

FISCAL YEAR 2016

MONITORING, EVALUATION, AND LEARNING SECTOR UPDATE

Third Party Monitoring in Complex Emergencies

In countries experiencing complex emergencies, security concerns can prevent USAID/OFDA and expatriate partner staff from conducting regular site visits to monitor the progress of programs. Contracting a third party to conduct quantitative and qualitative output monitoring and activity verification in such cases is both highly relevant and useful. Third party monitoring aims to increase USAID/OFDA and partner understanding of the assessed outputs, progress, challenges, successes, and lessons learned of USAID/OFDA-funded programs. USAID/OFDA also seeks to understand both the scale and context of the results, requiring contractors implementing third party monitoring projects to combine quantitative and qualitative methods—including surveys, individual interviews, focus group discussions, direct observations, and document reviews—for data collection at program sites. Subsequently, the contractors prepare monthly reports that allow USAID/OFDA and implementing partners to make real-time programmatic adjustments to improve the quality of assistance in complex emergencies. Third party monitoring projects can also inform future USAID/OFDA program design and strategic decision making. In FY 2016, USAID/OFDA provided approximately \$6.9 million to support third-party monitoring in complex emergencies.

Performance Evaluations: West Africa, Nepal, and EAP

USAID/OFDA also funded three external performance evaluations in FY 2016, including assessments of the Ebola Virus Disease (EVD) response in West Africa, USAID/OFDA DRR programs in Nepal, and Incident Command System (ICS) programs in the East Asia and Pacific (EAP) region. These evaluations are scheduled for implementation over the course of the coming year.

Assessing the EVD Response

USAID/OFDA plans to examine the relevance, coordination, timeliness, and effectiveness of its participation in the U.S. Government (USG) response to the EVD outbreak in West Africa, which spanned more than two years and primarily affected Guinea, Liberia, and Sierra Leone. This evaluation aims to improve USAID/OFDA's understanding of the performance of its regional response and inform future large-scale humanitarian responses to infectious disease outbreaks.

The West Africa EVD outbreak began in southeastern Guinea in December 2013, spreading to the neighboring countries of Liberia and Sierra Leone in early 2014. In August 2014, the USG deployed an interagency Disaster Assistance Response Team (DART) to the region to assist host country governments in containing

Sector Overview

USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) integrates monitoring, evaluation, and learning (ME&L) activities into emergency response and disaster risk reduction (DRR) programs worldwide to improve the quality of programming, enhance accountability, and ensure that USAID/OFDA-supported assistance is appropriate and effective.

As a critical component of program management, ME&L helps USAID/OFDA and its partners understand the progress and results of recent and ongoing humanitarian responses so that future programs can better save lives, alleviate human suffering, and reduce the social and economic impacts of humanitarian emergencies.

In Fiscal Year (FY) 2016, USAID/OFDA provided nearly \$11 million to directly support ME&L activities, including third party monitoring programs in difficult-to-access areas and external performance evaluations across various contexts. USAID/OFDA's ME&L support complements and builds upon ME&L work conducted by the partners implementing USAID/OFDA-funded humanitarian programs.



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EVD transmission. During the response, the multi-country DART included disaster response, public health, and other experts from USAID/OFDA, U.S. Centers for Disease Control and Prevention, U.S. Department of Defense, U.S. National Institutes of Health, and U.S. Public Health Service. The USG stood up a corresponding Washington, D.C.-based Response Management Team (RMT) to support the DART and enhance coordination efforts. During its 17 months of operation, the DART coordinated the \$2.6 billion USG emergency response to West Africa's EVD outbreak, supporting critical interventions, such as health and humanitarian coordination, case management, surveillance and epidemiology, restoration of essential health services through infection prevention and control measures, social mobilization and communications, and logistics activities. Between FY 2014 and FY 2016, USAID/OFDA committed nearly \$805 million for the EVD response. Following the significant decrease in EVD transmission by late 2015 and strengthened in-country capacity to rapidly address new cases, the DART and RMT deactivated in early January 2016.

With nearly \$3 million from USAID/OFDA in FY 2016, IBTCI will conduct an external performance evaluation with four complementary focus areas: overall efficacy, effectiveness of various programmatic components, relevance, and coordination of USAID/OFDA's response to the EVD outbreak in West Africa. The evaluation—expected to take one year—will address multiple questions under each focus area.

Evaluating USAID/OFDA DRR Programming in Nepal

USAID/OFDA has supported natural disaster preparedness and resilience in South Asia for decades. In Nepal, USAID/OFDA has provided approximately \$17 million to bolster DRR efforts since 1998, including grants and cooperative agreements with non-governmental organizations to implement DRR programs in close coordination with national and local Government of Nepal authorities. Regionally, USAID/OFDA investments totaled more than \$4.7 million in stand-alone regional DRR programming in FY 2015 and nearly \$7.9 million in FY 2014, not including USAID/OFDA programs that integrated DRR activities with disaster response.

In FY 2016, USAID/OFDA sought to examine the effectiveness of USAID/OFDA DRR programming in Nepal prior to the magnitude 7.8 earthquake, which struck the country in April 2015, and to better understand its performance in improving Nepal's preparedness and resilience to large-scale natural disasters. With more than \$648,000 in USAID/OFDA FY 2016 funding, The Mitchell Group, Inc. will evaluate the performance of two USAID/OFDA-supported DRR projects implemented in Nepal from 2010–2016: the Program for Enhancement of Emergency Response (PEER) and Building Code Implementation Program in Municipalities of Nepal (BCIPN). The performance evaluation—expected to take nine months—will inform and improve future USAID/OFDA-funded DRR activities in Nepal and glean lessons for broader efforts to promote disaster-resilient societies worldwide.

Understanding ICS Performance in East Asia and the Pacific

USAID/OFDA's DRR strategy in EAP includes support for programs aiming to increase national ICS capacities for effective disaster response. The overall objectives of ICS training programs are to enhance the capacity of countries to manage disaster response operations, particularly during the initial emergency phase prior to the arrival of external assistance. USAID/OFDA supports the U.S. Forest Service (USFS) to conduct ICS capacity-building activities across EAP, providing funding for ICS trainings in the ASEAN member countries of Brunei, Burma, Indonesia, the Philippines, Thailand, and Vietnam, as well as in non-ASEAN member nations Mongolia, Solomon Islands, Timor Leste, and Vanuatu. The first phase of the program, which began in 2003, introduced ICS to ASEAN members through trainings and a study tour in the United States. Under the ongoing second phase, USFS is continuing regional training activities, including basic and intermediate ICS courses, advanced training for establishing Incident Management Teams, and development of Emergency Operation Center systems.

With approximately \$356,000 in USAID/OFDA FY 2016 funding, DevTech Systems, Inc. will examine the effectiveness and sustainability of ICS programming in Indonesia, the Philippines, Indonesia, and Thailand, allowing USAID/OFDA to better understand the performance of its ICS program in the EAP region. The evaluation—conducted over a period of eight months—will also guide future decision making and contribute to USAID/OFDA's evidence-based DRR programming.