IA RTE PROCEDURES & METHODOLOGIES
Developed by the IA RTE Support Group

Final Version
16 July, 2010

TABLE OF CONTENT

ABBREVIATIONS

ALNAP	Active Learning Network for Accountability and Performance
CAP	Consolidated Appeals Process
CLA	Cluster Lead Agencies
ECB-Project	The Emergency Capacity Building Project
EoI	Expression of Interest
ERC	Emergency Relief Coordinator
FAO	United Nations Food and Agriculture Organization
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
IA RTE IG	Inter-agency Real Time Evaluation Interest Group
IA RTE MG	Inter-agency Real Time Evaluation Management Group
IA RTE AG	Inter-agency Real Time Evaluation Advisory Group
IA RTE SG	Inter-agency Real Time Evaluation Support Group
IA RTE	Inter-agency Real Time Evaluation
IASC	Inter-agency Standing Committee
IASC WG	Inter-agency Standing Committee Working Group
IFRC	International Federation of Red Cross and Red Crescent Societies
IRC	International Rescue Committee
M&E	Monitoring & Evaluation
OCHA EGS	OCHA Evaluation and Guidance Section (PDSB)
OCHA PDSB	OCHA Policy Development and Studies Branch
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OSOCC	On-Site Operations Coordination Centre
ROP	Recommended Operating Procedure
SOP	Standard Operating Procedure
UN	United Nations
UNDAC	United Nations Disaster Assessment and Coordination system
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WFP	United Nations World Food Programme
WHO	United Nations World Health Programme

BACKGROUND

1. During the 74th IASC Working Group Meeting, between 13-15 July 2009, the IASC Working Group (IASC WG) agreed to move beyond the pilot phase for inter-agency RTE to regular implementation. In this regard, it requested that an OCHA-led Inter-agency Real Time Evaluation Interest Group (OCHA IA RTE IG), using the learning from the pilot phase, develops a **set of operating procedures for RTE**, including:

   a. Criteria for the triggering of an IA-RTE
   b. A clear purpose statement for IA-RTEs
   c. A standard Terms of Reference and clearly described, commonly accepted assessment methodologies

2. The IASC WG agreed that RTE exercises should aim to be relevant, useful and empowering for the Humanitarian Country Teams, with HCTs[1] able to request an RTE or other inter-agency evaluations exercises. The IASC WG also agreed, however, that the HCT should not have veto power over the decisions to undertake a real time evaluation where the activation criteria are fulfilled.

3. Following this mandate, OCHA requested an independent consultant to develop an IA RTE *Concepts and Management Discussion Paper*, which outlined options for procedures and methodologies for future IA RTEs. On this basis the OCHA IA RTE IG split up in a Working Group on procedures and a Working Group on methodologies and met in September, November, February and May to further define and develop procedures and methodologies for IA RTEs as presented in this document.

4. The document is addressed to all stakeholders involved in an IA RTE. It lays out the roles, responsibilities for the various stakeholders, and recommends procedures and methodologies for triggering, conducting and managing an IA RTE.

5. The content of the document recommends procedures and methodologies solely for IA RTEs carried out in natural disasters / sudden onsets emergencies. The described procedures and methodologies do not apply to complex emergencies.

6. During the development phase, the IA RTE IG decided to rename itself to IA RTE Support Group (hereafter Support Group) given the new responsibilities and engagement set out in this document[2].

7. The Support Group decided that the document should be revised on a regular basis, in order to adapt it to new contexts and standards and lessons learnt from the IA RTE pilot in a complex emergency.

---

[1] HCT includes: local IASC, Cluster, NGO's, national Government, national NGO's involved in the humanitarian response
[2] The change of name is pending on approval by the IASC WG in July 2010.

1 IA RTE Core Definitions and Purpose

1.1 Definition

8. In recent years, efforts have been increasingly directed towards improving humanitarian response through inter-agency real-time evaluations (IA-RTE).

9. IA RTEs are 'Inter-Agency (IA)' in that the RTEs are instigated, managed and used by a variety of international organizations. These are represented at a global level in the IA RTE Support Group and for a specific IA RTE, through the IA RTE Management Group, the Humanitarian Country Team (HCT) and the in-country IA RTE Advisory Group, when established.

10. The term 'Real-Time (RT)' refers to the early implementation stages of a humanitarian emergency operation, to the rapid feedback of IA RTE findings at the field level, and to the possibility of an iterative, multi-phased approach depending on the scale of the disaster. A one-phase approach of an IA RTE would be carried out within the two first month and consists of remote monitoring and the IA RTE mission, whereas a multi phase approach would include a follow up second IA RTE mission (with a different focus corresponding to real time needs at a later stage in the response).

11. 'Evaluation' (E), as applied in the term IA RTE, describes a participatory review process. IA RTEs differ from other humanitarian evaluations regarding speed, coverage, methods, and outputs.

12. IA RTEs are hence typified by their: shared management and methodological oversight through global and national level inter-agency reference and management groups, celerity of mobilization, feedback and follow-up, light, agile approaches, restricted scope, and participatory methods.[3]

1.2 Purpose

13. IA RTEs can be defined as an evaluation carried out at the early implementation stages of a humanitarian operation which almost simultaneously feeds back its findings for immediate use by the broader humanitarian community at the field level. It can be a one phase approach or a multi-phase approach. Thus, the IA RTE can be used to feed back at several stages of a humanitarian response operation.

14. IA RTEs are intended primarily for learning in emergency operations with field-level 'inter-agency coordination and management at the core, especially in the context of sudden-onset disasters, or protracted crises undergoing a phase of rapid deterioration or escalating violence.

---

3 Definition offered by John Telford in 11th October Concepts Discussion and Management paper.

15. Ideally, IA RTEs seek to identify gaps, access constraints and potential threats to the "humanitarian space", assess the relevance, quality and timeliness of the response, unlock inter-stakeholder coordination/ collaboration problems or operational bottlenecks, propose appropriate strategic re-orientation and provide real time learning to the field on same. The principle aim is to identify strengths and weaknesses of the response through the assessment of the response to the affected population.

16. The primary end users of IA RTEs are in-country agencies and staff engaged in the humanitarian response, especially those involved in inter-agency coordination and management. Secondary users include management outside the country of operation, especially at headquarters levels, as the IA RTEs are also seen to strengthen the humanitarian reform. Thirdly, recurring lessons should emerge for a global humanitarian audience (especially when a critical mass of IA RTEs has been achieved).

2 RECOMMENDED PROCEDURES FOR IA RTEs

The chapter intends to recommend the main procedures for triggering and managing IA RTEs. It starts with a description of the roles and responsibilities for stakeholders involved in an IA RTE. Thereafter, it presents two criteria lists for triggering IA RTEs automatically or at request. Finally, the chapter sets out the procedures for conducting and managing IA RTEs.

2.1 Roles, Responsibilities & Management Arrangements

This section spells out the main roles, responsibilities and the general management arrangements for the main stakeholders in an IA RTE process, which are the ERC, the HC, the Support Group, the OCHA IA RTE Focal Point, the ad-hoc Management Group and an optional in-country Advisory Group.

2.1.1 ERC & HC

17. The Emergency Relief Coordinator (ERC) as the chair of the IASC, and the Humanitarian Coordinator (HC) of the country in which the IA RTE is carried out are the overall owner of the IA RTE process and deliveries.

18. The ERC and the HC bear the overall responsibility that a triggered IA RTE is carried out. They are responsible to stay informed about findings, conclusions and recommendations of the IA RTE report and to ensure a management response to the recommendations, including actions from the Cluster Lead Agencies (CLA) and partners of the HCT.

19. RTEs are a management tool to strengthen the humanitarian reform, and as such, CLAs and the HCT have to be involved in the IA RTE, and assist the ERC and HC to support the IA RTE, and to follow up on recommendations relevant to their clusters, or as managing the follow up with cluster partners.

20. The Emergency Relief Coordinator and the Humanitarian Coordinator delegate authority to the IASC IA RTE Support Group to trigger and manage IA RTEs as described in the procedures in this document.

2.1.2 Support Group

21. *Terms of Reference for the Support Group:*

- Actively supports IA RTEs which fulfill the 'Essential IA RTE Trigger Criteria' (automatically triggered) [*see section 2.2*]
- Proposes and initiates IA RTEs based on 'Desirable IA RTE Trigger Criteria' (triggering by request) [*see section 2.2*]

- Develops methodological approaches and refinements, if needed
- Provides human resources for an ad-hoc Management Group if the IA RTE is of interest to the agency/ organization of the Support Group member
- Provides evaluators and/ or in-country support to the IA RTE, if it is of interest to the agency/organization of the Support Group member.
- Provides financial contributions to the IA RTE, if it is of interest to the agency/organization of the Support Group member
- Provides substantive leadership, advice and strategic support and guidance to IA RTEs
- Reviews and suggests amendments to the final report
- Informs via the OCHA Focal Point the ERC and the HC on the results of the IA RTE.

22. *Recommended Operating Procedures for the Support Group:*

- The Support Group will meet regularly by teleconferencing & email at least every three months or as requested face-to face
- Support Group meetings can be convened, organized and chaired by every member of the Support Group. If there is no initiative on behalf of a member of the Support Group, then Support Group meetings will be organized, convened, and chaired by the OCHA Focal Point.
- The Support Group takes decisions on a quorum of two-thirds and after a general debate has taken place
- Membership arrangement to the Support Group is voluntary and open to IASC (UN, NGO's, IOM, Red Cross) ALNAP and member states.[4]

2.1.3 OCHA Focal Point

23. *OCHA EGS appoints a Focal Point whose main Terms of Reference are to*:

- Chair the Support Group and the ad-hoc Management Group, if need be and this task cannot be fulfilled by other members of the Support Group
- Organize and facilitate the work of the Support Group, the ad-hoc Management Group and oversee possible working groups.
- Drive the overall IA RTE agenda forward in full consultation with the Support Group and present results to the IASC periodically as requested by its members.
- Review IA RTE proposals along the established criteria list for launching IA RTEs
- In case, the IA RTE will be triggered, put out a call to the Support Group for volunteers to serve on the ad-hoc Management Group
- Ensure adequate consultation has taken place between the HC and the HCT members in country, in order to gauge the overall level of support for the exercise, even if IA RTE moves forward despite objections.

---

[4] Role of Member States: The IA RTE Support Group decided that until IA RTE procedures and methodologies are in place and endorsed by the IASC Working Group, Member States shall not be eligible to participate in the IA RTE Support Group. Once IA RTE procedures and methodologies have been endorsed, Member States membership in the Support Group will be re-discussed among the IA RTE Support Group.

- Initiate remote monitoring support at the onset of a sudden onset / natural disaster response operation; especially send out standard inventory of documents for remote monitoring data analysis
- Ensure oversight of the IA RTE evaluation processes
- Be the main point of contact for inquiries with regard to IA RTEs
- Serve as mediator between the Support Group, the ad-hoc Management Group, the Advisory Group and the consultant team if needed
- Inform the ERC on the results of process and outcomes of the IA RTE
- Inform the HC (via the ERC) on the results and outcomes of the IA RTE

2.1.4. Management Group (ad-hoc)

24.   *Terms of Reference for Ad-Hoc Management Group:*

- Manages the entire evaluation (including financial resource mobilization, team recruitment, team briefing, reviewing the inception report, and the draft and final report, as well as the management response plan) at key junctures of the project, and in consultation with Support Group members
- Offers in-country support (e.g., logistics, administration, advocacy, and so on) to the evaluation through their respective organizations
- Monitors and assesses the quality of the evaluation and its process at all phases of the RTE, from consultant recruitment to data collection and analysis and presentation;
- Undertakes adequate communication with external consultant(s) in order to ensure the timeliness, quality and independence of the IA RTE
- Provides guidance and institutional support to the external consultant(s), especially on issues of methodology, but also including other areas as necessary (e.g. navigating the inter-agency system, optimizing independence, and so on)
- Facilitates the consultants access to key stakeholders and specific information or expertise needed to perform the assessment (including data monitored remotely by members of the Support Group)
- If needed, recommends the establishment of an optional in-country Advisory Group (or   the use pre-existing groups like cluster-diagnostic groups etc.)
- Ensures that all stakeholders are kept informed at all stages of the process, but in particular with regard to key learning moments, and that communication with consultant(s) takes place as necessary so as to do so
- Fosters optimal engagement by the HCT on initial findings prior to dissemination, by requesting the ERC to instruct the HC to convene a mandatory in-country briefing or debriefing focused in country-level decision-making to be undertaken
- Provides quality control oversight to inception report, data collection instruments and the data collection process (including provision of critical feedback to consultants on the first few interviews of the project), final report, recommendations and presentations (also in-country), ensuring ToR are met, evaluation questions sufficiently answered in a coherent manner free

from internal contradictions, that conclusions and recommendations are clear and supported by evidence, among others

- Facilitates the consultation and comments process on the draft report by the HC, HCT, the Advisory Group, the Support Group, and all people interviewed
- Provides comments on zero draft and draft report
- Approves the final IA RTE report and shares the report with Support Group members
- Sends the final report to the ERC. Advises the ERC to request from the HC to follow up on recommendations through a recommendation workshop/or a management response plan
- Sets up a communication strategy and manages "communications" both with internal stakeholders (e.g. handling agencies' objectives to the IA RTE) and external stakeholders (e.g. journalists, donors)

25.   *Recommended Operating Procedures for the Ad-Hoc Management Group:*

- An ad-hoc Management Group will be established for each IA RTE
- The ad-hoc Management Group will be established on a voluntary basis by members of the Support Group, with participation being initially solicited by the OCHA Focal Point. If there is to be a lead agency on the Management Group, this will be agreed among the Group's members, and determined on a voluntary basis according to members' comparative advantage and capacity for doing so.
- If no ad-hoc Management Group is formed, then the OCHA Focal Point will function as the IA RTE manager (capacity permitting).
- During the first meeting of the members of the ad-hoc Management Group, members will jointly discuss and define the specific governance arrangements for best achieving the objectives of the specific IA-RTE at hand, preferably (but not necessarily) in the form of a brief Management Group ToR. At minimum, this ToR should specify procedures for taking decisions(including for handling areas of disagreement among members). In addition, it should articulate specific roles and responsibilities of individual team members. It should outline the frequency at which Management Group meetings will be held to address key actions and decisions to be taken throughout the evaluation.

2.1.5 In-country Advisory Group

26.   The Terms of Reference and Recommended Operating Procedures described below are optional guidelines and applicable only if a need for this specific group has been expressed by the HCT. Or has been strongly recommended by the ad-hoc Management Group.

27.   *Terms of Reference for the in-country Advisory Group*[5]:

- Together with the HCT in the affected country the Advisory Group will serve as the main link between the IA RTE consultant team, the ad-hoc Management Group and key stakeholder groups involved in the response and / or impacted by the disaster. It will serve in an advisory capacity only, without having decision-making authority.

---

[5] The proposed text is an adapted draft terms of reference (courtesy of Jock Baker) developed for the RTE advisory group for the IA RTE Cyclone Nargis response. The ToR is taken from the ALNAP Guide Pilot Version of Real-time evaluations of humanitarian action and has been amended.

- The Advisory Group will provide advice and support to the IA RTE consultant team (hereafter consultant team) so they emerge at the end of the evaluative process with practical and useful guidance for in-country stakeholders – despite time and other constraints.
- The Advisory Group will help to promote ownership of respective stakeholder groups of the IA RTE process and subsequent use of the report (and related deliverables).

28.   Specific areas of engagement for the in-country Advisory Group in the IA RTE include:

- Provides appropriate advice and support to the IA RTE consultant team to help them in prioritizing issues and collecting the necessary supporting data to put together a comprehensive and credible evidence base to be used in analysis and development of recommendations.
- Reviews and provides appropriate and timely feedback on draft documents related to the IA-RTE (i.e. ToR, Inception Report, drafts of the final report) although, as the RTE is independent, comments will not necessarily be taken on board by the Management Group or consultant(s).
- Consolidating comments on drafts if appropriate.
- Facilitates the engagement of key stakeholder groups in consultations around draft documents to ensure that their perspectives are adequately represented and that there is broad ownership of the results (i.e. recommendations should 'resonate' with targeted stakeholder groups).
- Facilitates processes associated with development of action plans by stakeholders to follow up on recommendations, including monitoring of implementation of recommendations (either by the in-country Advisory Group or another body).
- Assists with developing and implementing a communication strategy in support of RTE processes, which should include providing appropriate feedback to communities directly affected by the disaster.
- Advises the HC/ HCT to establish a management response, in order to address the recommendations originating from the IA RTE report. Ensures that the management response is communicated to the HCT and the Support Group.

29.   *Membership in the in-country Advisory Group*:

- Membership of the in-country Advisory Group is based on a 'mapping' of key stakeholder groups that have been directly involved in the disaster / sudden onset. These comprise UN agencies, international NGOs, local NGOs and the Government. The OCHA HoO will assist in the mapping exercise and chair and convene the in-country Advisory Group, if no other member of the in-country Advisory Group volunteers.

2.2   Criteria Lists for Triggering IA RTEs

IA RTEs can be triggered in one of the following two ways, i.e. either *automatically* when essential criteria are met, or by *request*, when desirable criteria are met. The criteria for triggering IA RTEs automatically and the criteria for triggering RTEs at request are outlined below.

2.2.1 Essential IA RTE Trigger Criteria (which trigger IA RTEs automatically)

30.   The emergency is a sudden-onset disaster, or protracted crisis undergoing a phase of rapid deterioration, or a major epidemic involving many actors.

31.   The emergency can be considered to trigger an IA RTE automatically if the following two criteria are fulfilled[6]:

   a.   The Flash Appeal or Consolidated Appeals Process identifies that more than 1 million individuals are affected

   b.   The initial Flash Appeal requests an amount of more than US$ 50 million or the CAP requests an amount of more than US$ 350 million.[7]

2.2.2 Desirable IA RTE Trigger Criteria (which trigger IA RTEs by request)

All of the following criteria have to be fulfilled, in order to trigger an IA RTE at request.

32.   A specific request has been made by: the IASC WG, the Emergency Relief Co-ordinator (ERC), the RC/HC or the majority of HCT members.

33.   The inter-agency coordination and management to be examined are 'time and place specific': covering a specific period - e.g. from the beginning of the triggering event(s) to the time of the evaluation - and a clearly defined geographic area (or areas).

34.   There are important opportunities for relevant real-time learning, which will feed into the revision of HCT decision-making, as well as appeal documents, strategies and common response plans.

35.   Members of the Support Group have agreed to:
   a.   act as a lead agency, or co-manager for the IA RTE
   b.   to make resources available from their own budget
   c.   to support the inclusion of a budget into a Flash Appeal or a CAP

---

[6] Until stand-by arrangements for consultants are in place, the IA RTE will be triggered according to these two conditions, but their realization remain dependent on available financial and human resources capacity.
[7] OCHA proposes these figures based on a review of Flash Appeals and CAPs in the years 2008 and 2009. See Annex.

2.3 Procedures for Triggering IA RTEs

This section describes step by step the procedures to trigger IA RTEs 'automatically' based on the essential criteria, or at request based on the desirable criteria.

2.3.1 Automatic Triggering according to the Essential Criteria

36. Immediately after a sudden-onset has taken place, the OCHA Focal Point takes the initiative to review the sudden onset disaster against the established essential criteria.

37. If the sudden-onset fulfills the essential criteria or is expected to fulfill the essential criteria (based on the magnitude of the disaster) the OCHA Focal Point will inform the Support Group that the essential criteria to trigger the IA RTE are met and will therefore be launched.

38. OCHA Focal Point will include a provision for an IA RTE in the range between 80.000-120.000 US Dollar into the Flash Appeal.

39. OCHA Focal Point will launch a call to the Support Group to establish an ad-hoc Management Group.

40. Results of the criteria-review and any background information is posted on the IA RTE website (e.g. how it does meet the criteria)

41. OCHA Focal Point / ad-hoc Management Group to inform the ERC that an IA RTE has been automatically triggered. Advise the ERC to inform the HC/ HCT that an IA RTE will take place and to elicit feedback and engagement of the HCT.

42. Members of the ad-hoc Management Group will plan all practical arrangements, such as: management, administrative and logistical arrangements; in-country support and set up of an optional Advisory Group, the support to be provided by ad-hoc Management Group; international travel; in-country transportation; consultant remuneration and hiring; interpretation arrangements; provision of communications and office support, etc.

43. On request of the OCHA Focal Point, the Support Group will start to gather remote monitoring – information data on key events of the response operation within their agencies/ organizations, in order to provide for a thorough desk review of the consultants before being deployed to the field.

44. The time between the triggering of the IA RTE (inclusion into the Flash Appeal) and the deployment of the evaluation team in the field, shall ideally take place within two months, but no later than three months.

<u>2.3.2 Triggering at Request according to the Desirable Criteria</u>

45.   OCHA Focal Point to make and receive proposals to conduct an IA RTE (e.g. from members of the Support Group, the IASC WG, the ERC, the RC/HC, or the majority of HCT members).

46.   OCHA Focal Point to review the proposal against the IA RTE desirable trigger criteria, including the availability of a capacity to conduct an IA RTE (e.g. funds and management time). In this regard, OCHA Focal Point might gauge first interest of key stakeholders (including Support Group) to launch and manage IA RTE.

47.   Results of the desirable criteria-review and any background information posted on the IA RTE website (e.g. how it does or does not meet the criteria).

48.   If trigger criteria are met: OCHA Focal Point to circulate the proposal with background comments by email to HC(T), Support Group and any other priority actors (e.g. ERC, IASC) drawing   attention to the IA RTE website[8] page and process.

49.   Support Group members within a one week (5 working days) turnaround to:

        a. Review the proposal and results of the criteria-review
        b. Vote, by ticking one of three options – agree (to launch); disagree; or abstain. In case of disagreement, Support Group members need to carefully explain their decision in writing and "make a case/ solid argument" of their decision. A non response within a one week (5 working days) is taken as an abstention.
        c. Answer whether the agency would tentatively be willing to:
                i.   Join (or lead) the IA RTE ad-hoc Management Group
                ii. Host the IA RTE in-country
                iii. Provide other support – evaluators, funding, etc.

50.   OCHA Focal Point to review responses (and follow-up bi-laterally if there is a need for additional clarity or background).

51.   OCHA Focal Point to count positive or negative responses on a two-third majority basis and to publish the results whether the IA RTE will be triggered on the IA RTE web page, including the actual decision by each members of the Support Group.

52.   An option is that the Support Group recommendation to proceed with an IA RTE be referred to the ERC (or IASC), especially for sensitive cases or if strong opposition to the Support Group decision exists. The ERC (or IASC) would reply within a set time limit, saying 'yes' or 'no'.

---

[8] An IA RTE website will be set up after the approval of this document. Until the website is set up, documents related to IA RTEs will be published on OCHA's Evaluation and Studies Website.

53. If the decision is negative, end the process and inform all accordingly in a standard email and on the web.

54. If the decision is positive, organize the IA RTE as set out in paragraph 40-44.

2.4 Procedures & Conditions for Conducting and Managing IA RTEs

The following sections lay out the conditions which are necessary before an IA RTE can take place, as well as the recommended procedures for conducting and managing IA RTEs.

2.4.1 Necessary Conditions pre-IA RTE

55. Create and maintain a list of Support Group members and identify focal points (principals and alternates) for each member organization at the beginning of each year.

56. Establish an appropriate stand-by mechanism for consultants / consultant teams (identification of pre-approved evaluation experts)

57. Ensure sufficient funding through pre-agreed financing channels / funding mechanisms.

58. Establish practical arrangements (establish standby rosters, agree conditions of, and call for Support Group member staff availability for the roster, develop management and methodological toolboxes, Management Group ToR template, remote monitoring document request list, and so on).

59. Publicize the above - conduct an information campaign re the new IA RTE system (by circulars, Reliefweb posting, etc. by the Support Group, IASC, HC's, etc.).[9]

2.4.2 Conducting the IA RTE (recommended to the ad-hoc Management Group)

60. Suggest parameters for the IA RTE, including temporal and geographical boundaries and make any necessary adaptations to the standard TOR, as feasible and while attempting to keep these modifications to a minimum;

61. Assemble the evaluation team:
    a. publish a Call for an Expression of Interest on ALNAP and ReliefWeb (as long as an appropriate stand-by consultant mechanism is not in place)
    b. shortlist eligible candidates and select the consultant / consultant team through a transparent and fair decision-making process by the ad-hoc Management Group

---

[9] To be carried out after the approval of these recommended operating procedures.

62. Provide the evaluation team with the remotely monitored data, based on a standard inventory developed by the OCHA Focal Point, in order for the consultant team to start the desk review process as early as possible;

63. Brief the consultant team (if needed – hold a face to face meeting with the consultant team, in order to define the objectives of the evaluation, obtain common understanding on the ToR, discuss expectations and possible limitations, roles and responsibilities;

64. Oversee that the IA RTE is carried out according to the standard methods and approaches set out in this document., and in accordance with established good practice for independent evaluation;

65. Attend initial presentations of findings made by the consultant team to key actors (in-country through workshop & presentation) and ensure that the presentation draws out specific items for action by management so as to improve the response moving forward;

66. Oversee that in-country debriefings validate the initial findings, facts and recommendations relevant for the operational response at country-level (if already formulated). Oversee that the consultant team holds its in-country debriefings in front of the local IASC, CLA, HC, local NGO's and Government and all people interviewed, as well as all interested stakeholders. Ensure that consultants produce a powerpoint presentation for the debriefing with the clear indication that it is based on preliminary findings and needs further data analysis. After the debriefing, presentations should ideally be available in English and in the local language of the affected population and be posted on the IA RTE website.

67. Commence communication of the lessons & recommendations (in-country), in collaboration with the consultant team;

68. After two weeks of the debrief in-country, the consultants should present the Management Group with the draft report. After a one day quality check , the Management Group will send the draft to the HC (requesting to circulate the report within the HCT, the Advisory Group, all people interviewed, and the Support Group). The draft will also be published on the IA RTE website.

69. Consolidated comments and feedback on the draft report should be send to the Management Group within a maximum of 10 days. The Management Group will forward comments immediately upon reception to the consultant team. Comments will also be published on the IA RTE website (If stakeholders express the wish that comments need to be treated confidentially, they would not be published).

70. After the finalization of the comments process (ten days), the consultant team will be given a maximum of seven days to incorporate or reject comments and provide the Management Group with the final report.

71.   Management Group reviews the final report and approves it within seven days. The report is also shared with the Support Group.

72.   Management Group in collaboration with the OCHA Focal Point send final report to the ERC and advise the ERC to recommend to the HC /HCT to initiate a recommendations workshop/discussion or the establishment of a Management Response Plan in response to the IA RTE report.

73.   Management Group organises translation, packaging, and dissemination of evaluation results (for the subsequent communication & use phase – with the focus on rapid delivery in-country).

2.4.3 Remote Monitoring

74.   Organizations / agencies participating in the Support Group commit themselves to remotely gather relevant information on their operational response, especially in view of coordination and management issues, key events and decisions taken within their organization/ agency in responding to the disaster, but also in relation to output and outcomes of the response.

75.   As general recommendation, the participating organization / agency should gather information along the established questions and the focus indicated in the 'IA RTE Framework' [*see section 3.2*].

76.   Data could consists of: e.g. Situation Reports, Needs Assessment Report, Key Messages, timeline of key decisions, timeline of cluster activation and activities, timeline of funding status, exit survey, and main contact list of key humanitarian stakeholders, Operational Task Force Meeting Minutes.[10]

77.   Information should be gathered on a CD-Rom and will be treated confidential. The data will be handed over to the consultant team in order to carry out a thorough and well informed desk review before being deployed to the field.

2.4.4 Standard Timelines

78.   The following timeline, which is shorter than that for past IA RTEs, is based on the critical assumptions that:

79.   The core focus of the IA RTE is limited to the focus displayed in the Standard Terms of Reference and the IA RTE Framework [*see section 3.2 & Annex 1*]

---

[10] A 'pre-prepared document inventory' lis twill be inlcuded into a revised IA RTE Procedures and Methodologies Document. Such an inventory would spell out in more detail a) those documents to request of all organisations all of the time, b) those documents to request of some organizations all of the time, c) those documents to request of some orhaniations some of the time.

80. Necessary IA RTE triggering procedures are agreed and in place.

81. Sufficient standby mechanisms and capacity exist for rapid mobilization, especially of the team. Evaluators are deployed from a standby roster, using pre-arranged and expedited procedures: e.g. 1-2 independent external; 1-2 national.

82. The evaluation is largely self-sufficient and unobtrusive, drawing upon in-country (HCT) emergency resources and staff-time to an absolute minimum (except for support provided willingly by Support Group member agencies/ organizations).

83. Approaches and outputs are light and agile compared to regular evaluations.

Action/event	Target Deadline
Emergency event(s)	**0**
TRIGGERING AND REMOTE MONITORING PHASE	
Automatic Triggering of IA RTE or Request	+2
Inclusion of the IA RTE into the initial Flash Appeal (if automatically triggered)	+2 (+x days pending on time needed to draft and publish the Flash Appeal)
Decision by the Support Group (in case the IA RTE is triggered at request)	+7
Remote Monitoring from HQ & Data Collection (via OTF, GCL Meetings, Virtual OSOCC, Sitreps)	0 day – until deployment of consultants (max.8 weeks)
Drafting of Terms of Reference (ToR) & Expression of Interest (EoI) (note: Standard Templates for IA RTE ToR are in place) & Approval	+8
Publication of EoI on Relief Web & ALNAP (note: until we have a an appropriate stand-by roster in place)	+9
MISSION ON THE INITIAL RESPONSE	
Hiring of Consultant – Contract signed (note: hiring process will be shorter – and thus the entire time line – once we have appropriate stand-by consultant mechanisms in place).	+39
Handover of remotely monitored data to the consultants. Consultants start the Desk Review.	+45
Mobilization of Consultant & one day face-to-face Mission Briefings in GVA /or NY (or	+ 50

via phone) between consultants and the ad-hoc Management Group	
Mission to the country – start with interviewing the affected population	+ 52
END OF MISSION: Debriefings in country to HCT (including government counterparts). Representatives of ad-hoc Management Group are present	**+73**
Draft report & additional debriefings to ad-hoc Management Group if needed	**+87**
Comments on draft report by HC/HCT, Advisory Group, Management Group, Support Group, and all people interviewed (timeline calculates 7 days for this process – but up to ten days might be granted).	+94
Production of Final Report	**+101**
Final Check & Approval by ad-hoc Management Group of Final Report. Report is also shared with the Support Group.	**+ 108**
IA RTE Support Group (via MG and OCHA Focal Point) hand over final report for follow up to HC via ERC	+ 109

2.4.5 Funding Arrangements

84. **Flash Appeal**: If an IA RTE is triggered automatically according to the Essential Criteria and timing permits, the costs for the envisaged IA RTE will be included as a project into the Flash Appeal drafted for the sudden onset / disaster. Based on the cost experience of previous IA RTEs, the OCHA IA RTE Focal Point will include a funding request for an IA RTE in the order of 80.000-120.00 US Dollar. The exact amount will be pending on the complexity of the emergency and the logistical capacity of the HCT to support the IA RTE.

85. **Cost Sharing**: OCHA has set up a an 'inter-agency evaluation and review' account, in order to receive funds as Special Designated Contributions (SDC). Donors, organizations and agencies will therefore be invited to transfer funding to this account as costs will be shared to the extent possible for upcoming IA RTEs.

86. Donors, agencies/ organizations providing funds shall have the right to participate in the Management Group.

87. Donors, agencies/ organizations which are funding the IA RTE, will be mentioned on the cover of the IA RTE report. In addition, a short narrative explaining the use of the funds for inter-agency evaluations would be included in the Annex of OCHA's Annual Report on Special Designated Contributions.

2.4.6 Information Disclosure Policy

88. The IA RTE Support Group is committed to making information about IA RTEs available to the public. The Support Group considers public access to information a key component of effective participation of all stakeholders in the evaluation process.

89. The IA RTE Information Disclosure Policy (hereinafter referred to as the "Policy") is intended to ensure that information concerning IA RTEs is available to all stakeholders and the public, except for limited information that is deemed confidential as set out in this Policy.

90. Consequently, the Management Group is committed to release the Terms of Reference, the Expression of Interest, the Inception Report (if applicable) as well as the debriefing presentations, the draft report and comments matrixes (if applicable), as well as the final report on its IA RTE website.

91. As a general rule, the policy is that unless there are good reasons to treat information confidentially, it will be publicly disclosed, i.e. shared and published on the IA RTE or

appropriate (in-country) website, after the Management Group (ad-hoc) has carried out a quality check of the documents.

92.   This Policy recognizes that humanitarian disasters pose particular challenges in terms of UN & NGO's Country Offices relations with Governments and other stakeholders. The fundamental principle that applies to information disclosure in these situations, or in communities with heightened levels of political, social and cultural tensions, is transparency. However, the Support Group recognizes that in certain situations, sensitive information relative to the political or other contexts will remain confidential. It will be up to the Management Group to decide if information will not be publicly shared. If documents will not be shared, it will be also announced on the IA RTE website.

3 RECOMMENDED METHODOLOGIES FOR IA RTEs

3.1 General Methodological Approach

93. The applied methods for IA RTE shall be light and participatory. The evaluations will be conducted by teams comprising independent consultants.

94. The evaluation will be carried out through analyses of various sources of information including desk reviews; field visits; interviews with key stakeholders (affected population, UN, / I/NGOs, donors, governments) and through cross-validation of data. While maintaining independence, the evaluation will seek the views of all parties, especially the affected population.

95. Evaluation teams will serve as 'facilitators', encouraging and assisting field personnel, both individually and collectively, to look critically at their operations and find creative solutions to problems.

96. Methods may include in addition a combination of the following: Facilitated discussions and group consultations (as a balance to time-consuming individual interviews); Establishing chronological timelines of key steps and decisions; Key stakeholder/informant interviews; Review of key documents; Sample site visits; Peer review methods; Iterative (mini-) evaluations; Participatory self-evaluations.

3.2 The IA RTE Framework

Purpose and Assumptions

97. The IA RTE Framework intends to provide the evaluators and the HCT with guidance on the most critical questions and issues to be evaluated. Ideally, the IA RTE Framework should be shared with all relevant stakeholders.

98. It is expected that evaluators use the Framework as main reference tool for their assessment. After having been deployed to the field, evaluators should try to first assess the outputs and outcomes of the humanitarian response at the level of the affected population (bottom-up approach), especially by answering one of the main questions of the Framework – "what were the main operational results, and their positive and negative outcomes for the affected population?". Deductive analysis should then guide evaluators to the other relevant dimensions and issues outlined in the Framework.

99. The IA RTE Framework is a model that intends to display crucial characteristics of an 'ideal humanitarian response'. It was developed to be applied for natural disasters and rapid external evaluation. Moreover, the Framework serves a communication tool between all

stakeholders and can therefore be slightly adapted to local issues and relevant opportunities for learning.

Evaluation Criteria, Issues & Key Questions

100.   The IA RTE will apply two to three evaluation criteria that are most useful for the evaluation of 'inter-agency coordination and management' issues within the affected country and will follow the logic of the 'IA RTE Framework'. According to the Framework evaluators will therefore first assess the quality of the response at the level of the 'affected population' and then make deductions on successes / failures in the different dimensions of the intervention.

101.   In this regard, the key question of the IA RTE will be: *How adequate was the response as a whole, and what operational results as well as positive and negative outcomes for the affected population did it produce?*

102.   The IA RTE Framework shall also serve as a basis of discussion between the evaluators and the HCT in order to identify the most relevant evaluation criteria and issues to be assessed.

The 'IA RTE Framework' as Diagram

yellow : potential areas for remote monitoring
blue: main overarching question

IA RTE EVALUATION FRAMEWORK			
Dimensions	**Characteristics of an Ideal Operation**	**Key Questions** (apply generally and also to each Cluster)	**Indicators & Data Sources** (Timelines daily during the first 2-3 weeks, then weekly and later monthly tbd)
I. SITUATION /CONTEXT, NEEDS **Context,** **Needs**	• All parts of the affected population could be assisted according to their needs and in an adequate and timely manner.	• **How adequate was the response as a whole, and what operational results as well as positive and negative outcomes for the affected population did it produce?** • What parts of the affected populations benefitted from humanitarian assistance? • What were the most important facts and figures characterizing the humanitarian situation? • Have coordinated assessments of the needs of all parts of the populations, men and boys, women and girls and vulnerable groups been performed? • What were the main (security or other) events which hampered the response?	• Number of Dead, Wounded, Sick • Degree of destruction, number of homeless / IDP • National Politicians and Institutions • International system / context • Affected / Assisted population • Security *Sitreps, Press releases, tbc*

IA RTE EVALUATION FRAMEWORK			
Dimensions	**Characteristics of an Ideal Operation**	**Key Questions** (apply generally and also to each Cluster)	**Indicators & Data Sources** (Timelines daily during the first 2-3 weeks, then weekly and later monthly tbd)
II. PLANNING & RESOURCES <u></u> **Strategic and Operational Planning** **Resource Mobilization**	• Coordinated needs assessment and discussions with all actors have resulted in a timely and adequate common humanitarian strategic action and operational response plan. • Appeals were issued and responded to in a timely and sufficient manner.	• Have relevant, inclusive and appropriate strategic and response plans been developed in a timely way and based on the analysis of the needs assessment? • Were the appeals issued in a timely way and responded to? • Was the continuity of funding and staffing warranted all the time or were there significant gaps?	• Common strategies established • Coherent operation plans (general and by Cluster) established • Appeal Processes timely organized and launched • Financing (pledges and flows) • Human resources: staff deployment • Timelines of production of plans • Timelines of pledges and funding • Timelines of staff deployment *Flash Appeals and revisions (communications by CAP section), FTS, Sitreps, Briefing papers, Staffing Tables, OTF protocols, Key messages for the USG and SG*
III. COORDINATION <u></u> **Coordination System Activated (OSOCC / Cluster Approach)**	• An inclusive coordination system has been established in a timely and efficient	• Has an inclusive and well-managed coordination system been established early	• Activation timeline of Coordination hubs (HQ and Field, link with peacekeeping missions,

IA RTE EVALUATION FRAMEWORK			
Dimensions	**Characteristics of an Ideal Operation**	**Key Questions (apply generally and also to each Cluster)**	**Indicators & Data Sources** (Timelines daily during the first 2-3 weeks, then weekly and later monthly tbd)
	manner.	on, including with the national actors, the military and all other relevant stakeholders?	OCHA, Clusters, US, national etc.)
Access, Principles, Advocacy	• Issues with regard to humanitarian space, access and security could be solved through advocacy in a timely and efficient manner.	• When were the main coordination bodies activated (by whom?) and connected? • Were roles & responsibilities, well defined and clear? • What key decisions have been taken by whom? • How has humanitarian space, access and security been assessed, with a view to identify and address bottlenecks and gaps?	• Key decisions inventory and timeline (including key stakeholders) • Gaps: dates of identification and addressing of critical bottlenecks and gaps (infrastructures, procedures, security) • Date and main features of the coordination arrangements with member states, military and National counterparts • IM network's "operationality"
Information Management and Public Information	• A timely, efficient and effective public information campaign has been put in place in order to explain to all involved stakeholders the humanitarian response. An efficient and effective information management system has been put in place for communication within the	• Was the coordination system supported by an efficient communication and information management system? (information flow within the field, between field and HQs) • Were public messages clear, timely and accurate and proactive?	• Timeline of key advocacy actions and messages • Negotiation protocols for access and security • CIMCOORD arrangements • Inventory of IM systems and their main functions • Key messages by main humanitarian actors • Quality and availability of expertise

IA RTE EVALUATION FRAMEWORK			
Dimensions	**Characteristics of an Ideal Operation**	**Key Questions (apply generally and also to each Cluster)**	**Indicators & Data Sources** (Timelines daily during the first 2-3 weeks, then weekly and later monthly tbd)
M&E **Cross- cutting issues (gender, environment, HIV/AIDS)**	field and with the HQ. • And M&E system has been put in place. • Cross cutting issues have been correctly addressed and incorporated into all aspects of the response.	• Which systems have been put into place to monitor, report and evaluate the efficiency and effectiveness of the overall response? • Have the cross cutting issues be dealt with adequately in all aspects of the response and in all clusters/ sectors? • Has statistical evidence been gathered (e.g. disaggregated by sex and age?) • Have standards been developed and did they provide guidance and methodologies for integrating Cross Cutting Issues (XCI) into Clusters / Sector NAs and PDNAs? • Have advisors for the various cross-cutting themes been deployed in a timely way?	• Availability of (sex-age etc.) disaggregated) data *Sitreps and protocols from various coordination bodies (incl.UNDAC, OSOCC, OCHA, press releases, IM protocols and ToR,* • Framework for Gender Indicators (also for each cluster): "IASC Gender Handbook in Humanitarian Action" • Number of women and men trained on gender issues • Number of GenCaps deployed • Framework for HIV/AIDS Indicators IASC Guidelines for HiV/Aids interventions in emergency settings • Guidelines on MHPSS in Emergency Settings, IASC (2007) • Flash Environmental Assessment Tool (FEAT) • Integrating environment in Post-Conflict Needs Assessments, Humanitarian

IA RTE EVALUATION FRAMEWORK			
Dimensions	**Characteristics of an Ideal Operation**	**Key Questions (apply generally and also to each Cluster)**	**Indicators & Data Sources** (Timelines daily during the first 2-3 weeks, then weekly and later monthly tbd)
			action and the Environment: Essential Guidance for Humanitarian Actors • Emergency Waste Management Guidelines
Ownership and Connectedness	• The humanitarian response has been planned and is carried out in close collaboration with pre-existing response structures (such as the Government / military and civil protection).	• Have local capacities been involved, used and strengthened and have partnerships with civil society organizations been built-up? • Were activities planned in support to pre-existing plans, structures and capacities?	• Application of pre-existing response plan in the current emergency response • Participation of local capacities in relevant coordination mechanisms (clusters, common needs assessment etc.)
Common Strategy for Security & Access	• A common strategy by all involved stakeholders has been developed to guarantee security and access.	• Was an inclusive common strategy for security and access developed? • Have key stakeholders identified in a timely manner possible limitations for access to beneficiaries and assessed the security for staff and advocated for access? • Have Access and Security issues been addressed in the response plan of each Cluster	• Participation of local civil society organization in coordination mechanisms • Establishment of national NGO consortia to be included into response plans? • Key messages by ERC • Speeches by HC *Meeting minutes from Cluster/ Sector meetings*

IA RTE EVALUATION FRAMEWORK			
Dimensions	**Characteristics of an Ideal Operation**	**Key Questions** (apply generally and also to each Cluster)	**Indicators & Data Sources** (Timelines daily during the first 2-3 weeks, then weekly and later monthly tbd)
		by the Cluster Lead?	*Meeting minutes between HC and local authorities* *Public Information Campaign documents* *Cluster Response Plans* *Daily Situation Reports*
IV. RESPONSE **(and preparedness)** **Quality and Timeliness of Response**	• All parts of the affected population could be assisted in a timely, adequate and effective manner – based on their needs.	• How adequate was the response as a whole, and what operational results as well as positive and negative outcomes for the affected population did it produce? • Have critical gaps and issues been identified and addressed in a timely way system-wide and by each Cluster?	• Coverage of beneficiary needs • Mapping and analysis of operational bottlenecks • Tracing of main features of operational response (who did deliver what, where and when?) *Field visits to affected areas* *Cluster Situation Reports* *OCHA Situation Reports* *Comparison between outcome of needs assessment (UNDAC needs assessment, common needs assessment & PDNAS) and Cluster Response Plans / revised Flash Appeal / CAP etc.* *SPHERE and other standards*
Common Agreement on and Compliance to Standards	• Common standards (appropriate to national context) have been developed in an inclusive manner within the coordination system (globally and for each cluster).	• Have appropriate common standards been developed within the coordination systems (globally and for each Cluster) and reached? • Was the standard setting inclusive (participation of national, local authorities)?	

Annex 1: Terms of Reference Template

The Terms of Reference are intended to be drafted for an IA RTE in a specific country. The document will be given the consultant team.

Reading advise
- **[**Text in brackets clarifies the content of the section]
- **[***Text in grey italics has to be adopted to the context of the specific IA RTE***]**

INTER-AGENCY REAL-TIME EVALUATION (IA RTE) OF THE HUMANITARIAN RESPONSE TO [*DISASTER XYZ in COUNTRY XYZ*]
Terms of Reference

[Version: Date]

1. INTRODUCTION & RATIONALE

[Purpose of IA RTEs and explanation of the criteria that have triggered this IA RTE]

IA RTEs are an initiative of the Inter-Agency Standing Committee IASC). An IA RTE can be defined as an evaluation carried out at the early implementation stages of a humanitarian operation which almost simultaneously feeds back findings for immediate use by the broader humanitarian community, particularly at the field level. An IA RTE is primarily intended for sudden-onset disasters, or protracted crises undergoing a phase of rapid deterioration or escalating violence. These evaluations differ from other forms of humanitarian evaluation in their speed, coverage, methods, and outputs. IA RTEs are typified by their shared management and methodological oversight through global and national level inter-agency support, management groups [*and in-country Advisory Groups*]; speed of mobilization, feedback and follow-up; light, agile approaches; restricted scope; and participatory methods. Ideally, IA RTEs seek to unlock inter-agency coordination problems or operational bottlenecks and provide real-time learning to the field.

The IASC IA RTE Support Group[11] has agreed to carry out an IA RTE in [*country XYC*] since the humanitarian emergency meets the selection criteria identified by the IASC as possible triggers. [*Explain whether the IA RTE was triggered by Essential or Desirable Criteria*]

2. BACKGROUND TO THE CURRENT CRISIS

---

[11] Members in the IASC IA RTE SG are: UNICEF, UNDP, INGOs (Care, Oxfam for ECB/SCHR), IFRC, FAO, WFP, OCHA, ALNAP.

[Offers a background to the crisis, including the main events and the main humanitarian response to date by the various actors. Does not consist of more than 10 lines maximum!]

3. OBJECTIVES AND USE

[What is the reason and objectives for undertaking this evaluation? It seeks to outline the parameters to be used]

The IA RTE team will be deployed during the initial response phase and ideally evaluators will arrive no later in country than two months after the disaster.

The IA RTE will aim to provide snapshots of current situations, including real-time feedback and learning to the HCT: (local IASC, Cluster, NGO's, national Government, national NGO's involved in the humanitarian response). The main objective of the IA RTE is to assess the initial response and provide real time feedback and input into on-going decision making in the field. This will enable the adoption of corrective actions as needed.

The evaluation will in this way support the ongoing operational planning of the Humanitarian Country Team (HCT), which will be the most immediate user of the feedback and recommendations.

4. METHODOLOGY

[Explains the methodology and defines if the approach is one phase approach or a multi phased approach.]

The applied methods for IA RTE shall be light and participatory. The evaluations will be conducted by teams comprising independent consultants. The evaluation will be carried out through analyses of various sources of information including desk reviews; field visits; interviews with key stakeholders (affected population, UN, / I/NGOs, donors, governments) and through cross-validation of data. While maintaining independence, the evaluation will seek the views of all parties, especially the affected population. Evaluation teams will serve as 'facilitators', encouraging and assisting field personnel, both individually and collectively, to look critically at their operations and find creative solutions to problems.

[*Explain if the IA RTE is a one-phase approach or a multi-phase approach*: A one-phase approach of an IA RTE would be carried out within the two first month and consist of remote monitoring and the IA RTE mission, whereas a multi phase approach would include a follow up IA RTE mission (with a different focus corresponding to real time needs at a later stage in the response).]

In order to best prepare the consultants / consultant team for the upcoming evaluation, members of the IA RTE Support Group remotely monitored the response and gathered relevant information since the onset of the emergency. Data has been gathered along the main questions set out in the IA RTE Framework (see below) and consist of: e.g. Situation Reports, Needs Assessment Reports, Key Messages, timelines of key decisions, timelines of cluster activation, timelines of the funding status, exit surveys, and main contact lists of key humanitarian stakeholders. The data

will be handed over confidentially to the consultant team to carry out a desk review well in advance of the field mission.

5. FOCUS & 'IA RTE FRAMEWORK'

[Outlines the evaluation criteria that will be applied, describes the key issues to be evaluated and questions to be asked]

Main Focus

The evaluation will first identify the extent to which the overall response achieved or did not achieve key objectives including addressing in a timely and meaningful way the needs of all segments of the affected population. Deductive analysis will then guide the evaluators to the other elements and dimension (as displayed in the IA RTE Framework below) on which the evaluation should specifically focus. In general, the IA RTE will focus in large part on the effectiveness and efficiency of the coordination and management systems, addressing critical issues related to both the provision of relief and to the transition to recovery.

IA RTE Framework, including Key Issues & Key Questions

The IA RTE Framework is a model that intends to display crucial characteristics of an 'ideal humanitarian response'. It was developed to be applied for natural disasters and rapid external evaluation. Moreover, the Framework serves a communication tool between all stakeholders and can therefore be slightly adapted to local issues and relevant opportunities for learning. The IA RTE Framework intends to provide the evaluators and the HCT with guidance on the most critical questions and issues to be evaluated. Ideally, the IA RTE Framework should be shared with all relevant stakeholders. It is expected that evaluators use the Framework as main reference tool for their assessment.

To reiterate, evaluators should try to first focus on the outputs and outcomes of the humanitarian response at the level of the affected population, especially by answering one of the main questions of the Framework – "**How adequate was the response as a whole, and what operational results as well as positive and negative outcomes for the affected population did it produce?**". Deductive analysis should then guide the evaluators to the other relevant dimensions as outlined below in the Framework.

Please find below the IA RTE Framework as Table

[INCLUDE HERE THE IA RTE FRAMEWORK AS TABLE: *For reasons of duplication, the IA RTE Framework has not be attached in this section of the document again, but can be found in Chapter 3.2. However, Terms of References for an actual IA RTE shall always be published together with the IA RTE Framework*]

Evaluators must try to focus on the key questions in the Framework. Additional follow up and more specific questions are listed below – according to the dimensions of the Framework.

Specific issues and questions to be explored might include the following, broken down by overall response area:

Response covering the needs

Overarching questions:
- ***What were the main operational results, and the positive and negative outcomes for all segments of the affected population, during each phase?***
- ***Have appropriate common standards been developed within the coordination systems (globally and for each Cluster) and to what degree have these been met?***

Specific questions:
- How timely and successful is the humanitarian response in delivering against stated objectives/indicators (as per cluster work plans at the global and the country level, individual agencies' articulated benchmarks)?
- To what extent have critical gaps been identified and addressed in a timely way, both inter- and intra-cluster?
- How effectively have cross-cutting issues been addressed in the cluster response?
- How adequately have the psychosocial effects of the disaster been addressed in addition to the provision of life-saving interventions?
- What critical factors (e.g., security events, infrastructure, procedures, access, enabling environment, etc.) help explain why the response was or was not delivered in an adequate and timely manner?
- How effectively have humanitarian space, access and security been assessed, with a view to identifying and addressing bottlenecks and gaps?
- How effectively were the risks at delivery (e.g. sexual exploitation and abuse, gender-based violence) identified and addressed?
- What is the humanitarian system's level of commitment and compliance to standards (such as SPHERE, INEE, some subset of the Core Commitments for Children in Humanitarian Action, HAP 2007 Standard in Humanitarian Accountability and Quality Management, Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, guidance on civil-military relations and protected humanitarian space, etc.)?

Strategic and operational planning and resource mobilization

Overarching question:
- ***Have relevant, inclusive and appropriate strategic and response plans been developed in a timely way and based on analysis of the common needs assessment?***

Specific questions:
- How effective has the overall inter-agency planning and management process been?
- How timely, relevant and coherently inter-linked have the various appeals, strategies and operation plans (e.g., the Flash Appeal, PDNA, RF and the National Recovery Plan) been?
- To what extent have these been based on an inclusive and coordinated needs assessment and analysis that reflects the views of various international and national stakeholders, including government, civil society organizations and various segments of the affected population (including socially excluded groups and groups and individuals vulnerable to human rights

violations due to discrimination and stigma)? (How quickly and adequately have these appeals been responded to? How adequate is the continuity of funding and staffing?)
- How adequately are recovery considerations incorporated into assessments, planning and provision of relief interventions?
- How adequately has the political dimension of the country's context been considered in assessments, planning and provision of relief and transition to recovery efforts?
- How sufficient have funding flows been, both in quantity and timeliness, so as to allow humanitarian actors to respond effectively to both humanitarian and time-critical early recovery needs?
- To what extent are the basic tenets of disaster risk reduction (DRR) being incorporated into planning and efforts in order to reduce further vulnerability?[12]
- To what extent did Clusters take humanitarian principles into account?

Coordination and Connectedness

Overarching questions:
- ***Has an inclusive and well-managed coordination system been established early on, including with the national actors, the military and all other relevant stakeholders?***
- ***Were activities planned in support to pre-existing response plans, structures and capacities?***
- ***Was the coordination system supported by an efficient communication and information management system (e.g., enhancing information flow within the field, between field and HQs)?***
- ***What systems have been put into place to monitor, report and evaluate the efficiency and effectiveness of the overall response? How adequate are these for measuring progress against objectives?***
- ***How adequately have cross-cutting issues be dealt with in all aspects of the response and in all clusters/ sectors?***
- ***Was an inclusive common strategy for security and access developed?***

Specific questions:
- To what extent does the coordination system support relief and recovery alike?
- In what ways, if any, has the cluster approach led to a more strategic response in terms of predictable leadership, partnership, cohesiveness and accountability?
- How effective has inter-cluster coordination been (with specific focus on cross cutting issues, Protection and Early Recovery)?
- How effectively has the humanitarian community coordinated the response with the Government and the [*international military forces*]?
- Has an effective integrated accountability framework been put in place? How well functioning and robust is it?
- In what ways, if any, has the government's leadership capacity been strengthen as it has the primary responsibility to respond to its people's needs?
- In what ways, if any, have national and local capacities been capitalized on and strengthened (e.g., in needs assessments?)

---

[12] These might include the following principles, among others: (1) ensuring that all projects are designed with a multi-hazard approach and do not pose new threats or increase the existing ones; (2) ensuring a 'build back safer' approach addressing underlying causes of risk and is informed by national and local assessments of risk; (3) promoting community participation (especially women and children) in all stages (from assessment, implementation to evaluation); (4) building on existing capacity of government, civil society and people; and (5) embracing partnership to ensure the effective use of resources at national and sub-national level.

- How effectively have partnerships with civil society organizations and the affected communities themselves been built-up in order to maximize local ownership, and thereby enhance effectiveness, accountability and sustainability?

Context and Needs

Overarching question:
- ***What segments of the affected population could and could not be assisted, and why?***

Specific questions:
- Has a common needs assessment and analysis been carried out?
- What proportions of the affected population could be assisted? Who was excluded, and what were the key barriers to full access?
- How effectively have key bottlenecks and gaps in humanitarian space, access and security been assessed and addressed?
- How adequate and timely were situation timelines and statistical evidence on contextual factors (such as situation of the population - casualties, wounded, sick, degree of infrastructure destruction) to the needs of operational decision making?
- Has analysis of different needs, vulnerabilities and capacities and response design included a vision of the variant effects on men and women, girls and boys, and vulnerable groups? Has the disaggregated data (by age and gender) been available to inform the analysis?
- To what extent have extents have the needs of all segments of the population, men and boys, women and girls and vulnerable groups been assessed and the differential needs of specific subpopulations been addressed?
- How far has the humanitarian response been tailored to meet national and local needs and ensure ownership at these levels by, and accountability to, affected populations? How far has the response been tailored to the divergent needs, vulnerabilities and capacities of girls and boys, women and men, young and old, and socially excluded groups?
- Has information about the humanitarian response been communicated in a manner that is widely accessible to the people of the [*country XYZ*]?

6. STAKEHOLDER INVOLVEMENT

The evaluation team will engage with staff from UN agencies, international NGOs, national NGOs, national stakeholders, government and donor organizations, as well as military actors. The team will acknowledge the significant workload already borne by in country staff and endeavor to ensure that any staff resource allocations to the evaluations are minimized and that the IA RTE is carried out with a 'light footprint'.

Interagency technical and policy support will be provided through the IA RTE Support Group. It will be expected that the evaluation team will be as much as possible self-sufficient on the ground!

The team will report its findings to all members of the HCT (Clusters, IASC locally) and their international and local counterparts (including Red Cross and Red Crescent Societies, IOM, local NGO's, government etc.) in [country xyz], prior to leaving the region. Presentations in Geneva and/ or New York will follow within two weeks of the consultants' return from the field mission.

7. MANAGEMENT ARRANGEMENTS

The IA RTE will be overseen by the IASC IA RTE Support Group. Day-to-day management of the evaluation will be led by a smaller Management Group (MG) which will be established on a voluntary basis and be made up of members of the IASC IA RTE Support Group interested to contribute their time and efforts. The MG will be chaired by [*agency xyz*] and includes the following members [xyz, xyz . . .].

MG members will be expected to:

- Manage the entire evaluation process (including financial resource mobilization, team recruitment, reviewing the inception report, participate in the survey design, reviewing draft reports) for the particular phase;
- Offer in-country support during critical phases of the evaluation and travel [*to the country xyz*] as needed;
- Monitor and assess the quality of all outputs on the evaluation;
- Provide guidance and institutional support to the external consultant(s), especially on issues of methodology;
- Approves the final IA RTE report;
- Represent the participating Agencies in discussion with the consultant(s) conducting the IA RTE;
- Represent the participating Agencies of the evaluation in dealings with the UN Country Team, Donor representatives and NGO communities.
- Keep the IA RTE Support Group advised on key developments throughout the evaluation

The evaluation team selected for the IA RTE will report to the MG.

All evaluation products will first be submitted to the Management Group and will then be shared with the wider IA RTE Support Group.

8. DURATION OF EVALUATION AND TENTATIVE TIMEPLAN

Action/event	Target Deadline
Emergency event(s)	0
TRIGGERING AND REMOTE MONITORING PHASE	
Automatic Triggering of IA RTE or Request	+2
Inclusion of the IA RTE into the initial Flash Appeal (if automatically triggered)	+2 (+x days pending on time needed to draft and publish the Flash Appeal)
Decision by the Support Group (in case the IA RTE is triggered at request)	+7
Remote Monitoring from HQ & Data Collection (via OTF, GCL Meetings, Virtual OSOCC, Sitreps)	0 day – until deployment of consultants (max.8 weeks)

Drafting of Terms of Reference (ToR) & Expression of Interest (EoI) (note: Standard Templates for IA RTE ToR are in place) & Approval	+8
Publication of EoI on Relief Web & ALNAP (note: until we have a an appropriate stand-by roster in place)	+9
MISSION ON THE INITIAL RESPONSE	
Hiring of Consultant – Contract signed (note: hiring process will be shorter – and thus the entire time line – once we have appropriate stand-by consultant mechanisms in place).	+39
Handover of remotely monitored data to the consultants. Consultants start the Desk Review.	+45
Mobilization of Consultant & one day face-to-face Mission Briefings in GVA /or NY (or via phone) between consultants and the ad-hoc Management Group	+ 50
Mission to the country – start with interviewing the affected population	+ 52
END OF MISSION: Debriefings in country to HCT (including government counterparts). Representatives of ad-hoc Management Group are present	**+73**
Draft report & additional debriefings to ad-hoc Management Group if needed	**+87**
Comments on draft report by HCT & IA RTE Management Group	+94
Production of Final Report	**+101**
Final Check & Approval by ad-hoc Management Group of Final Report. Report is also shared with the Support Group.	**+ 108**
IA RTE Support Group to hand over final report for follow up to HCT via ERC	+ 109

9. EVALUATION TEAM: Competency and Expertise Requirements

The evaluation will employ the services of a consultant company / research institute which will probably consists of a team of 2 international and 2 national consultants. Consultant teams must be gender and age balanced! Consultant team will embody the following collective experiences:

- Proven senior-level experience and ability to provide strategic recommendations to key stakeholders;
- Good knowledge of strategic and operational management of humanitarian operations, preferably in [*country xyz*]; the ability to bring on board national consultants(s) from [*country xyz*] would be an asset;

- Good knowledge of humanitarian system and its reforms, including of UN agencies, IFRC, NGOs, and local government disaster response structures and systems;
- Demonstrated experience in conducting evaluations of humanitarian programmes and the capacity to work collaboratively with multiple stakeholders and on a team;
- Strong experience in key sectors and/or in cross-cutting issues;
- Strong analytical skills and ability to clearly synthesize and present findings, draw practical conclusions and to prepare well-written reports in a timely manner;
- Strong workshop facilitation skills;
- Excellent writing and presentation skills in English and French; and
- Immediate availability for the period indicated.
- Evaluation teams should be gender and age balanced

11. REPORTING REQUIREMENTS AND DELIVERABLES

- A **series of presentations of findings** to HCT in [*country xyz*], New York and/ or Geneva;

- A **final report** containing analytical elements related to the issues specified in this set of ToR. The report shall contain a short executive summary of no more than 2,000 words and a main text of no more than 10,000 words, both inclusive of clear and concise recommendations. Annexes should include a list of all individuals interviewed, a bibliography, a description of method(s) employed, a summary of survey results (if applicable), and any other relevant materials. The report will be submitted two weeks after the completion of the mission; and

The evaluation team will also be expected to contribute to conceptualizing the survey instrument forming the second phase of the IA RTE.

Draft reports will be submitted within two weeks of the consultants' return from the field mission, upon which the HCT and IA RTE Management Group, will be afforded 7 days to comment. The document will subsequently be disseminated to a wider audience for comment.

The evaluation team is solely responsible for the final products. While maintaining independence, the team will adhere to professional standards and language, particularly that which may relate to the protection of staff and operations. Direct consultations with affected populations will be a formal requirement of the evaluation unless security conditions are overriding. Additionally, agencies at the country level and the IA RTE Support Group will be consulted prior to the dissemination of any products emanating from the evaluation.

All analytical results and products arising from this evaluation will be owned by the IASC RTE Support Group. The team leader and/or members will not be allowed without prior authorization in writing to present any of the analytical results as his or her own work or to make use of the evaluation results for private publication purposes.

Compliance ALNAP quality pro forma is expected and the evaluation report will be judged in this regard. All external evaluation reports will also be submitted to ALNAP for inclusion in the regular meta-evaluation process that rates the quality of evaluation reports.

Annex 2: Trigger Criteria Development

Information taken from OCHA Humanitarian Appeal's Website of 30 November 2009

Highlighted cells would qualify for an IA RTE given the following criteria:

    c. The Flash Appeal or Consolidated Appeals Process identifies that more than 1 million individuals are affected

    d. The initial Flash Appeal requests an amount of more than US$ 50 million or the CAP requests an amount of more than US$ 350 million. *[The numbers are proposed in view of natural disaster – not complex emergencies]*

Country	Type	Affected People	Document	Published	
2009					
Afghanistan	Complex	7,020,000	CAP for 2010	30.11.2009	US$ 871 million
Afghanistan	Complex	not mentioned	HAP for 2009	14.01.2009	US$ 664 million
Burkina Faso	Rain	600,000	Flash Appeal	01.09.2009	US$ 18 million
CAR	Complex	1,621,183	CAP for 2010	30.11.2009	US$ 114 million
Chad	Complex	1,592,933	CAP for 2010	30.11.2009	US$ 451 million
Côte d'Ivoire	Complex	120,000	Critical Needs	22.01.2009	US$ 36 million
DRC	Complex	over 1 million	HAP for 2010	30.11.2009	US$ 828 million
Gaza	Complex	51,000	Flash Appeal	02.02.2009	US$ 804 million
Honduras	Rainfall	271,179	Flash Appeal	08.04.2009	US$ 17 million
Kenya	Drought / Complex	4,933,238	CAP for 2010	30.11.2009	US$ 508 million
Kenya	Dought	500,000	HRP	16.03.2009	US$ 580 million
Kyrgyzstan	Food shortage	800,000	Flash Appeal	09.02.2009	US$ 14 million
Lao	Typhoon	178,000	Flash Appeal	20.10.2009	US$ 10 million
Madagascar	Droughts & Floods	114,000	Flash Appeal	07.05.2009	US$ 22 million
Namibia	Floods	350,000	Flash Appeal	29.07.2009	US$ 7 million
Nepal	Complex	2,500,000	Humanitarian Transition Appeal	16.01.2009	US$ 129 million
OpT	Complex	not mentioned	CAP for 2010	30.11.2009	US$ 664 million
Pakistan	Complex	1,783,380	HRP	22.05.2009	US$ 680 million
Philippines	Typhoon	**2,507,000**	Flash Appeal	03.10.2009	**US$ 143 million**
Somalia	Complex	3,640,000	CAP for 2010	30.11.2009	US$ 689 million
Sudan	Complex	not mentioned	CAP for 2010	30.11.2009	US$ 1,878 million
Sri Lanka	Complex	433,000	CHAP	12.02.2009	US$ 270 million
Syria	Drought	803,000	HRP	11..08.2009	US$ 23 million
Uganda	Complex	2,000,000	CAP for 2010	30.11.2009	US$ 197 million
Tajikistan	Floods	12,000	REACT	03.06.2009	US$ 1.4 million
Yemen	Complex	1,600,000	HRP for 2010	30.11.2009	US$ 177 million
Yemen	Complex	95,000	Flash Appeal	02.09.2009	US$ 23 million
Zimbabwe	Cholera	**6,000.000**	CAP for 2009 (revision)	29.05.2009	**US$ 719 million**
Zimbabwe	Food-insecurity	**1,900,00**	CAP for 2010	30.11.2009	**US$ 378 million**
2008					
Afghanistan	High Food Price	2,600,000	Joint Emergency Appeal	08.07.2008	US$ 404 million
Bolivia	Rainfall	300,000	Flash Appeal	21.02.2008	US$ 18 million
CAR	Complex	197,000 (IDPs)	CAP for 2009	19.11.2008	US$ 114.04 million

Chad	Complex	**not mentioned**	CAP for 2009	19.11.2008	US$ 388 million
Cuba	Floods and Storms	**500,000**	Post Plan of Action	28.10.2008	US$ 30 million
Cote d'Ivoire	Complex	**305,200**	CAP for 2009	19.11.2008	US$ 37 million
DRC	Complex	**not mentioned**	CAP for 2009	19.11.2008	US$ 831 million
Djibouti	Food Security	**120,000**	Joint Appeal	31.07.2008	US$ 31.7 million
Georgia	Complex	**127,499**	Flash Appeal	07.10.2008	US$ 109 million
Georgia	Complex	**128,700**	Flash Appeal	18.08.2008	US$ 58 million
Haiti	Tropical Storms	**800,000**	Flash Appeal	19.12.2008	US$ 107 million
Honduras		**271,179**	Flash Appeal	29.10.2008	US$ 17 million
Iraq	Complex	**not mentioned**	CAP for 2009	19.11.2008	US$ 547 million
Kenya	Complex	**500,000**	HRP for 2009	08.04.2008	US$ 41 million
Kyrgyzstan	Food Shortage	**800,000**	Flash Appeal	28.11.2008	US$ 20 million
Madagascar		**239,000**	Flash Appeal	03.03.2008	US$ 36 million
==Myanmar==	Nargis	**==2,400,000==**	Revised Flash Appeal	10.07.2008	==US $ 481.8 million==
Nepal	Drought	**100,000**	Common Appeal	25.09.2008	US$ 15 million
OPT	Complex	**not mentioned**	CAP 2009	19.11.2008	US$ 463 million
Pakistan	Complex	**300,000**	Response Plan	08.09.2008	US$ 55 million
Somalia	Complex	**3,200,000**	CAP for 2009	19.11.2008	US$ 918 million
Sudan	Complex	**5,000,000**	CAP for 2009	19.11.2008	US$ 2189 million
Syria		**1,000,000**	Drought Appeal	29.09.2008	US$ 20 million
Tajikistan	Compund Crisis	**not mentioned**	REACT	08.05.2008	US$ 26 million
Timor Leste	Complex	**not mentioned**	Transitional Strategy and Appeal	18.04.2008	US$ 36.3 million
Yemen	Floods	**650,000**	Response Plan	10.11.2008	US$ 12 million
Zimbabwe	Complex	**6,000,000**	CAP for 2009	19.11.2008	US$ 549 million

IA RTE PROCEDURES & METHODOLOGIES
Developed by the IA RTE Support Group

For questions: Please contact: OCHA:
Claude Hilfiker (hilfiker@un.org), or Andreas Schuetz (schuetza@un.org)