each of the three provinces over two periods: 1) towards the end of the third year of the program after one-year of capacity building support by technical advisors; and 2) towards the end of the five-year program. The case study will capture key capacity building strategies and approaches, success factors, challenges encountered and changes. They will be informed by a range of data sources such as those described above under pillar 2 (i.e. monitoring processes, annual assessment processes, disaster simulation documentation, after action reviews) as well as additional data collection processes that drill down on aspects of certain strategies and approaches. Case studies of the three locations need not be uniform and can focus on different change pathways and strategies used in different contexts. As outlined above under Pillar 1, these case studies will form the basis of a joint learning workshop held with technical advisors and key BPBD staff. The first stage of the case study process will be used to support structured learning and program improvement by BPBD staff and technical advisors.

Case studies will be re-revisited through a subsequent process mid-way through the final year which follows up on the areas examined in each of the three locations during the first visit. The same documented case study will be augmented to map out the continued / adapted journeys and strategies undertaken to cover the five-year period. Case studies will be designed and written primarily for use by the GoI, to support replication and assist government ministries in future planning and design processes. Case study documentation will contain a clear outline of select strategies used to build capacity, what did and did not work, key learnings, the technical inputs and resources required to build capacity, and practical tips and recommendations for future BPBD capacity building initiatives. It should present the three different case studies and include an overarching analysis / synthesis. The Managing Contractor will present and disseminate the consolidated case study document through a facilitated information sharing workshop on completion of the program with national government stakeholders.

**Resilient village model documentation**

The Managing Contractor will develop a reporting framework to support documentation of the Resilient Village model from the outset of the program, with NGO MEL frameworks designed to capture core data sets. The NGO MEL framework will be developed during the first year of the program and this will have a focus on the capture of quantitative and qualitative data and learnings related to the engagement of men, women and children (with and without disability), the building of their resilience, and the effectiveness and sustainability of the NGO model. The MEL Advisor or appropriate sub-contractor will be engaged to document the three models from the three out of six targeted provinces based on the reports provided and other additional data collection process as required. Documentation will include an overarching analysis of the three models. The Managing Contractor will present and disseminate the consolidated case study document through a learning workshop with national government and other key non-state DRM actors. This process aims to promote learning, provide opportunity for replication of the model and a practical resource to support future government and NGO programming.

**After action reviews**

The investment will fund up to six after action reviews (one for each province) for disasters that occur in program areas during the life of the program. These will be facilitated and documented by appropriately located DRM partners or universities. The reviews should include key DRM stakeholders such as NGOs, DRR forum members, BNPB / BPBD / Pusdalops and other key government agencies, and non-state actors such as media, private sector entities, universities, DPOs and women's organisations. Where appropriate, after action reviews will assess if and how the program has contributed to more detailed EOPOs under Pillar 2 including ‘BPBDs and their Pusdalops have increased ability to lead, plan and coordinate pre, during and post-disasters and independently regulate and implement DRM’ and ‘Reduced impact on men, women and children (with and without disability) in the event of a disaster in target areas’ that will be supported by funding to NGOs to increase the scale of Resilient villages programs and strengthen DRR Platforms.

After action reviews should be designed to facilitate learning among participants in the program location. NGO and UN partners funded through the program are expected to use the review findings and action recommendations as appropriate. After action reviews should also be shared with BNPB and other key
government ministries, BPBD staff and technical advisors in other program locations for learning purposes. After action reviews should be documented and reflected on and used by program staff and government partners at sub-national level and national level to improve aspects of their DRM planning and response performance. During this process, national and sub-national advisors should use the evidence generated through the review to revisit the appropriateness and effectiveness of their inputs and approaches used to strengthen the capacity of government partners. It is expected that lessons from after action reviews are used to make live changes to government systems and policies – at both sub-national and national levels as required. This process will be further developed by the MC and agreed by the Steering Committee.

Gender and disability inclusion

This section outlines how gender and disability inclusion will be integrated in the MEL of each program pillar by the Managing Contractor, partner government, NGO and UN partners in order to learn about and assess the effectiveness of gender and disability inclusion approaches and activities implemented across the program. It outlines the data that should be obtained through MEL processes to inform on the achievement of success and performance criteria and indicators outlined in the Results and Performance framework in Annex 2. It will also ensure appropriate data is collected to answer Mid-Term Review evaluation question 5, which requires an assessment of the adequacy of the program’s progress in these areas, and if and how gender and disability inclusion strategies can be more strongly progressed in the remaining period. Pillar MEL data related to gender and disability inclusion will also inform on question 2 of the Final Evaluation which will assess the program’s performance in supporting gender and disability inclusive and responsive programming.

Gender and disability inclusion will be integrated into all MEL plans and systems developed by the Managing Contractor and partners. The Managing Contractor will maintain a record of the number and types of gender and disability specific interventions that have taken place across the program, and where possible, track their quality and impact and the possibility for replication in other areas.

Cross-cutting issues will be reported on by the Managing Contractor and other contracted partners. These processes will support assessment against associated Mid-Term Review and Final Evaluation Questions.

Integration of gender and disability inclusion across program pillar MEL requires the Managing Contractor and program partners to capture the following types of data as appropriate:

1. **Reach** - Sex, age and disability disaggregated quantitative data which shows the numbers of women and people with disability who have participated in various program interventions;
2. **Quality of inclusion** - Qualitative data which provides evidence of how interventions have identified and overcome the barriers (physical, attitudinal and institutional) to the meaningful inclusion of women and people with disability through project activities, and taken specific gender and disability needs into account;
3. **Participation in program management and decision making** - Quantitative and qualitative data which provides evidence of how project partners have promoted the participation of women and people with disability in project management and decision making;
4. **Value and impact** – Qualitative and quantitative data which provides evidence of the number of women and people with disability who have been positively impacted by the program, and the ways in which they have benefited, such as through improved access to information, networks and mechanisms and the development of new knowledge, skills and practices that reduce their vulnerability to disasters;
5. **Leadership in DRM** - Quantitative and qualitative data which provides evidence of how many women and people with disability have increased their leadership in DRM, and the types of ways this has occurred along with evidence of how leadership has been promoted throughout the management and delivery of the program (by national and sub-national government partners, and NGO and UN partners), and in community-based activities;
6. **Links with organisations** - Qualitative data which shows how project partners have strengthened their links and connections with DPOs and women’s organisation to ensure more gender and disability inclusive DRM planning and response.

*Gender and disability inclusion in Pillar 1 MEL:*

The government partner capacity assessment rubric should include an assessment of BNPB staff understanding of gender and disability issues and needs in DRM in Indonesia, and skills to appropriately identify and remove
barriers that are within their control to facilitate inclusion within the context of their roles. Institutional capacity assessment should assess the capacity of government DRM policies and systems to take gender and disability needs and considerations into account and the responsiveness of these to such needs. Coordination capacity assessment should assess the extent to which BNPB engages with relevant gender and disability stakeholders such as DPOs and women’s organisations.

Associated monitoring tools should then track levels of gender and disability inclusiveness at these different levels. For example, this could range from monitoring changes in BNPB’s links with women’s organisations to develop and implement gender responsive policies and systems, to the adoption of accessible DRM communication tools that are tailored to meet the needs of people with hearing and vision impairments.

It is also expected that monitoring of BNPB HR reform processes tracks changes in the development and implementation of policies that foster diversity and inclusion in their own corporate space such as increases in the leadership of women and people with disability in DRM roles including senior management positions, and how the government has made adaptations to HR policies to support women’s enhanced participation.

At the level of inter-departmental coordination for improved national disaster response, assessment of changes in national capacity to ensure gender and disability inclusive DRM should be integrated into the MEL tools used to assess aspects of coordination such as through taskforce meetings (such as by assessing the frequency and quality of discussions on gender and disability, and actions taken to provide more inclusive response planning), and national disaster simulations (such as by assessing if and how participants take appropriate steps to facilitate inclusion in simulated responses).

**Gender and disability inclusion in Pillar 2 MEL:**

The BPBD capacity assessment rubric should also assess changes in gender and disability inclusion in the ways directly described above under Pillar 1. For example, staff may require additional training in facilitating disability inclusive DRM processes/SOPs/systems/data collection through the support of DPOs. The ways in which the knowledge and skills of staff have been strengthened to support gender and disability inclusive DRM interventions and the changes made to ensure systems are more inclusive and reflective of the disability and gendered needs of people within program locations should be captured. Monitoring data should also be collected to assess changes in BPBDs’ ability to lead and coordinate an inclusive response that takes into account the needs of vulnerable groups, including women, children and people with disability.

NGOs funded to implement Resilient Village Programs are required to collect all six types of data listed above. To obtain disability disaggregated data, the Washington Group Questions should be used to provide information on whether people with varying disabilities are accessing program activities. To measure whether and how people with disabilities have been able to benefit, partners should use inclusive and participatory data collection methods which ask people with disability whether the barriers they face have been appropriately identified and removed. It is expected that partner MEL budgets include resources to ensure inclusive engagement processes for people with disability (including people with vision and hearing impairments and mobility difficulties) such as sign language interpretation for people with hearing impairments. Partner MEL process should also assess whether their interventions have had negative impacts on women, children and people with disability in order to assess the extent to which they have adhered to the Do No Harm principle.

Partners receiving funding to strengthen DRR platforms should monitor and report on the extent to which they have strengthened gender and disability inclusion within DRR platforms under the program. This should include capturing data listed above under point 3 (participation in project management and decision making), point 4, (value and impact) point 5 (leadership in DRM – such as how this has been increased in DRR platform management and governance), and point 6 (links with DPOs and women’s organisations).

**Gender and disability inclusion in Pillar 3 MEL:**

Monitoring of the participation of CSO and GoI personnel in training and exposure visits should capture data on the number of women, men and people with disability that have participated in activities under Pillar 3. Assessment tools developed in this area should also ensure the training and exchange visits are assessed to ensure they are appropriately designed and implemented to promote the equal inclusion of women and people with disability, and that appropriate adaptations are made where necessary to meet inclusion requirements.
MEL of Pillar 3 should also track the number and types of gender and disability training sessions facilitated through the program, and the extent to which participants have gained enhanced knowledge and skills in this area. For example, it is expected that gender and disability will be a focus of training aimed to strengthen understanding in humanitarian principles and standards. In this context, follow up monitoring processes which assess the application of participant knowledge and skills should analyse and capture if and how the subsequent actions of participants have led to specific enhancements in gender and disability inclusive DRM systems, policies and practice.

**Gender and disability inclusion in Pillar 4 MEL:**

UN partners implementing projects to enhance gender and disability inclusiveness within DRM (UNFPA and UNOCHA) will capture and report on gender and disability data as outlined in the six points above as appropriate.

It is expected that gender and disability inclusion is integrated into assessment and documentation processes including: BPBD capacity building case study documentation; Resilient Village Model documentation; and after action reviews. These processes provide an opportunity to undertake in-depth analysis of particular aspects of gender and disability inclusion approaches as described in points 1-6 above. After action reviews should use inclusive and participatory methods which capture the views of DPOs and women’s organisations, and women and people with disability in affected communities. Budget should be allocated within each of these MEL activities to ensure people with disability (including people with vision and hearing impairments and mobility difficulties) can participate in assessment processes. These processes will also provide an important opportunity for government to deepen its understanding of the intersect between gender and disability inclusion within DRM, as documentation is shared and discussed with national government stakeholders during dissemination workshops.

Multi-stakeholder information sharing and learning workshops held at the national level (facilitated by OCHA and HFI) that examine specific issues related to gender and disability inclusion in DRM are also expected to generate important evidence and facilitate government, UN CSO and private sector learning in these areas.

**Partnership Level**

An Annual Steering Committee meeting will be held to explore priority sector wide issues, with the focus and themes of the meetings determined in consultations with partners.

Quarterly Executive meetings will be held to discuss the progress and performance of the program.

An Annual Technical Group Meeting will be held to discuss the implementation and achievements by mid-year and agree on adjustments to be made for the rest of the year.

Joint monitoring visit to at least one of the targeted provinces will be conducted annually to enable DFAT to cross checking the information provided in the reports and to strengthen engagement with both national and local partners.

**Whole of program level – DRM Ecosystem Overview**

Along with the routine monitoring and other assessment processes outlined in detail under the Program Pillars’ MEL section above, the investment will be subject to two major assessments:

- **An Independent Mid-Term Review** – This review will likely take place towards the third year of the program and examine the program’s effectiveness, relevance, positioning and performance, and support adaptations to maximise results in the remaining period of the program.
- **An Independent Final Evaluation** – This evaluation will take place towards the end of the program and will provide an assessment of the program’s performance, value and achievement of outcomes.

Key questions to guide these processes are provided below. Independent assessment will need to provide a robust assessment of the program’s progress and strong recommendations on improvements and future directions. Evaluation quality will need to adhere to DFAT’s Monitoring and Evaluation Standards. These independent assessment processes will draw on the range of existing data sources including internal monitoring data, MEL products and project reports, and undertake additional verification and data collection and analysis processes as required.

**Mid-Term Review and Final Evaluation Questions**
The following sets of key questions will guide review and evaluation processes:

Mid-Term Review Questions
1. To what extent have intermediate outcomes been achieved?
2. How efficiently and effectively is the program performing in light of the context (meeting of performance criteria, adapting strategies based on blockages and opportunities, functioning of management arrangements and governance structure)?
3. Is the program logic valid, and is it likely that end-of-program outcomes and their associated longer-term outcomes, will be achieved by the end of the project (key areas of concern, risks and constraints)?
4. Has the program sufficiently identified and taken opportunities to mainstream gender and disability inclusion across the program (identify and remove barriers to their inclusion) and facilitate the meaningful engagement of women and people with disability in DRM planning and response processes, and in project decision making and activities?
5. What recommendations can be made to improve the program over the remaining phase (including efficiency, effectiveness, impact, sustainability and gender and disability inclusion)?

Final Evaluation Questions
1. To what extent have end-of-program outcomes and their associated more detailed EOPOs been achieved (strongest and weakest areas of achievement)?
2. How gender and disability inclusive and responsive has the program been, both in terms of promoting the leadership of women and people with disability in the DRM sector within government (at national and sub-national levels) and in community, and in ensuring women, men and boys and girls (with and without disability) appropriately participate in and benefit from the program?
3. How well have findings and recommendations from the MTR been implemented to ensure optimal performance and maximising of impact in the second half of the program?
4. To what extent have the key practices and processes strengthened by the investment likely to be sustained beyond the investment’s support and institutionalised at the national level and in the targeted locations?
5. How relevant and valuable are the program’s outcomes to the GoI and GoA in terms of policy goals, support needs and priorities, and establishment of links and connections for the future?
6. How appropriate was the program design in delivering on GoI and GoA needs and priorities (adaptive programming approach, engagement of partners, MEL, management arrangements and governance structure)?
7. What key learnings have emerged in relation to working with government, CSO partners and other non-state actors in Indonesia to strengthen DRM?
8. What recommendations can be made to strengthen outcomes and sustainability before the program’s completion, and for Australia’s future engagement with Indonesia in DRM?

MEL products
The program will produce a range of potential MEL products including periodic monitoring documentation (i.e. six monthly and annual reports), documented learning processes, model documentation, outcomes assessment processes and review and evaluation reports. Annex 2 Table 2 provides a list of the MEL products that could be produced by the program. This does not include the regular monitoring and tracking expected to be undertaken and maintained by partners, but the more in-depth and structured assessment and learning processes.

Reporting
The Managing Contractor will develop and report against annual work plans. It will provide two types of progress reports each year:

- **Six-monthly reporting** will focus on the program’s progress in delivering on planned activities outlined in the annual work plan, on adjustments made to activity plans, and will report on the program’s performance, partnership arrangements and stakeholder relationships, financial expenditure and provide an up-to-date Risk Register.

- **Annual reporting** will be primarily against DFAT’s Aid Quality Check and Performance Assessment Framework (PAF), and progress against work plans taking into account the success and performance criteria and indicators in the MELF as appropriate and based on the evidence available.

The Managing Contractor will be required to submit a Completion Report at the end of the program to provide the basis for a final aid quality assessment. This report will bring together the most up-to-date and comprehensive data to report against the Results and Performance Framework.

The Managing Contractor is expected to report on each part of the pillars it manages, either through direct implementation or grant management. All partners (multilateral, national and international) contracted through the Managing Contractor or by DFAT will provide reports directly to the Managing Contractor against work plans and project results frameworks. The Managing Contractor is expected to integrate information from these partners into the above-mentioned reports. Reporting to DFAT should align with DFAT’s reporting standard and guidelines.

The Managing Contractor and other partners engaged directly by DFAT will also provide ad hoc reports on activities at DFAT’s request to contribute to DFAT’s internal reporting, including AQCs, PAF, Partner Performance Assessments and Aid Program Performance Report, and promotional requirements. The Managing Contractor will also undertake exception reporting to highlight emerging risks and opportunities as needed.

**MEL implementation arrangements and costs**

The investment will require MEL functions to be incorporated across the program structure and integrated into work planning. A MEL Advisor will be engaged by the Managing Contractor who will hold responsibility for the implementation of the MELF. It is also expected that other team members allocate time to undertake monitoring and participate in learning and assessment processes. These time requirements will be factored into the work planning of each role. For example, nationally based Managing Contractor program team members must allocate one day every three to four months to participate in Strategy Testing exercises.

**Results and Performance Framework**

The results and Performance Framework is featured below in Table 1. It has been designed to support assessment of the longer-term outcomes outlined in the program logic. The framework contains three components:

**I. Success criteria - what success looks like**

The framework features a set of criteria for each outcome which indicates what success is expected to look like at the end of the program. The Managing Contractor and other contracted partners are expected to design and deliver interventions to bring about these successes. These success criteria will be used in the end of program evaluation which will assess the extent to which outcomes have been successfully achieved.

**II. Performance criteria – what good performance looks like**

Performance criteria apply to the Managing Contractor and other organisations contracted to implement program activities. They outline the core ways in which they must work with stakeholders and design and deliver activities in order to activate the success criteria, and provide a guide to support partners when designing activities. These criteria will be used by DFAT and the Managing Contractor to monitor partner performance. They will also inform on the assessment of effectiveness during the Mid-Term Review and Final Evaluation.

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4 This includes all pillars with the exception of two work steams within Pillar 4: Innovation and National DRM learning workshops.
III. **Indicators to measure success**

The framework outlines a set of potential indicators related to the achievement of outcomes and associated success criteria. This includes a combination of quantitative and qualitative indicators. Key monitoring and assessment processes are illustrated in Figure 4 below.
Table 1: Indicative Results and Performance Framework

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Success Criteria</th>
<th>Performance Criteria</th>
<th>Indicators to measure success</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOP 1: BNPB’s organisational systems are strengthened resulting in better leadership on DRM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| GOI improved capacity to coordinate across government, non-state and international partners, to prevent and reduce disaster risks and respond to disasters | • BNPB plans and facilitates regular coordination/taskforce meetings.  
• Taskforce meetings result in greater information sharing.  
• Taskforce meetings are of value to participating ministries and CSOs.  
• Greater BNPB investment in and prioritisation of its coordination role as a result of taskforce meetings.  
• Repeated national disaster simulations demonstrate improved capacity for disaster response  
• Government institutes required changes identified through disaster simulation learnings. | • Correct theory formulated for how to build capacity and motivation of BNPB to coordinate.  
• Strategy adaptation to bring the right participants to the table and promote their regular and active engagement.  
• Disaster simulations designed to test policies and systems, improve capacity and coordination, and promote actioning of learnings.  
• Early and ongoing investment and focus given to transitioning all coordination functions to government. | • Appropriate changes to approach and strategies supported by a rationale.  
• The no. of taskforce meetings and attendance levels.  
• Quality taskforce information sharing and resulting outcomes.  
• Participants identify and report the value of taskforce meetings.  
• The no. and types of actions taken by BNPB to increase coordination.  
• Changes in national response capacity demonstrated through simulations.  
• Improvements to policy, systems and capacity following disaster simulations.  
• Clear likelihood that BNPB has or will continue coordination functions built. |
| Strengthened BNPB functions and internal coordination | • Specific strategies, outcomes and indicators to be developed for each area in collaboration with government.  
• Improvements to staff capacity (knowledge, skills and practice) and institutional capacity/systems in each area as determined above.  
• Improved BNPB donor tracking, engagement and planning.  
• Improved procurement systems in emergencies, including for CSOs | • Correct theory formulated for building individual and institutional capacity.  
• Regular assessment of context and adaptation if blockages encountered or government outcomes on which the program is dependent not realised.  
• Support continues to re-align with government priorities, plans and generate government buy-in.  
• The program re-aligns with other DRM donor programs as appropriate. | • Appropriate changes to approach and strategies supported by a rationale.  
• Achievement of specific indicators -TBD  
• No. of women and men who apply improved technical skills to deliver better quality services (PAF 9).  
• No. and types of changes to policies, institutional capacity/systems, resource allocation (PAF 15).  
• BNPB and this program is well aligned with other donor DRM programs.  
• Engagement with science agencies and associated updating of BNPB systems. |
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Success Criteria</th>
<th>Performance Criteria</th>
<th>Indicators to measure success</th>
</tr>
</thead>
</table>
| Improved quality of technical support and communications to provinces and districts in line with Master Plan, BNPB Strategic Plan and MSS | - Systematic coordination with science agencies with BNPB systems updated with latest hazard mapping information and technology.  
- Tools, maps and science products used by BNPB in support to BPBDs.  
- Improved quality of information, tools, technical assistance and communication by BNPB to BPBDs.  
- Improvements in the quality of technical support and coms strengthens the capacity and performance of BPBDs.  
- Institutional strengthening support is valued by govt. and advances implementation of the Master Plan, BNPB Strategic Plan and MSS. | - Early and ongoing investment and focus given to transitioning all support functions to government.  
- Appropriate identification of entry points to improve systems and take up of opportunities to influence BNPB-BPBD engagement process.  
- Focus on supporting BNPB to trial changes, identifying and removing barriers to institutionalising changes.  
- Maintenance of ongoing links with national-provincial feedback loops / MEL to improve national systems.  
- Maintenance of strong relationships and processes to ensure satisfaction of govt. with the program’s support. | - Clear likely sustainability of changes.  
- Changes to the ways in which BNPB uses tools, maps and science products in BNPB planning and support to BPBDs.  
- Changes in the quality of information, tools, TA and coms by BNPB to BPBDs.  
- BNPB improvements are reported as relevant and useful by BPBDs.  
- Ways in which the program has advanced the Master Plan, BNPB Strategic Plan and MSS.  
- National GoI stakeholders identify and report institutional strengthening support as valuable. |

### EOP 2: Provinces, districts and villages are better able to prevent, prepare for, respond to and recover from disasters

| Increased ability of BPBDs and their Pusdalops to lead, plan and coordinate pre, during and post-disasters |  
|---------------------------------------------------------------|---------------------------------------------------------------|
| Specific outcomes, indicators and targets to be developed for each locality in collaboration with gov.  
Improvements to staff capacity (knowledge, skills and practice) and institutional capacity / systems in each area as determined above is applied and sustained in disaster preparedness and response.  
Improved capacity of PBPDs and their Pusdalops to coordinate with local stakeholders including gov., CSOs, private sector, media and universities as specified in plans. | Correct theory and strategies used to build the most critical capacities.  
Regular assessment of context and adaptation if blockages encountered or government outcomes on which the program is dependent not realised.  
Support focuses on building leadership, communication, influencing and networking capacity as appropriate.  
Lessons and successful strategies shared between localities.  
Early and ongoing investment and focus given to transitioning ownership for capacity building to local gov. | Changes to approach and rationale.  
Specific indicators to be determined: the no., types, significance, sustainability of changes in BPBD capacity and resulting outcomes.  
Changes in levels and quality of collaboration between agencies who need to coordinate around preparedness and response.  
No. of women and men who apply improved technical skills to deliver better quality services (PAF9). |
### Outcomes

<table>
<thead>
<tr>
<th>Success Criteria</th>
<th>Performance Criteria</th>
<th>Indicators to measure success</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased capacity is demonstrated through local disaster simulations, and / or after-action reviews.</td>
<td>• Disaster simulations designed to test policies and systems, improve capacity, and promote actioning of learnings.</td>
<td>• No. of service units with improved institutional capacity to address frontline service needs (PAF 13).</td>
</tr>
<tr>
<td>• More women, men and children (with and without disability) have and use accurate information, skills and tools for mitigation &amp; response.</td>
<td>• NGOs have sufficient knowledge, networks and commitment to develop targeted gender and disability inclusive approaches and strategies.</td>
<td>• No. of districts that made improvements in service delivery practices and policies (PAF 12).</td>
</tr>
<tr>
<td>• Communities appropriately assess and prioritise risk, and develop and implement informed and inclusive risk management plans, contingency plans and action plans.</td>
<td>• NGOs have sufficient technical knowledge, networks and systems to ensure use of the most up to date DRM information, tools and technology.</td>
<td>• No. of women, men and children (with and without disability) that have and use accurate information, skills and tools for mitigation and response.</td>
</tr>
<tr>
<td>• Village planning is inclusive of DRM with allocated budget for DRM.</td>
<td>• Use of appropriate and targeted capacity building methods which test and ensure practical application.</td>
<td>• No., quality and level of inclusiveness of village risk management plans, contingency plans and action plans.</td>
</tr>
<tr>
<td>• Communities are able to independently sustain changes in capacity on project completion.</td>
<td>• Early and ongoing investment and focus given to ensuring mechanisms, technologies, systems and capacities are sustainable within five years.</td>
<td>• No. and increases in village and district budget allocation for DRM.</td>
</tr>
<tr>
<td>• In the event of a disaster, communities, government and DRM stakeholders use their knowledge, skills, networks, tools and plans to effectively manage and respond to the disaster, resulting in reduced loss of life and livelihoods, and damage to infrastructure and crops.</td>
<td>• Village planning is inclusive of DRM with allocated budget for DRM.</td>
<td>• No. and increases in village and district budget allocation for DRM.</td>
</tr>
<tr>
<td>• Children, women, people with disability and other vulnerable groups are appropriately reached, targeted and engaged.</td>
<td>• Ongoing links and synergies between program components explored and developed to be mutually reinforcing.</td>
<td>• Sustained changes in community capacity (networks and use of information, skills, tools and plans), or evidence of likely sustainability.</td>
</tr>
<tr>
<td>• Ongoing links and synergies between program components explored and developed to be mutually reinforcing.</td>
<td>• Ongoing links and leveraging of DFAT’s other programs in the same localities.</td>
<td>• The scale and significance of the contribution of the program in reducing impact.</td>
</tr>
<tr>
<td>• Key challenges and gaps identified in localities, with program assistance or other forms of support brought in to address gaps where possible.</td>
<td>• Key challenges and gaps identified in localities, with program assistance or other forms of support brought in to address gaps where possible.</td>
<td>• The no. and types of ways in which private sector agencies, think tanks, universities, media and others directly engaged by the program have contributed to reduced impact.</td>
</tr>
<tr>
<td>• Strong knowledge of local context and ability to identify appropriate opportunities for other national and local</td>
<td>• Strong knowledge of local context and ability to identify appropriate opportunities for other national and local</td>
<td>• The scope and scale of reduced impact compared to previous responses and improvements in planning and response</td>
</tr>
</tbody>
</table>

**Enhanced sustainability of community resilience in target area supported through ‘Resilient Village’ models**

**Reduced impact on men, women and children (with and without disability) in the event of a disaster in target areas**
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Success Criteria</th>
<th>Performance Criteria</th>
<th>Indicators to measure success</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Program initiatives (strengthening of BBPD capacity, Resilient Villages, DRR platforms and other activities) contribute to reduced impact.</td>
<td>actors to contribute expertise, technology, and links to support local preparedness and response activities, and ability to connect actors.</td>
<td>quality (in the case of multiple disasters over the program period).</td>
</tr>
<tr>
<td></td>
<td>Women, children, and people with disability report they have been appropriately reached and engaged.</td>
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<td></td>
<td>EPO 3: Strengthened cooperation between Australia and Indonesia on regional humanitarian responses</td>
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<tr>
<td></td>
<td>An increased number and strength of links established between Australia and Indonesian humanitarian actors that supports future collaboration on DRM planning &amp; response</td>
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<td></td>
<td>No. and types of improvements to policy framework (PAF 15).</td>
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<tr>
<td></td>
<td>No. of CSO and government staff supported to participate in training and types of training.</td>
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<tr>
<td></td>
<td>Types of ways in which Australia’s sharing of systems, approaches and technology have been used by the GoI and resulting outcomes.</td>
<td></td>
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<tr>
<td></td>
<td>MOFA stakeholders identify and report the contribution of Australia’s support to MOFA as valuable.</td>
<td></td>
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<tr>
<td></td>
<td>The no. and types of connections supported between different stakeholders (individuals and institutions within Australia and Indonesia).</td>
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<tr>
<td></td>
<td>DFAT reports the value of different connections in supporting Australia’s response to an Indonesian disaster.</td>
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<td></td>
<td>Targeted Indonesian government and CSO staff report the value of their experience engaging with Australia, either in Indonesia or during visits to Australia.</td>
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</tbody>
</table>
## Outcomes

### Demonstrated cooperation between the GoI and GoA on responses to disasters in the Asia-Pacific

- Joint activities and processes enable both countries to share their knowledge and expertise.
- Joint activities and processes are mutually valuable to both countries.
- Practical activities and processes directly contribute to stronger collaboration on responses in disasters in the Asia-Pacific.
- An agreed approach or agreement which works to formalise Australia – Indonesian humanitarian cooperation is developed.

### EPO 4: Strengthened learning, innovation and inclusion for DRM

#### Increased sharing, learning and feedback for DRM between government and non-state actors at sub-national and national levels and between these levels

- The program’s approach to building BPBD capacity in the five locations is documented to capture learnings to support replication by govt.
- Strengthened feedback loop between BNPB and BPBDs improves BNPB support during the program.
- Resilient village model including sustainability and success factors documented and shared.
- After action reviews facilitate sharing and learning between govt. and non-state actors sub-nationally.

- Documentation of BPBD support and Resilient Village models are designed and written to support use in planning and design processes.
- Learning agendas and processes are relevant to multiple stakeholders including BNPB.
- Learning processes designed and delivered to support participants to analyse and practically apply lessons (rather than mere dissemination).
- Effective support to government to identify and adapt policy / systems based on After-Action Review learnings and recommendations.

- Government stakeholders report the value of BPBD capacity building model documentation to govt. planning.
- Government and CSOs report the value of Resilient Village model documentation in design and planning.
- No. and types of learning events held, and learning products shared.
- Ways in which government (sub-national and national) and non-state actors use learnings to improve DRM systems, policies and practice.
- Increased engagement with private sector organisations in DRM learning nationally and sub-nationally (PAF 5).
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Success Criteria</th>
<th>Performance Criteria</th>
<th>Indicators to measure success</th>
</tr>
</thead>
<tbody>
<tr>
<td>New approaches for gender and protection in DRM (social inclusion data systems and cash-based transfers) developed, trialled and embedded</td>
<td>• Increased structured learning between DRM stakeholders nationally, used to improve DRM.</td>
<td>• Close integration of MC MEL with other TA and management roles.</td>
<td>• No. of after action reviews and live changes made to government systems and policies based on learnings.</td>
</tr>
<tr>
<td>Women and people with disability participate in and benefit from all program activities, and their participation in decision making and leadership in DRM is strengthened across community,</td>
<td>• Specific outcomes and indicators to be developed by partners.</td>
<td>• Innovations designed and tested in close collaboration with government to ensure local adaptation and sustainability.</td>
<td>• Changes in use of disaggregated population data by government.</td>
</tr>
<tr>
<td></td>
<td>• Cash transfer innovations are relevant to GoI priorities, policy direction and support needs.</td>
<td>• Trialling of innovations in the targeted localities if and when appropriate.</td>
<td>• Inclusive policy and systems changes at national &amp; sub-national levels (PAF 19).</td>
</tr>
<tr>
<td></td>
<td>• Successful innovations are taken up and embedded in govt. systems.</td>
<td>• Close links and synergies between innovations and other program components explored and maintained.</td>
<td>• No. of women, children and people with disability supported through innovations in disaster responses that take into account their gendered and disability needs.</td>
</tr>
<tr>
<td></td>
<td>• Innovations ensure effective targeting of women, children and people with disability.</td>
<td>• Appropriate engagement of DPOs to ensure the participation of people with disability in the development, trialling and assessment of innovations.</td>
<td>• Changes in the ways in which women, children and people with disability have, or will potentially be impacted during a disaster as a result of innovations.</td>
</tr>
<tr>
<td></td>
<td>• Innovations provide appropriate support to women, children, people with disability during disasters.</td>
<td>• Innovations designed and tested in close collaboration with government to ensure local adaptation and sustainability.</td>
<td>• Number of women survivors of violence receiving services (PAF 8).</td>
</tr>
<tr>
<td>Gender and disability inclusion appropriately integrated into BNPB reform and staff training processes (Pillar 1); BPBD capacity building plans (Pillar 2); and government and CSO personnel staff training (Pillar 3).</td>
<td>• Government DRM systems (BNPB and BPBD) are gender and disability inclusive and responsive to the specific needs and barriers of women and people with disability.</td>
<td>• Attitudinal, institutional / policy and physical barriers to progressing gender and disability inclusion identified and tackled throughout implementation.</td>
<td>• No. of trainings, capacity building initiatives and learning workshops featuring gender and disability inclusive content.</td>
</tr>
<tr>
<td></td>
<td>• Adapted BNPB policies and processes result in the enhanced participation of women and people with disability in</td>
<td>• Barriers and strategies to promote disability inclusion consider the full range of impairments including people with vision and hearing impairments, mobility difficulties, and intellectual disability.</td>
<td>• No. and types of changes to the level of gender and disability inclusiveness of government DRM systems (BNPB and BPBD).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• NGOs working at the community level use the Washington Group Questions to identify people with disability in targeted areas.</td>
<td>• No. and types of changes to BNPB’s corporate space including promotion of women’s participation, including in management.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ways in which women and people with disability have been able to actively participate in the program (including if and</td>
<td>• Ways in which women and people with disability have been able to actively participate in the program (including if and</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Success Criteria</td>
<td>Performance Criteria</td>
<td>Indicators to measure success</td>
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</tr>
<tr>
<td>NGO and government</td>
<td>their corporate space including in management positions.</td>
<td>Development of targeted gender and disability inclusion strategies for each program component.</td>
<td>how barriers have been identified and removed.</td>
</tr>
<tr>
<td></td>
<td>• Women and people with disability access and benefit from all projects implemented by partners.</td>
<td>• Project partners actively seek the support of the Managing Contractor or national DPOs, disability organisations and women’s organisations to provide technical inputs to support gender and disability inclusion if they do not have this expertise internally.</td>
<td>• No. of women and people with disability who have been positively impacted by the program and the changes resulting (i.e. improved access to information, networks and mechanisms and the development of new knowledge, skills and practices that reduce their vulnerability to disasters).</td>
</tr>
<tr>
<td></td>
<td>• Women and people with disability participate equitably in project management and decision making</td>
<td>• Appropriate engagement and financial remuneration of DPOs and women’s organisations involved in providing awareness raising and training and program support activities.</td>
<td>• No. and types of ways in which women and people with disability have participated in project management and decision making and resulting changes.</td>
</tr>
<tr>
<td></td>
<td>• Women and people with disability play increased leadership roles in DRM.</td>
<td>• Program partners examine and adapt their own project management process to ensure they promote the leadership of women and people with disability and their participation in program management processes and project decision making.</td>
<td>• No. of women and people with disability playing increased leadership roles in DRM and types of leadership actions taken.</td>
</tr>
<tr>
<td></td>
<td>• After action reviews directly engage women and people with disability and assess how effectively responses have targeted them and met their needs.</td>
<td>• Sufficient budget allocation across activities to ensure targeted and inclusive engagement of women and people with disability, including in design and MEL processes.</td>
<td>• Ways project partners have strengthened links with DPOs and women’s organisations.</td>
</tr>
<tr>
<td></td>
<td>• Project partners have strengthened links with women’s organisations and DPOs.</td>
<td>• Project partners actively seek the support of the Managing Contractor or national DPOs, disability organisations and women’s organisations to provide technical inputs to support gender and disability inclusion if they do not have this expertise internally.</td>
<td>• No. of after action Reviews that include an assessment of gender and disability.</td>
</tr>
<tr>
<td></td>
<td>• DRR platforms and associated risk planning and assessment processes are inclusive of gender and people with disability.</td>
<td>• Appropriate engagement and financial remuneration of DPOs and women’s organisations involved in providing awareness raising and training and program support activities.</td>
<td>• No. of people, especially women and from marginalised groups, who contribute to improved policy (PAF 16).</td>
</tr>
<tr>
<td></td>
<td>• National multi-stakeholder information sharing and learning workshops facilitate learning related to gender and disability inclusion in DRM.</td>
<td>• Program partners examine and adapt their own project management process to ensure they promote the leadership of women and people with disability and their participation in program management processes and project decision making.</td>
<td>• No. of DRR platforms and associated risk planning and assessment processes more gender and disability inclusive and types of inclusion supported.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sufficient budget allocation across activities to ensure targeted and inclusive engagement of women and people with disability, including in design and MEL processes.</td>
<td>• Amount of additional funding directed towards more effective inclusive development (PAF 18).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Number of instances of improved policy for inclusive development (PAF 19).</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Success Criteria</td>
<td>Performance Criteria</td>
<td>Indicators to measure success</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>No. of partner budgets that include costs to facilitate disability inclusive engagement processes.</td>
</tr>
</tbody>
</table>
Indicative MEL Products

The program will produce a range of MEL products including periodic monitoring documentation, documented learning processes, model documentation, outcomes assessment processes and Mid-Term Review and Final Evaluation reports. Table 2 summarises potential key products. It includes the more in-depth and structured assessment and learning processes. It does not list the regular monitoring documentation expected to be undertaken and maintained by partners.

Table 2: Indicative MEL Products

<table>
<thead>
<tr>
<th>Product</th>
<th>Timeframe</th>
<th>Responsible agency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Periodic monitoring documentation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategy Testing documentation</td>
<td>Every 4 months</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td>National disaster simulations</td>
<td>Year 3 &amp; Year 5</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td>Provincial disaster simulations</td>
<td>Years 3, 4 &amp; 5</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td>BPBD situational analysis and baselines</td>
<td>Year 1</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td>Annual assessment against BNPB capacity building plans</td>
<td>Annual</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td>BPBD assessments against baselines</td>
<td>Year 5</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td>Partnership Health checks</td>
<td>Annual</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td><strong>Documented learning processes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local After-Action Reviews</td>
<td>N/A</td>
<td>Managing Contractor or contracted partner</td>
</tr>
<tr>
<td>National learning workshops</td>
<td>Ongoing / periodic</td>
<td>Managing Contractor or contracted partner</td>
</tr>
<tr>
<td>Joint local technical advisors and BPBD reflection workshop</td>
<td>End year 3</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td>BPBD capacity building model workshop with national government stakeholders</td>
<td>End year 5</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td><strong>Model documentation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBPD Capacity Building model</td>
<td>End year 3 &amp; mid-year 5</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td>Resilient Model documentation</td>
<td>Mid-year 5</td>
<td>Managing Contractor with NGO partners</td>
</tr>
<tr>
<td><strong>Outcome assessment processes</strong> (discrete assessments that will feed into the MTR and evaluation, or are carried as part of these processes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of qualitative changes in national government capacity and coordination</td>
<td>End year 3 &amp; End year 5</td>
<td>Managing Contractor (independent assessment)</td>
</tr>
<tr>
<td>Assessment of changes resulting from application of training and visits</td>
<td>Periodic, consolidated analysis end year 3 &amp; 5</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td>Social network analysis</td>
<td>End year 3 &amp; End year 5</td>
<td>Managing Contractor</td>
</tr>
<tr>
<td>GoI stakeholder perception assessment</td>
<td>End year 5</td>
<td>Managing Contractor (independent assessment)</td>
</tr>
<tr>
<td>--------------------------------------</td>
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<td>---------------------------------------------</td>
</tr>
</tbody>
</table>

### Reviews and evaluations

<table>
<thead>
<tr>
<th>Reviews and evaluations</th>
<th>Timeframe</th>
<th>Owner / Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner midterm review / assessments</td>
<td>End year 3</td>
<td>Contracted partner</td>
</tr>
<tr>
<td>Partner grant funded project evaluations</td>
<td>End year 5</td>
<td>Contracted partner</td>
</tr>
<tr>
<td>Independent midterm review</td>
<td>End year 3</td>
<td>DFAT (independent assessment)</td>
</tr>
<tr>
<td>Independent end of program evaluation</td>
<td>End year 5</td>
<td>DFAT (independent assessment)</td>
</tr>
</tbody>
</table>
Indicative MEL Implementation arrangements and costs

The investment will require MEL functions to be incorporated across the program structure and integrated into work planning. A MEL Advisor will be engaged by the Managing Contractor who will hold responsibility for the implementation of the MELF. It is also expected that other team members allocate time to undertake monitoring, and participate in learning and assessment processes. These time requirements will be factored into the work planning of each role. For example, nationally based Managing Contractor program team members must allocate one day every three to four months to participate in Strategy Testing exercises.

Table 3 provides a list of costs for the resourcing of MEL processes which require funding for engaging contractors, or additional budget to bring stakeholders together for reflection processes. The list does not include the following MEL costs and activities which have been included in other budget line items including:

- Funding for the Managing Contractor MEL role and the implementation of MEL activities including designing rubrics, setting up MEL systems and processes, and the implementation of Strategy Testing and Partnership Health Checks which are encompassed in the Managing Contractor budget.
- Budget provision for national and provincial disaster simulations which are incorporated into activity budgets.
- Costs to implement national learning workshops which are included in HFI and UNOCHA grant allocations.
- MEL funding for contracted NGOs and UN Agencies - grant agreements will include a requirement that 10-15% of the total grant funding be allocated to resource regular partner MEL processes such as setting up of M&E systems, developing MEL frameworks, and undertaking regular monitoring, reporting, learning exercises and review/evaluations. This should also include allocations to adapt MEL processes to ensure they are inclusive of people with disability.

Table 3: Indicative MEL costs in AUD

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six BPB baseline assessments and situational analyses</td>
<td>60,000</td>
</tr>
<tr>
<td>Case study documentation of the BPBD capacity building model (3 provinces, two trips per province)</td>
<td>50,000</td>
</tr>
<tr>
<td>Documentation of the Resilient Village model</td>
<td>30,000</td>
</tr>
<tr>
<td>BPBD capacity building case study model provincial reflection workshop</td>
<td>30,000</td>
</tr>
<tr>
<td>Five After-Action Reviews (reflection, documentation and sharing)</td>
<td>30,000</td>
</tr>
<tr>
<td>Workshop with national government on the BPBD capacity building model</td>
<td>40,000</td>
</tr>
<tr>
<td>Workshop with government, CSOs and non-state actors on the Resilient Village model</td>
<td>40,000</td>
</tr>
<tr>
<td>Mid-Term Evaluation</td>
<td>120,000</td>
</tr>
<tr>
<td>Final Evaluation</td>
<td>120,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$520,000</strong></td>
</tr>
</tbody>
</table>