**Who manages IAHEs?**

The **Inter Agency Humanitarian Evaluation Steering Group (IAHE SG),** formed by evaluation function representatives of IASC members, provides overall strategic guidance for IAHEs, and approves the IAHE TOR, inception and final IAHE evaluation reports. It also plays an important role ensuring the dissemination of results.

Each specific IAHE is managed by an **IAHE Management Group (IAHE MG)**, chaired by OCHA. It is composed of 2 to 3 members selected by the Steering Group. The Management Group provides quality control and inputs throughout the entire evaluation, and plays a key role in ensuring its independence, and providing guidance to the evaluation team.

As **Evaluation Manager**, OCHA prepares and submits draft key documents to the IAHE MG and IAHE SG for approval, organizes the selection and contracting of the evaluation team in coordination with the Management Group, engages with the OCHA Country Office to coordinate the creation of the In-country Advisory Group, consolidates comments to reports and submits them for approval, and actively supports the dissemination of evaluation products.

The **In-country IAHE Advisory Group (IAHE AG)** represents country level stakeholders engaged in the emergency response. It plays a crucial role in advising the evaluation team and supporting the evaluation through all its stages. Members of the IAHE AG are appointed by the HC and represent key stakeholders - UN agencies, international NGOs, local NGOs, key funders of the response, and the government - that have been directly involved in the humanitarian response.

**How are IAHE recommendations followed up?**

* The HC, in consultation with the HCT and the In-country Advisory Group, leads the development of the management response plan addressing in-country recommendations, for final endorsement by ERC.
* The ERC, with the support of the Emergency Directors’ Group (EDG), ensures that country-based recommendations from IAHEs are addressed in a formal management response plan and their implementation is monitored.
* The IASC Principals ensure that systemic recommendations from IAHEs are addressed in a formal management response plan and implementation is monitored.

**How are affected communities involved?**

IAHEs emphasize consultations with affected people, to ensure that their views on the response are adequately collected and reflected in the evaluation. Evaluation team field visits include visits to the affected areas, to meet with communities affected by the disaster. Once IAHE results are available, presentations specifically targeted to affected communities are conducted

 **What is the difference between an IAHE and an Operational Peer Review (OPR)?**

Although they are both part of the Humanitarian Programme Cycle, an operational peer review is an internal, inter-agency management tool which identifies areas for improvement early in a response. It is designed to be a light, brief and collaborative process, undertaken by senior UN agency and NGO representatives within the first 90 days of the L3 declaration. OPR reports are internal to the humanitarian system (including donors).

**What is the difference between an IAHE and an Operational Peer Review (OPR)?**

humanitarian policy and agencies’ approach to future emergencies

**What is an Inter-Agency Humanitarian Evaluation (IAHE)?**

An IAHE is an independent assessment of the extent to which collective results achieved in responding to an emergency have met the objectives stated in the Strategic Response Plan and the needs of affected people. IAHEs follow agreed norms and standards for evaluations that emphasize the independence of the evaluation team, a certain process and methodology, and the usefulness and transparency of findings and recommendations.
 **What is the guiding vision of an IAHE?**

IAHEs are conducted in order to:

* provide HCs and HCTs, EDG, ERC and IASC Principals with independent and credible evidence of collective progress towards stated goals, objectives and results;
* inform longer-term recovery plans, and in the case of a sudden onset disaster, support preparedness efforts for the next emergency;
* provide national governments and disaster management institutions with evaluative evidence and analysis to inform their national policies and protocols for crises involving international agencies and other actors;
* provide Member States, donors and affected people with evidence of results of the collective response efforts, for accountability purposes;
* enable learning and contribute to the evidence base for decision making and improvement in

# Inter-Agency Humanitarian Evaluations of Large Scale System-wide Emergencies (IAHEs)

Date of publication

**When are Inter-Agency Humanitarian Evaluations conducted?**

IAHEs are mandatory for all declared L3 system-wide emergencies. An IAHE can also be considered in other cases at the specific request of a HC/HCT.

**Who conducts IAHEs?**

IAHEs are conducted by teams of independent evaluation experts. Whenever possible, the participation of independent national evaluators is sought.

 **What are the timing and phases of an IAHE?**

IAHEs are to be conducted between months 3 and 12 from the time of the L3 declaration. A first inception mission usually takes place at months 7/8 after the emergency declaration, and the actual evaluation mission at months 9/10 after the L3. The final report/results should available at between twelve and fifteen months after the declaration. Timings are planned in consultation with stakeholders, including the HC and EDG.

 **What are the core questions of IAHEs?**

IAHEs address the following core questions:

1. To what extent are SRP objectives appropriate and relevant to meet humanitarian needs, and have systems been established to measure their achievement? To what extent are the results articulated in the Strategic Response Plan achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster?
2. To what extent have national and local stakeholders been involved and their capacities strengthened through the response?
3. Was the assistance well-coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results of the lack thereof?
4. To what extent were IASC core humanitarian programming principles and guidance applied?

In addition to these core questions, the evaluation team will develop context-specific sub-questions during the inception phase of each IAHE.

 **What informs the IAHE analysis?**

The evaluative analysis will be informed by:

* The Strategic Response Plan – as the main reference to assess whether the stated humanitarian response objectives have achieved the intended results.
* The IAHE Impact Pathway (see diagram in the next page**)**, which portrays crucial characteristics of an ‘ideal humanitarian response,’ that leads to the effective and coherent delivery of assistance.
* Consultations with affected communities.

**How are IAHE results presented?**

IAHE results are available to the public. Final evaluations reports are published on Relief Web, ALNAP, OCHA Online, and on the IASC website, as well as on participating agencies’ websites. The only exception to this policy applies in certain situations when sensitive information relative to political or other contexts must remain confidential. IAHE results are also presented to a variety of stakeholders, including HC/HCT, EDG, etc. IAHEs place special emphasis in disseminating results to affected communities, through presentations, briefings and other means.

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| **Coordinated Humanitarian Action****Theory of Change/Impact Pathway** |
| **Longer-Term Impact**  | Affected people protected, well-being and capacity to withstand/cope with/adapt to shocks improved |
| National preparedness and emergency response capacity improved |
| **↑ ↑ ↑ ↑ ↑** |
| **Early Impact** | people protected |
| lives saved and livelihoods secured |
| Government leadership and ownership of the response |
| **↑ ↑ ↑ ↑ ↑** |
| **Outcomes** | humanitarian access secured |
| relevant response(high quality multi-sectoral)  |
| connectedness and Coodination between hum. stakeholders |
| Good coverage(equitable, fewer gaps and duplications) |
| **↑ ↑ ↑ ↑** |
| **Outputs** | coordination mechanisms  |
| Joint situation analysis |
| joint needs and capacity assessments |
| joint plans (erp/prp/srp) |
| joint advocacy |
| adequate financial and human resources |
| **↑ ↑ ↑ ↑** |
| **Inputs** | leadership  |
| human resources, incl. surge capacity |
| pooled and agency funds |
| guidance and programming tools (HPC, MIRA, standards, etc.) |
| Logistics |