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| **Inter-Agency Humanitarian Evaluation of the Response to Typhoon Haiyan in the Philippines** |
| **Inception report-Final**  **Valid International** |
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| **1 August 2014** |

TABLE OF CONTENTS

[1. Introduction to the evaluation 1](#_Toc394322541)

[1.1 IAHE aims and users 1](#_Toc394322542)

[1.2 The inception report 2](#_Toc394322543)

[2. Subject of the evaluation and its stakeholders 3](#_Toc394322544)

[2.1 Country context and national response 3](#_Toc394322545)

[2.2 The international response 5](#_Toc394322546)

[3. Evaluation methodology 12](#_Toc394322547)

[3.1 Methodological approach 12](#_Toc394322548)

[3.2 Evaluation questions (EQ), sub-questions and criteria 16](#_Toc394322549)

[3.3 Data collection methods 23](#_Toc394322550)

[3.4 Evaluation methods and phasing 23](#_Toc394322551)

[3.5 Limitations of methodology 28](#_Toc394322552)

[3.6 Quality Assurance 29](#_Toc394322553)

[3.7 Risks and Assumptions 29](#_Toc394322554)

[4. Organisation of the evaluation 30](#_Toc394322555)

[4.1 Team composition, workplan and schedule 30](#_Toc394322556)

[4.2 Communication and Dissemination 31](#_Toc394322557)

[List of Annexes 33](#_Toc394322558)

[Annex 1 Evaluation matrix 33](#_Toc394322559)

[Annex 2 Workplan , schedule, meetings requested 33](#_Toc394322560)

[Annex 3 Documents requested 33](#_Toc394322561)

[Annex 4 Evaluation tools 33](#_Toc394322562)

[Annex 5 Terms of reference 33](#_Toc394322563)

[Annex 6 Inception visit schedule and people met/interviewed 33](#_Toc394322564)

[Annex 7 Maps of affected area 33](#_Toc394322565)

**Acronyms**

AAP Accountability to Affected Populations

CERF Central Emergency Response Fund

CWC Communication with Communities

DoH Department of Health

DSWD Department of Social Welfare and Development

EQ Evaluation Question

ERC Emergency Relief Coordinator

GoP Government of Philippines

HC Humanitarian Coordinator

HCT Humanitarian Country Team

HPC Humanitarian Programme Cycle

IARRM Inter-Agency Rapid Response Mechanism

IAHE Inter-agency humanitarian evaluation

IASC Inter-agency standing committee

ICC Inter-cluster coordination

L3 Level 3

MIRA Multi-cluster/sector initial rapid assessment

OCD Office of Civil Defence

OPARR Office of the Presidential Assistant for Rehabilitation and Recovery

OPR Operational Peer Review

RAY Reconstruction Assistance for Yolanda

RC Resident Coordinator

SRP Strategic Response Plan

TA Transformative Agenda

ToR Terms of Reference

3Ws Who, what where (assistance)

# 1. Introduction to the evaluation

## 1.1 IAHE aims and users

Typhoon Haiyan (locally known as Yolanda) hit the Central Visayas regions of the Philippines on 8th November 2013. While the wind speeds were unprecedented and highly damaging, most destructive of all for some areas was the storm surge which followed.[[1]](#footnote-1) Over 6000 people were killed and some 4 million were left homeless, in an area that already suffered high levels of poverty. Responding to the offer from the RC/HC, the Philippines Government formally accepted international assistance through Presidential Proclamation No 682 on 11 November 2013. Domestic authorities and international responders subsequently mounted a massive emergency operation. On 13 November the Emergency Relief Coordinator (ERC) formally activated an Inter-Agency Standing Committee (IASC) system-wide level 3 (L3) emergency response to the typhoon, which included sending a large number of surge staff through the Inter-Agency Rapid Response Mechanism (IARRM) to support the response. The L3 status also triggers other measures including ‘empowered leadership’[[2]](#footnote-2), allocation of CERF allocation and implementation of a multi-sector, rapid assessment. [[3]](#footnote-3)

The Inter-agency humanitarian evaluation (IAHE) is an independent assessment of the inter-agency response and the extent to which it has met stated goals, objectives and results. An IAHE is mandatory for all declared L3 system-wide emergencies. The primary audience of the evaluation is the Humanitarian Coordinator and Humanitarian Country Team. It also aims to contribute to the evidence base for decision making and judgments about future humanitarian action, policy development and reform by the IASC Principals, Working Group, Emergency Directors and other international and national stakeholders.

The objectives of the IAHE are:

* to provide an independent assessment of the extent to which planned collective objectives set in the Strategic Response Plan (SRP) to respond to the needs of affected people have been met
* to assess the extent to which response mechanisms, including the Humanitarian Programme Cycle (HPC) and other key pillars of the Transformative Agenda have successfully supported the response, and recommend improvement-oriented actions.

The evaluation seeks to address the four questions posed in the terms of reference:

1. Were 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 or the lack thereof?
4. To what extent were IASC core humanitarian programming principals and guidance applied?

The evaluation will also provide feedback on the new IAHE guidelines which are being used for the first time in this evaluation.

## 1.2 The inception report

This inception report describes how the evaluation team will fulfil the Terms of Reference (ToR). This is the first output from the evaluation and is based on both an initial document review and consultations with selected key stakeholders[[4]](#footnote-4). It lays the foundation for the remainder of the evaluation by providing key information on the proposed scope and focus of the evaluation; the planned methodology; and the way in which the evaluation will be organised including the evaluation’s workplan and roles of team members.

This is the first IAHE since the new protocols associated with the new Transformative Agenda (TA) protocols were issued. The reference module for the Humanitarian Programme Cycle (HPC) emphasises that the IAHE will focus on results. The extent to which this is possible in an evaluation of this scale will be determined to a large extent by the secondary data that is available and being collected by clusters to demonstrate results to date. In addition, the terms of reference are organised around four questions which also consider questions of coordination, capacity building of local stakeholders and the extent to which the IASC principles and guidance were applied. Given the limited scale of the evaluation in practice – it consists principally of three weeks field work – this will require careful prioritisation. This report sets out the areas of proposed focus for the IAHE. While the evaluation will assess progress against the five SRP objectives and will review data from across each of them, it will focus on certain aspects of the response in more depth. Their selection has been informed by consultations carried out during the inception mission.

The report is laid out in compliance with the guidelines for IAHEs. Following in this section is an introduction to the country context and disaster. Section two describes the response to date and key stakeholders. Section three describes the evaluation methodology. Section four describes the organisation of the evaluation.

The inception report has been compiled following consultation during an inception or scoping mission which took place between 10-19th June and included team leader Teresa Hanley and team member Danny Carranza, accompanied by OCHA's chief of evaluation, Scott Green. The inception visit included[[5]](#footnote-5):

* Start-up, briefing and debriefing meetings with the RC/HC and OCHA head
* Consultations with four affected communities in Ormoc and Guiuan in Region VIII
* Meetings with OCHA staff in Region VIII including head of office and sub-offices Tacloban, Guiuan and Ormoc
* Meeting with cluster partners in Region VIII and sub-regional levels in Ormoc and Guiuan
* Meetings with specialist advisors for accountability to affected populations (AAP), communication with communities (CWC) , gender, environment and national disaster response
* Meeting with OCHA staff responsible for information management, inter-cluster coordination
* Group meetings with the Humanitarian Country Team, the evaluation advisory group[[6]](#footnote-6), donors (Canada, Japan, DFID)
* Meetings with government representatives at regional and municipal level (OPARR, MSWD, disaster response officer, Guiuan)
* Meetings with government representatives at national level including OPARR, Department of Trade and Industry
* Meetings with International agency representatives including ILO, FAO, UNDP
* Meeting with the UNICEF real-time evaluation team

The evaluation team also undertook additional meetings outside of the field mission and interviews with a number of key informants from national NGOs and international organisations detailed in Annex 6.

# 2. Subject of the evaluation and its stakeholders

## 2.1 Country context and national response

**2.1.1 Overview of the area**

The typhoon’s impact was concentrated on some of the poorest provinces in the country. Data in 2012 show that the average household income in the severely affected provinces was only 75 percent of the national average. Over 50 percent of the household incomes in the affected provinces was largely dependent on agricultural incomes and remittances[[7]](#footnote-7) . While the Philippines regularly experiences typhoons, the regions most strongly hit by Haiyan had not experienced disasters with any regularity and rarely if ever had experienced the kind of storm surge that affected some areas of region VIII, namely Guiuan and Tacloban. The map attached in Annex 7.1 provides an overview of the affected area.

**2.1.2 The national system for disaster management**

As one of the most hazard prone countries in the world, the Philippines has dedicated significant resources to strengthening response capacity and disaster management mechanisms. In 2007, the Philippines National Disaster Coordinating Council (since replaced by the National Disaster Risk Reduction and Management Council: NDRRMC) established a sectoral ‘cluster’ system for preparing and responding to disasters in the Philippines. In 2010 the Republic Act 10121 was passed which lays out the national disaster risk reduction and management framework. In it the NDRRMC takes the lead role in the coordination of disaster response, chaired by the Secretary of National Defense with leading roles for the Office of Civil Defense as the Council’s overall coordinator and secretariat, the Department of the Interior and Local Government (for preparedness), the Department of Social Welfare and Development (for response) and the National Economic Development Authority (for recovery). The act lays out the roles and responsibilities of government departments at different levels with the local government unit taking the lead role at the provincial and municipal levels through a committee that includes representatives of civil society and the private sector as well as a range of government departments. A sunset clause means the implementation and results of this Act will be reviewed in 2015.

For the purposes of this evaluation, the key point is that the Government of the Philippines (GoP) has well-developed disaster response mechanisms which are aligned to a large extent with the UN’s sector-based approach but whose capacity was exceeded by the scale of this disaster.

**2.1.3 The national response**

Proclamation 8 declaring a National State of Calamity was issued on November 11 by President Benigno S. Aquino III. The proclamation covered areas affected by Haiyan, including the Samar provinces, Leyte, Cebu, Iloilo, Capiz, Aklan and Palawan. However, the Government provided substantial relief assistance to families in the nine affected regions. A total of 35,417 personnel, 1,351 vehicles, 118 sea craft, 163 aircraft and 28,361 other assets from national, local, and foreign agencies, responders, and volunteer organizations were deployed to various areas to support relief and medical operations.

The government's strategic plan to guide the recovery and reconstruction of the economy, lives, and livelihoods of people and communities in the areas affected by Typhoon Yolanda (Haiyan) was laid out in the document Reconstruction Assistance for Yolanda (RAY) published on 16 December 2013. This plan was based on a rapid assessment and lays out priority areas and next steps. The plan was refined to produce RAY 2. It was reported to the inception mission in meetings with OPARR this is due out in July 2014 who also reported that a Post Disaster Needs Assessment was completed with the involvement of the Office of Civil Defense and UNDP, World Bank and the European Community. This will be the basis of the government's comprehensive recovery and rehabilitation plan covering the 14 provinces and 171 municipalities for the next 2-3 years and which OPARR informed the inception mission will be available later this year.

In addition to the government response there was a significant civil society response with local civil society organisations including the church and other groups as well as national NGOs responding to Haiyan. The inception mission was told that there was significant support received directly by affected people through transfers and remittances from abroad. The private sector also played a significant role through direct donations to affected communities and through indirect support such as the reported example of Coca Cola continuing to pay employee salaries for over a month after Haiyan despite the factory being closed and through indirect support to the collective response such as making accommodation available to relief workers in hotels in affected areas. Three key Filipino private sector networks are the Philippine Business for Social Progress (PBSP), the Philippine Disaster Response Foundation (PDRF), and the Corporate Network for Disaster Response (CNDR). The government set up a Foreign Aid Transparency Hub to try to track overall contributions though it is acknowledged this is not comprehensive.

Now that the response is moving to focus much more intently on recovery and rehabilitation the government structure set up to manage this phase is being put in place. Secretary Lacson was appointed to the position of Presidential Assistant for Rehabilitation and Recovery (OPARR) in December 2013. OPARR is a new structure and it is also setting up a set of clusters, separate from the humanitarian response cluster system, to coordinate recovery efforts.

## 2.2 The international response

**2.1.1 Overview**

The Emergency Relief Coordinator formerly activated an IASC-wide Level 3 emergency response. The accompanying measures included providing the Humanitarian Coordinator (HC) with empowered leadership, sending enhanced surge capacity through the Inter-Agency Rapid Response Mechanism (IARRM), and providing a $25 million allocation from the Central Emergency Response Fund (CERF).

A Flash Appeal, multi-sector rapid assessment (MIRA) and a Strategic Response Plan (SRP) were developed. The SRP covers 12 months from the date of the disaster. Humanitarian response planning is connected with the Sectorial planning of the clusters leaders and validated with DSWD and OCD that are the two Humanitarian response leaders on Government side. The SRP is also " designed to support the Government of the Philippines’ response to the immediate humanitarian needs of the people affected by Typhoon Haiyan (Yolanda), and complements the Government’s Reconstruction Assistance on Yolanda[[8]](#footnote-8)" so has implications and connections with Government recovery efforts also*.* The government's plan identified areas where they can cooperate with international partners to achieve sustainable improvements in living conditions and livelihoods for the most vulnerable. From a total of nine regions hit by the typhoon, the Government identified a priority corridor covering 171 municipalities in 14 provinces and four regions. These are the focus of the SRP.

The overall **goal** of the Strategic Response Plan is that communities and local governments recover from the disaster, build back safer and avoid relapses while strengthening resilience. The SRP has five objectives. Each objective has targets and indicators which are the responsibility of one or more clusters:

1. Typhoon-affected people meet their immediate food needs, avoid nutritional deterioration and build food security in ways that are sustained through stimulation of markets and production and access to life-saving community-based nutrition services.
2. Families with destroyed or damaged homes, including the displaced population, attain protective and sustainable shelter solutions.
3. Women and men whose livelihoods or employment have been lost or severely impaired regain self-sufficiency, primarily with the restoration of local economies, agriculture and fisheries.
4. Prevent increases in mortality and morbidity and the outbreak of communicable diseases through immediate access to basic water, sanitation, hygiene, and health services.
5. Affected people quickly regain access to community and local government services, including basic education and a strengthened protective environment.

The total budget for the SRP is US$ 788 million. As of 7th July 2014 it was 59% funded. However, there are wide variations in levels of funding received with some clusters less than one-third covered (early recovery and livelihoods) while others are close to being completely covered (nutrition). The table below details these.

**Table 1 : Cluster and funding to date**

|  |  |
| --- | --- |
| **Cluster** | **% funded as of 21 July 2014** |
| Camp Coordination and Camp Management ( CCCM) | 55 |
| Coordination**[[9]](#footnote-9)** | 83 |
| Early recovery and livelihoods | 28 |
| Education | 62 |
| Emergency shelter | 41 |
| Emergency Telecommunications | Complete  May 2014  57.4 |
| Food security and Agriculture | 76 |
| Health | 66 |
| Logistics | Complete May 2014  113.2 |
| Nutrition | 96 |
| Protection | 49 |
| Water, sanitation and hygiene | 76 |

The immediate response was on a major scale and in the first three months provided[[10]](#footnote-10):

* immediate food assistance to more than 3.2 million affected people
* supplementary feeding to more than 75,000 boys and girls
* emergency shelter assistance to 432,000 households
* access to safe water to almost one million people in evacuation camps, communities and transition sites
* implemented health surveillance system rapidly
* initial livelihood support intervention to 80,000 households which included rice seed input packages
* reached 413,000 people with cash assistance
* engaged 38,000 affected workers in restoration of public and economic infrastructure through cash for work
* provided 165 child friendly spaces providing psychosocial activities for more than 22,000 girls and almost 20,000 boys
* established 1,827 temporary learning sites , materials and supplies distributed to 384,000 pre-school and school-aged children.

Life is now returning to normal in many ways in the affected areas with markets operating, schools reopened (though many in temporary locations) and many health and other services resumed. The focus of the response is now very much on recovery. However, some key issues remain which challenge the response and particularly its transition to recovery. Over 26,000 people are currently in transitional shelter in 66 sites, mainly bunkhouses but also some tented areas. The inception mission heard from stakeholders that land is a key issue, with large areas designated as unsafe and so presenting a major challenge to shelter and livelihood solutions for both the affected people and the agencies responding. Land issues including ownership and access affect some of the livelihood options including small-scale coconut farmers. Land is linked to the issue of relocation which is a significant issue being addressed by the protection cluster. Increasingly the issues facing the response are inter-sectoral in nature.

**Coordination of international response**

A humanitarian country team under the leadership of the Humanitarian Coordinator (HC) was operational in the Philippines before Haiyan. With the disaster, clusters were stepped up under the leadership of the government department responsible and co-leadership of the named responsible international agency (see table below). In co-operation with the government, OCHA set up coordination hubs in Guiuan, Ormoc and Tacloban (Region VIII); Cebu (Region VII) and Roxas (Region VII) to co-lead coordination of the international humanitarian agencies.

**Table 2: Clusters active [[11]](#footnote-11)for Haiyan with named lead agencies and co-leads**

|  |  |  |
| --- | --- | --- |
| **Cluster** | **Lead** | **Co-lead** |
| Camp Coordination and Camp Management (CCCM) | DSWD | IOM |
| Coordination | OCD | OCHA |
| Early recovery and livelihoods | OCD and DSWD | UNDP and ILO |
| Education | Department of Education | UNICEF and Save the Children |
| Emergency shelter- | DSWD | IFRC |
| Emergency Telecommunications | OCD | WFP |
| Food security and Agriculture | DSWD and Dept of Agriculture | FAO, WFP |
| Health | Dept of Health | WHO |
| Logistics | OCD | WFP |
| Nutrition | Dept of Health | UNICEF |
| Protection | DSWD | UNHCR |
| Water, sanitation and hygiene | Department of Health | UNICEF |

The inception mission heard that where there had been close working relationships before Haiyan, the co-working model worked well; but that there was less familiarity with the cluster system (both that established in 2007, later laid out in the Government 2010 act and the IASC structure) at the local level. The effectiveness of the international cluster system and L3 response mechanisms in "fitting" with the systems pre-established under the Philippines Disaster Management system is an area the evaluation will explore.

The coordination structures are now being reduced in scale. The coordination hub has been closed in Cebu and scaled down to an office status in Ormoc. A number of clusters also report a reducing number of partners. At the same time, during the inception mission discussions were underway to enable coordination for the remainder of the SRP until November 2014 and to work with the government structure for recovery and rehabilitation, OPARR. In addition, given that a number of issues being faced in the response are inter-cluster in nature e.g. regarding land, relocation and land clearance. The HCT reports in the second Periodic Monitoring Report it is considering the implications of these for the coordination architecture.

2.2.2 **Key stakeholders**

The key stakeholders in the HCT-coordinated Haiyan response are detailed below.

**Table 3: Stakeholders in the response and evaluation**

|  |  |
| --- | --- |
| **Stakeholder** | **Interest in the response and the evaluation** |
| **Communities** including women, men, youth, elderly, disabled and children. Barangay captain and council. | Most impacted by the crisis, intended primary beneficiaries of the response.  Barangay captains responsible for liaison between the community and the LGU. |
| **The National Disaster Risk Reduction and Management Council (NDRRMC)** | Lead government mechanism to coordinate disaster risk reduction and management including response.  Interest in how the international response impacts national systems.  This is a new office. The role has historically been played by the National Economic Development Authority (NEDA) in the National DRRM Council. The creation of the OPARR initially caused some confusion among government agencies as to the respective roles of OPARR and NEDA. |
| **Office of the Presidential Assistance for Rehabilitation and Recovery (OPARR)** | Lead coordinator for rehabilitation and recovery.  Interest in how the international system works with it particularly during this transition period. |
| **Office of Civil Defense** | Chair of NDRRMC. Lead of coordination. |
| **Department of Social Welfare and Development** | Lead on a range of clusters (see above).  Key partner in implementation of humanitarian response at different levels. |
| **Local Government Unit** | Lead government agency at municipal level. |
| **Government implementing departments - OCD, DSWD, health, education.** | Implementing departments at regional, provincial and national levels.  Interest in how the international response worked with them and their systems. |
| **Civil society organisations including NGO** | First responders in many areas. Often involved in long-term development work with communities before and after Haiyan. Interest in how the international response worked with them. |
| **HCT members** | Led by the Humanitarian Coordinator to ensure that humanitarian response delivers life-saving and early recovery assistance to those in need as a result of effective and timely decision-making and planning, in accordance with humanitarian principles and the principle of “accountability to affected populations.” Responsible for agreeing common and strategic issues, monitoring response effectiveness and coordination. |
| **Cluster leads** | Government bodies responsible for coordination of identified sectors. |
| **Cluster co-lead** | International organisation responsible, together with the government lead agency for the coordination of the response in line with identified cluster functions laid out in Humanitarian Programme Cycle reference documents. Interest in how effective the roles function and structure for the response. |
| **Cluster partners** | Implementing organisations working with communities, often with local civil society and UN agencies. Interest in overall response results and effectiveness of coordination and approach. |
| **OCHA** | Responsibility to support the coordination of the response through support to the HC and HCT; to bring together humanitarian actors to ensure a coherent response to emergencies. |
| **Donors** | Providing support and resources for the response. Accountable to their public for ensuring good use of money to support an effective response. Many with long-term experience in disaster management and existing relationships in the Philippines. |
| **International organisations, and international NGOs.** | There is a distinction between agencies with pre-existing programmes in the Philippines (before Haiyan) and those without. Some of the former have country programmes which have been directly impacted by Haiyan i.e. if Regions VI, VII and VIII community and other needs may have changed and planned programmes impacted. For many agencies Regions VI, VII and VIII were not their focus and at least initially they transferred capacity to Haiyan-affected areas. |
| **Red Cross Movement** | Key international humanitarian organisation with a National Society with network of disaster management capacity (Philippines Red Cross Society) and identified role in national disaster response. |
| **Inter-agency standing committee** | Primary mechanism for inter-agency coordination. Key groups include the Principals, the Working Group and Emergency Directors Group. Interest in knowing the success of the response and the added value of the new protocols and tools. |
| **Private sector** | Affected by the disasters and also responded to the disaster. Called on by the Government to contribute to the response through its Declaration of Calamity [[12]](#footnote-12). Could be affected by price controls which are implemented in the response as part of the Declaration. |

**Learning processes**

There are a number of other studies and learning processes complete or underway around Typhoon Haiyan. The IAHE will seek to avoid replicating these, draw on them and build on some areas they identify as concerns. A key process, part of the Humanitarian Programme Cycle is the Operational Peer Review (OPR) which took place in January 2014 and drew on a number of after action reviews led by OCHA and other agencies. Its findings will be considered by the IAHE e.g. to inform areas of focus. A civil-military coordination review was undertaken by the National Disaster Risk Reduction and Management Council (NDRRMC), the Office for the Coordination of Humanitarian Affairs (UN-OCHA), the Office of Civil Defence (OCD), the Armed Forces of the Philippines (AFP), the Philippine National Police (PNP), Member States, the Australian Government – Department of Foreign Affairs and Trade (DFAT), the World Food Programme (WFP). Other processes include the Disaster Response Dialogue which has completed a review and the Philippines study will form a major input to a global conference scheduled for 11-12 September 2014 in Manila. It looks at how to improve cooperation between the national and international responses to natural disasters. OCHA has recently undertaken field work in the Philippines as part of a global project reviewing humanitarian effectiveness which will produce a report in 2015.

UNICEF undertook its own real time evaluation at the four month mark of the response. UNDP was embarking on an after-action review of its response at the time of the IAHE inception mission. OCHA led a number of after-action reviews at the 2-3 month point and again in June 2014 (report awaited). The Communication for Disaster Affected Communities (CDAC) Network plans to undertake a lesson learning process in August 2014. Individual agencies and donors are also completing their own six months and other review processes. The government plans a review of its 2010 Disaster Management in line with the sunset clause.

The reviews to date have consistently highlighted a number of success areas. These include:

* rapid arrival of the international surge capacity staffed by experienced humanitarians.
* effectiveness of drawing on people working in other regions of Philippines to provide support (by government and international agencies).
* effectiveness of the “co-location” of coordination hubs/clusters in municipal offices (OPR).
* the government provided an enabling environment for the international humanitarian community despite being heavily affected, particularly at the local level[[13]](#footnote-13).
* the pre-deployment of UNDAC, and OCHA’s partnership with MapAction were noted as good practice to be replicated elsewhere (OPR).
* the targeted support for water, sanitation and immunisation in urban locations and displaced centres was effective e.g. restoration of municipal water supply in Tacloban for some 200,000 people within a week after the typhoon hit.
* in education, the initial provision of temporary learning spaces and school kits was timely and appropriate, as was the subsequent emphasis on psychosocial support.
* effective level of civil-military coordination during the Haiyan response in the Philippines which was largely the direct result of experts establishing previous professional and personal relationships during former deployments and/or training events[[14]](#footnote-14). While the effectiveness of the coordination varied by location with some recurrence of issues seen in previous responses – such as the lack of situational awareness, delayed implementation of standard operating procedures and lack of a commonly accepted information-sharing platform – the overall assessment in this area has consistently been very positive[[15]](#footnote-15).

The OPR in January 2014 highlighted a number of areas of concern. These include:

* *Transition -* the need for coordination on an inter-agency /inter-cluster basis from relief to recovery to be well planned and implemented.
* *Leadership -* the need to reform the HCT and its terms of reference to ensure effective communication and decision-making.
* *Shelter* - the need to finalise a strategy that links the emergency shelter response to transitional arrangements.
* *Early recovery and livelihoods* -the need to resolve management of the early recover and livelihoods clusters and ensure proper capacity in field locations.

The document review and inception visit identified a number of key issues which are detailed in Annex 6.1 attached to the Terms of Reference. Some of the key themes and issues included:

* innovative approaches in the response -e.g. use of cross cutting thematic advisors, scale of cash-based responses
* extent to which the response has contributed to community resilience
* extent to which the response complemented, harmonised with and strengthened government mechanisms and engaged with civil society
* transition and phase out planning and processes
* extent of effectiveness of the HCT
* equity issues (including coverage, reach to those most in need and consistency of quality of the response, consideration of gender and others differences between people)
* effectiveness and proportionality of the coordination mechanisms and systems including transactions costs such as time and scale of other resources absorbed by coordination activities
* application, added value and effectiveness of new HPC tools e.g. SRP,OPR
* land issues including bunk-houses, relocation, access to and use of land.

The advisory group to the evaluation stressed the importance of focusing the evaluation so as not to become unwieldy. The evaluation has taken these areas of concern and interest as one of the starting points in developing the evaluation focus areas and approach. The rationale for the planned focus areas is detailed below.

# 3. Evaluation methodology

## 3.1 Methodological approach

**a) Overview**

The evaluation is both an assessment of the progress of the response to date and also aims to contribute learning to the humanitarian community within and outside of the Philippines. It aims to provide an overview of the response and to focus on key aspects to enable more in-depth learning. The proposed focus for the evaluation takes into account the accountability purpose of the evaluation, the potential for learning from innovation and characteristics of this middle income context. The methodology seeks to involve key stakeholders from the affected communities, government departments at different levels, civil society and international actors involved in the response. Findings will be triangulated to ensure their validity as detailed below in the section on quality assurance. The evaluation looks across the five objectives of the SRP, with some focus areas as detailed below in 3c.

The evaluation faces a number of challenges. Four key ones are below.

* **Boundaries of what is being evaluated** - Many actors responded to Typhoon Haiyan. The government leads a strong response, civil society and the private sector are very active and a number of "non-traditional" international organisations also responded with activities that may have contributed to the SRP objectives but have operated outside of IASC coordination mechanisms. Not all stakeholders will know or distinguish between these types of organisation and responses, posing a challenge of attribution. In addition, the coordination of the response is led by the government but this evaluation is not evaluating the government. Rather, the IAHE is focusing on the response detailed in the SRP and coordinated by the HCT, not the whole response.
* **Focus -** The evaluation aims not to duplicate other processes but the terms of reference require it to cover the entire response. The main part of the evaluation is the field work by the four-person team over three weeks in August-September. This sets the limits to what can be achieved and raises a choice between breadth and depth of issues to consider. The four evaluation questions from the ToR cover a broad range of potential issues as well as addressing different aspects of the response i.e. results, coordination, capacity building and application of IASC guidance. Given the strong advice from the advisory group, we conclude that the evaluation must focus on specific areas within each question.
* **Timing** - The evaluation is taking place in month ten of the response. Many of the affected communities and other stakeholders have moved on significantly since the immediate response and are very focused on recovery. This may be of benefit to the evaluation in that it provides the space for a more reflective response to evaluation questions on the initial response but may also affect people's recollection of events. At the same time the evaluation will be in month 10 of a 12 month plan meaning that data to demonstrate results may be limited in some areas. The second PMR released on July 8th 2014 covering the response from January to April 2014 focuses mainly on output monitoring rather than outcome monitoring. This suggests that the provision of secondary data to track results against outcomes may be limited. The evaluation will aim to address these by focusing on key themes and triangulating available data and findings from a number of sources including documentation and interviews with a wide range of stakeholders involved from different perspectives.
* **Access to relevant people** - It will be a challenge to track down people who were involved in earlier stages of the response. The high turnover of personnel was a challenge faced by the OPR already at the three month stage. OCHA has been very helpful so far in providing contact details of past cluster coordinators and HCT members so the evaluation team will endeavour to contact the relevant people and work with OCHA, In-Country Advisory Group and partners for other contact details if needed. The evaluation team relies to some extent on OCHA, the In-Country Advisory Group and other agencies, particularly those in the evaluation advisory group to secure access to the key stakeholders and encourage participation in the evaluation.

These challenges are addressed in the scope, scale and approach detailed below.

**b) Phasing of the response**

The evaluation will consider the response in two phases: a) the first three months when the L3 status was ongoing and the focus of operations was on relief and b) when the L3 status was deactivated and the emphasis of operations was more on recovery.

|  |  |
| --- | --- |
| **Months 1-3** | **Month 4-10** |
| * Government declaration of state of calamity * L3 status * Focus on relief * Humanitarian cluster system in operation | * L3 status deactivated * Increasing emphasis on early recovery/recovery * Emergence of rehabilitation and recovery cluster system (OPARR) * Reduction in number of humanitarian clusters at sub-regional level and some at national level |

**c) Scope and scale**

The inception visit highlighted that the scope of the IAHE needs to be contained and focus on specific areas. Areas that have been identified are informed by three considerations:

* focus on areas where the nature of the IAHE means it can add value over and above other learning processes i.e. due to its inter-agency, inter-sectoral nature and its timing at month ten of the response.
* focus on innovative aspects of the response where there can be learning for the future
* focus on areas raised as concerns in earlier reviews and/or by stakeholders in the inception mission to explore in more depth their validity and how concerns and challenges were managed.

The scope of the evaluation is guided by the following parameters. The evaluation will consider:

* HCT-coordinated response i.e. The focus of the IAHE is on effectiveness of the response detailed in the SRP, co-led and implemented by the 14 UN organisations and 39 NGOs and international organisations appealing through the SRP. However, this is done with acknowledgement that this group and the SRP is only one part of the wider response which is led by the government, and also involved many organisations including civil society and private sector organisations as well as individual support to families e.g. from Diaspora through direct financial transfer.
* The ten months from November 8th 2013 to August 2014.
* Focus on performance, results and learning at country level. Agency headquarters issues are better assessed in agencies' own assessments which this evaluation is not intended to replace.
* Issues that cut across the whole response. The IAHE is not intended to replace sector, agency or cluster specific assessments and evaluations but rather where possible to draw on these. Primary data collection will focus on relevance, timeliness and overall effectiveness of the response along with coordination and system strengthening elements of the response. However, the evaluation will consider all five of the strategic objectives and thus, to some extent, the results and performance of all 11 clusters.
* The evaluation will consider documentation which covers the entire response across all the strategic response plan objectives, sectors and the regions the SRP covers. It will look in more depth at selected sectors e.g. in considering how beneficiary identification was carried out, standards across agencies ensured and cross-cutting issues treated. The selection ensures a spread across the five SRP objectives and includes those which have been responsible for use of the most significant resources and /or those for which concerns have been raised e.g. due to under-funding, in the OPR or lack of progress. As such the evaluation will focus on food security and agriculture; emergency shelter; early recovery and livelihoods; WASH and protection. The budgets for these five make up over 70% of the total SRP budget. They span the five SRP objectives.
* The IAHE builds on and does not intend to duplicate other processes but will take into consideration data and findings from other processes to guide focus areas for instance.
* The geographical scope of the evaluation will consider Regions VI, VII and VIII. In phase 2 it will include systematic community consultations in 16 communities across the regions as well as interviews and discussions with other key stakeholders as detailed below. It will include four provinces and eight municipalities or city units across the three regions. In phase 1 a community-level survey of approximately a further 12 communities will be carried out in Region VI including communities considered hard-to-reach. Municipalities and communities to be visited by the IAHE will be selected to meet the following criteria:
* areas that were most damaged
* area there were high levels of poverty before Typhoon Haiyan
* areas in receipt of inter-agency assistance
* spread of communities to include rural, urban and coastal including also some displaced communities.
* exclude communities frequently visited in other review processes such as the After Action Reviews held recently.

**d) Stakeholder involvement**

Key stakeholders will be involved in the evaluation through interviews, surveys and group discussions. The involvement of stakeholders referred to above in section 2.2.2 is detailed in the methodology section below. The IAHE team is aware that there is some element of evaluation fatigue among some stakeholders and we will seek to minimise burden on key informants who been involved in other review processes. The IAHE team is sensitive to this and where possible is making use of secondary data. In addition, the team aims to visit communities which are not regularly assessed in other processes.

**e) Gender**

Gender and how it was approached is one of the cross-cutting issues that the evaluation will consider (see below and evaluation matrix). Gender analysis is also an approach that informs the overall methodology of the IAHE. The team leader has a specialist gender background. To ensure a gender sensitive approach the team will:

* consider the extent to which gender disaggregated data was gathered, used and influenced the design and implementation of the response;
* ensure that interviews and group discussions with each stakeholder group include men and women and when appropriate these will take place separately;
* consider issues of access in relation to assistance and in particular that it fulfils the internationally accepted rights standards i.e. that it is **a**vailable and safe, **a**ccessible and affordable, of **a**cceptable quality and **a**daptable to the needs of women.

**Other** -The IAHE is taking place during typhoon season eg Typhoon Ramassun hit the Philippines in July 2014 in some areas common to Haiyan (region VIII). While this may cause challenges to the IAHE it may also provide opportunities to explore the extent o recovery to date. The team will keep aware of this.

A tool developed by the IASC, termed the impact pathway (attached to the IAHE evaluation ToR) is a helpful framework which outlines an "ideal response" and some of the steps and links between inputs and the impact of the response. The evaluation will use this as a reference document where relevant. Given that it did not exist when the response was designed it will not be used as basis for judgement criteria for the evaluation.

## 3.2 Evaluation questions (EQ), sub-questions and criteria

The evaluation is organised around the four core evaluation questions laid out in the terms of reference. The inception visit has enabled these to be contextualised and sub-questions established. These are detailed below along with the rationale for the focus**. A full evaluation matrix is attached in Annex 1.**

Evaluation criteria have been established for the evaluation questions. These draw on the DAC and other internationally accepted criteria. Criteria are detailed in the evaluation matrix and their selection has been guided by three considerations, namely that they:

* address key aspects for accountability to affected communities and key stakeholders s i.e. relevance, effectiveness, efficiency (timeliness).
* enable learning about innovative approaches in the response.
* link to distinct factors relevant to the context- large scale natural disaster; middle income country; country at high risk to natural hazards.

***EQ1. Were 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?***

Each SRP objective has targets and indicators which are the responsibility of one or more clusters. The SRP is framed so that the HCT-coordinated response ***contributes*** to these objectives, but does not take full responsibility for their overall coverage. Thus the evaluation will focus on achievement of targets and performance against the identified indicators as a means to assess progress. Given that the plan is for twelve months, the evaluation will focus on *progress to date* in relation to the intended results i.e. the targets and other indicators. The evaluation does not propose to collect primary data in relation to the SRP indicators and nor will it seek to duplicate agency or sector specific evaluations. Rather it will consider the secondary data available. Key resources will be the periodic monitoring reports and individual cluster reports that lie behind these. The evaluation will also gather additional qualitative data from key stakeholders notably communities and local government officials regarding the relevance, effectiveness and timeliness of the response.

The evaluation will consider the relevance of the response (objectives, targets and activities) to achieve the SRP goal by considering the **quality of the assessment processes** at different stages of the response and the adaptability of the response to assessments, new information or identified needs. The evaluation will take into account the differential funding of the response which ranges from 89% to 27% for different clusters and, through interviews with cluster coordinators, partners and the HCT these differences in resourcing have been managed in relation to planned results and identified priorities. The evaluation will explore how challenge and risks were anticipated and managed considering those laid out in the SRP and through interviews with cluster coordinators and others. The evaluation will also gather feedback from communities and other key stakeholders through both quantitative and qualitative processes regarding the appropriateness of assistance including in terms of its content, timing and sequencing of different interventions.

An innovative aspect of the response was the investment into the provision of technical support for cross-cutting issues. This included the provision of advisors in gender, environment, cash, accountability, communication with communities and the private sector. Following consultation during the inception visit, the evaluation is designed to gather learning on how these inputs did and can add maximum value with a particular focus on gender, cash and accountability[[16]](#footnote-16) as the areas in which there was most investment. It will not be a full impact assessment of these issues which would require full evaluations in themselves but will gather learning on any identified result and effective approaches to integrating consideration of the issues consistently across the response.

**Table 4: Evaluation sub-questions and criteria**

|  |  |
| --- | --- |
| **EQ1. Were 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?** | |
| **Sub-question** | **Evaluation criteria/evidence sought** |
| 1.1 To what extent is the response on track to reach its intended results? | * + - Extent to which the SRP targets have been reached.     - Risks and challenges were well managed (predicted, identified, planned for, ongoing identification; assumptions correct?)[[17]](#footnote-17).     - Quality of the targets and indicators to monitor progress towards results (extent to which they enable monitoring of outputs and outcomes). |
| 1.2 How relevant is the collective response to the priorities and needs of the affected communities? | * Quality of assessments (criteria of timeliness, relevance, validity, transparency, continuity) *[[18]](#footnote-18).* * Extent the SRP objectives, targets and cluster/agency aims and operational approaches match needs and priorities identified in MIRA and later analyses * Extent of programme monitoring and programme adaptation in light of new information. * Community satisfaction with assistance. * Differential needs were considered and addressed in operations i.e. evidence that gender and age disaggregated data has been gathered, analysed and influenced programme design; evidence of equal access for men, women, girls and boys to range of response interventions. * Establishment of effective two-way communication with affected communities across regions and sectors. |
| 1.3 How timely was the response? | * Immediate, life-saving assistance reached communities promptly. * Immediate assistance was appropriately prioritised i.e. clear criteria for what got resourced first. * Response transition to recovery and phase out in line with needs. |
| 1.4 What learning is there from the response about how to address cross-cutting issues? | * Evidence of added value of technical advisors in gender, cash and accountability. * Learning and examples of approaches that went well. * Learning and examples of approaches that were not successful. |

***EQ2. How well did the international response engage with and strengthen national and local systems, structures and actors for disaster response?***

The original question in the ToR is "To what extent have national and local stakeholders been involved and their capacities strengthened through the response?". Given that the lead responder and coordinator of the response is the Government of the Philippines we suggest reframing this question to focus less on the *involvement* of national and local stakeholders but rather on how well the international HCT-coordinated response worked with and strengthened national and local systems and stakeholders.

Given the timing of the IAHE, it is very early to be able to see the results for this question. The results of the approach and any direct or indirect approaches to capacity building may be seen only when the next crisis occurs. However, it is possible to explore how the response was designed and considered national structures and stakeholders and the evaluation will seek to identify any initial effects (positive or negative) of the approach on national and local disaster response systems and stakeholders.

The Philippines has a well established disaster response system but is also one of the most at risk countries to natural hazards in the world. The Humanitarian Programme Cycle guidance confirms that international responses are designed to support the central role of governments in the disaster response. The inception visit began some preliminary mapping of the government response detailed earlier in this report. The evaluation will explore the complementarity of the SRP and inter-agency response with government response e.g. as detailed in selected, available sectorial plans or strategies and in co-ordination with OCD and DSWD. Given the 12 month nature of the SRP the coordination with OPARR and complementarity with RAY will also be considered, as well as how the HCT-coordinated response related to government-set structures (pre-existing clusters) and systems e.g. for identification of beneficiaries or vulnerability (such as the 4P system for social protection).

The OPR highlighted some concerns including the risk of the L3 surge capacity over-whelming rather than supporting national capacities and also the need for greater coordination with national NGOs. Thus, these two stakeholders, government at local government and central level as well as civil society will be the focus of this section of the IAHE.

**Table 5: Evaluation sub-questions and criteria.**

|  |  |
| --- | --- |
| **EQ2. How well did the international response engage with and strengthen national and local systems, structures and actors for disaster response?** | |
| **Evaluation sub-question** | **Evaluation criteria/evidence sought** |
| 2.1 To what extent did the international response complement and strengthen national government disaster response systems? | * Harmonisation of HCT-coordinated response with government protocols, systems and procedures. * Preparedness for national-international cooperation for a large scale crisis. |
| 2.2 How well did the international response work with local level government structures? | * Response has strengthened the government's disaster response systems at municipal, provincial and regional levels. |
| 2.3 How effectively has the HCT-coordinated response engaged with and strengthened national and local NGOs and civil society organisations? | * Agencies have engaged with national NGOs throughout the response. * Cluster engagement with local organisations responding to the disaster. |

***EQ3. Was the assistance well-coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results or the lack thereof?***

A key contribution of an inter-agency evaluation to learning from the response is its ability to focus on coordination and the extent of consistency in standards and approaches across the response. There are many features of coordination and ways to assess its effectiveness. Following input from stakeholders in the inception visit it is proposed that the evaluation consider four key aspects namely: coverage; consistency; transition and leadership. The rationale for each of these is as follows.

*Coverage -* Typhoon Haiyan hit a huge geographical area including many hard-to-reach areas and caused major infrastructure damage impeding access. There were also multiple organisations responding including many "non-traditional" organisations, increasingly a feature of emergency responses particularly but not exclusively in middle-income countries. These factors made avoiding duplication and ensuring gaps were filled very difficult. The evaluation will focus on the extent to which the coordination mechanisms enabled coverage of needs and in particular that the HCT-coordinated response focused on gaps.

*Consistency* - A key contribution an inter-agency and multi-sectoral review can make is to consider consistency of a response across different geographical areas, sectors and phases. Thus the evaluation will consider the extent to which common standards were agreed, worked toward and monitored e.g. SPHERE standards, government standards.

*Transition -* A concern highlighted in the OPR was the need for coordination towards transition i.e. to plan for the increased focus on recovery and exit rather than relief. The evaluation will consider how this recommendation was responded to.

*Leadership -* A key aim of the Transformative Agenda is to improve leadership in responses and specific protocols and measures were introduced to support it e.g. Concept paper on empowered leadership. A deputy HC was deployed for 6 weeks in November 2014. Leadership is an area highlighted by the OPR i.e. regarding communication, HCT ToRs and decision-making. The coordination mechanisms of the clusters and the HCT are key structures intended to provide leadership. The effectiveness of these groups will be considered. It will focus on assessment of the structures in relation to their named functions outlined in their ToR (revised for the HCT in 2014) and Reference Module for Cluster Coordination at country level. The IAHE will also consider leadership (i.e. collective advocacy to government and others as well as guidance and coordination of response approach). After consultation during the inception mission it will focus this on two key issues raised and which cut across sectors i.e. a) land access and use and b) relocation which impact on shelter solutions, livelihoods and protection issues.

**Table 6: Evaluation sub-questions and criteria.**

|  |  |
| --- | --- |
| **EQ3. Was the assistance well-coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results or the lack thereof?** | |
| **Evaluation sub-questions** | * **Evaluation criteria /evidence sought** |
| 3.1 How effectively have coordination mechanisms been able to ensure the HCT-coordinated/managed response reached areas of most need? | * The response has focused on areas of most vulnerability i.e. poorest and/or most damaged. * Consistent approaches across organisations and clusters to identify the most vulnerable and beneficiaries within the HCT-coordinated response and with government. |
| 3.2 How effectively have coordination mechanisms been able to ensure the HCT-coordinated/managed response ensures consistency in standards and quality of response? | * Clusters have produced consensus of standards to strive for. * Monitoring shows standards e.g. SPHERE, government baselines, government standards such as minimum wage have been achieved. |
| 3.3 How effectively have coordination mechanisms enabled the transition of the HCT-coordinated response activities to a focus on recovery and exit. | * Exit and transition plans exist and being implemented * Activities across clusters support transition to recovery. |
| 3.4 How effective was the HCT's leadership of the response? | * Effective cluster and inter-cluster coordination at national levels i.e. participation rates, cluster fulfilling 6 functions as defined in the Reference Module for Cluster Coordination at Country Level * Effective cluster and inter-cluster coordination at regional and sub-regional levels. * Effective of HCT advocacy on key issues of land; relocation. |

***EQ4. To what extent were IASC core humanitarian programming principals and guidance applied?***

The IASC Transformative Agenda aims to address acknowledged weaknesses in multilateral humanitarian responses and in particular build more effective leadership, coordination and accountability. Following the agreement of the Transformative Agenda (TA) in December 2011, the IASC Principals agreed the ‘TA Protocols’, which set the parameters for improved collective action in humanitarian emergencies[[19]](#footnote-19). Typhoon Haiyan was the first disaster categorised as L3 in a natural disaster context in which these were applied so is a rich context for learning.

A key tool introduced in the TA is the humanitarian programme cycle (HPC). The HPC aims to create a *process* that redefines the way in which international humanitarian actors engage - with each other, with national and local authorities, and with people affected by crises - to achieve more effective, efficient, predictable and transparent outcomes. The HPC includes a set of tools to support this i.e. the MIRA, SRP, OPR, PMR and other information tools (3Ws mapping).

The evaluation is an opportunity to learn from this application of the protocols for future L3 responses in natural disasters, particularly in middle income countries. Aspects of the TA are addressed in other parts of the evaluation i.e. coordination, cross-cutting issues including accountability to affected populations and transition to recovery, aspects of leadership.

This part of the evaluation will focus on selected elements of the TA to consider how the protocols and their application were operationalised and in particular to what effect. It will take into account that some of the protocols were just being rolled out as Haiyan struck. The key areas of enquiry will be around the added value of the HPC and its associated tools (MIRA, SRP, OPR, PMR); the consequences of declaring L3 status and the impact of HPC tools and processes on the collective and shared sense of aim and direction.

**Table 7: Evaluation sub-questions and criteria.**

|  |  |
| --- | --- |
| EQ4. To what extent were IASC core humanitarian programming principals and guidance applied? | |
| 4.1 To what extent did the tools associated with the humanitarian program cycle (Flash appeal, MIRA, SRP, OPR, PMR) support the HCT-coordinated operation be better coordinated and effective? | * Quality of the tools - MIRA, SRP [*criteria of timeliness; relevance, validity, transparency, continuity).* * Donors used the tools. * Field used the tools- HCT, clusters and partners. * Response adapted in light of monitoring data produced for the PMR. * Recommendations of the OPR acted on. |
| 4.2 What were the positive and negative results of the L3 status and its associated mechanisms and resources (flexible funding, surge capacity, empowered leadership, decision-making close to operations) for the effectiveness of the response in the first three and later stages of the response ? | * Surge capacity[[20]](#footnote-20) made a difference to the speed and quality of the response in the first three-month phase and later. * Speedy decision-making by the leadership (HC and HCT). * In-country decision-making was located appropriately between Manila, Tacloban, other. |
| 4.3 To what extent did the HPC processes (MIRA, SRP , PMR) build a collective ownership and commitment to shared aims of the response? | * Agency and cluster commitment to the SRP objectives. |

## 3.3 Data collection methods

The evaluation will use a combination of the following methods to collect data:

* Document review
* Community survey (quantitative methods)
* Online surveys
* Systematic community consultations (qualitative methods)
* Key information interviews(KII)
* Facilitated and structured focus group discussions
* Direct observation
* Feedback workshops

The evaluation matrix provides more detail on these methods and what will be deployed for different parts of the evaluation. Below are details of the phasing of data collection and more details on the methods. Data will be documented on an information grid based on the evaluation matrix to ensure consistent documentation and to enable the synthesis and analysis of data across regions and stakeholders. Further details of tools to be used in the evaluation are in Annex 4 (surveys, interview and focus group discussion guides, community consultation guide, information grid). These link also with the evaluation matrix in Annex 1.

## 3.4 Evaluation methods and phasing

Details of the methods to be used and phasing of the evaluation are below. A full schedule of requested interviews and meetings is included in Annex 2.2 along with the suggested itinerary.

**Phase One - 30th July 2014-20th August**

Data gathering and initial analysis in phase one will support the data collection in phase two enabling it to be better targeted and time of participants better used. This is one of the ways in which the evaluation seeks to be sensitive to the multiple demands upon key informants. It is also one of the ways we seek to gather data from and provide an opportunity for input from a wide range of informants including people who are no longer involved in the response but have important reflections on earlier stages of the response.

**a) Document review**

A document review will be carried before the main field work in phase two. Documentation will be analysed against the evaluation criteria and areas for which evidence is sought detailed in the evaluation matrix (Annex 1). A list of requested documentation is in Annex 3.

**b) Community survey[[21]](#footnote-21)**

A small-scale community survey will be carried out to provide quantitative data, systematically gathered and aim to involve communities affected by Typhoon Haiyan which received assistance. It will collect data on perceptions of the response relevance, timeliness and effectiveness. Accountability to, and communication with, affected populations will be included as survey themes. The survey will include women, men and older people (male and female) with a focus on people and places considered vulnerable due to their location e.g. hard to reach or status e.g. displaced, elderly, a focus discussed with the inter-agency evaluation steering group. The survey will be carried out in Regions VI in areas that were hard hit. Resources available are sufficient for the survey in one region, The focus area is selected because it was hard hit and it provides some balance to the community consultations taking place in phase two which will include a higher number of communities in Region VIII (though also some communities and other local stakeholders in Region VI and VII).

**c) Online survey to donors, HCT members, cluster coordinators**

A short online survey will be created and circulated to HCT members including those with observer status (named donors, international NGOs) and cluster coordinators, both those that are in-country at present and those who were in key positions during earlier phases of the response. The survey is will request feedback on:

* the quality of the outputs associated with the HPC - MIRA, OPR , SRP, PMR, information products
* the use of the outputs
* the appropriateness of the process to create the tools in terms of time inputs from agencies
* the timeliness of outputs
* the extent to which the HCT had provided clear strategic direction to the operation e.g. on key issues land, relocation
* the timeliness of direction
* the extent to which the HCT has fulfilled its leadership functions[[22]](#footnote-22) .

**d) Interviews and survey- clusters and partners**

A cluster coordination performance monitoring process was endorsed by the IASC Working Group in 2012. The guidance say this is a survey to be carried out 3-6 months after an emergency and then annually. The IAHE is in discussion with cluster coordinators to ascertain the status of this process and to gain access to data collected from the monitoring process. We will consider supplementing this with an additional email or online survey if additional data is required. However, reports of survey fatigue suggests that direct data collection through interviews will be more effective. The approach will be finalised when the cluster performance survey reports are available and reviewed.

**Phase Two - 21st August-12th September**

The core four-person evaluation team will spend three weeks in the Philippines for field work. The phase one data and initial analysis will feed into this phase two data gathering process. The field work will ,as far as possible be organised to gather data and cascade emerging findings from the community level through municipal, provincial and regional levels to the national level at Manila.

**a) Systematic community consultations**

The evaluation team will visit and carry out 16 systematic community consultations in Regions VI, VII and VIII. In each community the team will run facilitated and focused group discussions to gather feedback on the **relevance, timeliness and effectiveness of assistance.** They will seek also to gather recommendations on how assistance can be better provided in the future. Space will be created to enable women, men, disabled people, youth and older people to provide their input in separate spaces as appropriate. The IAHE team will liaise with Plan International which kindly offered to support the team with personnel especially trained to work with children to gather their input in some communities (not ones where Plan has been active). In each community the team will carry out a key informant interview with the Barangay Captain and/or discussion with the Council.

In each evaluation area at least four communities will be visited. There will be two evaluation areas in Region VIII (Tacloban and Guiuan), one in Region VI and one in Region VII. Communities will be identified to ensure the team meets with different livelihood groups so including urban, rural and coastal communities. The communities will be identified in the provinces which are most damaged and/or which were vulnerable or poor before Typhoon Haiyan (see attached map Annex 7.2). The communities will be selected independently by the IAHE but in consultation with the OCHA team in-country to ensure we visit communities that have received HCT-coordinated assistance, avoid communities frequented by other review processes and reach an appropriate distribution.

The data to be gathered from the community will be qualitative in nature and will be complementary to the quantitative data gathered in the Phase 1 survey which will also inform the focus of some questions.

**b) Municipal and regional level discussions - government representative and civil society**

The community consultations will be an input to group discussions and interviews to be held with government officials including representatives of key implementing agencies and partners (including MSWD, DWSD, Department of planning and development, health, education, other) at municipal and regional levels. There will be separate discussions for government representatives and for civil society representatives. The group discussions will consider:

* the relevance, timeliness, effectiveness of the HCT-coordinated response.
* how well the HCT-coordinated response worked with government response systems and civil society.
* evidence that the HCT-coordinated response strengthened (or weakened) the government response systems and civil society capacity or programmes.
* appropriateness and effectiveness of coordination systems with government and civil society to ensure information sharing, targeting of HCT-coordinated assistance avoided duplication and addressed gaps, quality (consistent standards) of assistance.
* recommendations for how coordination and assistance can be improved in the future.

**c) Key informant interviews with key government representatives** i.e. mayors, governors, government cluster lead agency representative, OPARR , LGU disaster response officers to consider the relevance, effectiveness, timeliness of HCT-coordinated assistance, coordination and impact of the response on government disaster response mechanisms.

**d) Group discussions with cluster partners**

At regional (and sub-regional level where appropriate e.g. Guiuan) the evaluation team will hold group discussions with the cluster partners to discuss:

* the relevance, timeliness, effectiveness of the HCT-coordinated response including consistency in quality standards applied, beneficiary targeting criteria and coverage to reach the most vulnerable
* how well the HCT-coordinated response worked with government response systems.
* appropriateness and effectiveness of coordination systems with government and civil society to ensure information sharing, assistance coverage, avoid duplication and quality (consistent standards) of assistance.
* use, costs and benefits of key collective outputs e.g. MIRA, SRP, PMR, assessments, monitoring, information products (3 Ws) and gaps analysis.
* recommendations for how coordination and assistance can be improved in the future.

**e) Key informant interviews with cluster co-leads and OCHA head of office/sub-office**

* The evaluation will hold interviews with cluster co-leads and OCHA heads of office and sub-office to discuss the above issues (see d) and also recommendations on how coordination can be improved.

**Manila level**

The emerging findings from the regional consultations will feed into the evaluation process at the national level. In Manila the team will hold interviews and group discussions with key groups including government representatives, civil society representatives, selected agency heads, selected HCT members, and key personnel including the RC/HC, Head of OCHA, inter-cluster coordinator, thematic advisers and selected donors. The key areas to be discussed with each group and key informant are outlined below.

|  |  |
| --- | --- |
| **Stakeholder** | **Areas to cover** |
| **Selected cluster co-leads** | * Progress towards results * Roles of lead and co-lead * Beneficiary selection criteria * Monitoring processes and programme adaptation * Implementation challenges and how they were managed * Management of transition * Quality standards * How the approach engaged with local stakeholders and strengthened national systems for disaster response * Coordination within and across clusters * Dealing with key cross-cutting issues e.g. land, relocation, cash, gender, accountability * Utility and added value of HPC tools * Decision-making in the response |
| **Selected government key informants:**  **- Head of DSWD**  **-Head of OPARR**  **-Head of OCD**  **- key coordinators and implementing partners in selected sectors** | * Roles of lead and co-lead * Levels of preparedness before Haiyan * Coverage and results * Management of transition * Experience of coordination mechanisms * How HCT-coordinated response engaged with government * Impact of response on strength of government disaster response mechanisms * "Fit" between HCT-coordination and government responses e.g. plans, coordination systems * Impact of HCT advocacy |
| **Selected cluster partners** | * Progress towards results * Evolution of programme from relief to recovery * Management of transition * Beneficiary selection criteria * Monitoring and programme adaptation * Challenges and how they were managed * How the approach engaged with local stakeholders and strengthened national systems for disaster response. * Quality standards * Dealing with key issues e.g. land, cash * Coordination within and across clusters * Utility and added value of HPC tools |
| **Selected Civil society organisations - national** | * Relevance, timeliness and effectiveness of HCT-coordinated response at different stages * Engagement with civil society - roles, communication, results for civil society including impact on local capacities to respond to future disasters. * Coordination |
| **Selected HCT members** | * Key challenges and achievements of response * Use of HPC tools - MIRA, SRP, PMR, information - 3w. * Decision-making -timeliness, challenges, successes, location of authority. * Effectiveness of in-country leadership structures (HCT, ICC and clusters) * Engagement with the government * Other questions to emerge from survey responses |
| **Selected donors** | * Key challenges and achievements of response * Use of tools - MIRA, SRP, PMR, information (3Ws) * Decision-making -timeliness, challenges, successes, location * Response engagement with the government * Effectiveness of in-country leadership structures (HCT, ICC and clusters) |

**e) Data analysis and validation**

Data collected will be collated and analysed using the evaluation matrix and evaluation criteria. Initial findings will be presented at a feedback workshop in Manila on Wednesday 10th September and potentially an earlier workshop in Tacloban on Tuesday 9th September. Emerging findings and recommendations will be shared and discussed at these events.

**Phase Three 13th September -31st October**

The team will analyse the data and produce a draft report in line with the IAHE guidelines by 7th October. If necessary the team will be in contact with the field to check facts and any out-standing issues that emerged relevant to the evaluation questions. It is planned to revise the report by the end of the month if feedback is received within two weeks.

**Phase 4 Dissemination and communication 1st -30th November**

This phase is dealt with below.

## 3.5 Limitations of methodology

The proposed methodology has some limitations, to a large extent driven by resources and timing but which the team will work hard to address.

*a) Online surveys* often have low response rates - a combination of survey or review "fatigue" among participants in the field and difficulties of tracking personnel formerly involved in the response but now outside of the Philippines may limit the quantity of responses and thus quality of the data the online survey provides. However, it will at the very least provide an opportunity for a much wider range of people to input to the evaluation than would be otherwise the case but is likely to produce very useful qualitative data as well as some quantitative data which will help focus the phase two data collection. The IAHE team will work with OCHA, In-Country Advisory Group and request the evaluation advisory group to promote active participation in the surveys.

*b) Scale of community visits* will be limited with phase one survey taking place only in Region VI (approximately 12 communities) and the phase two visits including 16 communities. However, these two sets of data collection will provide valuable quantitative and qualitative data. Findings will be triangulated through the document review and interviews with a wide range of stakeholders which will also provide valuable data regarding relevance, timeliness and effectiveness of the response.

c ) *The range of existing reviews* is not consistent across clusters and sectors with many agencies planning their evaluations for later in the response. As such there is less technical detail available to substantiate the findings on progress towards certain SRP indicators, targets and results. The IAHE is not undertaking technical data collection such as nutrition surveys or water testing but is reliant on existing data for that. Any limitations of that data will also limit the IAHE.

d) *The capacity of the team,* four persons in-country for three weeks is sufficient to cover a wide range of issues as detailed in this methodology. However, more remain and will require in-depth review in their own right e.g. the impact of cash on the markets. Where possible the IAHE will endeavour to highlight areas and questions which would benefit from further exploration because they appear to have rich experience which can benefit future responses in and/or outside of the Philippines

## 3.6 Quality Assurance

Quality assurance mechanisms which will be in place for the evaluation include:

a) Use of standard templates for data collection, aggregation and synthesis to ensure consistency across team members and places. Data and findings will be triangulated through the use of a range of methods as detailed above.

b) Valid will Quality Assure all outputs through peer review by both the Director, Alistair Hallam and QA independent adviser James Darcy.

c) The evaluation will be guided by an ethical approach which will adhere to principles of:

* a commitment to producing an evaluation of developmental and practical value
* a commitment to avoid harm to participants
* a respect for cultural norms
* a commitment to an inclusive approach ensuring access and participation of women and socially excluded groups
* a commitment to ensure participation in the evaluation is voluntary and free from external pressure
* a commitment to confidentiality and anonymity of participants[[23]](#footnote-23).

d) An in-country evaluation advisory group has been established as well as an inter-agency Evaluation Management Group (EMG) which, in line with the IAHE guidelines will provide valuable input to support the production of a high quality evaluation. The EMG roles includes to ensure the independence of the evaluation process and result and to provide quality control and inputs throughout the entire evaluation to ensure that it meets agreed criteria and standards.

## 3.7 Risks and Assumptions

In addition to the challenges already outlined the evaluation does face a number of risks and is based on some assumptions. Three key ones are below.

a) The evaluation is taking place during the typhoon season which may disrupt plans. The IAHE team will be flexible in its implementation to take this into account and guided by OCHA and the In-Country Advisory Group in the case of any serious incident.

b) The IAHE plan requests agency assistance including but not only OCHA to provide logistical support to the team for phase 2 field data collection i.e. setting up of meetings, enabling access to communities (e.g. access to transport- the evaluation has a small budget for this) and recruitment of translators. Please note that by the time of the evaluation team's visit OCHA office will be closed in Region VII so a contact organisation will be needed.

c) The evaluation is taking place within a tight schedule which is also at a time that is very busy for the response. The IAHE team requests the continued cooperation and speedy responses of key interlocutors in making documentation available and facilitating meetings and introductions. The team is grateful for the positive support provided by the agencies to date.

# 4. Organisation of the evaluation

## 4.1 Team composition, workplan and schedule

The four person core team is highly experienced in humanitarian and international development. It is made up of two Filipino members, Rusty Binas and Danny Carranza and two British members , Teresa Hanley (team leader) and Simon Little. It is supported by quality assurance team members (Alistair Hallam, Director of Valid International (Valid) and James Darcy, independent evaluation expert) as well as Valid project officers who are providing logistical, administrative and additional support. An additional expert in survey methodology is supporting the phase one community survey (Ernest Guevarra). Full CVs of the team were included in the original proposal.

Data collection for all four evaluation questions will be a collective responsibility across the team but with some focus areas and responsibilities for each team member. Each team member will also have a designated lead role in data analysis, some of which will be done in advance of the field work based on document review and initial data gathering and the remainder during and on completion of field work for input to the final report. The roles of the core team members build on their areas of expertise and are detailed below.

All four core team members will take part in the community and regional level consultations, dividing into two sub-teams to enable greater coverage and both including an Filipino and International team member. Danny Carranza and Rusty Binas will take a lead role in community consultations. They will also focus on how the response has engaged with government and civil society stakeholders as well as disaster management systems at municipal, regional and national levels. Teresa Hanley and Simon Little will focus on cluster partners and coordinators within regions. All four core team member will take part in interviews and group discussions at national level. Each team member will focus on 1-2 sectors/clusters and issues and as far as possible lead the interviews for key informants relevant to their area though the team will be flexible in this regard given logistical challenges of the response and stakeholders being spread across multiple locations.

In terms of data analysis each team member will have a focus question as detailed below but will contribute to analysis of all questions and overall evaluation conclusions and recommendations. The team leader will work on all questions. Provisional focus areas below:

* Rusty Binas- Evaluation question 2.
* Danny Carranza- Evaluation question 1
* Teresa Hanley- Evaluation question 3
* Simon Little- Evaluation question 4

**Workplan**

A detailed workplan is attached in Annex 2 which includes a suggested schedule for interviews, group and community consultations. Timing of the field work is scheduled for 21st August to 11th September which is in line with that proposed and discussed during the inception mission. The main phases of the evaluation are below:

* Inception phase 1st June to 27th July
* Data gathering phase one 28th July to 20th August
* Data gathering phase two 21st August to 11th September
* Data analysis and report writing 12th September to 7th October
* Submission of first draft 7th October
* Feedback on first draft 21st October
* Submission of final report 30th October

## 4.2 Communication and Dissemination

The IAHE team is committed to a process that supports the dissemination and communication around the evaluation findings to include all key stakeholders at the country level including communities as well as at the international level with a focus on IASC members and mechanisms. Dissemination will be seen as opportunities to discuss findings and their implications for future responses, systems and processes in response in the Philippines and similar contexts.

1. **In-country -** The evaluation team will present preliminary findings and emerging conclusions and recommendations at a debrief and validation workshop involving the evaluation advisory group and key stakeholders proposed for **Wednesday 10th September**. If possible the team will also present initial findings before this in **Tacloban on Tuesday 9th September**. This scheduling works around the planned DRD conference on 11-12th September which will involve many of the same audience members.
2. **IASC -** Upon completion of the report the team will present the report to the IASC members and groups in New York and Geneva in late November/early December.
3. **Communities** - An important element emphasised in the terms of reference and in line with the commitment of accountability to communities is that the evaluation team will communicate results back to the communities. We will liaise with the Communication with Communities Officer to ensure the summary of the evaluation is translated into both Tagalog and the key languages and dialects spoken in the affected areas. In addition, Filipino members of the evaluation team will also be available for local radio interviews and we will liaise with the OCHA communications team to organise this. This will be an opportunity to highlight the significance of the community input to the evaluation.

One element that may be important to consider at this stage will be whether any representative from the programme also wants to join in the communication of the evaluation findings to share the HCT response of how it will act on any findings. This feedback to the communities will take place before the end of 2014.

# List of Annexes

## Annex 1 Evaluation matrix

## Annex 2 Workplan and schedule

**Annex 2.1 Evaluation workplan**

**Annex 2.2 Detailed field schedule with geographical plan and meetings requested (Tables, 1,2,3) -**

## Annex 3 Documents requested

## Annex 4 Evaluation tools

**4.1 Community survey (phase one) survey**

**4.2 Community consultation process (phase 2)**

**4.2 Survey - HCT, donors, cluster co-ordinators**

**4.3 Interview and group discussion guides**

**4.4 Information grid to collate data**

Annex 5 Terms of reference with annex list of issues raised in inception visit

## Annex 6 Inception visit schedule and people met/interviewed

## Annex 7 Maps of affected area

**7.1 Map of affected areas**

**7.2 Map of affected areas poverty incidence pre-Haiyan**

**7.3 Map of areas covered by coordinator hubs**

1. The same was true of the 2004 Indian Ocean Tsunami and the 2008 Cyclone Nargis in Myanmar. It is worth noting that the death toll related to both was far higher than for Haiyan (at least 138,000 died as a result of Cyclone Nargis). [↑](#footnote-ref-1)
2. Empowered leadership means that tools available to the HC should be strengthened to enable a) The HC to *take decisions* on behalf of the HCT in circumstances where there is no consensus, and where a delay in making a decision could have a serious effect on the welfare of people for whom the humanitarian operation exists b) The HC to have *quick access to all key information* on the nature of the crisis, the needs and the response, in order to lead the HCT in the development of a common analysis of the situation and priority needs, as well as to better coordinate the use of that information for advocacy and for a better response and c)3. The HC *to better support the accountability* of all partners for the overall response, including for results, performance and to affected populations, together with the HCT, including through the HC-ERC compact. [↑](#footnote-ref-2)
3. TA Protocol 2: Humanitarian System-Wide Emergency Activation: definition and procedures, 2012- L3 status triggers: Establishment of the HCT, with the current RC re-hatted as HC a.i. pending decision on the most appropriate leadership model; Deployment of a Senior/Emergency Humanitarian Coordinator within 72 hours of the onset of the crisis for up to 3 month; Deployment of the IARRM core team on a no regrets‟ basis; Immediate implementation of a MIRA, particularly the Preliminary Scenario Definition; Elaboration of a strategic statement within 5 days of the crisis onset by the HC/HCT which guides the Flash Appeal (to be developed within 7-10 days) and individual cluster response plans; Immediate initial CERF allocation of between US$10-20 million, to be issued by the ERC within 72 hours of the crisis onset, on a “no regrets” basis, to be allocated by the HC in support of priorities identified in the strategic statement; and activation of the “empowered leadership” model [↑](#footnote-ref-3)
4. Further stakeholder analysis follows in table 3 section 2.2.2 [↑](#footnote-ref-4)
5. The full itinerary is attached [↑](#footnote-ref-5)
6. Members are USAID, Canada, Japan, and Australia, OCHA, FAO, UNICEF, WFP,ILO, UNDP, National and International NGOs (PINGON), Plan, UNCSAC, Representatives from the Philippines government (DSWD) [↑](#footnote-ref-6)
7. Reconstruction Assistance for Yolanda (RAY), Government of the Philippines, 2013, p4. [↑](#footnote-ref-7)
8. Strategic Response Plan [↑](#footnote-ref-8)
9. Coordination is not a cluster but is listed here so table covers the overall areas where coordination determined. [↑](#footnote-ref-9)
10. Periodic Monitoring Report covering November 2013 to January 2014. [↑](#footnote-ref-10)
11. Coordination is not a cluster but is listed here so table covers the overall areas where coordination determined. [↑](#footnote-ref-11)
12. "...It shall be the policy of the State to engage the participation of civil society organizations (CSOs), the private sector and volunteers in the government's disaster risk reduction programs towards complementation of resources and effective delivery of services to the Citizenry; Act 101211 to Strengthen the Philippine Disaster Risk Reduction and Management System. Referenced in Statement of Calamity for Haiyan/Yolanda. , [↑](#footnote-ref-12)
13. OPR; DRD report [↑](#footnote-ref-13)
14. Haiyan UN-CMC AAR report; [↑](#footnote-ref-14)
15. Lessons from Civil-Military Disaster Response to Typhoon Haiyan (Yolanda), January 2014, Centre for Excellent on Disaster Management and Humanitarian Assistance [↑](#footnote-ref-15)
16. It should be noted the IASC Principles adopted in December 2011 five commitments relating to accountability covering 1) leadership, 2) transparency, 3) feedback and complaints, 4) participation, and 5) design, monitoring and evaluation. [↑](#footnote-ref-16)
17. SRP planning assumptions are that a) the situation will continue to improve across key sectors although the speed of improvement will vary across affected regions b) Recovery efforts continue to gain momentum c) Access is fully restored including to remote hard-to-reach barangays and d) typhoon season ends without further devastation to areas affected by Haiyan of the Bohol earthquake. [↑](#footnote-ref-17)
18. **Characteristics of a good assessment**

    A good assessment tool should have the following key characteristics:

    * Timeliness: providing information and analysis in time to inform key decisions about the response.
    * Relevance: providing information and analysis addressing questions which will influence decisions on what is to be done.
    * Coverage: adequate to develop an understanding of the range of experiences of various groups.
    * Validity: using methods that can be expected to lead to sound conclusions.
    * Transparency: being explicit about the assumptions made, methods used and information relied on to reach conclusions, and the limits of the data.
    * Continuity: providing relevant information throughout the course of a crisis. In case of a reassessment, there should be comparability with the data generated by previous assessments. This will require skill in information management to be able to identify changes and trends.

    *From ODI Common needs assessments and humanitarian action by Garfield, R. et al. (2011). ODI.* [↑](#footnote-ref-18)
19. The TA protocols include:

    1. Concept Paper on ‘Empowered Leadership’;
    2. Humanitarian System-Wide Emergency Activation: definition and procedures;
    3. Responding to Level 3 Emergencies: What ‘Empowered Leadership’ looks like in practice;
    4. Reference Module for Cluster Coordination at the Country Level; and
    5. Responding to Level 3 Emergencies: The Humanitarian Programme Cycle
    6. Concept paper on the Inter-Agency Rapid Response Mechanism;
    7. Common Framework for Capacity Development for Emergency Preparedness; and
    8. Operational Framework for Accountability to Affected Populations

    [↑](#footnote-ref-19)
20. This will include consideration of the functioning of the Deputy Humanitarian Coordinator position. [↑](#footnote-ref-20)
21. There have been initial discussions on the survey with the evaluation management group. The process begins with induction for the team on 28th July 2014. [↑](#footnote-ref-21)
22. Responsibilities were laid out in the revised ToR 27 Feb 2014 and Reference Module for the Implementation of the Humanitarian Programme Cycle. [↑](#footnote-ref-22)
23. Adapted from DFID Ethics and Principles for Research and Evaluation, 2011. https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/67483/dfid-ethics-prcpls-rsrch-eval.pdf [↑](#footnote-ref-23)