



Promoting Resilient Preparedness

**Planning, Monitoring, and
Evaluation Policy**

Promoting Resilient Preparedness (PRP) Planning, Monitoring, and Evaluation Policy

1. Purpose

This document establishes the Planning, Monitoring, and Evaluation (PM&E) Policy for the **Promoting Resilient Preparedness (PRP)** program. It defines the standards and procedures required to measure the effectiveness of our resilience interventions. This policy aims to:

- a. **Unified Approach:** Provide a common language and framework for all PRP teams and partners.
- b. **Performance:** Strengthen the continuous improvement of preparedness strategies and resilience outcomes.
- c. **Alignment:** Ensure all projects meet the core challenges of **Quality, Learning, and Accountability.**

2. Scope

This policy applies to all PRP interventions, regardless of context or sector. It covers the entire project cycle from the initial needs assessment and design to implementation, monitoring, and final evaluation.

3. Definitions

- a. **Planning:** The process of setting resilience goals, developing preparedness strategies, and allocating resources to achieve them.
- b. **Monitoring:** The continuous, systematic collection of data to track progress against indicators and ensure funds are used effectively.
- c. **Evaluation:** The objective assessment of a project's design, implementation, and results to determine relevance and impact.

4. Fundamental Principles

The PRP PM&E system is built upon three fundamental principles that guide all interventions:

- a. **Quality.** Quality in PRP is defined as the capacity to achieve resilience objectives and satisfy stakeholder expectations at the right cost. It encompasses:
 - 1) **Process Quality:** Fluid and cohesive implementation of activities.

2) **Technical Quality:** Adherence to technical standards in disaster risk reduction (DRR) and preparedness.

3) **Response Quality:** The ability to introduce positive, lasting changes that reduce vulnerability.

b. **Learning.** PRP operates as a learning program. We rely on field reality to adapt our methods. Learning must be integral to the management cycle, fostering the creation of knowledge, feedback loops, and the sharing of lessons learned to improve future preparedness.

c. **Accountability.** Accountability refers to our ability to answer to stakeholders beneficiaries, partners, and donors in a transparent manner. This involves:

1) Demonstrating that actions align with agreed methods and objectives.

2) Explaining discrepancies or changes in strategy.

3) Empowering beneficiaries to hold PRP to account through clear information sharing.

5. The PRP Quality Framework

The PRP Quality Framework consists of **12 Criteria** grouped into three categories: **Stakeholders, Management, and Benefits.** These criteria define the target situation for all projects.

a. **Stakeholders.** *Focuses on relationships, participation, and ethical conduct.*

1) **Participation:** Beneficiaries are active participants, not just recipients. They are consulted during design, have means to express opinions (complaints mechanisms), and understand the project's expected benefits.

2) **Cooperation:** Partners are chosen based on capacity and ethical fit. They are involved in decision-making and actively contribute to project success.

3) **Synergy:** The project interacts positively with other actors. It seeks complementarity with existing interventions to ensure a comprehensive response to community needs.

4) **Ethics:** The project respects universal ethical principles. It strictly adheres to "**Do No Harm**" (avoiding negative side effects) and **Non-Discrimination** (inclusive of gender, disability, and age).

b. **Management.** *Focuses on operational efficiency and accountability.*

1) **Administration:** Roles are clearly defined. Controls are in place to monitor compliance with PRP rules, budgets, and activities.

- 2) **Effectiveness:** The project has the necessary resources (human, financial, logistical) to successfully achieve its objectives. Outputs must meet required technical quality standards.
- 3) **Efficiency:** Resources are used optimally. The intervention strategy achieves results at the lowest possible cost while remaining flexible to evolving risks.
- 4) **Accountability:** Stakeholders receive clear, impartial information about results. The project complies with all legal and donor requirements, and documentation is accessible and archived.

c. **Benefits.** *Focuses on the impact and relevance of the intervention.*

- 1) **Relevance:** The project meets demonstrated needs and aligns with local priorities. It adapts to the specific socio-cultural and security context of the intervention.
- 2) **Changes:** The project delivers positive short- and long-term effects. Crucially, it must **enhance Resilience** reducing the vulnerability of target populations to shocks.
- 3) **Capacities:** The project strengthens the autonomy of local stakeholders and improves the competencies of the project team and partners.
- 4) **Sustainability:** Benefits continue after the intervention ends. A clear exit or continuity strategy is anticipated from the outset.

6. Minimum Commitments

To ensure the Quality Framework is applied, every PRP project must adhere to the following **Minimum Commitments**. Deviations must be formally justified.

Criterion	Minimum Commitment +2
1. Participation	<ul style="list-style-type: none"> • Consultation: Involve beneficiaries in the initial diagnosis and launch. • Expression: Establish a mechanism for beneficiaries to express satisfaction. • Understanding: Keep beneficiaries informed throughout implementation and closure.
2. Cooperation	<ul style="list-style-type: none"> • Choice: Conduct a preliminary capacity analysis of potential partners. • Involvement: Hold regular steering committee meetings (Quarterly for short-term; Annually for long-term projects). • Results: Monitor partner performance regularly.

3. Synergy	<ul style="list-style-type: none"> • Analysis: Conduct a stakeholder analysis during diagnosis. • Complementarity: Identify cooperation opportunities with other actors in the zone. • Respect: Verify the intervention is culturally appropriate and aligns with local development strategies.
4. Ethics	<ul style="list-style-type: none"> • Inclusion: Ensure the project addresses diverse needs (gender, age, disability). • Do No Harm: Conduct a risk analysis of potential negative effects. • Values: Train teams on Code of Conduct and Protection policies.
5. Administration	<ul style="list-style-type: none"> • Organization: Plan activities/budget monthly; share progress reports. • Control: Conduct a project review (operations + support) at least every 4 months to adjust indicators and budgets. • Communication: Produce project summaries tailored to beneficiaries.
6. Effectiveness	<ul style="list-style-type: none"> • Feasibility: Verify resource availability during design. • Consistency: Document the "Theory of Change" linking activities to objectives. • Quality: Monitor technical quality indicators for all products/services.
7. Efficiency	<ul style="list-style-type: none"> • Strategy: Verify the chosen strategy is the most cost-effective option. • Flexibility: Maintain a risk management registry. • Optimisation: Analyze budget-vs-actuals monthly (short-term) or every 4 months (long-term).
8. Accountability	<ul style="list-style-type: none"> • Information: Provide verified information to donors and beneficiaries. • Compliance: Regular compliance checks with Admin/Logistics/HR. • Availability: Maintain a secure, up-to-date project database.
9. Relevance	<ul style="list-style-type: none"> • Needs Analysis: Conduct a formal needs assessment in the diagnosis phase. • Mandate: Verify alignment with PRP's resilience strategy. • Context: Continuously analyze the intervention setting (security, logistics).
10. Changes	<ul style="list-style-type: none"> • Baseline: Conduct a baseline assessment to track indicators. • Evaluations

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- **Self-Evaluation:** Every 3 months (short-term) or Annually (long-term).
 - **Final External Evaluation:** For projects >2 years
 - **Impact:** Consolidate beneficiary numbers annually.
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- 11. Capacities**
- **Autonomy:** Analyze partner structures to support their independence.
 - **Competencies:** Train staff/partners on PRP approaches.
 - **Learning:** Write and share a "Lessons Learned" document at project closure.
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- 12. Sustainability**
- **Anticipation:** Develop an exit/continuity strategy before closure.
 - **Resilience Check:** Verify at design and evaluation stages that the project actively reduces vulnerability.
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7. Application in the Project Cycle

The PM&E policy must be integrated into every phase of the PRP Project Cycle:

a. Initial Situation & Needs Assessment

- 1) **Goal:** Identify needs and potential solutions.
- 2) **M&E Action:** Analyze the context and stakeholders. Determine if the response aligns with PRP's mandate.

b. Project Design

- 1) **Goal:** Define the intervention and secure funding.
- 2) **M&E Action:** Develop the Logical Framework (Log-frame), define SMART indicators, and allocate budget for M&E activities (evaluations, baselines).

c. Inception

- 1) **Goal:** Lay foundations for implementation.
- 2) **M&E Action:** Conduct the **Baseline Study**. Set up the data collection plan and accountability mechanisms (e.g., feedback boxes).

d. Implementation

- 1) **Goal:** Deliver results efficiently.
- 2) **M&E Action**
 - a) **Routine Monitoring:** Monthly tracking of activities and outputs.
 - b) **Project Reviews:** Quarterly meetings to review progress against the Logframe and budget.
 - c) **Risk Monitoring:** Update risk registers and adapt strategies as needed.

e. **Completion & Evaluation**

- 1) **Goal:** Close the project and capture learning.
- 2) **M&E Action:**
 - a) **Final Evaluation:** Measure impact against the baseline.
 - b) **Learning:** Conduct a "Lessons Learned" workshop.
 - c) **Archiving:** Ensure all data and reports are stored securely.

8. **Roles and Responsibilities**

To ensure the effective implementation of this policy, responsibilities are distributed as follows:

- a. **Project Managers:** Responsible for the day-to-day application of the Minimum Commitments. They must ensure data is collected and participate in regular project reviews.
- b. **Technical Specialists:** Ensure the **Technical Quality** of the intervention (e.g., DRR standards) and support the development of indicators.
- c. **M&E Department**
 - 1) Provides the tools, guidelines, and training for PM&E.
 - 2) Conducts or manages external evaluations.
 - 3) Consolidates data for institutional reporting.
- d. **Support Services (Admin/Logistics/HR):** Contribute to the **Efficiency** and **Compliance** criteria by ensuring resources are managed according to rules and regulations.
- e. **Partners:** Must agree to and comply with the reporting and monitoring requirements defined in the partnership agreement.

9. **Budgeting for M&E**

To ensure this policy is actionable, **5% to 10%** of the total PRP program budget must be allocated specifically to M&E activities (staffing, software, external evaluators, and travel).

10. **Policy Revision**

This policy is a dynamic document. It will be reviewed periodically to reflect lessons learned from PRP implementation and changes in the external environment (e.g., new donor regulations or humanitarian standards).