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Developing Measureable Cooperative Agreements

Health program leaders want to know if—and how—their cooperative agreements impact the systems they fund and the populations they serve. Building that knowledge begins with the program's design.

Designing impactful cooperative agreements, and communicating their importance to interested parties, starts with planning for measurability. Health programs with lofty long-term goals, like contributing to reduced morbidity and mortality, often struggle to provide evidence that their program is achieving its desired impact. Health program leaders may be anxious that change will be difficult to measure and attribute to their program. The long timeframes that are required to truly see the returns of public investments can add further complication. Program leaders may even fear disinvestment. Designing to maximize measurability from the start of a program can move leaders from reactive to proactive, allowing leaders to quickly demonstrate progress and to build a body of evidence over time. This evidence should support program communications and decision-making, and it may also allow leaders to contribute to their wider field.

This white paper defines steps program leaders can take to create a measurable cooperative agreement. These steps are useful whether the program is brand new or has employed a measurement strategy for years. These steps are based on practices currently in place at federal agencies, as well as the collective experience of subject matter advisors in health care programs and government evaluation. For a diagnostic tool to help program leaders determine where focus would be beneficial (and associated optimal timeframes), please reference section **8.0 Diagnosing Program Measurability Needs.**

1.0 STEP ONE: Conduct a situational analysis

Whether the program is currently under design or has been operating for years, assembling a full picture of the program's context makes it more likely that leaders can address crucial program enablers and barriers, and that the program's priorities will reflect lessons learned from program history. Consider the following in the situational analysis:

Mission, vision, and/or mandate, and program goals. A program's mission, vision, and/or mandate provides broad strategic direction and articulates why the program needs to exist. A mission, vision, or mandate statement is often developed at the program's founding to articulate what is expected of the program. A mission articulates what the program will achieve, while a vision statement is an inspirational statement articulating the highest ideals of the program. A mandate is applicable when a program has been charged with specific tasks by Congress or other political officials. Goals are tactical steps to achieve the mission, vision, and/or mandate of the program. A program's mission, vision, and/or mandate, and its goals, are crucial inputs as program leaders design a measurable program. Each step of this white paper will outline the process for program leaders to build the program's ability to meet its mission or mandate, to recognize its vision, and to achieve its goals.

Guiding frameworks. Federal agencies develop sector strategies, guidelines, or other frameworks to guide their initiatives. These documents may influence the activities of the agency itself or may articulate the agency's guidance for aspects of the nation's health care or public health sectors. Materials developed by those outside the agency (e.g., partners, relevant associations) may also provide frameworks within which a program will operate. Frameworks can provide guidance regarding desirable outcomes, and they may also contain guidance about how to realize those outcomes through shorter-term activities. Leaders should consider which overarching frameworks should guide their program and which pieces, if any, of each framework the program will implement.

Authorizing language, as applicable. Government cooperative agreements typically have congressional authorization specifying the purpose of the funding and any accompanying restrictions. The program's design must align to the language in the authorization and should ensure the program is implemented for the purpose of and within the bounds of its authorization. In this stage, review relevant authorizing language with an eye for program mandates and restrictions. A review of authorizing language should include answering the following questions:

1. What is required of funding recipients?
2. What is encouraged for funding recipients and partners?
3. How do these requirements or suggested activities enact elements of the overarching frameworks referenced above?

Program history. Unless it is a brand-new program, a wealth of documentation and knowledge will exist about the program's history. Program leaders should consult past program descriptions and collect information about previous program implementation. Program leaders can document shifts in the program, reasons for specific emphasis on particular activities, program components no longer needed, and more.

Current context and likely influences. New insights or evidence highlighted by current or recent events may influence program goals (e.g. *how should the program incorporate the current and likely future effects of climate change?*). Considering context may help program leaders advocate for additional resources and greater scope or depth if the current context dictates that some of the program's intended impacts are of national or state priority. Program leaders will need to strike a careful balance to act upon influences that will support the program's success without straying from the core purpose for which the program was established.

Program ecosystem, including other programs with related or complementary goals. Program leaders should analyze the ecosystem surrounding the program, including the other systems and programs that seek to improve the nation's health systems. The program should fill a unique need, and the objectives of the program should not be duplicative of other cooperative agreement programs. Similarly, program leaders can identify complementary programs with which they can coordinate for greater impact. If two programs are similar, the distinction between the two should be clearly articulated and the design of these programs should be complementary. This consideration is particularly important in reducing burden on common recipients, sub-recipients, or implementing organizations who may be responsible for two or more health programs.

Feedback from partners, funding recipients, and program beneficiaries. It is important to hear directly from partners, funding recipients, and beneficiaries who have a role in implementing the program and are expected to benefit from the program. Direct feedback from these parties provides an opportunity for program leaders to understand program needs and whether the program is effectively meeting those needs, as well as what is working and what could be implemented more effectively. Leaders can select the most appropriate method for gathering this information—e.g., formal requests for information (RFIs), informal consultations with current implementers or beneficiaries, focus groups, surveys, etc. Note that in some cases collecting information from non-Federal partners may be subject to requirements of the Paperwork Reduction Act (PRA). Program leaders can consult PRA experts within their agency.

Resources. Program resources may include financial resources (e.g., funding), human resources (e.g., program staff, agency staff and infrastructure, and contractor support), intellectual resources (e.g., technical documents or expert guidance), and physical resources (e.g., office space, technology, etc.). The resources available to the program should impact the scope of activities and how the program seeks to leverage its resources to achieve impact. To support program measurability, pay particular attention to the resources available for research, monitoring, evaluation, and learning activities such as data collection, analysis, reporting, and data use. Ask, for example, *how will implementers support program learning and improvement during the execution of the program?* Ensuring there is adequate funding and staff for these activities will enable program results to be captured, examined, and communicated.

1.0 OUTPUTS

As an output of step one, program leaders will have situational analysis documentation identifying important context for the design of the program (program mandate/mission, vision, goals; the authority of the program as well as its requirements and constraints; guiding frameworks for the program; historical and/or current context that is crucial to program design; other related or complementary programs; feedback from partners; and program resources). This will enable program leaders to articulate the need the program fulfills and the most important context for shaping the requirements and partners of their program.

2.0 STEP TWO: Document evidence that may influence program design

Information available from internal and external sources can provide evidence for program interventions that can contribute to the program's goals. Assembling this information early will help leaders make evidence-based design choices. Document this evidence to lend credibility to the program and establish which interventions have more and less robust knowledge bases. Consider the following evidence sources:

External data, reports, and research. Program leaders can conduct modest, yet systematic literature reviews using PubMed, Google Scholar, or other sources to identify evidence-based interventions to be funded by the program. Federal agencies employ senior subject matter experts who can advise program leaders regarding known evidence to support program design. Similarly, agencies typically have evaluation or other experts who can support program leaders with systematic approaches to literature reviews.

External evaluations. Some agency programs undergo formal evaluations by third parties. Others may have been reviewed or evaluated by government authorities such as the Office of Management and Budget, the Government Accountability Office, and the Health and Human Services Office of the Inspector General. Evaluation reports may identify program stakeholder needs or specific technical or administrative recommendations which could be built into the program.

Program-generated evidence, including evaluations and performance data. Performance management is a standard requirement for nearly all government programs. Performance data may take the form of routine qualitative reports in narrative form or may include quantitative performance measure results. These data can give program leaders an understanding of the current program's strengths, challenges, and needs. Some programs take on more complex evaluations of performance data, which may include evaluative studies examining program performance, change over time, and/or deep dives into program questions of interest.

Documentation of lessons learned. Documented lessons learned or after-action reports (AARs) are standard practice in many sectors. A review of relevant lessons learned or select AARs may reveal needs that could be addressed by the program.

2.0 OUTPUTS

As an output of step two, program leaders will have a summary of the available evidence and the specific implications of the available evidence to the new program design. The evidence will include external studies, research, and evaluations; internal agency or program-generated information; and lessons learned.

3.0 STEP THREE: **Articulate the expected outcomes of funding and assemble an initial set of cooperative agreement activities**

Reviewing the outputs from step one and step two, leaders can begin to shape their cooperative agreement by defining the expected outcomes of funding and known program activities. A draft of expected outcomes of funding should articulate what the program intends to achieve in the health care delivery system and/or for health care patients. As potential outcomes arise, program leaders may be able to 'nest' short-term or mid-term outcomes underneath longer-term outcomes. In general, short-term outcomes will be more within the program's control than long-term outcomes, but they are steps on the way to achieving the desired result in the health care delivery system.

It is also likely that program leaders have a sense of many of the most crucial activities the program will support. As program leaders collect these, they should prioritize activities that:

1. Are required in the program's authorizing language,
2. Are aligned to agency goals and program goals,
3. Reflect relevant health care frameworks (agency or otherwise),
4. Present evidence of contributing to program goals,
5. Can be achieved by the targeted implementing staff, recipients, and partners,
6. Can be completed at scale with the resources available to the program, and
7. Are most appropriate for this program vs complimentary programs.

3.0 OUTPUTS

At the end of step three, program leaders will have a draft set of expected outcomes of funding and a draft set of program activities to be tested and refined through drafting a logical framework.

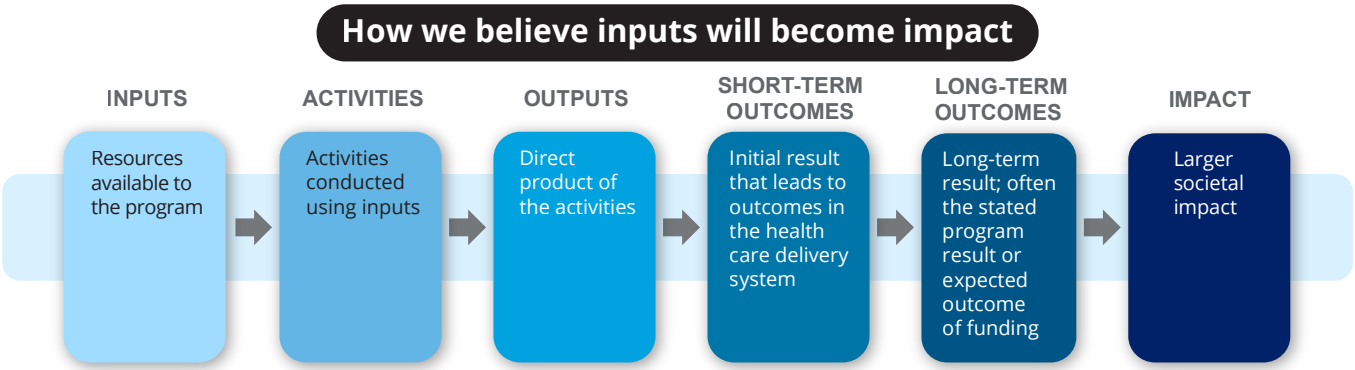
4.0 STEP FOUR: Build a logical framework for the program

With an understanding of the program's mission, vision, or mandate and the context from step one, the program evidence from step two, and an initial set of expected outcomes of funding and activities from step three, program leaders are well positioned to articulate, test, and refine their program design.

Underlying every program is a 'theory of change.' A program's theory of change is the story of how the elements put into a program lead to impact in the world. It may answer, for example, *how do we believe this health program takes funding, staff, and other inputs and uses those to contribute to reduced morbidity and mortality?* It is one of the most valuable tools for creating relevant, high quality program performance measures.

The theory of change can be translated into a graphical format to illustrate the relationships between program inputs (e.g., resources), program activities and interventions (e.g., training and exercises for health care systems, purchase of supplies and equipment), and the desired outcomes and impact (e.g., reduced mortality). The resulting logic model is a tool that allows us to tell the story of how inputs become impact in a format that is easily understood by others outside the program. Logic models come in many forms, but the template below is one that is well-used and recognized by many audiences. Do note that logic models may show more or less detail, and can include short-, mid-, and long-term outcomes.

Figure 1: Example Template for a Logic Model



Draft the program's logic model.

The process of creating a logic model requires staff and partners to reach a clear and agreed-upon vision for the impact of the program and exactly how the program creates impact. Although the logic model may initially seem obvious, it is not uncommon for the process to reveal that different people have different thoughts about how the program actually operates and how and why they believe the program will create impact. The logic model can also utilize evidence collected in section **2.0 Step Two: Document evidence that may impact program design**.

There are many resources available from federal agencies and other sources to assist with this step. It will be helpful to have the assistance of an evaluation expert. Some resources programs can use when designing their theory of change are:

- CDC Division for Heart Disease and Stroke Prevention: Developing and Using a Logic Model[1],
- USAID Program Cycle—How-To Note: Developing a Project Logic Model (and its Associated Theory of Change),[2] and
- W.K. Kellogg Foundation Logic Model Development Guide.[3]

Don't shy away from long-term outcomes and impact. One common discomfort for program leaders is articulating how their program contributes to long-term outcomes or impact. For example, health program leaders may feel discomfort articulating how a health program contributes to reduced morbidity and mortality when no program has full control over the life and death of patients. The logic model will clarify how the program's inputs and resources contribute to these long-term impacts along with the basic assumptions for the cascade of 'change' in the health system. It may be helpful to specify what change program leaders believe is attributable to the program versus the change the program *contributes to*.

Test credibility. With a draft logic model built, program leaders should ask themselves, staff, recipients, and partners, *do we believe that this accurately represents how our program works? Are we conducting activities that we have evidence will create this change? Do we believe that these inputs and activities convincingly can create the impacts we are aiming for?* Articulating the program's theory of change in a simple, graphical representation can expose inconstancies in how inputs and activities align with the expected outcomes and impacts of a program.

Adjust program activities and the logic model as needed. If during the course of documenting expected outcomes and impacts, seeking multiple perspectives, and testing credibility, program leaders find that there are parts of the logic model that no longer align, program leaders are encouraged to adjust their program activities, outputs, and short term outcomes to create a more approachable and credible plan for achieving their desired impact.

4.0 OUTPUTS

Upon completion of step four, program leaders will have a graphical representation of the program's theory of change. This visual can be used to develop the program narrative and can be included in program language for potential applicants.

1 Developing and Using a Logic Model. Division for Health Disease and Stroke Prevention, Centers for Disease Control and Prevention. Published May 22, 2017. https://www.cdc.gov/dhdsp/evaluation_resources/guides/logic_model.htm.

2 How-To Note: Developing a Project Logic Model (and its Associated Theory of Change). Learning Lab, US Agency for International Development. Published September 1, 2017. https://usaidlearninglab.org/resources/how-note-developing-project-logic-model-and-its-associated-theory-change.

3 Logic Model Development Guide. W.K. Kellogg Foundation. Published January 1, 2004. https://wkkf.issuelab.org/resource/logic-model-development-guide.html.

5.0 STEP FIVE: Write program descriptions, notices of funding opportunity, and/or funding opportunity announcements

Program descriptions, Funding Opportunity Announcements (FOAs), and Notices of Funding Opportunity (NOFOs) provide program partners and potential and awarded funding recipients and sub-recipients information about the purpose of the award, the terms and conditions of award, and expected program results. Reference the following tactics to write program descriptions that enhance measurability and clearly speak to recipients/sub-recipients.

Use the program's logical framework (i.e., theory of change and logic model) to write program language (e.g., program descriptions, Notices of Funding Opportunity, Funding Opportunity Announcements, funding agreements, Memoranda of Understanding, etc.). Language written to inform leadership, partners, benefiting communities, funding recipients/sub-recipients, etc., about the program should clearly articulate the program's theory of change. While funding language describes the activities that may and may not be conducted with funding, it is important to also 1) indicate the expected outcomes of the funding, 2) identify which recipients, sub-recipients, and partners contribute to which expected outcomes, and 3) identify how each party is expected to work with the program through activities and outputs to achieve the relevant outcomes.

Define what success looks like clearly using 'SMARTIE' principles. When sharing expected outcomes of the funding and key program outputs, provide conditions for success. How will the program know (and measure) if an output has been satisfactorily created or an outcome has been achieved? Success criteria should be written using 'SMARTIE' principles, detailed in Figure 2, below.

Figure 2: 'SMARTIE' Principles

'SMARTIE' Principle	Description
S - Specific	What exactly will be done, for whom, and by who?
M - Measurable	How will you quantify or measure it?
A - Attainable	What success can be achieved in the proposed time frame with the resources and support available?
R- Relevant	Success directly related to the desired goal or strategy?
T - Time-bound	By when should the outcome be achieved?
I - Inclusive	How will getting to success include people disproportionately impacted in decision-making?
E - Equitable	How should this outcome address inequity and injustice? Will this outcome be experienced equitably across populations?

Using these principles allows evaluation experts to develop performance measures that determine the extent to which the program is achieving its desired results. These performance measures will empower the program's leaders and managers as well as communicate impactful messages to program partners, such as agency leadership, Congress, and the public.

Identify what is mandatory and what is at the discretion of recipients/sub-recipients/partners. In many programs, there are activities that are required for recipients/sub-recipients to recognize central program goals, and there are other activities that are optional or at the discretion of recipients/sub-recipients based upon their unique contexts and needs. In some cases, programs may want recipients/sub-recipients to design interventions best suited to achieve the results in their context.

Clarify reporting expectations. If the program will collect data from recipients/sub-recipients, define the frequency of and timelines for reporting, data collection systems, and the type of information that will be collected. Where possible, share finalized performance measures directly in this language if step five can be achieved ahead of the funding language's public release. This information promotes a more secure contract with program participants as they will better understand the conditions of the program.

Plan for program reporting and communications. Share how data generated by the program will be used, to whom it will be reported, and with what frequency it will be used. Whenever possible, share program performance measures in NOFO language. Also share how the program will examine and learn from performance measure data to improve the program. The program should plan sufficient evaluation resources to meet these expectations. If possible, the program description should include funded activities to support data collection, reporting, and continuous learning.

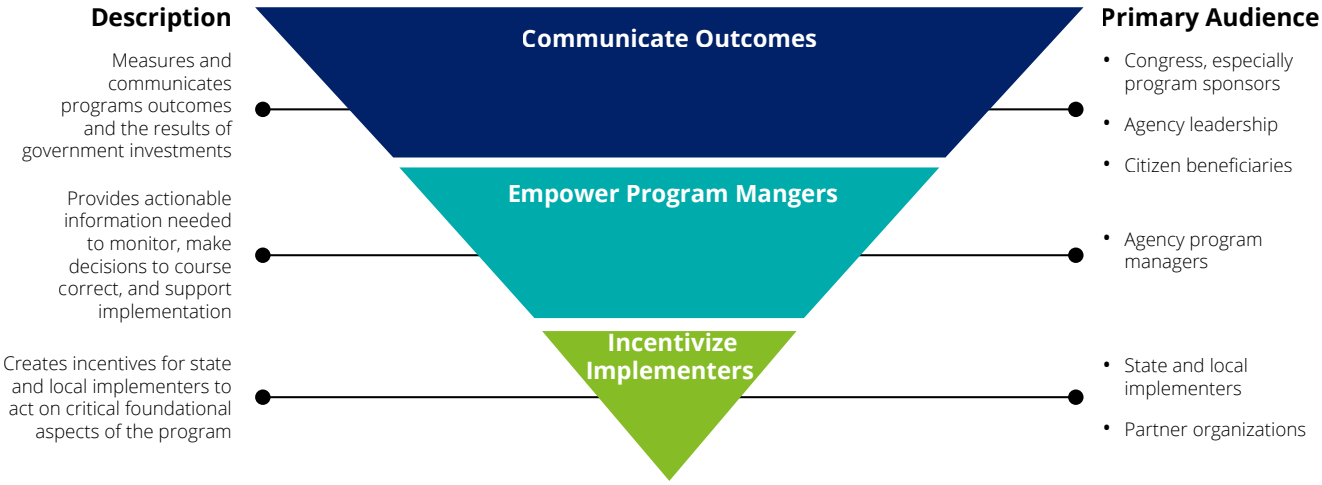
5.0 OUTPUTS

Upon completion of step five, program leaders will have cooperative agreement language which describes the program's theory of change, includes the intended outcomes of the funding and the conditions of success using SMARTIE principles, outlines program requirements and describes other encouraged activities of the program, and provides information about reporting expectations as well as information about how recipients can learn from program data.

6.0 STEP SIX: Design performance measures

Using the funding language, program leaders will create performance measures that provide crucial information to the partners who most need it. Well-written performance measures determine to what extent the program is achieving its intended outcomes and can provide information for partner communications. These data can also inform program managers and recipients about their own performance and can highlight opportunities for technical assistance. When designing performance measures, consider the three key audiences in Figure 3 below and develop measures to meet their specific information needs.

Figure 3: The Performance Measure Pyramid



In **Figure 3**, the performance measure pyramid is inverted to emphasize the importance of performance measures that communicate outcomes and empower program managers over measures that only collect information about activities to incentive proper program implementation. The Government Accountability Office notes that "of the 87 percent of managers that reported there are performance measures for the programs they are involved in, 25 percent reported that they use information obtained from performance measurement when informing the public about how programs are performing to a great or very great extent."[4] Designing measurable programs with relevant performance measures can reverse this trend.

Communicate outcomes to Congress, agency leadership, and the public. Executive-level government partners and the public will be most interested in measures that demonstrate program outcomes and impact—evidence that the program creates long-term, positive change for the nation's health systems. *If the desired long-term impact is reducing morbidity and mortality, can the performance measure share evidence of the program's contribution? Are there proxy data that can be used (e.g., performance data from an exercise)? Is there scientific evidence that specific actions that the program supports reduce morbidity and mortality, and the program can demonstrate an increase or quality improvement in those specific actions?* The performance measures aimed at communicating outcomes should provide credible evidence that the program is contributing to the desired long-term impact. As noted above, causal evidence will be rare—the program may not reduce morbidity and mortality alone, but it must provide credible evidence that the program positively contributes to its desired impact.

4 Managing for Results: Further Progress Made in Implementing the GPRA Modernization Act, but Additional Actions Needed to Address Pressing Governance Challenges (GAO-17-775). The U.S. Government Accountability Office. September 29, 2017. https://www.gao.gov/products/gao-17-775.

Empower managers with information to manage the program more effectively. The agency's program managers are amongst the most critical users of performance measure data. They guide the day-to-day of the program, typically working with and guiding recipients and sub-recipients. Useful, relevant metrics empower program managers to manage risk, identify and forecast trends, and support implementers with technical assistance. To support these important partners, programs should use metrics that explain what is working and what is not to enable manager decision-making. Program leaders can spend time with program managers discussing what management questions they will have based on the theory of change and can then create metrics to answer those questions.

Incentivize implementers by monitoring foundational activities. Where there are basic requirements of recipients and/or sub-recipients, collecting information on requirements can incentivize implementation. Implementers often focus on what is being measured; if focus is needed on core program requirements, collecting data on these may incentivize their completion. For mature programs, this should not be the focus of the majority of the performance measures.

Additional considerations for developing program measures include:

Identify and test program assumptions. Reviewing the finalized logic model can help identify assumptions that are made along each step of the program's theory of change. For example, by listing an output next to an activity, the assumption is that this output will be a true result of the activity. Creating performance measures to test these assumptions can help confirm that the program's theory of change is effective in creating the desired impact.

Seek opportunities for cross-cutting / collaborative measures. Not all data used in performance measures need to be primary data. Publicly available data or data collected by related programs may reduce the need for primary data collection. Measures related to other health programs may communicate to implementers that programs are aligned or linked to common goals.

Consider implementer burden when developing performance measures. As described above, collecting, reporting, and using data requires program resources both from implementers as well as the agency. Candidate measures should achieve a specific purpose for the program as illustrated in **Figure 3** above. Otherwise, program leaders should question if their value is worth the burden.

Create targets. Setting targets establishes goals for improving upon performance and helps program leaders determine what performance measure results mean about program performance. Some targets can be immediately provided by subject matter experts because there is an externally set or clinically relevant standard for the measure's target. Where there is no externally validated standard for achievement and the goal is simply improved performance, program leaders may wish to collect three years of data to provide a target that represents improved performance but is also reasonably achievable within the specified timeframe.

Consider clarity. Performance measure results should be immediately clear to all who are expected to learn from them. Consider the most informative format in which to report the measure (e.g., count, percentage, mean, median, mode). Consider the context that program leaders will need to share to provide an understanding of what the performance measure means for program performance. Where appropriate, include targets or references to accepted standards to clarify what the performance measure result means to the American public, Congress, partners, and recipients, as well as for the program.

Provide technical assistance and capacity building support. Make plans to provide training, technical assistance, and capacity-building for recipients and sub-recipients or others providing data to improve data quality. Where possible, consider how this support may help recipients and sub-recipients to conduct their own analyses to contribute to implementation.

6.0 OUTPUTS

Upon completion of step six, program leaders will have a concise set of performance measures that effectively communicate program outcomes to Congress, the public, and other key partners, that allow program managers to make decisions to strengthen the program, and that incentivize implementation of crucial program activities to ensure the program is administered as effectively as possible.

7.0 STEP SEVEN: Plan for formal learning activities

As early as possible, programs should plan and make commitments for data use activities. Government agencies promote and use data-driven reviews and other methods to facilitate scheduled learning.[5] To make the most of performance measures, programs should ensure that adequate time, staff, and budget are allocated to formal learning activities so that the program can adapt and benefit from its data.

Regular analysis and reporting. Plan for the methods the program will use to analyze and use data that are collected for performance measures. It is important to consider the cadence of analysis (e.g., annually, bi-annually, monthly, weekly, or within another timeframe). This is often based on the cadence of data collection, the needs of the program, and the particular performance measures. Analysis on measures to communicate outcomes can be timed around critical communications, including reports to Congress, major stakeholder meetings, internal decision-making meetings or processes, or other critical activities. Analysis on measures that empower program managers can ideally be provided as low-burden and frequent analyses. These data should be provided through clear visualizations, dashboards, and/or facilitated meetings that enable managers and leaders to reflect upon the data and take action to make corrections during program implementation.

Feedback loops to incentivize prompt and quality data reporting. Implementers want to know how the data they report are being used. The value of data is in its use for program improvement and communications. When recipients and/or their sub-recipients submit data and then do not receive feedback from the program, they may become disincentivized from sharing timely and accurate data. To ensure recipients and their sub-recipients benefit from the data their share, plan to share those data and analyses. Plan for the method (or methods) the program will use to share the data (e.g., dashboards, public websites, webinars, email updates, newsletters or bulletins, site visits). Consider what view of the data will be most useful to this audience. Where possible, provide open data to other government or state agencies, partners, and the public, as required by the Foundations for Evidence-Based Policymaking Action of 2018.[6]

Data-driven reviews for program learning and adaptive management. Data-driven reviews are OMB-recommended[7] regular meetings where program and performance data are reviewed with key program managers and contributors to understand current performance, drivers of current performance, and what can be improved. Data-driven reviews typically include program leadership, data team, managers, and sometimes implementers or grantees. These reviews are facilitated using limited and clear data visualizations to review current findings on a specific, narrow topic and a structured discussion to understand the reasons for performance trends. Whether program leaders use data-driven reviews or another process to facilitate program learning, plan and schedule processes to ensure data are reviewed, understood, and used for decision-making.

5 OMB Circular No. A-11. Section 260 – Performance and Strategic Reviews. The White House. https://www.whitehouse.gov/wp-content/uploads/2018/06/s260.pdf.

6 Foundations for Evidence-Based Policymaking Action of 2018. https://www.congress.gov/115/bills/hr4174/BILLS-115hr4174enr.pdf.

7 OMB Circular No. A-11. Section 260 – Performance and Strategic Reviews. The White House. https://www.whitehouse.gov/wp-content/uploads/2018/06/s260.pdf.

Using a learning agenda. Using the outputs of step one (conduct a current state assessment), step two (document evidence that may impact program design), and step four (build a logical framework for the program), identify the key questions the program will want to answer over time to close knowledge gaps and better implement the program and other similar programs. Document these key questions in a program learning agenda or as part of a larger agency learning agenda, identifying the steps the program will take to answer each question. By considering key program questions and assembling them in a learning agenda, the program can document evidence needs - the most pressing information the program needs to better create impact (e.g., proving the efficacy of specific interventions the program is using; determining if there are ways to improve program process; determining to which incentives beneficiaries respond most strongly, etc.). The learning agenda also allows program leaders to create a plan to build upon existing knowledge in crucial areas. The agenda can serve as a communications tool to share the program's evidence needs with their partners and with the wider health care community. The learning agenda should include a plan for disseminating the information about current evidence gaps and to share evidence as it is gained. USAID's Learning Lab has many resources, including guidance and templates, for establishing a learning agenda.[8]

Formal Evaluation Activities. Program leaders may decide to include a rigorous program evaluation as part of the program. Especially consider this when the program is a demonstration program or evidence from the program can influence how future programs are designed and implemented and where a program is mature and leaders seek additional evidence of the program's impact or the extent of the impact.

7.0 OUTPUTS

Upon completion of step seven, program leaders will have a plan, with scheduled times and activities, for staff to learn from data insights and discuss how the insights should impact program decision-making. The program will also have a learning agenda or will contribute key questions to a broader agency learning agenda.

8 Learning Agenda. Learning Lab, US Agency for International Development. https://usaidlearninglab.org/cla/cla-toolkit/learning-agenda.

8.0 STEP EIGHT: Diagnosing program measurability needs

Program leaders may use the guide below to assess which steps of developing measurable programs require the most focus for their program. Under core questions, program leaders should check the boxes that have been fully completed. Steps with unchecked boxes are candidates for program investment. Reference the right-most column for information regarding when these steps are appropriate to take within the program's cycle. While all of these are appropriate at the beginning of a health cooperative agreement, some changes to existing programs are more appropriate during a refreshed program cycle (and a new NOFO) so as not to change the expectation of recipients/ sub-recipients during an award cycle.

Figure 4: Checklist to identify areas for focus

STEP NUMBER	CORE QUESTIONS	TIMEFRAME FOR FOCUS
STEP ONE: **Conduct a situational analysis**	• Have program leaders developed an overarching statement of the program's mission, vision, or mandate and its goals? • Have program leaders articulated which overarching agency frameworks or other frameworks guide the design or implementation of program activities? • Have program leaders conducted an updated analysis on authorizing language and the implications for the program? • Do program leaders have documentation of program history, current context, and related or complimentary programs? • Have program leaders set aside specific and sufficient resources for program implementation as well as program monitoring, evaluation, and learning?	• At the beginning of a new program • Before the beginning of a cooperative agreement cycle • As needed
STEP TWO: **Document evidence that may influence program design**	• Do program leaders have a summary of the evidence (both internally- and externally-generated) that contributes to program design? *Note: Ideally, program leaders and evaluators will want to update this summary of evidence via a learning agenda.*	• At the beginning of a new program • Before the beginning of a cooperative agreement cycle • As needed
STEP THREE: **Articulate the expected outcomes of funding and assemble an initial set of cooperative agreement activities**	• Have program leaders defined the expected outcomes of program funding? • Have program leaders established a set of initial program activities that are based upon gathered situational analysis and evidence?	• At the beginning of a new program • Before the beginning of a cooperative agreement cycle
STEP FOUR: **Build a logical framework for the program**	• Have program leaders developed a logical framework that describes how the program inputs and activities become impact? • Is the logical framework credible to program leaders, staff, partners, and recipients/ sub-recipients?	• At the beginning of a new program • Before the beginning of a cooperative agreement cycle
STEP FIVE: **Write program descriptions, notices of funding opportunity or funding opportunity announcements**	• Does the program language clearly describe the expected outcomes of funding? • Does program language articulate which partners are responsible for which activities and what is mandatory vs discretionary? • Does program language establish plans for program reporting by recipients/sub-recipients and communications from the program?	• At the beginning of a new program • Before the beginning of a cooperative agreement cycle
STEP SIX: **Design performance measures**	• Have program leaders created performance measure that communicate outcomes to Congress and the public? • Have program leaders created performance measures that empower program managers in decision-making? • Have program leaders created performance measures that incentivize and confirm implementation of key program activities? • Does the program draw upon external data where possible and avoid overburdening recipients/sub-recipients?	• At the beginning of a new program • Before the beginning of a cooperative agreement cycle
STEP SEVEN: **Plan for formal learning activities**	• Have program leaders established plans and timelines to conduct regular analysis and reporting? • Do program leaders have plans for communications using data? • Do program leaders have a plan for facilitating program decision-making using data? • Do program leaders have a plan for program learning via a learning agenda? • Have program leaders considered formal evaluations? • Do program leaders have a plan for providing technical assistance and capacity-building to data providers?	• As needed

9.0 STEP NINE: **Conclusion**

It is not simple to assemble the time, expertise, and budget needed to fully execute each of these steps with the optimal level of attention for program learning. Even very mature programs are still improving their ability to evaluate and learn. Considering the staff and funding for evaluation activities early, scheduling each of these steps into the process to design or redesign a program, and following these steps as faithfully as possible will help the program go far in its journey toward measuring impact. As the program evolves and matures, these steps can be iteratively taken over the program's lifetime.

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