

Evaluation of the AHP and MFAT NGO Response to the 2018 PNG Highlands Earthquake

Terms of Reference

The evaluation will assess whether the DFAT-funded Australian Humanitarian Partnership (AHP) and New Zealand Ministry of Foreign Affairs and Trade (MFAT) -funded New Zealand Disaster Response Partnership (NZDRP) response through NGOs to the February 2018 earthquake in the Papua New Guinea Highlands region was effective, efficient and relevant. It will also examine the extent to which the response met the needs of those most vulnerable, delivered transparency and accountability to affected populations and how well a localisation approach, appropriate to the context, was implemented.

The findings may inform future AHP and NZDRP responses and lessons identified through the evaluation may also be used to inform future programs addressing famine, food security and livelihoods programs in complex conflict and protracted situations.

Background

On 26 February 2018 an earthquake measuring 7.5M hit the Highlands region of PNG, the largest earthquake recorded in the region since 1922. A series of strong aftershocks followed, including a 6.7M quake on 8 March in the same areas, and a 6.8M quake off the coast of New Ireland. Around 544,000 people in five provinces were affected, and more than 270,000 were in need of immediate assistance after the quake.

Following the earthquake, the Government of Australia provided up to AUD5 million dollars in assistance including: AUD200,000 in humanitarian supplies (tarpaulins, bed mats and water containers); AUD1 million to UN Women, UNICEF and UNFPA to support vulnerable women and children; and AUD400,000 worth of electrical transformers to re-establish power supplies in Hela and Southern Highlands Provinces. In addition, the early Australian response included the deployment of substantial resources through the Australian Defence Force. Several weeks after the event, the Department of Foreign Affairs (DFAT) activated the Australian Humanitarian Partnership to deliver additional assistance in earthquake affected areas of PNG.

Throughout the response, DFAT also liaised closely with major private sector actors, particularly Oilsearch and Exxon, both of which also played important roles in the overall response to the earthquake.

AHP Activation

The AHP is a partnership between the Australian Government and six pre-selected Australian NGOs (CARE, Caritas leading the CAN DO consortium of faith-based organisations, Oxfam, Plan International, Save the Children and World Vision). The AHP aims to save lives, alleviate human suffering and enhance dignity during and in the aftermath of conflict, disasters and other humanitarian crises by harnessing the networks and access of Australian NGOs. It seeks to deliver more effective, innovative and collaborative humanitarian assistance in response to natural disasters and protracted crises in the Indo-Pacific region and beyond. DFAT has established an external AHP Support Unit which provides services to all partners, including assisting with, and overseeing, monitoring, evaluation and learning.

The PNG Highlands Earthquake response through the AHP activation focused on activities in some of the worst affected areas of Hela, Southern Highlands, Enga and Western Provinces. The sectoral priorities identified by DFAT for the response were early recovery focusing on the re-establishment of livelihoods, shelter and WASH, working closely with other partners being funded by Australia, including UN agencies, particularly on protection issues.

DFAT made a total of AUD3 million available to NGO partners through AHP. Following decision by the AHP partners, CARE and the CAN DO were selected to implement activities through the activation of AHP for this response, and were each provided with AUD1.5million over 12 months to March 2019.

New Zealand Response

The Government of New Zealand provided NZD3.5 million dollars in assistance including humanitarian relief supplies (family hygiene kits, shelter kits, jerry cans, and tarpaulins); logistical assistance by the New Zealand Defence Force (in partnership with the ADF); supporting the PNG National Department of Health and St John’s Health Assessment teams; funding towards the deployment of a Pacific UN Disaster Assessment and Coordination team member; NZD250,000 to the ICRC for hospital repairs and psychosocial support; NZD150,000 to Mission Aviation Fellowship to provide subsidised flights for humanitarian partners; NZD350,000 to World Food Programme to meet short-terms needs and NZD300,000 to IOM for community reconstruction kits.

The NZDRP was activated in early March to assist with early recovery efforts. MFAT made up to NZD1.5 million available to NGO partners through the NZDRP and this was disbursed to Caritas New Zealand (NZD 906,416) working with ADRA New Zealand and the PNG Church Partnerships Programme, to deliver WASH, infrastructure, psychosocial support and peacebuilding activities across nine communities in Hela and Southern Highlands Provinces (Activity End Date 28 February 2019); and to World Vision New Zealand (NZD570,029) to support water, sanitation and hygiene infrastructure across eight communities Southern Highlands Province (Activity End Date 30 March 2019).

In addition to NZDRP support to Caritas New Zealand and World Vision New Zealand, MFAT separately made a NZD500,000 (AUD475,000) contribution to support CARE’s operations in Huya, Dodomona, Walagu and Mougulu for food security and nutritional services and to assist with build back better initiatives.

In summary, the CARE and CAN DO responses to the PNG earthquake included:

	CARE	CAN DO
Summary	Support the immediate and early recovery needs of people several affected by the Highlands Earthquake within four isolated air accessible only communities in Hela and Western Provinces	CAN DO and PNG church partners working in partnership to respond to earthquake affected communities in the highlands of PNG, targeting forty of the worst affected communities in Southern Highlands and Hela Provinces. The response shifted from emergency to early recovery, with a focus on longer-term shelter and WASH solutions.
Sectors	WASH, Livelihoods (Food Security), Gender and Protection, Early Recovery (AHP) Livelihoods, Nutrition, Shelter (NZ)	WASH, Shelter, Early Recovery (AHP) WASH, Psychosocial support and Peacebuilding (NZ)

Partners	Strickland Bosavi Foundation (SBF) PNG Assembly of Disabled Persons (PNGADP) Evangelical Church of PNG (ECPNG)	Catholic Church United Church PNG (UCPNG) Evangelical Lutherans PNG ADRA PNG
Location	Dodomoa and Mougulu, North Fly District, Western Province Huiya and Walagu, Komo-Margarima District, Hela Province	40 villages in Southern Highlands, Enga, Hela and Western Provinces
Projected Beneficiaries	53,908	58,972
DFAT Funding	AUD1,500,000	AUD1,500,000
MFAT Funding	AUD475,000	NZD906,416 (AUD860,000)

Scope

The evaluation will focus on the AHP and MFAT PNG Highlands Earthquake response. It will assess:

- the relevance of the response;
- the effectiveness and efficiency of the response;
- whether the response reinforced local capacity and what were the major challenges that constrained the implementing partners in achieving that; and
- the extent to which the response met the needs of those most vulnerable due to gender, disability and other social disadvantage
- the extent NGO partners and humanitarian sector effectively coordinated with the wider humanitarian sector.

All AHP evaluations – including this one – will investigate four common cross-cutting issues for AHP. These reflect the commitments of the Grand Bargain as well as DFAT policy priorities. Evaluations will consider these issues both in terms of specific outcomes achieved, and the extent to which the AHP mechanism is contributing to progress more generally in these areas:

- Inclusion (gender, disability and other social disadvantage)
- Transparency to affected populations and other stakeholders
- Localisation
- Cost effectiveness

These issues reflect high priorities for the humanitarian sector, but also areas of significant challenge in any response. Therefore, the common investigation of these cross-cutting issues will enable DFAT and the NGOs to progressively draw together lessons and insights from multiple evaluations, and to reflect those lessons in future humanitarian activities. The attached paper provides more detail regarding the AHP evaluation approach.

The evaluation will deliver a set of findings about the PNG Highlands Earthquake response specifically, as well as providing future-focused recommendations for the AHP and MFAT, including how responses can effectively consider and respond to the needs of vulnerable groups, support local capacity, and achieve transparency and accountability to affected populations and other relevant stakeholders. Recommendations must be practical in nature and focused on those which can

feasibly be incorporated in future activations and the implementation of responses. Lessons from this evaluation may thus inform future AHP activations and MFAT responses to rapid natural disasters in PNG and around the region.

Methodology

The Evaluation Team will develop a comprehensive evaluation methodology and will document this in an Evaluation Plan including the relevant data collection and analysis tools. The approach to data collection should include the use of a number of different methods so as to triangulate data and gain a deeper understanding of the outcomes of the project, providing a participatory mixed methods evaluation design. The evaluation process is likely to involve:

- Desk review of background documents (approved proposals, Project Implementation Plans, needs assessments, baseline report, progress reports, relevant monitoring data, external background documents, etc.);
- Key informant interviews with stakeholders in Australia and New Zealand including CARE, Caritas (CAN DO), MFAT and DFAT;
- Fieldwork in PNG (up to 18 days) which will include:
 - Key informant interviews with internal and external stakeholders involved in implementing the response (including CAN DO and CARE project staff in Port Moresby and the response sites, relevant cluster representatives, local implementing partners, communities and other stakeholders)
 - Focus group discussions (FGD) with affected populations. The FGD will serve as input for the narrative evidence.
 - Visit to remote project implementation locations (subject to security clearance).
- Presentation of preliminary findings for verification with relevant CARE, CAN DO, DFAT and MFAT staff in PNG before departure from PNG.
- Data analysis and synthesis of findings into an evaluation report suitable for publication.

Throughout the evaluation there will be consistent attention to involving men, women, children, people with disabilities, host and displaced communities and households and minority groups. Evaluation participants could include:

- Community level: village leaders, WASH committee members, church workers, community-based organisations and implementing partners;
- District level: Church leaders, Member of Parliament, District Administrations/DDAs, District Health officials;
- Provincial level: Church leaders, TOT trainers, Disaster Management Committee members in Western, Hela and Southern Highlands Provinces, significant private sector actors involved in the response such as Oilsearch and Exxon;
- National level: Disaster Management Team (DMT) members, WASH, Protection and Food Security Cluster members, DFAT, MFAT, AHP Consortium NGO staff, significant private sector actors involved in the response such as Oilsearch and Exxon;
- International level: CARE Australia, CAN DO consortium members and Caritas Australia, DFAT, MFAT, AHP Support Unit.

The data collection process in PNG could involve (subject to further discussion):

- National level interviews in Port Moresby (1-2 days)
- Regional interviews in Mt Hagen (1 day)
- Community and provincial data collection in CAN DO sites in and around Mendi, Southern Highlands Province (2 days)
- Community data collection in CARE sites Huiya, Dodomona and/or Mougulu/Adumari (4 days)
- Community and provincial data collection in Hela Province (3 days)
- Validation workshop in Mt Hagen (1 day)

The evaluation will be designed and conducted with regards to high standards of ethical conduct and the approach to ethics and safeguarding will be documented in the Evaluation Plan.

Key Evaluation Questions

A set of guiding evaluation questions provide a framework for the evaluation and are set out with reference to the relevant commitments and quality criteria of the Core Humanitarian Standard, ensuring alignment with global commitments. The Team Leader and the rest of the evaluation team will refine the evaluation questions in preparing the Evaluation Plan, based on the following indicative questions:

1. Was the AHP/NZDRP PNG earthquake response appropriate and relevant? (CHS 1, CHS 6)?

- a) To what extent were the activities selected appropriate (i.e. did we select the right activities in the right locations on the right sectors?)
- b) How well did the NGOs and their partners respond to needs assessment information provided (both initially in planning, and over the course of implementation), as needs have changed?
- c) To what extent did the assistance align with Australia's Humanitarian Strategy and other key Australian government policies/priorities such as gender equality, disability inclusion and other vulnerable groups?
- d) To what extent did the assistance align with New Zealand's policy priorities and commitments?
- e) How relevant and appropriate is the assistance provided by Australian implementing partners from the perspective of affected communities?
- f) To what extent was the AHP/MFAT investment coordinated and complementary with other relevant parts of the wider humanitarian response in PNG?
- g) How did NGOs engage with significant private sector actors involved in the response, such as Oilsearch and Exxon, how did DFAT support this engagement, and what resulted? What enabled or constrained this aspect of the response?

2. Was the AHP/ NZDRP PNG earthquake response effective? (CHS 2)?

- a) How clearly defined were the intended outputs and outcomes for the AHP/MFAT response?
- b) To what extent were intended outcomes achieved, and did any unintended outcomes eventuate, either negative or positive?
- c) To what extent did Australian-and NZ funded activities promote longer-term resilience of affected communities and support broader recovery?

- d) What were the barriers and enablers to effective and efficient program design and achievement of the outcomes?

3. How inclusive was the AHP/ NZDRP PNG earthquake response?

- a) To what extent were the needs of different groups of people (including age, gender, ethnicity etc.) considered in the design and implementation of the response, including in influence and decision-making roles?
- b) What did the AHP investments achieve in terms of protecting the safety, dignity and rights of affected people, promoting gender equality and addressing barriers to inclusion, including for people with disabilities?

4. How efficient was the AHP/ NZDRP PNG earthquake response (CHS 2, CHS 9)?

- a) To what extent was the response implemented according to agreed timelines and budgets?
- b) In what ways was the response implemented to achieve good value for money?

5. Did the AHP/ NZDRP PNG earthquake response reinforce local capacity/leadership (CHS3, CHS 4, CHS6)?

- a) To what extent did the AHP investment support and strengthen local partners, including civil society (e.g. local women’s organisation, disabled people’s organisations) and local government, and including in their participation in DMT, clusters and regional coordination mechanisms?
- b) What were the main barriers to involving local actors in the provision of assistance?
- c) How were implementing partners engaged with affected communities, local government and coordination mechanisms?
- d) What evidence is there of genuine and diverse local involvement in the planning, management and implementation of the response, including in influencing and decision-making roles?

6. How transparent and accountable was the AHP/ NZDRP PNG earthquake response (CHS 4, CHS 5)?

- a) To what extent were implementing partners sufficiently accountable to, and engaged with, affected communities?
- b) What evidence exists of programs having been influenced by effective communication, participation and feedback from affected people and communities?

Evaluation Steering Committee

The AHP Evaluation Steering Committee¹ will oversee the evaluation, including approval of this terms of reference, and the selection of the Team Leader. The Steering Committee will be required to endorse the major outputs from the evaluation team: the evaluation plan and the final evaluation report (see below). The AHP Support Unit will facilitate this process and support the Steering Committee to provide its endorsement in a timely way.

¹ The AHP Evaluation Steering Committee oversees all evaluations of AHP responses. It is comprised of a representative of every AHP Consortium, plus DFAT.

Evaluation Team

The evaluation will be conducted by a team of men and women led by a consultant Team Leader, who will be engaged by CARE. The Team Leader will be a senior evaluation specialist with the experience and skill specified below. The team will also include a representative from each of CARE, Caritas/CAN DO and DFAT, who will bring required technical, country and contextual expertise.

CARE, Caritas/CAN DO and DFAT will confirm their team members before the start of the evaluation process (i.e. before the preparation of the Evaluation Plan), so the Team Leader can draw on their input throughout. The specific roles of each will be documented in the evaluation plan, and the Team Leader will negotiate these roles with a view to avoiding potential conflict of interest or bias in data collection or analysis.

Outputs

The evaluation team is required to produce the following outputs. The Team Leader has overall responsibility for these and will draw on the input of team members. All major outputs should comply with the relevant monitoring and evaluation standards of DFAT, CARE and Caritas.

- An Evaluation Plan based on this terms of reference that defines the scope of the evaluation, includes refined and confirmed evaluation questions, describes methodologies to collect and analyse data, includes required evaluation tools (such as key informant interview guides), proposes a timeline linked to key milestones and including in-country field work, sets out a detailed breakdown of responsibilities of all team members. The plan will be developed in close consultation with partners.
- A verbal debrief and verification of preliminary findings for the CARE, Caritas/CAN DO, local implementing partners, DFAT and MFAT county teams (including Senior Management staff) before their departure from PNG. During this debrief the evaluation team will seek input and discussion of their preliminary observations and findings.
- Brief Aide Memoire which provides a documentary record of the information presented at the verbal debrief, which can be shared more widely with stakeholders.
- Draft Evaluation Report, with the Team Leader taking the primary responsibility for analysis, formulation of findings and recommendations, and the report drafting.
- Final Evaluation Report for endorsement by the Evaluation Steering Committee. The final report will incorporate any agreed changes or amendments as requested by the relevant representatives of CARE, Caritas/CAN DO, the AHP Support Unit, MFAT and DFAT.

The Evaluation Report should be no more than 25 pages, plus an Executive Summary of up to 4 pages (including recommendations), with any necessary annexes. The Report should provide clear findings against the evaluation questions, document key lessons, and provide recommendations for future activities and programming. There should be no more than ten recommendations, noting some may have sub-recommendations. Recommendations might be focused on the particular PNG context, but could also be directed to future rapid humanitarian responses elsewhere, and should reflect:

- A clear line of argument linking the evidence and analysis to the recommendations;
- Clarity regarding who each recommendation is directed at including to the particular NGO, DFAT, or MFAT.

The report should be suitable for publishing. DFAT and the NGOs will provide written management responses to relevant recommendations which will also be published.

Evaluation Utilisation

The evaluation is intended to provide analysis and evidence to support shared learning and accountability amongst the involved organisations, including DFAT, MFAT, CARE and Caritas/CAN DO. The evaluation process, and the report produced as a result, must be suitable for publication and should also provide the basis for partners to share findings with the communities supported by the response. Partners will also prepare appropriate management responses to the recommendations arising from the evaluation.

The evaluation team may also present the findings to a relevant DFAT or other forum.

The evaluation will also contribute to wider learning through the Australian Humanitarian Partnership through the Evaluation Steering Committee and the overall partnership, supported by the AHP Support Unit. The AHP Support Unit may also utilise the evaluation report to prepare brief summary documents for wider circulation within the AHP NGOs as a basis for the intended learning.

Key Documents

The AHP Support Unit, CARE, CAN DO, MFAT and DFAT will make available to the team information, documents and particulars relating to the AHP/MFAT PNG earthquake response and relevant background information on the AHP. These will include, but not be confined to, the following documents. The AHP partner shall make available to the evaluation team any other reasonable requests for information and documentation relating to the evaluation. The evaluation team is also expected to independently source other relevant material and literature.

- CARE and CAN DO project documents: Proposals, needs assessment reports, project implementation plans, progress reports etc
- Summary of the history of the AHP activation and the MFAT response, including agreed changes
- DFAT Monitoring and Evaluation Standards
- DFAT Aid Evaluation Policy
- Relevant MFAT / NZDRP documents

CAN DO/Caritas, CARE, DFAT and the AHP Support Unit shall make available to the evaluation team any other documents in response to reasonable requests for information and documentation relating to the evaluation. The evaluation team is also expected to independently source other relevant material and literature.

Evaluation Timeline

The evaluation will take place in March-April 2019, following the contracting of the Team Leader and the confirmation of all other team members from CARE, CAN DO, MFAT and DFAT. The key scheduling requirement is the completion of all data collection in PNG in March, well before the planned local-level government elections in April. The indicative workplan below sets out the timeline for the process, with key milestones as follows:

Week 1	Evaluation commences – briefing, document analysis, preparation of Evaluation Plan
End Week 1	Draft Evaluation Plan submitted
Week 2	Review and feedback on draft Evaluation Plan from CARE, CAN DO, DFAT, MFAT, AHP Support Unit

	Submission of final Evaluation Plan
Week 3	Evaluation Plan endorsed by Steering Committee Data collection Australia/ New Zealand (remote) Logistics and visit details finalised
Weeks 4-5	Field work in PNG Validation meeting and debrief in Port Moresby
Week 7 - 9	Draft Evaluation Report submitted Review and feedback on draft Evaluation Report from CARE, CAN DO, DFAT, MFAT, AHP Support Unit
Five days after feedback	Final Evaluation Report submitted
Five days after final report submitted	Evaluation Report endorsed by Steering Committee

Team Leader Selection Criteria

Required skills, qualifications and experience

- Academic degree in International Development Studies, Humanitarian Action, Evaluation, or a related field;
- Demonstrated experience in humanitarian response and knowledge of humanitarian standards (CHS, Sphere, Code of Conduct).
- Demonstrated experience in evaluations in the humanitarian sector, particularly involving people marginalised by age (especially children), ethnicity, disability and gender
- Strong understanding of humanitarian and evaluation ethics and a commitment to ethical working practices
- Demonstrated high level skills with quantitative and qualitative research and analysis
- Demonstrated experience of working and travelling in PNG
- Proven record of communicating with beneficiaries, including through interpreters,
- Highly developed self-management, and communication skills, including advanced English writing skills;
- Excellent analytical/problem-solving skills and detail-orientation
- Relevant subject matter knowledge and experience regarding the key sectors of intervention
- Experience in working with international organisations or NGOs, including abiding by their child protection and prevention of sexual harassment, exploitation and abuse policies
- Ability to deal with hardship and remote area field work

Desirable skills, qualifications and experience

In addition to the required skills and experience, it would be a distinct advantage if the Team Leader also brings:

- Experience in/ understanding of measuring the added value of partnerships/ cooperation
- Demonstrated knowledge of DFAT and MFAT humanitarian funding mechanisms
- Working knowledge of tok pisin.

The Team Leader will be required for up to 32 days of input on this evaluation, including:

- Evaluation Plan and associated briefing and preparation (4 days)
- Evaluation data collection and consultations (19 days, including approximately 18 days in PNG)
- Analysis and report writing (7 days)
- Finalisation and debriefing (2 days)

Pilot Evaluations of four humanitarian responses through the Australian Humanitarian Partnership

Background

Australian humanitarian responses to rapid and slow-onset humanitarian crises, including natural disasters and protracted conflict, are regularly funded through the Australian Humanitarian Partnership (AHP) to Australian NGOs.

A key element of the AHP is to increase collaboration, coordination and partnership between DFAT, the AHP NGOs and the wider humanitarian sector. Evaluations can play a key role in facilitating learning, promoting humanitarian reform and principals and highlighting key successes and challenges for the AHP mechanism and the activities funded. Undertaking evaluations jointly – with both DFAT and the implementing NGO(s) involved – will support learning and uptake of the recommendations by AHP Partners and increase the accountability and transparency of the response², Evaluation will contribute to DFAT Humanitarian Aid Quality Checks and may also provide evidence for broader DFAT evaluations. In addition to this, DFAT is required to undertake Partner Performance Assessments of agreements over \$3 million. However, for AHP humanitarian responses these can have limited utility for internal DFAT management and instead have approved the use of robust evaluations conducted for all activations of \$3 million or more. Evaluations will be led by an independent team leader but undertaken by a team which includes representatives from implementing NGOs and DFAT where possible.

Pilot Evaluations

The approach to evaluations in AHP is set out in a separate paper which will apply to all future evaluations. This paper describes how evaluations will be conducted for the four current activations which exceed the \$3 million threshold:

The following current AHP responses have been identified for joint evaluations in 2018:

Activation	Total Value	AHP Partners	Indicative Evaluation Timing
Bangladesh Rohingya Crisis	\$6 million	Save the Children Oxfam with CARE	October 2018 (after the end of the monsoon season in Cox’s Bazaar)
South Sudan famine	\$9 million	World Vision Oxfam	November 2018
Yemen protracted conflict	\$4 million	Save the Children	October 2018 - as a desk-based exercise the timing is flexible – aim to combine with South

² AHP partners include both AHP NGOs and DFAT

Activation	Total Value	AHP Partners	Indicative Evaluation Timing
(this evaluation will be desk-based only, due to security constraints on in-country work)			Sudan contract for a single evaluation team leader.
PNG earthquake	\$3 million	CAN DO CARE	March 2019 (updated)

Purpose

The purpose of the evaluations will be to assess effectiveness, while also drawing out program successes and challenges, creating an opportunity to learn from experience while also bringing accountability. Further, the evaluations will enable ongoing review of the AHP mechanism to ensure it remains relevant and appropriate.

Evaluation focus

The specific scope for each evaluation will be developed to suit each response and will be detailed in its terms of reference, ensuring that evaluations target the most relevant and highest priority issues in that context. The selection of priority issues and the articulation of the guiding evaluation questions will be done through the development of the evaluation terms of reference, drawing on the OECD DAC standards as well as DFAT Monitoring and Evaluation Standards and guidance relating to the evaluation on humanitarian action (Core Humanitarian Standards, SPHERE etc).

In addition to activation-specific evaluation questions, all evaluations will seek to investigate four common cross-cutting issues for AHP. These reflect the commitments of the Grand Bargain as well as DFAT policy priorities. Evaluations will consider these issues both in terms of specific outcomes achieved, and the extent to which the AHP mechanism is contributing to progress more generally in these areas:

- Inclusion (gender, disability and other social disadvantage)
- Transparency to affected populations and other stakeholders
- Localisation
- Cost effectiveness

These issues reflect high priorities for the humanitarian sector, but also areas of significant challenge in any response. Therefore, the common investigation of these cross-cutting issues will enable DFAT and the NGOs to progressively draw together lessons and insights from multiple evaluations, and to reflect those lessons in future humanitarian activities.

Budget

These evaluations will be financed through the \$50,000 which was allocated within each activation’s overall project budget to cover the costs of the independent team leader³.

³ This is estimated on the basis of up to 40 days of input at ARF C4 level (including up to two weeks in country), plus travel costs including insurance, plus communication costs.

Where the budget has been split between two implementing NGOs/ consortia, there may be a requirement for that partner to invoice the other partner for the remainder of the budget, to cover the overall cost.

For these pilot evaluations, any budget not required for the team leader's costs can be used to cover the costs of necessary additional inputs, such as technical inputs which cannot be provided by the TL or staff of the NGOs or DFAT. Subject to DFAT agreement and agreement between NGO partners, it may also be possible to utilise any remaining budget to contribute to the cost of NGO staff participation on the evaluation team (i.e. travel costs, but not the cost of staff time)

Once each evaluation is completed, any excess evaluation budget will be split evenly between the relevant implementing NGOs for that response, to be utilised in implementing that response.

Evaluation Steering Committee

As set out in the AHP Evaluations paper, independence will be protected through the establishment of a small Evaluation Steering Committee for each evaluation (or for a group of evaluations if they are occurring at the same time). This Committee will comprise one representative each from DFAT, the implementing NGO(s), and the Support Unit - individuals who are not directly involved in the evaluation. Each organisation will nominate their representative in response to an invitation from the Support Unit, and AHP NGOs not involved in the specific response will be able to volunteer for a Steering Committee if they wish.

The Steering Committee will provide light-touch oversight and transparency for each evaluation through 2-3 short telephone meetings per evaluation and periodic email correspondence. This group will be required to endorse the evaluation Terms of Reference, the preferred candidate for the Team Leader, the Evaluation Plan (see below) and the final Evaluation Report, and all decisions will be made by consensus.

Evaluation design and planning

The Support Unit will initiate the evaluation design and planning process for each of these evaluations in June 2018. This collaborative planning of the evaluations will begin with the partners and the Support Unit setting out a detailed timetable for the design and implementation of each evaluation, from the development of the ToR to the publication of the final Evaluation Report. This schedule will be further refined and specified in the ToR.

The Support Unit will initiate and facilitate a collaborative process of evaluation design and planning which enables DFAT and the implementing NGO(s) to jointly agree the areas of focus for each evaluation. This process will result in the development of an **Evaluation Terms of Reference (ToR)**, which will include the agreed evaluation questions, an indicative evaluation methodology and the timing, as well as the specification of the team (see below). The Evaluation ToR will also include a detailed specification (terms of reference) for the Team Leader.

The specific timing (scheduling) of the evaluations will be determined in initial scoping discussions facilitated by the Support Unit and agreed by all parties.

Evaluation team

As set out above, the ToR for each evaluation will outline the requirements for the evaluation team, but as set out in the overall evaluation paper, every evaluation will be led by an independent team leader. The rest of the evaluation team will be made up of personnel from the relevant NGOs, who

will generally provide the required technical and contextual expertise. There may also be DFAT representation on the team.

Representatives from DFAT and the NGOs are key to ensuring direction and influence of the evaluation along with the likelihood of recommendations being adopted, although it is noted that DFAT participation will depend on a DFAT decision in each case.

In order to achieve efficiencies as well as creating the potential for cross-evaluation learning, the aim is to select evaluation consultants who can undertake more than one evaluation, especially because they are scheduled to take place in close succession. Initial plans are:

- Consultant A:
 - South Sudan (Oxfam and World Vision), and
 - Yemen (Save the Children)
- Consultant B:
 - Bangladesh (Save the Children and Oxfam/CARE)
- Consultant C:
 - PNG (CAN DO and CARE) – with the option for either A or B to undertake this evaluation as well.

The Support Unit will provide support to the lead NGOs in the selection of the Team Leaders, including – if required – through advertising the opportunities in professional networks and online forums. The Support Unit can also assist with shortlisting, arranging telephone interviews and other logistical support if needed, before the NGOs take over the responsibility for finalising contracting and mobilisation.

Evaluation Report and Management Response

Implementing AHP NGOs and DFAT will have the opportunity to comment on a draft report before it is finalised by the evaluation team and submitted by the Support Unit to the Steering Committee for approval. Subsequently, the Support Unit will coordinate all relevant parties to develop a consolidated management response to any evaluation recommendations. There may be some recommendations that require consideration by the entire AHP (i.e. which may go beyond the individual response being evaluated); in this case the Support Unit will ensure they are brought before an AHP Quarterly Meeting for consideration.

The Support Unit will also manage a database of all evaluation recommendations and management responses and will monitor the implementation of any agreed actions.

Evaluation Reports and management responses will be published by the partners (including on the AHP website), and will be drawn into relevant learning and strategic discussions within the Australian humanitarian sector.

Next Steps

Given the schedule of evaluations set out above it is imperative to begin evaluation design and planning immediately. The following timetable is proposed:

Task	Deadline	Responsibility	Comments
<p>Confirm focal points in each NGO</p> <p>Confirm lead NGO for each evaluation who will contract TL</p>	30 June 2018	AHPSU/DFAT – with all relevant NGOs	<p>This is urgent as it may influence the specific selection and contracting process for each consultant.</p> <p>It is also essential so the specific arrangements regarding budget and finances can be made.</p>
Prepare ToR for four evaluations, including draft evaluation budgets	30 June 2018	DFAT and AHPSU with all relevant NGOs	
Steering Committee endorsements of ToR	7 July 2018	AHPSU	
Selection of up to three evaluation team leaders	31 July 2018	Lead NGOs supported by AHPSU	
Steering Committee endorsements of TLs	31 July 2018	AHPSU	
TLs contracted	31 July 2018	Lead NGOs	
Preparation of Evaluation Plans	August 2018	Contracted TLs	In consultation with NGOs, AHPSU and DFAT
Steering Committee endorsement of Evaluation Plans	15 September 2018	AHPSU	
Pre-evaluation logistics and planning	Aug-Oct 2018	Lead NGOs	
Yemen evaluation (no field work)	October 2018	Lead NGO to support field work logistics	
Yemen evaluation management response	30 November	Save the Children DFAT	AHPSU to coordinate
South Sudan evaluation (including field work)	November 2018	Lead NGO to support field work logistics	
South Sudan evaluation management response	20 December 2018	DFAT Oxfam	AHPSU to coordinate

Task	Deadline	Responsibility	Comments
		World Vision	
Bangladesh evaluation (including field work)	October 2018	Lead NGO to support field work logistics	
Bangladesh evaluation management response	30 November 2018	Save the Children Oxfam (with CARE) DFAT	AHPSU to coordinate
PNG evaluation (including field work)	March 2019 (updated)		
PNG evaluation management response	31 March 2019	DFAT CAN DO CARE	AHPSU to coordinate