INTER-AGENCY EVALUATION OF THE COVID-19 HUMANITARIAN RESPONSE

TERMS OF REFERENCE

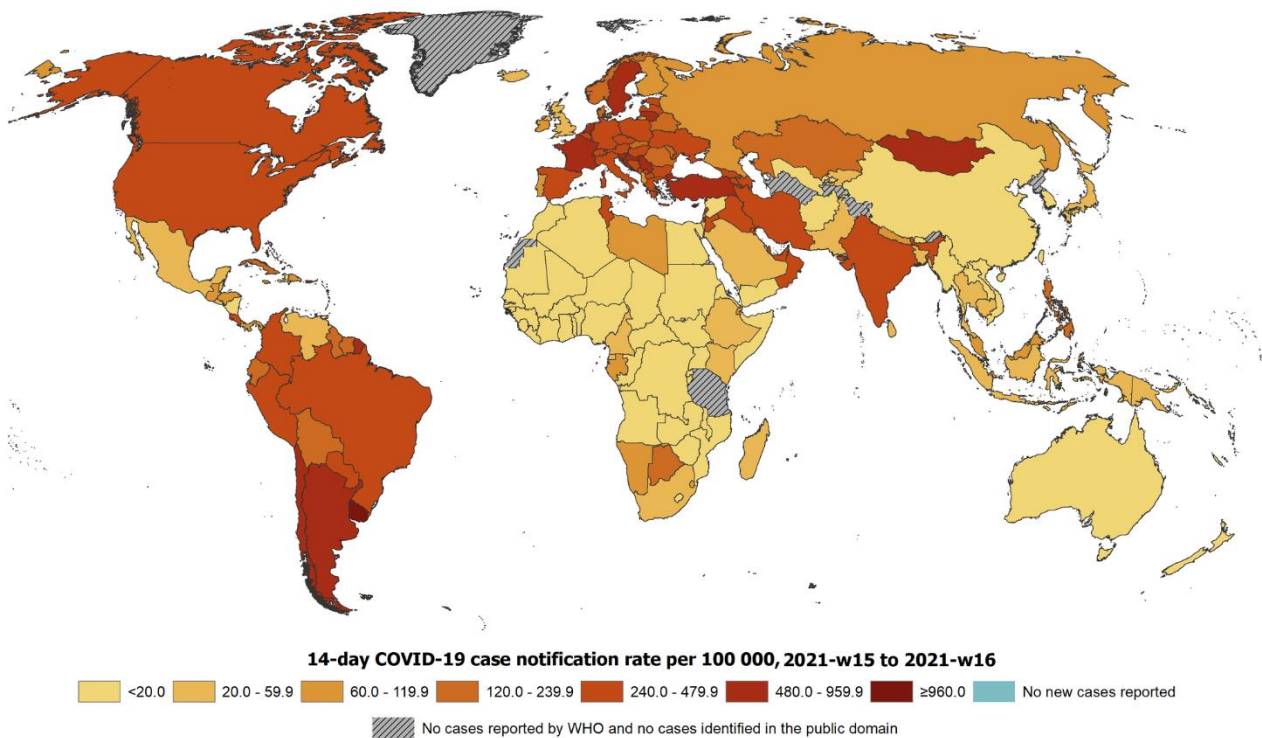**June 2021**

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1 INTRODUCTION

1. Inter-Agency Humanitarian Evaluations (IAHEs) were introduced to strengthen system-wide learning and promote accountability towards affected people, national governments, donors, and the public, and are guided by a vision of addressing the most urgent needs of people impacted by crises through coordinated and accountable humanitarian action. IAHEs inform humanitarian reforms and help the humanitarian community to improve aid effectiveness to ultimately better assist affected people. IAHEs are not an in-depth evaluation of any one sector or of the performance of a specific organization.

2. As such, IAHEs cannot replace any other form of agency-specific humanitarian evaluation, joint or otherwise, which may be undertaken or required. Since 2008, the Inter-Agency Humanitarian Evaluation Steering Group has conducted dozens of system-wide evaluations of humanitarian action by the United Nations (UN), Red Cross and non-governmental organizations (NGOs). IAHEs are triggered by the Emergency Relief Coordinator (ERC) and are the only UN-led activity assessing the system-wide humanitarian response to emergencies.

3. In the event of an Inter-Agency Standing Committee (IASC) Scale-Up Activation, IASC protocols require that an IAHE be automatically triggered within 9 to 12 months of the Scale-Up declaration.

4. These Terms of Reference (TOR) provide the rationale and context for the IAHE of the COVID-19 humanitarian response; its subject and scope; rational, objectives and key areas of inquiry; and finally, the users, methodology, management arrangements and key deliverables of the evaluation.

5. The IAHE's primary focus is the collective efforts of the IASC member organizations in support of people, and with government and local actors, in meeting the needs and priorities of the world's most vulnerable people in the context of COVID-19.

6. The evaluation will be carried out under the auspices of the IASC-associated Inter-Agency Evaluation Humanitarian Steering Group (IAHE SG), which is chaired by the Office for the Coordination of Humanitarian Affairs (OCHA) and consists of the Evaluation Directors of the Food and Agriculture Organization (FAO), International Organization for Migration (IOM), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), the United National High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP) and World Health Organization (WHO), as well as representatives from the International Council of Voluntary Agencies (ICVA), International Federation of the Red Cross (IFRC), Interaction, the Steering Committee for Humanitarian Response (SCHR), and the humanitarian learning and accountability network known as ALNAP.

7. This evaluation is one of several looking at various aspects of the international response to COVID-19. These include the evaluation of the Response and Recovery Multi-Partner Trust Fund (MPTF) established to support the UN Socio-Economic Framework for COVID-19, led by the UN Systemwide Evaluation Function under the Executive Office of the Secretary-General; the evaluation by the Independent Panel for Pandemic Preparedness and Responses of WHO's response to COVID-19 and WHO's other reviews of its emergency response through the work of the Independent Oversight and

Advisory Committee for the WHO Health Emergencies Programme (IOAC) and the International Health Regulations (IHR) Review Committee; the WFP evaluation of its response to the COVID-19 pandemic; and the Joint Evaluation of the Protection of the Rights and Refugees during the COVID-19 pandemic being conducted under the auspices of the COVID-19 Global Evaluation Coalition, managed by UNHCR, the Ministry of Foreign Affairs of Finland, the Governments of Colombia and Uganda, and ALNAP. Thus, to ensure complementarity with other ongoing evaluative learning mechanisms, the depth of focus of this IAHE may vary between key areas of inquiry.

2   THE COVID-19 PANDEMIC

8.   In 2020, the coronavirus disease (COVID-19) pandemic triggered an unprecedented global crisis. As of 3 May 2021, the World Health Organization (WHO) had reported a total of 152,534,452 confirmed cases of COVID-19, including 3,198,528 deaths.[1] In addition to the direct health impacts, the related socio-economic crisis is pushing more people into poverty and placing tremendous strain on already overburdened social and health services, and threatening to reverse hard-won development gains.

9.   The crisis has affected virtually every country in the world, in communities large and small. Yet across the world, the most vulnerable people have been particularly hard hit by the unprecedented effects of the pandemic on the health systems, economies and societies.

10. These effects were particularly serious for people living in settings affected by humanitarian crises prior to and during the pandemic, where underlying vulnerabilities were already exacerbated by conflict and violence, and by the effects of climate change.

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[1] World Health Organization, 'WHO Coronavirus Disease (COVID-19) Dashboard', WHO, Geneva, https://COVID19.who.int/, accessed 4 May 2021.

Figure 1: Global spread of confirmed COVID-19 cases

14-day COVID-19 case notification rate per 100 000, 2021-w15 to 2021-w16

| <20.0 | 20.0 - 59.9 | 60.0 - 119.9 | 120.0 - 239.9 | 240.0 - 479.9 | 480.0 - 959.9 | ≥960.0 | No new cases reported |

No cases reported by WHO and no cases identified in the public domain

Administrative boundaries: © EuroGeographics © UN–FAO © Turkstat.The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.   Date of production: 29/04/2021

Source: European CDC – Situation Update Worldwide – Last updated 29 April 2021 6:27 (East Central time)

3   THE SUBJECT OF EVALUATION

The subject of this evaluation is **the collective preparedness and response of the IASC member agencies at the global, regional, and country level** in meeting the humanitarian needs of people in the context of the COVID-19 pandemic.

11. On 19 March 2020, the United Nations Secretary-General issued a Call for Solidarity in response to the unprecedented global health and development threat posed by the COVID-19 pandemic. The main objectives of this call were: 1) delivery of a large-scale, coordinated and comprehensive health response; 2) adoption of policies that address the devastating socioeconomic, humanitarian and human rights aspects of the crisis; and 3) a recovery process that builds back better.

12. IASC member organizations have been major actors in addressing the humanitarian impacts of the crisis, ramping up an array of collective response mechanisms to meet the most urgent needs of

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nearly 250 million people in 63 countries.[2,3] The COVID-19 pandemic necessitated IASC and other humanitarian actors to adapt existing, and where needed, create new programming to respond to and in the context of the COVID-19 pandemic

13. To mobilize resources to meet these needs, the Secretary-General on 25 March 2020 launched the Global Humanitarian Response Plan (GHRP), a consolidated plan that brought together COVID-19 appeals and inputs from WFP, WHO, IOM, UNDP, UNFPA, UN-Habitat, UNHCR, UNICEF and NGOs, and complemented other plans developed by the International Red Cross and Red Crescent Movement.

14. In 2020, 30 per cent of COVID-19 cases and 39 per cent of deaths were recorded in countries covered by the GHRP. Measures to contain the spread of the pandemic – such as travel restrictions, suspension of air travel and border closures – also disrupted supply chains and increased market volatility and economic hardship, which in turn put new constraints on humanitarian and developmental programmes.

15. Combined, these factors have significantly increased food insecurity, reduced essential nutrition services, postponed mass immunization against other vaccine preventable diseases, and for the first time since 1998, dramatically increased the number of people living in extreme poverty.[4] The impacts of the crisis have been disproportionately felt by women and girls: data emerging since its start show that all types of violence against women and girls, domestic violence in particular, has intensified.[5]

16. The GHRP focused strictly on the immediate humanitarian needs caused by the pandemic and associated short-term responses. These requirements were *in addition* to $29.8 billion that IASC partners sought for ongoing pre-pandemic humanitarian operations in 2020, which were represented in the 2020 Global Humanitarian Overview.

17. The original version, published in March, was prepared at the corporate level as an agency-based, three-month plan. As the crisis evolved, the GHRP underwent two revisions in May and July, and its focus shifted from agency-driven planning to a country-driven approach in the affected countries, based on the people's needs and collective response priorities as defined at the field level.

18. The GHRP initially sought $2 billion, which increased to $9.5 billion by the third iteration, to meet COVID-19-related humanitarian needs. The GHRP aggregated the activities and requirements to meet the needs of the most affected and vulnerable people in 63 priority countries, largely those that already had an ongoing appeal/plans, such as a Humanitarian Response Plan (HRP), Refugee

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[2] Of these 63 countries, 40 were covered by a regional response plan (RRP, RMRP, MRP or similar), 25 were covered by an HRP, and 20 by COVID-specific appeals. Some countries were covered by more than one appeal. Please see Annex V for a depiction of GHRP countries by appeal type.

[3] Figures refer to the 3rd and final revision of the Global Humanitarian Response Plan, issued in July 2020 and containing revised requirements until the end of 2020. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/GHRP-COVID19_July_update_0.pdf.

[4] Global Humanitarian Response Plan COVID-19. United Nations coordinated appeal. April-December 2020, March 2020. Available at: https://interagencystandingcommittee.org/system/files/2020-03/Global%20Humanitarian%20Response%20Plan%20COVID-19_1.pdf.

[5] www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19.

Response Plan (RRP) or multi-country/sub-regional response plan, as well as a few additional countries that requested international assistance. For a geographic depiction of the GHRP coverage by appeal type, please see Annex V.

19. The GHRP and its revisions included not only humanitarian programming to address the health crisis, but increasingly also its non-health effects, such as gender-based violence, psychosocial impacts, out-of-school children, food insecurity and the erosion of livelihoods. It also included activities aimed at addressing global travel restrictions through humanitarian air services for cargo and personnel.

20. The IASC's GHRP complemented the health and social-economic responses by the United Nations and other development actors, as articulated in the COVID-19 Strategic Preparedness and Response Plan (SPRP), coordinated by the World Health Organization (WHO), and the United Nations Framework for the Immediate Socio-Economic Response to COVID-19, co-led by the United Nations Development Programme (UNDP) and the United Nations Development Coordination Office (DCO). The WHO's SPRP focused on supporting the global-level COVID-19 health response and country-level activities articulated in Country Preparedness and Response Plans. The UN Framework for the Immediate Socio-Economic Response to COVID-19 was operationalized through country-level United Nations Country Team (UNCT) socio-economic response plans focused on strengthening development activities to safeguard health care systems, jobs, businesses and livelihoods, while ensuring the safe recovery of affected countries.

21. The collective humanitarian response to the pandemic was funded through long-established and existing collective resource mobilization and humanitarian financing mechanisms such as the IASC global appeals process, the Central Emergency Response Fund (CERF) and country-based pooled funds (CBPF), managed by OCHA in support of Humanitarian Response Plan objectives.

22. Meanwhile, a special COVID-19 Solidarity Response Fund was established to support implementation of WHO's SPRP, and a Multi-Partner Trust Fund (MPTF) to support implementation of the UN Framework for the Immediate Socio-Economic Response to COVID-19.

23. For a visual depiction of the three pillars of the response, and their associated objectives, plans and funding modalities, please see Annex IV.

24. On 17 April 2020, following the development of the first GHRP, the ERC declared a system-wide Scale-Up Activation to respond to COVID-19 to ensure coordinated global support to humanitarian country operations to mitigate the pandemic's impacts. The Scale-Up Activation covered all countries included in the GHRP for an initial period of six months. It was subsequently extended for another three-month period, in line with the regular procedures for a maximum duration of nine months for scaled-up measures to remain in effect.

25. The Scale-Up followed a special protocol, adapted from the existing IASC Protocols for the Control of Infectious Disease Events.[6] The protocol provided for specific system-wide Scale-Up measures,

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[6] For a full list of tools and mechanism see IASC, Protocol 1. Humanitarian System-Wide Scale-Up Activation: Definition and Procedures, 2018.

adapted to the pandemic context, to mobilize and expedite support for countries and international responders on issues related to the COVID-19 pandemic.

26. Several other multi-stakeholder mechanisms to support coordination and common services were established. For example, the **Global Information Management and Analysis Cell on COVID-19** was created by several United Nations and international NGO partners to support the coordination and analysis of the impacts of COVID-19 and other shocks, and to provide technical support and services to prioritized countries and global decision-makers.

27. These efforts were supported by the fast-tracked development and release of 12 COVID-19-specific interim guidance documents on topics such as emergency response preparedness, scaling up readiness and response operations in camps and camp-like settings, health in poor sanitary settings, the protection from sexual exploitation and abuse and gender.

28. The GHRP concluded as planned on 31 December 2020, at which time COVID-19 and non-COVID-19 humanitarian responses were consolidated in the Global Humanitarian Overview 2021. This also signaled the synchronization of COVID-19 and non-COVID-19 funding requirements and reporting under the regular Humanitarian Programme Cycle in regional and country plans. Meanwhile, new "COVID only" humanitarian plans in the remaining GHRP countries either concluded on 31 December 2020 or were integrated into other development plans or frameworks.

29. For these reasons, and in line with the Scale-Up Activation Protocol for COVID-19 that sets a maximum 9-month limit to the activation period, the ERC declared the deactivation of the IASC Scale-Up response on 25 January 2021. The IASC issued its final progress report on the GHRP on 22 February 2021.

4   RATIONALE

30. In line with IASC protocols, an evaluation of Scale-Up responses is required within 9 to 12 months of the declaration of a Scale-Up to meet its formal learning and accountability needs. In the event of infectious disease events, the protocol states that an IAHE should be conducted "if necessary". Three main considerations provide further rationale for the evaluation of the IASC's collective efforts to respond to pandemic-related humanitarian needs.

4.1 Learning:

31. **There is a documented knowledge gap pertaining to collective humanitarian response to infectious disease events.** Numerous past reviews[7] indicate that even before the pandemic, responding to infectious disease-related humanitarian crises – even in a single country – was a known challenge. In the absence of a specific IASC guidance to prepare for and respond to global infectious disease events, the IASC's response to COVID-19 required an agile and flexible approach

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[7] E.g. 1.) IOAC thematic report commissioned by the Global Preparedness Monitoring Board "What does the 2018–2019 Ebola outbreak in the Democratic Republic of the Congo tell us about the state of global epidemic and pandemic preparedness and response?" September 2019. 2.) GA A/70/723 "Protecting humanity from future health crises" Report of the High-level Panel on the Global Response to Health Crises. 2016.

to the exceptional and rapidly evolving situation and was a significant test of the humanitarian community's agility. The reviews point to a need for a more comprehensive overhaul of the IASC responses to infectious disease events. For instance, in September 2019, the Global Preparedness Monitoring Board, in its annual report,[8] warned of systemic problems in global preparedness, including in the humanitarian system, for a pandemic scenario involving a respiratory pathogen. The report called upon the Secretary-General, OCHA and WHO to "strengthen coordination in different country, health and humanitarian emergency contexts, by ensuring clear United Nations systemwide roles and responsibilities; rapidly resetting preparedness and response strategies during health emergencies; and enhancing United Nations system leadership for preparedness, including through routine simulation exercises." To date, there has been no IAHE of previous responses to country or regional infectious disease outbreaks.

32. **Learning from global, regional, and local levels vis a vis joint analysis, planning and programming, as well as how collective systems enabled this, should be captured.** The response to the COVID-19 pandemic demanded international cooperation and challenged emergency responders to adapt. It required global, regional and national-level collaboration among humanitarian, health, development and peace and security actors and, as such, was also test of the extent to which humanitarian actors were able to work in solidarity with others, across the health, development and peace spheres to address the primary and secondary effects of a multi-dimensional crisis. Thus, the evaluation will bring together learning from the global, regional and local levels vis a vis both joint programming, as well as the collective systems meant to enable them.

4.2 Accountability:

33. **The substantial funding received from the international community through IASC mechanisms bring with it a significant accountability obligation**. IAHEs are an integral element of the Humanitarian Programme Cycle, which aims to put the affected persons and their needs at the heart of the emergency response and increase accountability of humanitarian actors and donors for collective results. This IAHE will fulfill this need.

34. To this end, on 10 March 2021, the Emergency Relief Coordinator triggered an IAHE of the humanitarian response to the COVID-19 pandemic.

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[8] https://apps.who.int/gpmb/assets/annual_report/GPMB_Annual_Report_English.pdf.

5   OBJECTIVES

35.   The main objectives of this evaluation are threefold, namely to:

1.   Determine the extent to which the IASC member agencies' collective preparedness and response actions, including its existing and adapted special measures, were relevant to addressing humanitarian needs in the context of the pandemic;

2.   Assess the results achieved from these actions at the global, regional and country level in support of people, and with governments and local actors; and

3.   Identify best practices, opportunities and lessons learnt that will help to improve ongoing and future humanitarian responses, including through wider and accelerated adaptation of certain humanitarian policies, approaches, and practices.

6   SCOPE

36.   ***Substantive scope:*** The subject of the evaluation is **the collective IASC preparedness and humanitarian response at the global, regional and country level** to meet the humanitarian needs of people in the context of the COVID-19 pandemic. Thus, as with all IAHEs, this evaluation will focus primarily on the **actions and roles of the IASC and its member organizations,** in support of governments and local actors, to meet the needs of the most vulnerable people and those in hard-to-reach areas.

37.   It will not focus on agency-specific responses, nor will it duplicate the significant number of evaluative reviews already underway of the WHO-coordinated global COVID-19 response that have been commissioned by the Member States of the World Health Assembly. It will, however, use these and other agency-specific reports to, where applicable, triangulate their findings against the other sources of evidence gathered in the present evaluation. To the extent possible, the evaluation will seek the views of people about how well the response met their needs and priorities and how they were given the opportunity to effectively collaborate, engage and participate in the response.

38.   ***Temporal scope:*** The evaluation will cover the IASC-led humanitarian response to COVID-19 from 1 January 2020, when WHO activated its Incident Management Support Team, up until the time of the IAHE data collection phase. To assess the contribution of the Scale-Up measures to the response, the IAHE will focus on the period from 18 April when the IASC Scale-Up response was activated until 25 January 2021, when it was deactivated. To answer the evaluation questions related to collective preparedness to the pandemic, the evaluation will also review relevant IASC documents, decisions and actions taken prior to 1 January 2020.

39.   ***Geographical scope:*** The IAHE is global in scope, with focus on countries included in the GHRP and its revisions, as the only countries in which collective IASC action to address pandemic related needs took place.

7 INTENDED USERS

40. There are several users for the evaluation as follows:

   - The primary users are the ERC, IASC Principals, Operational Policy and Advocacy Group, Emergency Directors Group, and others within the IASC member organizations.

   - The secondary users are donors, front-line responders, local actors, the Joint Steering Committee to Advance Humanitarian and Development Collaboration and other inter-agency mechanisms to advance the humanitarian-development-peace nexus agenda, who will also particularly benefit from the higher-level conclusions and lessons learned for the humanitarian system.

41. In doing so, the IAHE will also:

   - Provide the Member States and their disaster management institutions with evaluative evidence and analysis to inform their national policies and protocols for crises involving international agencies and other actors.
   - Provide information to affected people on the outcomes of the response.
   - Provide international organizations, donors, learning and evaluation networks and the public with evaluative evidence of collective response efforts for accountability and learning purposes.

8 EVALUATION QUESTIONS

42. IAHEs apply internationally established evaluation criteria that draw from the evaluation criteria in the United Nations Evaluation Group (UNEG) norms and standards, revised Development Assistance Committee of the Organization for Economic Co-operation and Development (OECD/DAC) criteria for development evaluation, and the ALNAP criteria for the evaluation of humanitarian action. The criteria used for this evaluation are listed below alongside the evaluation questions.

43. The matrix provided below contains indicative questions that will be elaborated on during the inception phase of the evaluation to produce the final list of key questions and sub-questions that will guide the evaluation.

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Evaluation Criteria	Main Evaluation Question	Sub Questions
Relevance Coverage	To what extent did the IASC's collective response prove relevant and adaptive in meeting the demands of the crisis and the humanitarian needs caused by it?	⇒ How well-tailored to the COVID-19 pandemic were the collective preparedness measures put in place by the IASC prior to the pandemic? ⇒ How well did the IASC collective response, decisions, processes, and fast-tracked mechanisms adapt and evolve in relation to the trajectory of the crisis? ⇒ To what extent did the IASC's collective global and regional humanitarian response planning and prioritization correspond to the national priorities of all affected countries? ⇒ To what extent, and how closely, were country humanitarian plans and response strategies for the pandemic informed by a systematic and comprehensive identification of affected people's needs, in consultation with them? ⇒ To what extent did the humanitarian response adequately cover the humanitarian needs of affected populations, both overall and vis a vis specific vulnerable group? ⇒ To what extent were the cross-cutting themes taken into consideration in humanitarian plans and the response?[9]
Effectiveness	To what extent did the IASC's collective efforts contribute to effectively addressing the humanitarian effects of the pandemic?	⇒ To what extent did the IASC's preparedness measures in targeted GHRP countries after Scale-Up declaration contribute to more effective humanitarian response? ⇒ To what extent were the global IASC strategy and Scale-Up mechanisms effective in ensuring IASC country teams' capacity to lead, coordinate and deliver humanitarian assistance in targeted countries? ⇒ How effectively did the IASC leverage collective mechanisms in planning and responding the response, including vis a vis local participation? ⇒ How effective was the IASC's monitoring framework for the COVID-19 response in supporting operational and strategic decision-making? ⇒ Did the COVID-19 related humanitarian response have any unintended (positive or negative) effects on targeted communities and local actors?
Efficiency	To what extent did IASC decisions and processes facilitate the efficient use of available resources to meet response objectives?	⇒ How well did IASC allocation strategies and mechanisms channel resources to frontline responders, including international and

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[9] As per section #10 of these TOR.

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		local/national NGOs and civil society organizations (CSOs)? ⇒ To what extent were these efforts successful in mobilizing adequate, timely and flexible funding to meet the GHRP requirements? ⇒ To what extent did pooled funds contribute to the provision of adequate, timely and flexible funding to meet the GHRP requirements?
Coherence **Connectedness** **Coordination**	To what extent was IASC response coherent, connected, and well-coordinated in its delivery of the response to a multi-dimensional crisis?	⇒ To what extent were the IASC humanitarian policies, strategies, and responses to COVID-19 consistent and complementary with the health and social economic responses by United Nations and other actors? ⇒ To what extent did IASC organizations consistently coordinate their efforts in responding to the pandemic, in accordance with IASC policies? ⇒ To what extent were there linkages and synergies in COVID-19-related responses across the humanitarian-development-peace nexus aimed at addressing the intertwined effects of the pandemic? ⇒ To what extent did the international humanitarian preparedness and response to COVID-19 complement and empower national and local actors in their efforts and leadership to address COVID-19-related humanitarian needs? ⇒ To what extent have inter-agency information management and communication mechanisms been able to support IASC collective decision-making?
Impact	What were the results of the collective humanitarian response?	⇒ To what extent is there evidence that the IASC's collective response to the pandemic was able to meet the humanitarian needs of affected people, including the most vulnerable groups? ⇒ To what extent did the collective humanitarian response to the pandemic contribute to the overall objectives of the SG's call for solidarity to address the impact of the multidimensional crises?
Lessons learned These questions will apply as learning "lens" for all the key EQs	What are the main challenges and lessons learned from the preparedness and response to the pandemic?	⇒ What are the key strategic and policy challenges and opportunities for improving the IASC's future responses to pandemics and other infectious disease events with multi-country humanitarian impacts? ⇒ What are the key lessons from COVID-19 response that can strengthen humanitarian-development-peace nexus approaches in the future?

		⇒ What were innovative approaches, solutions and new ways of working that would benefit ongoing or future responses, in particular those from local actors?

44. In addition to these criterion-specific questions, a range of cross-cutting questions will be asked. These questions will examine to what extent the cross-cutting themes such as humanitarian principles, protection, inclusivity, gender and accountability to affected people (see section # 10 for cross cutting themes) were taken into consideration throughout the Humanitarian Programme Cycle – from preparedness measures, needs assessments and planning processes for the response itself, as well as the monitoring of it – to ensure that no one, including the most vulnerable, was left behind.

9 EVALUATION APPROACH AND METHODOLOGY

45. The evaluation will use a theory-based approach with contribution analysis, and a comparative case-study design, as well as other methods that might be proposed and justified by the Evaluation Team during the inception phase.

46. The evaluation will be rooted in a utilization-focused approach ensuring that emerging evaluation findings can feed into ongoing planning and response processes.

47. A theory of change (ToC) will be developed at the outset of the evaluation. (Annex III provides a rudimentary results framework that can serve as the basis for the ToC). The selected Evaluation Team will work with this to ensure it encapsulates what has been targeted through the inter-agency effort, under what assumptions, through what pathways, and how these pathways are inter-related.

48. The Evaluation Team will prepare an evaluation matrix, which will be one of its main analytical frameworks. This matrix will set out how each evaluation question and evaluation criteria will be addressed, breaking down the main questions into sub-questions, mapping them against data collection and analysis methods, indicators or/and lines of inquiry, data collection tools and sources of information. It will provide a clear line of sight from the evaluation questions as defined at the start of the evaluation to the findings as outlined in the final evaluation report.

49. The comparative case-study design will help to describe similarities and differences between contexts and approaches, assessing the implications of these similarities and differences and, using the findings from this analysis, subsequently derive conclusions explaining heterogenous results and informing the answers to the TOR's evaluation questions.

50. The comparative case study design will also provide an in-depth look at the evidence at the country level associated with responding to COVID-19 in a purposive sample of up to 10 countries selected for field-based data collection. Considering that this number will not allow for a full-fledged comparative approach, the selection of countries should aim for a broad spectrum of illustrative examples, with the aim of identifying patterns between the different contexts to help answer the evaluation questions. Countries should thus be selected based on several criteria such as the

different humanitarian contexts, geographic regions and response leadership and coordination modalities. With regard to coordination modalities, the following typology might be considered 1) countries covered only by an HRP, 2) countries covered only by an RRP/regional response plan, 3) "mixed situations", that is countries covered by both an HRP and RRP/regional response plan; 4) countries with COVID-specific appeal.

51. All potential vendors bidding for the IAHE contract will be requested to propose their approach for case study country selection. Final selection of these countries will be determined at the inception phase. In addition to case study countries, up to 5 countries will be selected for an extended desk review. These extended desk studies will be lighter reviews, the findings of which will feed into the evaluation report.

52. In assessing the IASC's collective response efforts, the IAHE will base its examination on the GHRP and its revisions; COVID-19 and other relevant Scale-Up protocols and associated actions; IASC bodies' coordination and decision making; and its policies and guidance materials.

53. Within the comparative case study approach, the Evaluation Team could explore options to employ a realist impact evaluation methodology (which emphasizes the importance of context for programme outcomes).[10]

54. Further, the evaluation will rely on a mixed-methods approach to answer the above-mentioned evaluation questions using the best and most appropriate evidence gathered through qualitative and quantitative modalities. These methods will include the following:

- *Qualitative methods*: The Evaluation Team should plan to undertake semi-structured key informant interviews with IASC senior managers, humanitarian policy makers, donors, and humanitarian government counterparts, including national and local stakeholders and local responders. Another qualitative approach should include focus group discussions, including with 1) beneficiaries of programmes, and 2) frontline workers directly involved. Full reliance on secondary data should be a last resort, and innovative avenues should be sought e.g., leveraging on SMS platforms.

- *Quantitative methods:* As part of the quantitative component, the evaluation could collect and analyse secondary quantitative data. Several sources of data should be included in the inception report, such as a comprehensive review of primary and secondary sources, including pre-existing survey data, conceptualization of population and aid worker surveys, where necessary to complement available information such as existing survey data, a desk review of relevant documents, an analysis of data, including financial and monitoring data. The feasibility – due to ethical considerations concerning COVID – of the aid worker surveys will be determined during the inception phase. Quantitative data must be analysed using quantitative analysis software, such as STATA or Excel.

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[10] www.betterevaluation.org/en/approach/realist_evaluation.

55. All data will be triangulated by the Evaluation Team during the data analysis stage through one or more brainstorming sessions framed around the evaluation questions, the evaluation design matrix, and the inferred ToC.

56. The specific contours of the above proposed evaluation approaches and methodologies will be refined during the inception phase under the guidance and supervision of the Evaluation Management Group (MG) and its Manager.

Evaluation risks and mitigation

Potential risks	Possible mitigation measures
1. Possible duplication and overlap between the IAHE and other system-wide evaluative and learning initiatives.	Evaluation Team to map out all ongoing and planned evaluations and lessons learned to identify opportunities for coordinated approaches to data collection and common use of evidence. Members of the MG will also be participating in relevant fora and exchanging information with other partners using UNEG, ALNAP and other evaluation and learning networks. See Annex II for an initial list of other major initiatives.
2. Excessive burden of the ongoing Covid-19 pandemic response on humanitarian aid workers limits their engagement with the evaluation.	Evaluation Team to actively identify ways to reduce evaluative burden, including thorough mapping of and strong coordination with other evaluative exercises and in the selection of case study countries. The Team will also seek to harness pre-existing information, including survey data, without replicating efforts already underway/conducted.
3. Delays in generating evaluative evidence and lessons.	To enable more targeted and timely learning, where possible, the IAHE's findings will be presented in a rolling manner whereby the Evaluation Team will share their preliminary findings and lessons of the COVID-19 response.
4. Logistical, security and access challenges that are currently hard to predict due to international and national travel restrictions related to the COVID-19 pandemic.	The Evaluation Team should propose flexible and adaptive approaches to data collection in line with the evolving situation, such as for instance the two scenarios described below. 1. **Scenario A**. Continued restrictions on international, local and national travel due to the COVID-19 pandemic severely constraining or making it entirely impossible to undertake on-site fieldwork and data collection. In this scenario, the team will be required to undertake most, if not all, data collection using remote data collection methods, leverage pre-existing data and deploy other innovative approaches (e.g., Big Data analysis, mobile surveys or use of third-party data). The team will also prioritize working primarily with and through local field researchers. 2. **Scenario B**. International and national travel restrictions are lifted for most case study countries, making travel to and within most of the key areas targeted by humanitarian activities possible. Restrictions in some countries and regions remain, limiting the Evaluation Team's access to areas, population groups, and/or use of some of the data collection tools. Affected

		people surveys are feasible at least in some case study countries and international or locally based evaluators can conduct field data collection on the ground in most areas. The above two scenarios are not totally mutually exclusive and may overlap in practice.
5.	Limited availability of reliable and disaggregated data and evaluative evidence.	The request for proposals for the IAHE will encourage bidding companies to propose innovative data collection methods. Considering the continuing limitations in access to locations and populations as a result of the COVID-19 pandemic, evaluators will be asked to include alternative methods to ensure effective engagement of both humanitarian aid workers and affected populations. In addition, there needs to be a strong emphasis on triangulation for increasing reliability, as well as additional disaggregated data collection using innovative approaches to the extent possible.

10 CROSS-CUTTING THEMES AND SPECIAL CONSIDERATIONS

57. **Humanitarian principles**: Humanitarian action is governed by the four humanitarian principles of humanity, impartiality, neutrality and independence.[11] The evaluation will examine how these principles were considered and applied in the collective response of humanitarian actors to COVID-19.

58. **Protection**: In line with the *ALNAP Guide: Evaluating Protection in Humanitarian Action* and the IAHE Guidelines, the evaluation will consider the extent to which the inter-agency humanitarian response to COVID-19 has mainstreamed protection issues and considered protection risks, particularly affecting the most vulnerable people. This includes the extent to which the response considered human rights and identified and addressed gaps in the capacity of rights holders to claim their rights and of duty bearers to fulfil their obligations.

59. In a bid to promote durable solutions and sustainability, the IAHE processes will, where possible, seek to understand how underlying issues, barriers and drivers of inequalities are identified and addressed within humanitarian programming. The IAHE will also consider how the IASC strategy and commitments on protection from sexual exploitation and abuse have been integrated into the collective humanitarian response.

60. **Gender:** In line with the *UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation,*[12] the UN System-Wide Action Plan (UN-SWAP) on gender equality[13] and *the 2017 IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action,*[14] the evaluation will apply gender analysis in all phases. Further, the evaluation process will seek to understand the processes and methodologies utilized to enhance equity and participation of women and girls in humanitarian activities (both in design and implementation) and in decision-making processes.

61. **Inclusiveness:** The evaluation process will aim to assess the extent to which the differential needs, priorities, risks and vulnerabilities of women, girls, men and boys are being identified, assessed and integrated in humanitarian responses. The evaluation methodology will integrate participatory processes, especially at the community level to adequately engage women, men, boys and girls of different ages and take into consideration the existence of disadvantaged groups, such as people with disabilities.

62. **Accountability to affected people:** The evaluation will examine how the various segments of the affected population have been consulted in the design of country-level plans, especially regarding

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[11] Humanitarian action should be motivated by the sole aim of helping other human beings affected by conflicts or disasters (humanity); exclusively based on people's needs and without discrimination (impartiality); without favoring any side in a conflict or engaging in controversies where assistance is deployed (neutrality); and free from any economic, political or military interest at stake (independence).

[12] www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=1401

[13] www.unsystem.org/content/un-system-wide-action-plan-gender-equality-and-empowerment-women-swap

[14] https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Policy%20on%20Gender%20Equality%20and%20the%20Empowerment%20of%20Women%20and%20Girls%20in%20Humanitarian%20Action.pdf

the prioritization of needs, decision-making processes, and how limitations to participation and inclusion have been addressed.

63. **Ethical considerations:** Due diligence will be given to effectively integrating good ethical practices and paying due attention to robust ethical considerations in the conduct of any IAHE, as stipulated in the *United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation* of 2020. Furthermore, it is vital for the evaluation to fully comply with the precautionary measures put in place by the collective agencies and host governments, in order to protect staff, teams and consultants, partners and people. It is of utmost importance that the 'do no harm' principle consistently guide evaluation efforts across the board, including as it applies to those involved in the on-going COVID-19 response as well as affected populations.

11   MANAGEMENT ARRANGEMENTS AND STAKEHOLDER PARTICIPATION[15]

64. The IAHE will be conducted by a team of external evaluation experts under the guidance, supervision and support of an IAHE Management Group (MG) coordinated by an Evaluation Manager.

11.1 The Evaluation Team

65. The Evaluation Team will be recruited by the MG through OCHA's systems contracts for evaluative services. It will consist of internationally recruited members, including, <u>at a minimum</u>, a Team Leader, a Senior Evaluator, an Evaluator and Research/Data Analyst. Up to ten national consultants may also be recruited to support data collection in case study countries. Together, the selected team will be expected to possess the following collective experience and skills:

⇒ Extensive experience conducting mixed-methods-oriented evaluations of humanitarian strategies, programmes, finance/funding instruments and other key humanitarian issues

⇒ Health policy/public health expertise, including a good understanding of International Health Regulations, with prior experience evaluating health emergencies (including infectious disease events) being highly desirable

⇒ Expertise in developmental economics, livelihood, economic recovery or related fields

⇒ Extensive skills in data analysis and data visualization

⇒ Extensive knowledge of humanitarian law and principles, and experience with using human rights, protection and gender analysis in evaluations (at least one of the team members should have experience in protection and gender analysis)

⇒ Experience with and institutional knowledge of UN, NGO and CSO actors, as well as inter-agency mechanisms at headquarters and in the field

⇒ An appropriate range of field experience

⇒ Solid understanding of cross-cutting issues, such as gender, disability, etc.

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[15] For further details on the specific roles and responsibilities of the different IAHE stakeholders, please see "Inter-Agency Process Guidelines", developed by the IAHE Steering Group, May 2018.

⇒ Good understanding of the humanitarian-development nexus

⇒ Experience in facilitating consultative workshops involving a wide range of organizations and participants

66. The Team Leader will be responsible for the overall conduct of the evaluation in accordance with the TOR, including: refining the evaluation approach and methodology, as described above and in consultation with the MG and Evaluation Manager; managing the Evaluation Team, ensuring efficient division of tasks between mission members and taking responsibility for the quality of their work; representing the Evaluation Team in meetings; ensuring the quality of all outputs; and submitting all outputs in a timely manner.

67. The Team Leader will have no fewer than 15 years of professional experience in the non-profit sector, including at least 10 years of experience in conducting evaluations of humanitarian operations, and demonstrate strong analytical, communication and writing as well as team leadership skills.

68. All team members must have working knowledge of English. At least one international team member must have excellent speaking, reading and, preferably, writing skills in another official UN language (for example, French, Arabic).

11.2 Management Group

69. The IAHE will be managed by an Inter-Agency Management Group (MG) comprised of senior-level evaluation officers representing the independent evaluation offices of IAHE SG members, including the following organizations: ALNAP, ICVA, IOM, SCHR, UNFPA, UNHCR, UNICEF, WFP, WHO, and OCHA (chair). The members of the MG are mandated by their respective Steering Group representatives within all the delegation of authority of the MG to manage IAHE deliverables as per the IAHE guidelines.

70. The independence of the evaluation process will be safeguarded by, and will reside with, the MG. The Team Leader will report to the MG through the Evaluation Manager, with all final quality control and process decisions resting with the MG in order to ensure the smooth functioning of the evaluation. Wherever necessary, the MG will work with the Team Leader to finalize individual evaluation outputs, so as to ensure the maximum quality, credibility and utility of all end products.

71. The Chair of the Management Group will be OCHA's Evaluation Manager. S/he will be the main point of contact for the evaluation and ensure day-to-day support and consistency throughout the evaluation process, from drafting the TOR to the dissemination of the report.

11.3 Global Advisory Group (GAG)

72. A Global Advisory Group (GAG) will be formed to provide support to the IAHE. Acting in an advisory capacity only, its role will be to comment on draft evaluation deliverables, advise on data and evidence sources and support communication and dissemination activities, with the aim of ensuring the relevance and utility of the evaluation's findings and recommendations to the

humanitarian community. The GAG (10-12 members) will include non-IASC actors, including Member States, national or regional NGOs/CSOs and think tanks.

11.4 IAHE Steering Group (IAHE SG)

73. As per IAHE Guidelines, the IAHE Steering Group will approve the TOR, as well as the final evaluation report, based on the recommendations provided by the IAHE Management Group. The Steering Group will also contribute to the development of a communications strategy for the IAHE results.

12 DELIVERABLES

74. The Evaluation Team is responsible for the following deliverables:

Deliverable 1: Inception report

75. The Evaluation Team will produce an inception report not to exceed 15,000 words, excluding annexes, setting out:

- The Team's understanding of the issues to be evaluated (scope), and their understanding of the context in which the IAHE takes place and any suggested deviations from the TOR, including any additional issues raised during the initial consultations.

- A comprehensive methodological approach for the evaluation, including:

    ⇒ An assessment of data availability in relation to the evaluation questions at hand, and the identification of challenges/gaps and a plan for mitigating them, resulting in a set of final key evaluation questions.[16]

    ⇒ A comprehensive stakeholder mapping and analysis, including a description of how key stakeholders were involved/consulted in developing the inception report, and what their stake is in the evaluation. The stakeholder analysis should have a clear indication of which national entities and communities will be: 1) consulted; 2) engaged with; and 3) involved in the evaluation process, as relevant. Per stakeholder, a plan of action should be proposed, outlining the planned level and scope of engagement in the evaluation.

    ⇒ Evaluation approach and design, which will include an inferred ToC using the preliminary result framework provided in Annex III as its basis. It should also include an evaluation matrix of selected criteria of analysis and sub-questions (building upon the initial list of evaluation criteria and questions provided in the present TOR). This matrix should indicate for each question the assumptions to be assessed, the indicators proposed and corresponding sources of information.

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[16] Challenges, even significant challenges, in answering individual questions will not be considered a reason for not answering them; rather, the identification of these challenges should result in a preliminary indication of the level of robustness with which each can be answered in light of the available data – and, where necessary, what the level of effort will be necessary to increase the robustness of the analysis on key questions, wherever appropriate.

⇒ Data collection and analysis tools that will be used to conduct the IAHE (survey instruments, interview guides, field data collection plan and schedule of interviews, and other tools to be employed for the evaluation).

⇒ Any limitations of the chosen methods of data collection and analysis and how they will be addressed. This might include, for example, methodological and management measures to reduce any potential bias in data collection undertaken by the consultants that may arise due to their regional, religious or ethnic identity.

⇒ A final list of data sources to be used, including where applicable pre-existing survey data, and a finalized sampling strategy.

⇒ List of case study and in-depth desk review countries including selection criteria, alternative suggestions for countries and explanation of how each case study/review will contribute to answering evaluation questions and overall objectives of the evaluation.

⇒ Furthermore, the inception report should explain how the views of the affected population, as well as protection and gender considerations, will be addressed during the evaluation.

⇒ How challenges posed by the context, for instance local or international travel restrictions, will be addressed in the evaluation.

⇒ The details of the gender analysis approach.

⇒ A detailed updated workplan (including fieldwork plan) for the deliverables.

⇒ A tentative detailed outline of the final evaluation report and the case study reports.

⇒ A description of the team organization and quality assurance arrangements.

76. The draft inception report will also be an opportunity for the MG, GAG and the IAHE SG to provide more detailed feedback on the proposed methodology and approach. The draft inception report will be shared with the MG, after which the Evaluation Team will incorporate the received feedback and finalize the inception report. Following its finalization, the Evaluation Team should field-test the data collection instruments in the first country and incorporate feedback in the final instruments; after which roll-out in the other countries should start.

Deliverable 2: Main evaluation report

77. The evaluation report is the main deliverable of the evaluation and should not exceed 25,000 words (excluding a 4-6 page executive summary and annexes), written in a clear and concise manner that allows readers to understand the main evaluation findings, conclusions and corresponding recommendations, and their inter-relationship. The report should be comprised of a(n):

• Executive summary of no more than 2,500 words.

• Summary table linking findings, conclusions and recommendations, including where responsibility for follow-up should lie.

• Analysis of the context in which the response was implemented.

- Methodology summary. This should be a brief chapter in the main report, with a more detailed description provided in an Annex.

- Main body of the report, including an overall assessment, findings in response to the evaluation questions, conclusions and recommendations. The report should contain a dedicated section that consolidates all the key lessons learned from the response and any innovations that IASC should be further brought to scale.

78. The final report should present recommendations that are specific, clearly stated and not broad or vague; as well as realistic, reflecting an understanding of the humanitarian system and potential constraints to follow-up. They should suggest where responsibility for follow-up should lie and include a timeframe for follow-up.

79. Annexes will include: 1) TOR, 2) detailed methodology, 3) list of persons interviewed, 4) details of qualitative and quantitative analysis undertaken, 5) team itinerary, 6) all evaluation tools employed, 7) list of acronyms, 8) bibliography of documents (including web pages, etc.) relevant to the evaluation, 9) A summary table that links the key findings, conclusions and recommendations of the evaluation.

80. The draft report and its versions will be reviewed by the MG. The final report will be cleared by the IAHE Steering Group prior to dissemination. No limited number of drafts should be set due to the need to optimize the quality of the evaluation report.

Deliverable 3: Country Case Study Reports

81. Case study reports (up to 10) should complement the evaluation report. The reports should provide a high-level overview of the scope of the fieldwork, and then focus on the findings based on the analysis of the local response data. Excluding annexes, each country case study report should not be longer than 50 pages. Case study reports serve as part of the evidence collection to support the overall findings on the global response; they are not evaluations of a particular country responses and will not produce recommendations for local action.

Deliverable 4: Learning Papers/ Evidence summaries

82. Up to 3 learning papers/evidence summaries will be developed as part of the IAHE. The topics of the learning papers/evidence summaries are to be chosen during the inception phase. These papers will serve as inputs into the final evaluation report but will also be used as a standalone document to inform humanitarian police and practice. Each paper should not be longer than 20 pages without annexes.

Deliverable 5: Validation workshops

83. Prior to finalization of the evaluation report, the Evaluation Team should conduct a validation workshop to collect views on the findings and emerging recommendations from the GAG members. This may include any additional programme or subject experts whose views might be sought to

ensure that the findings and recommendations reflect the realities of humanitarian policy and practices in relevant fields.

84. In addition, countries not visited during the assignment may be invited to participate in some sessions of the workshop(s), serving to corroborate the findings with experiences from other countries and further triangulate the conclusions and recommendations. The workshop(s) are to be organized after submission of the draft learning papers/evidence summaries and the presentation on emerging findings and recommendations. Brief 2-page session background papers should be submitted for each session organized.

Deliverable 6: Datasets

85. The Evaluation Team should make available to OCHA's Evaluation Section all data (with due care for protecting confidentiality of the respondents) that has been collected, not limited to but including from the survey, focus group and KIIs.

Deliverable 7: Other evaluation products for dissemination

- **Presentations**: Based on the communication plan prepared by the Management Group, the Evaluation Team will produce presentations, including for the Humanitarian Coordinator (HC)/ Humanitarian Country Team (HCT), IASC members, donors, and in-country to national and local actors, including affected populations where possible.

- **Factsheets**: 1-2-page documents that capture all the key findings and recommendations along with selected charts and graphs for each of the learning papers and the final IAHE report,

- **Additional evaluation products** such as briefs, video presentations or précis may be proposed in the inception report for the Management Group's consideration. These additional products will be budgeted and agreed separately with the evaluation company selected for this IAHE.

86. All deliverables listed will be written in standard UK English, and submitted as Word and PDF documents, using the IAHE template. The Executive Summary, a one-page factsheet, and a presentation summarizing the key findings, will be translated into French and selected national languages in case study countries. If in the estimation of the Evaluation Manager the reports do not meet required standards, the Evaluation Team will ensure at their own expense the editing and changes needed to bring it to the required standards.

13 QUALITY ASSURANCE

87. The evaluation will be guided by the UNEG Norms and Standards and the UNEG ethical guidance for evaluation to ensure the quality of evaluation process. All quality assurance, both of a technical and linguistic nature, will be the responsibility of the Evaluation Team under the leadership of the Team Leader. Key deliverables will be reviewed according to the OCHA Quality Assurance System for Evaluations. All final evaluation products should conform with OCHA's Style Guide. Payment of consulting fees at each stage of the evaluation will be contingent on the MG's satisfaction with the

quality of deliverables provided at each milestone. To ensure the quality of the final outputs, the evaluation team should also include a peer review as part of its quality control procedures.

14 DISSEMINATION AND FOLLOW UP

88. In consultation with the GAG and the Evaluation Team, the Management Group will prepare a dissemination, communication, and engagement strategy for the IAHE. The strategy will outline how the evaluation's findings, conclusions and recommendations will be disseminated to all relevant audiences, including affected people and public. The strategy will also outline specific communication products, and their most effective and interactive dissemination channels.

89. The Evaluation Team will conduct the following presentations:

   - If in-country field missions will be possible (Scenario B), the Evaluation Team will conduct an exit brief with the relevant international humanitarian response teams (UN/HCT), the relevant Government counterparts, and (remotely) the IAHE Management Group to share first impressions, preliminary findings and possible areas of conclusions and recommendations at the end of the field visit. The brief will help clarify issues and outline expected or pending actions from any stakeholders as relevant and discuss the next steps.

   - Upon completion of the draft evaluation reports, the results of the IAHE will be presented by the Evaluation Team Leader to the IASC Operations, Policy and Advocacy Group and to the IASC Emergency Directors Group in Geneva and/or New York and other stakeholders.

   - Once the evaluation is completed, presentations of the main findings and recommendations will be made available to various fora as decided by the IAHE Management and Steering Groups. The Evaluation Team may be requested to assist with these presentations.

90. Other dissemination channels:

   - The IAHE final reports will be submitted to the ERC and shared with the IASC Principals, the Operations, Policy and Advocacy Group and the Emergency Directors Group.

   - The inception, evaluation reports and policy briefs will be made available on the websites of the IASC and the IAHE Steering Group member agencies.

   - In addition to the evaluation report and oral briefings, the evaluation findings and recommendations can be presented through alternative means of dissemination, such as websites, social media, videos, etc.

15 MANAGEMENT RESPONSE PLAN

91. The global recommendations of the evaluation will be addressed through a formal Management Response Plan (MRP). The preparation of the MRP will be facilitated by the IASC Secretariat and OCHA and approved by the Emergency Relief Coordinator.

ANNEXES

Annex I: Tentative timeline and phases of the evaluation

Timeline (2021-22)	Phase	Tasks and Deliverables
March–Mid June 2021	Preparation and Scoping	Final Terms of Reference
Mid-June- Mid August 2021	Evaluation Company Selection/Team Recruitment	Task Order signed with Evaluation Company/contracts with consultants
Mid- August-September 2021	Inception Phase	Document review Draft and final inception report
October-January 2021	Data Collection and Field Mission Phase	Documents review, KIIs Staggered country visits select field data collection missions Global Aid workers survey Affected people surveys in selected case study countries Learning papers/evidence summaries are drafted
February 2021-March 2022	Reporting Phase	Draft report Global validation workshop(s) Final report is submitted to ERC
March 2022 - onwards	Dissemination	Information products Global briefings for IASC bodies and other stakeholders
May 2022	Management Response Plan	IASC response to findings recommendations and Implementation

Annex II: List of selected system-wide lessons learned and evaluation initiatives on COVID-19 (as of February 2020)

Name/Exercise	Description
IASC Lessons Learned Exercise	At the IASC Principals meeting of 27th July, OCHA was tasked with collecting lessons learned from IASC partners on the GHRP process, in order to strengthen the annual development of the 2021 GHO and be better prepared for similar exercises in the future. In response, OCHA conducted a light "lessons learnt" review of the GHRP process, providing an opportunity for IASC partners to share their views on what worked well, what worked less well, and how a similar exercise might be improved in the future. The review scope is limited to the process of the GHRP development, including the planning process, coordination mechanisms and partner involvement. The review did not assess the results of the GHRP on the humanitarian response to the COVID-19 pandemic. A limited number of key informants were drawn from HQ and field-based offices of UN agencies, donors and NGO partners.
Global health response focused reviews and evaluations	In January 2021, the WHO published an independent and comprehensive evaluation of the WHO response to COVID-19, conducted by an Independent Panel for Pandemic Preparedness and Response (IPPR). In addition, the Independent Oversight and Advisory Committee (IOAC) of the WHO Health Emergencies Programme is conducting its review of WHO's emergency response.
MPTF Evaluation	The MPTF Terms of Reference include a mandatory evaluation of the Fund's activities in support of the UN social and economic framework to fight COVID-19. The evaluation will follow the UNEG norms and standards and will be carried out in line with the Secretary-General's recently established system-wide evaluation (SWE) function, which is intended to complement and not replace the existing evaluation mechanisms. As part of the evaluation of the

	MPTF the Secretary-General's Designate has initiated early lessons learned and evaluability assessment exercise. This exercise is managed by the System-Wide Evaluation Office under the SG and supported by an Evaluation Reference Group, comprised of the two UNEG Chairs, two MPTF donors, and two programme country representatives. The first component focuses on the opportunity for drawing lessons that are significant in the context of the RC system while second addresses the validity of systems for monitoring, measuring and verifying the results of the Fund and socio-economic response plan and the availability of evidence to support a successful evaluation. A draft report for both components of the exercises was prepared in March 2021. The final evaluation report is expected in May 2021.
COVID-19 Global Evaluation Coalition	The Coalition has been set up by the DAC member evaluation offices under the EvalNet network with secretariat support from the OECD to promote information-sharing and collaboration between and among the evaluation units of OECD countries, United Nations organizations and multilateral institutions. The purpose of the Coalition is to provide credible evidence to inform international co-operation responding to the COVID-19 pandemic and the global development community.
Individual agencies' evaluations	Given the significance of the pandemic impact on their areas of work many individual UN agencies, INGOs and local organizations are conducting their own evaluations. To promote coordination and collaboration among its members UNEG has established a COVID-19 working group to regularly exchange information on planned and ongoing evaluations of COVID-19, to promote joint evaluation, and to engage in evidence synthesis work.

Annex III: Draft Results Framework

Impact

Outcomes

COVID-related morbidity and mortality are decreased

Human assets and rights, social cohesion, food security and livelihoods are preserved

Vulnerable refugees, IDPs, migrants and host communities are able to exercise their rights and receive assistance they need

- The spread of COVID-19 is contained
- Improved patient outcomes and survival
- The burden on health care system is reduced
- Business continuity of pre-Covid-19 humanitarian response is secured

- Ability of affected persons to meet their basic needs preserved during pandemic
- Essential services continue to function in a safe manner

- Vulnerable displaced & host communities are protected
- Social cohesion is preserved by guaranteeing balanced access to essential services to displaced and host communities

Outputs

- People are aware of risks and protection measures
- Essential health services continue to function
- Uninterrupted provision of essential humanitarian supplies and movement of humanitarian workers
- All suspected COVID-19 cases tested
- Vulnerable individuals receive safe and effective clinical care
- Knowledge on treatment and prevention of Covid-19 is available to all health care providers

- Social safety nets and humanitarian assistance delivery channels remain accessible to the most vulnerable people and affected people
- Most vulnerable and affected people continue to receive essential services
- Supply chains for essential commodities continue to operate
- Adequate, timely and flexible funding is mobilized to meet needs of all countries and people included in the GHRP

- Increased awareness of risks of violence, discrimination, marginalisation, and xenophobia towards vulnerable displaced communities.
- Shelter and camp management capacities are strengthened to meet COVID-related needs
- Vulnerable displaced communities are safeguarded and have access to testing and health-care services
- Vulnerable displaced are included in national surveillance and response planning

Activities

- Risk communication campaigns for affected communities
- Technical and financial support to governments for COVID-19 prevention and control measures
- Technical and financial support for national COVID-19 preparedness and response plans
- Support for country-based coordination mechanisms for COVID-19 preparedness/response
- Provision of essential supplies and PPE to health facilities and personnel
- Transportation and supply chain services for movement of humanitarian goods and personal
- National campaigns on breastfeeding, child feeding or healthy diets in the context of COVID-19
- Coordination and technical support for mental health & psychosocial care programmes

- Provision of livelihood support inc. cash transfers
- Provision /expansion of social protection services
- Maintenance of services across health, WASH, education,
- Provision of child SAM/MAM, mental health & psychosocial support, and protection
- Maintenance/expansion of sexual & reproductive services, including GBV services
- Delivery and distribution of sexual reproduction/health services & supplies

- Advocacy for the rights of refugees, migrants, IDPs, people of concern and host population
- Prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level.

Inputs

- Global, regional, and country level coordination mechanism and leadership arrangements
- Global Humanitarian Response Plan (GHRP)
- CERF/CBPFs funds, contingency and reprogrammable funds
- IASC collective advocacy
- COVID-19 related guidance and policies issued by IASC bodies
- Personnel surge capacities

- Contingency planning, needs assessment & response analysis
- Country level logistics, information management, coordination, and planning platforms & tools
- COVID-19 specific global Scale Up measures: Supply Chain inter-agency coordination cell; Global Information Management and Analysis Cell; Interagency epidemiology and response situation report; Global common service for humanitarian passenger, cargo and medivac operations

Assumptions

UN rules, procedures and bureaucracy: UN rules and procedures (and their adaptation) allow for rapid and dynamic action, and entities are able to react quickly to new information and circumstances.

Funding: Funding received for the immediate response is timely and sufficient. Financial planning considers requirements for longer term socio-economic recovery. Member States sustain funding levels to the UN for work across all pillars, and increased funding from a multi-stakeholder pool will be available.

Business continuity: The UN/IASC is able to safely maintain business continuity of its mandated critical functions for its human rights, peace and security, and development pillars.

UN system-wide coordination: UN reform is fully realized at the global, regional and country levels, producing enhanced coordination across the UN system. Coordination is fully enabled at all levels with clear roles, responsibilities, procedures and resources to deliver as one

Delivery partner capacity: Delivery partners (including community-based organizations and NGOs) have the capacity to respond to the need and deliver increased service to beneficiaries despite COVID-19 conditions.

Data collection, analysis and needs assessments: Governments, UN entities, NGOs and other stakeholders have the capacity to undertake timely and reliable data collection, analysis (including health surveillance) and needs assessments of all vulnerable populations

Oversight and learning: IASC/UN continuously monitors, audits, investigates (when needed), evaluates and learns from response implementation in order to ensure that the intended outcomes are being achieved, that it continuously course corrects, and that it is better prepared to respond to future pandemics and other crises.

Regional and sub-regional organizations: Regional and sub-regional organizations have increased capacity to respond to transnational/cross-border response and recovery challenges in coordination with the UN

Member State involvement: National governments have the will and capacity to coordinate with each other and the UN to respond to COVID-19, including on agreements on compliance with virus suppression, transmission and universal access to treatment, development assistance, debt, trade, and ceasefire initiatives.

Annex IV: Overview of COVID-19 response components
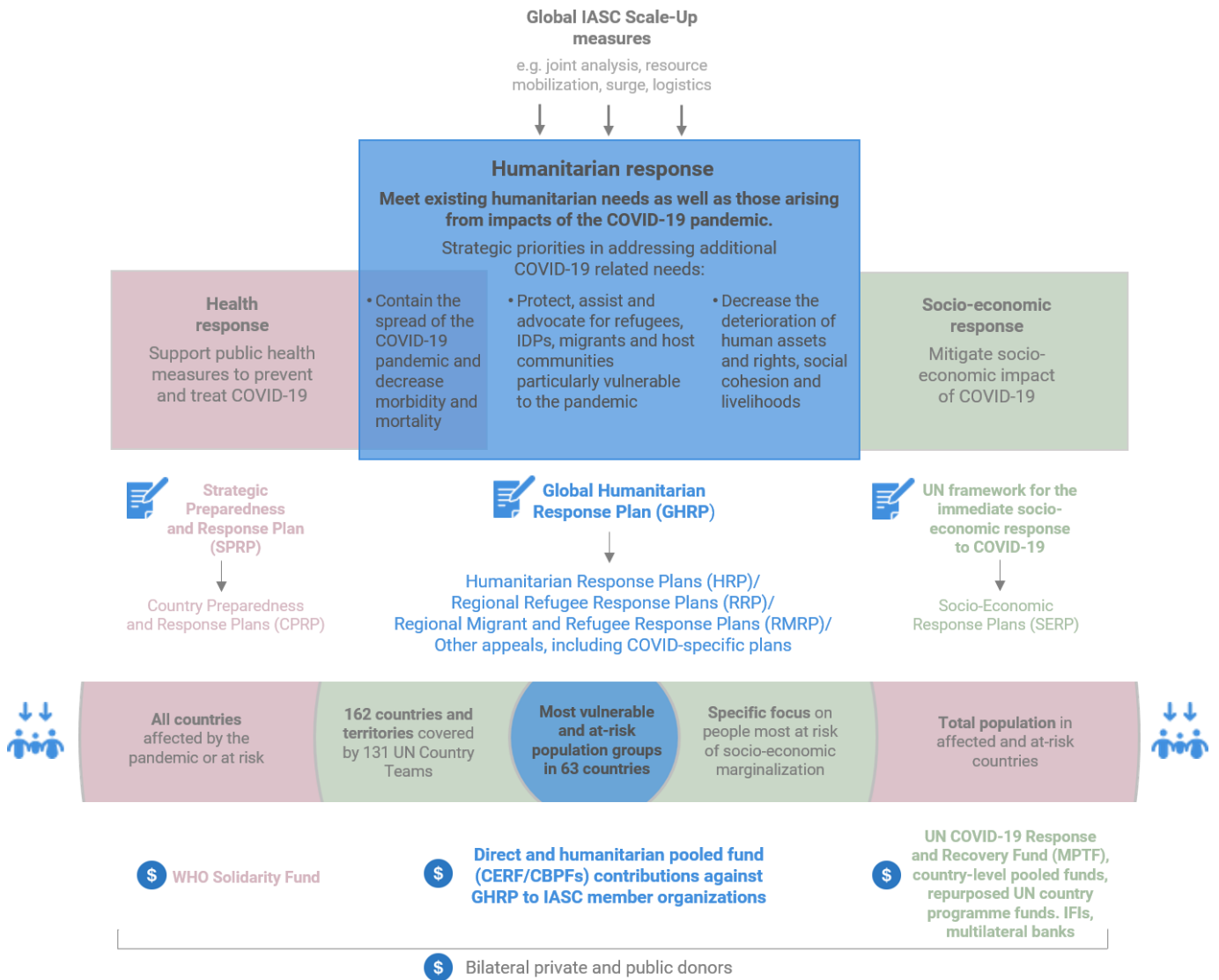
Annex V: GHRP countries: per type of humanitarian appeal

GHRP countries: per type of humanitarian appeal
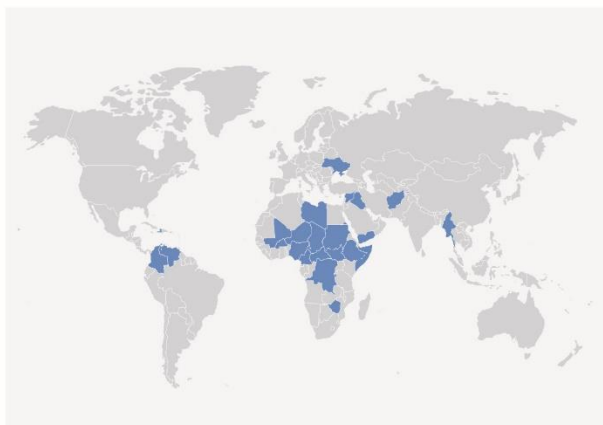
HUMANITARIAN RESPONSE PLANS (HRP)

25

Afghanistan, Burkina Faso, Burundi, Cameroon, CAR, Chad, Colombia, DRC, Ethiopia, Haiti, Iraq, Libya, Mali, Myanmar, Niger, Nigeria, oPt, Somalia, South Sudan, Sudan, Syria, Ukraine, Venezuela, Yemen, Zimbabwe

**REGIONAL REFUGEE RESPONSE PLANS (RRP)**

19

Angola, Burundi, Cameroon, Chad, Congo, DRC, Egypt, Ethiopia, Iraq, Jordan, Kenya, Lebanon, Niger, Rwanda, Sudan, United Rep. of Tanzania, Turkey, Uganda, Zambia

REGIONAL REFUGEE AND MIGRANT RESPONSE PLANS (RMRP)

17

Argentina, Aruba (Netherlands) Bolivia, Brazil, Chile, Colombia, Costa Rica, Curaçao (Netherlands), Dominican Republic, Ecuador, Guyana, Mexico, Panama, Paraguay, Peru, Trinidad and Tobago, Uruguay
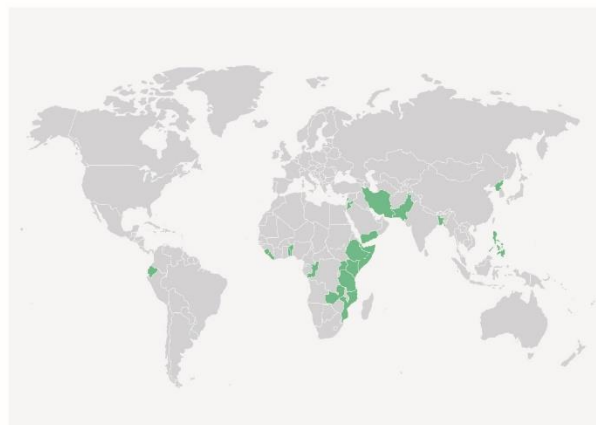
OTHER APPEALS

22

Bangladesh (JRP), Benin, Congo, Djibouti (MRP), DPR Korea, Ecuador, Ethiopia (MRP), Iran, Jordan, Kenya, Lebanon, Liberia, Mozambique, Pakistan, Philippines, Sierra Leone, Somalia (MRP), Togo, Uganda, United Rep. of Tanzania, Yemen (MRP), Zambia

Note: The total of the numbers of countries by appeal types shown here is greater than the number of countries included in the GHRP (63) as some countries have more than one appeal. **Source:** OCHA. **Disclaimer:** The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

* "Other Appeals" include COVID-specific appeals as well as the Regional Migrant Response Plan (MRP) for the Horn of Africa and Yemen and the Joint Response Plan (JRP): Rohingya Humanitarian Crisis.

Source: OCHA