



Summary of findings of emergency response evaluations

In order to establish a groundwork for the examination of humanitarian performance in emergencies, we reviewed three different types of evaluation published in the period 2008-12: Inter-Agency Real-Time Evaluations (IA-RTEs), evaluations of emergency operations conducted by individual agencies, and evaluations conducted by MSF of its own emergency operations. Only evaluations that focussed on specific emergency operations during situations of conflict and displacement were included in the review, and reviews of more protracted humanitarian responses were excluded. For evaluations, searches were conducted using the ALNAP Evaluative Reports Database as well as the public evaluations databases of CARE, UNICEF, WFP, UNHCR, the IFRC, the IASC, and several institutes known to carry out evaluations of humanitarian operations (DARA, GPPi and Groupe URD). In order to identify MSF evaluations, the websites of the Vienna Evaluation Unit, Epicentre, the MSF Field Research website and the intranet site Tukul were explored; a request was also sent to emergency desks in order to identify any unpublished reports. In total, 26 evaluations were reviewed, comprising 5 IA-RTEs, 17 evaluations conducted by individual agencies, and 4 evaluations conducted by MSF.

	Emergency	Agency	Summary of key findings and conclusions
	<i>Inter-agency evaluations</i>		
1	Pakistan IDP crisis 2009	IASC ¹	<ul style="list-style-type: none"> ▪ The overall response was a success, as there was no wide-scale death or disease even though millions were displaced in a short timeframe. Assistance focussed on relief. Recovery needs were not met, largely because of a lack of funding. ▪ There were significant problems of leadership, and the HCT was not an effective forum to lead the response. Cluster performance was variable. ▪ The government constrained access, for security and political reasons. The government's encroachment on humanitarian space went largely unchallenged by humanitarian agencies. UN agencies did not work in an impartial, independent or neutral manner. ▪ The affected population was rarely consulted, through with male leaders, leading to some inappropriate assistance.
2	South-Central Somalia 2005-10	IASC ²	<ul style="list-style-type: none"> ▪ Humanitarian space shrank dramatically, due to mixing of security and humanitarian agendas and the violation of IHL by parties to the conflict, leading to increasing difficulties for humanitarians gaining access to populations. ▪ Assistance has focussed on relief, especially food aid, with little on recovery, leading to a

¹ Cosgrave J et al. (2010), *Inter-Agency Real Time Evaluation (IA RTE) of The Humanitarian Response to Pakistan's 2009 Displacement Crisis*. IASC: Geneva.

² Polastro R et al. (2010), *IASC Evaluation of the Humanitarian Response in South Central Somalia 2005---2010*. DARA: Madrid.

			<p>cyclical relief effect.</p> <ul style="list-style-type: none"> ▪ Funding decisions are still too slow and must be expedited, especially for life-saving interventions. ▪ The adoption of remote management strategies has changed risk profiles, exposing national staff to greater risks. ▪ Agencies have shifted towards more joint needs assessments, but they still lack predefined standards. ▪ Accountability to beneficiaries has been very limited.
3	Somalia famine 2011	IASC ³	<ul style="list-style-type: none"> ▪ Earlier action could have prevented the worst aspects of the crisis. This did not happen on the scale required and the humanitarian system shares some responsibility for this. ▪ The famine response when it came was proportionate and appropriate, although the extent of effective implementation is still unknown, as is the impact. ▪ The potential for rapid deterioration remains and delivery capacity of the humanitarian system has been seriously compromised by the Al Shabaab ban.
4	Horn of Africa Crisis, Ethiopia 2011	IASC ⁴	<ul style="list-style-type: none"> ▪ While the needs assessment system is sophisticated, it requires political approval, which usually delays the response and reduces estimates of needs. In 2011, this required two upward revisions, losing valuable time. Further, the refugee flow from Somalia should have been better anticipated. ▪ Acute response systems have new elements of predictability, due to safety nets and localised health and nutrition provision. But while lives were saved, livelihoods were under stress. ▪ Despite well-functioning coordination, there is mistrust throughout the system. The government has put in place many measures to scrutinise NGOs. ▪ The response within Ethiopia saved lives and was mostly on time. Nutrition recovery levels were above international standard with high beneficiary satisfaction. ▪ In contrast, the response for Somali refugees did not meet international standards, leading to very high mortality.
5	Horn of Africa Crisis, Kenya, 2011	IASC ⁵	<ul style="list-style-type: none"> ▪ The humanitarian community was reactive to the crisis, without taking proactive and preventative measures. Once the decision was made, driven by the CNN Effect, the

³ Darcy J et al. (2012), *IASC Real-Time Evaluation of the Humanitarian Response to the Horn of Africa Drought Crisis: Somalia 2011–2012*. IASC: Geneva.

⁴ Sida L et al. (2012), *IASC Real-Time Evaluation of the Humanitarian Response to the Horn of Africa Drought Crisis: Ethiopia*. IASC: Geneva.

⁵ Duncalf J et al. (2012), *IASC Real-Time Evaluation of the Humanitarian Response to the Horn of Africa Drought Crisis: Kenya*. Global Emergency Group: London.

			<p>response was impressive.</p> <ul style="list-style-type: none"> ▪ Coordination, through GoK and clusters, are more for information exchange than joint planning. They suffer from not sufficiently including local partners and from a disconnection between field and capital. ▪ Nutrition and food aid functioned well and a shift to market-based interventions is occurring. Needs in Dadaab are being met by UNHCR and partners, particularly in health and nutrition.
<i>Individual agency evaluations</i>			
6	Chad, 2003-09	WFP ⁶	<ul style="list-style-type: none"> ▪ The magnitude of need far outstrips WFP's ability to access resources and implement. Poor security and logistical difficulties have also constrained operations. ▪ Considerable work has gone into context and needs analysis, and has driven choices in where to intervene, but has not always affected programme strategies. ▪ Operations have been relevant in addressing needs and effective in saving lives, but overemphasis on general food distribution for refugees and IDPs should have been rebalanced towards host communities and the Sahel belt. Beneficiary targeting was generally successful, and acceptable levels of results were achieved.
7	Ethiopia refugees, 2003-2011	WFP and UNHCR ⁷	<ul style="list-style-type: none"> ▪ WFP has provided a stable supply of nutritionally balanced food rations throughout most of the period under review. Nutritional status of children has also improved. However, food insecurity intensifies during the second half of each month, because refugees are compelled to sell for basic needs including NFIs. ▪ UNHCR and WFP face resource and Ethiopian legal constraints to longer-term livelihood solutions, which contributes to maintaining a care and maintenance approach. Few UNHCR resources are devoted to livelihood programming activities. ▪ Long-term impact has not been achieved. It is unlikely that refugees in camps in Ethiopia will achieve durable solutions without significant policy and programme changes.
8	North Kivu, 2009	Oxfam ⁸	<ul style="list-style-type: none"> ▪ Interventions in Lubero and Rutshuru were relevant, of good quality, reasonably timely in Lubero but late in Rutshuru. Objectives were mostly achieved. ▪ Constraints included logistical and security difficulties, and recruiting qualified French and

⁶ Chopak C et al (2010). *Chad: An Evaluation of WFP's Portfolio, 2003-09*. WFP: Rome.

⁷ Sutter P et al (2011). *The Contribution of Food Assistance to Durable Solutions in Protracted Refugee Situations: Its Impact and Role. Ethiopia*. WFP: Rome. UNHCR: Geneva.

⁸ Baker J and Mbogha E (2009), *Final Evaluation: Oxfam's North Kivu Emergency Response*. Oxfam GB: Oxford.

			<p>Swahili speakers.</p> <ul style="list-style-type: none"> Advocacy for greater attention to the crisis was done well, although contacts at local levels were weaker.
9	North Kivu, 2009	Christian Aid ⁹	<ul style="list-style-type: none"> The projects were relevant in their choice of target populations, areas and types of interventions, especially targeting IDPs outside camps. Activities were implemented as planned, with involvement of beneficiaries and local authorities. Due to short duration, coverage was low and impact will be short.
10	Typhoon Ketsana, Philippines and Vietnam, 2009	Save the Children ¹⁰	<ul style="list-style-type: none"> Very quick reaction in both countries in carrying out needs assessment and programme design. Programming in education and child protection in the Philippines helped children return to normalcy as soon as possible. In Vietnam, response mixed some highly appropriate interventions (seed and fertiliser distribution) with activities that should have been lower priority (exclusive breast feeding).
11	Kyrgyzstan ethnic violence, 2010	UNHCR ¹¹	<ul style="list-style-type: none"> There were significant challenges in relations with the two governments, especially on protection concerns. The gains which were made for displaced and refugees were connected to UNHCR's assistance programmes: operability allowed for expanded influence on protection issues. Housing, land and property issues and information and communication to beneficiaries were key issues, and UNHCR action on these issues had positive benefits. Operations management, including human resources, was generally good. But consideration should be given to the Commissioner being able to declare an emergency, and therefore establish expedited procedures on procurement, supply and personnel deployment.
12	Yemen conflict, 2010	UNICEF ¹²	<ul style="list-style-type: none"> Good coverage of services provided in targeted IDP camps; problems well identified and addressed. Assistance appreciated by beneficiaries and other stakeholders. Links made to recovery and development.

⁹ Christian Aid (2009), *Christian Aid's Response to the North Kivu Crisis from January to October 2009*. Christian Aid: London.

¹⁰ Cinh NG and Rastall R (2010), *Post-Typhoon Ketsana Response and Recovery Interventions funded by the Disaster Emergency Committee in Vietnam and the Philippines*. Save the Children: London.

¹¹ Crisp J et al (2011), *Crisis in Central Asia: Lessons Learnt from UNHCR's response to the 2010 emergency in Kyrgyzstan and Uzbekistan*. UNHCR: Geneva

¹² Steets J and Dubai K (2010), *2010 Yemen: Real-Time Evaluation of UNICEF's Response to the Sa'ada Conflict in Northern Yemen*. GPPI: Berlin.

			<ul style="list-style-type: none"> ▪ Ill-prepared for crisis, with no contingency plans. While initial response was timely, later efforts lagged. Office was functioning in development mode, so processes are burdensome and unfit for emergencies. ▪ Majority of IDPs are not targeted for, or covered by, assistance. Even in targeted camps, gaps in services exist.
13	Yemen, 2006-10	WFP ¹³	<ul style="list-style-type: none"> ▪ The portfolio was well aligned with the humanitarian needs of households in Yemen. The scale of the portfolio increased dramatically during the evaluation period. ▪ Generally, the outcome-level data reported on WFP operations were insufficient, but the evaluation concludes that the portfolio's effectiveness is most evident in the emergency response and refugee operations. The effectiveness of the development-oriented aspects of the portfolio has been limited. ▪ The WFP has established excellent relationships with its government counterparts, which is critical to its ability to respond and gain. WFP has demonstrated its leadership in establishing safe corridors, and the impartiality of its operations.
14	Cote d'Ivoire 2010-11	Save the Children ¹⁴	<ul style="list-style-type: none"> ▪ Assistance provided was relevant and scaled-up, including across sectors. Emergency preparedness was key. ▪ The agency's security policies conflicted with emergency response goals and prevented timely access to populations. ▪ Support to local partners was effective in building their capacity, but accountability to partners was weak.
15	Cote d'Ivoire 2010-11	UNHCR ¹⁵	<ul style="list-style-type: none"> ▪ Initial response was hesitant, as the dimensions of the crisis were not quickly evident and had not been planned for. Activities were delayed in starting up, as UNHCR field presence was minimal, but then accelerated. ▪ Response affected by integrated mission, causing for difficulties for UNHCR to manage political dimensions, sparking conflict between agencies. ▪ Security policies restricted and delayed UNHCR's field access.
16	Somalia, 2006-11	WFP ¹⁶	<ul style="list-style-type: none"> ▪ A main challenge for WFP was the blurring of boundaries between the United Nations

¹³ Goldensohn M et al (2011). *Yemen: An Evaluation of WFP's Portfolio (2006-10)*. WFP: Rome.

¹⁴ Holman A and Sayagh S (2012), *Evaluation of Humanitarian Action: Save the Children's Emergency Response to Post-Electoral Violence in Cote d'Ivoire (April –September 2011)*. Save the Children: London.

¹⁵ Dian Balde M et al. (2011), *Shelter from the Storm: A real-time evaluation of UNHCR's response to the emergency in Cote d'Ivoire and Liberia*. UNHCR: Geneva.

¹⁶ Nicholson N et al. (2012). *Somalia: An Evaluation of WFP's Portfolio*. WFP: Rome.

			<p>political and humanitarian agendas. The evaluation noted that WFP's neutrality was brought into question over the selection of contractors and that WFP gave inadequate consideration to the implications of delivering food aid in areas controlled by al-Shabaab.</p> <ul style="list-style-type: none"> ▪ From 2006 to 2009, WFP Somalia demonstrated that it has the requisite capacity and skills to deliver emergency food aid efficiently, by exceeding planned outputs in a very challenging environment. The 2009–2010 allegations of diversions undermined both internal and external confidence in WFP. ▪ There are still important areas to be addressed, especially improved accountability to beneficiaries, better evidence of the impacts that different food assistance interventions have on food and nutrition-insecure households, and – for future sustainability – the need to build more effective capacity in viable state institutions concerned with disaster risk management and sector planning for education and health.
17	Horn of Africa crisis, Ethiopia 2011	DEC ¹⁷	<ul style="list-style-type: none"> ▪ The response was late. Underestimates of needs constricted early response, as agencies were constrained within government approval processes. Otherwise, the response was effective, as much was based on pre-existing programmes. ▪ Funding availability was not a constraint. Rather, government approvals and access were an issue, as was the capacity of local partners, as much international response was channelled through a small number of local NGOs. ▪ Accountability to beneficiaries was judged well. ▪ The situation in the Dolo Ado camps was alarming, with very high death rates. There appears to be a reality gap between the picture painted by ARRA and UNHCR and by agencies on the ground.
18	Kenya, 2006-10	WFP ¹⁸	<ul style="list-style-type: none"> ▪ Portfolio activities have been relevant, especially through regular (re)targeting of the most vulnerable. Shifts from GFDs to recovery were also in line with the demands of recipient communities. Initial efforts to pilot cash schemes have been encouraging. ▪ WFP assistance has reduced malnutrition from emergency levels in 2006 to acceptable levels in 2010 in the refugee camps. Relevance of emergency nutrition programmes could have been improved through more attention to underlying causes of chronic malnutrition and stunting. ▪ Good performance has been achieved in number and coverage rates of beneficiaries, and

¹⁷ Darcy J et al. (2012). *Disasters Emergency Committee – East Africa Crisis Appeal. Ethiopia Real-Time Evaluation Report*. Valid International: London.

¹⁸ Bagnall-Oakeley H et al. (2011). *Kenya: An Evaluation of WFP's Portfolio*. WFP: Rome.

			funding has not been a problem. There have been severe shortfalls for non-refugee populations, leading to missing food distribution cycles, due to logistical difficulties. There were no major pipeline breaks in refugee assistance.
19	Horn of Africa, Kenya 2011	KRCS, IFRC ¹⁹	<ul style="list-style-type: none"> ▪ Generally relevant, timely and effective. Significant achievements including a cholera response in Dadaab camp and the rollout of a GoK community health strategy, among others. ▪ Concerns about long-term sustainability, and linkages between emergency and recovery activities, as well as participatory project design, needs assessment and data and monitoring systems.
20	Horn of Africa 2011	Action contre le Faim ²⁰	<ul style="list-style-type: none"> ▪ ACF's response contributed to reduce impact on lives and livelihoods, but was only scaled up once the famine was declared. Few emergency activities were initiated before July 2011. ▪ The response was coherent to needs, well-coordinated and appropriately implemented, although context constraints affected access, coverage and timeliness.
21	Somalia famine 2011	Save the Children ²¹	<ul style="list-style-type: none"> ▪ Lives were saved in a difficult context. Beneficiaries and partners were overwhelmingly positive. ▪ Needs in seven target sectors were effectively met, except education and child protection which were underfunded. ▪ Timeliness was an issue, as for all agencies. Resources to scale-up did not arrive until after famine declaration.
22	Afghanistan, 2010-12	WFP ²²	<ul style="list-style-type: none"> ▪ Programme was seriously affected by a downturn in the political situation, including increased violence, reduced access to populations and a 50% shortfall in funding. ▪ Reaching close to planned numbers of beneficiaries over successive years' implementation was a considerable achievement, but can mean less than optimal use of resources in areas where WFP is spread too thinly. ▪ Targeting has been a problem across all activities, especially GFD and cash/voucher schemes. Inclusion and exclusion errors have been most severe where food aid is distributed to conflict-displaced communities, partly because of access difficulties. ▪ More thorough conflict analysis at the design stage may have enabled WFP to respond

¹⁹ DeGrucro C (2011), *Provision of Emergency Healthcare in Drought Affected Areas Response: October 2011- June 12*. KRCS: Nairobi.

²⁰ Martínez-Piqueras A and Ruiz Bascarán M (2012), *ACF International's Response to the Horn of Africa Crisis, 2011*. ACF: Paris.

²¹ Mumford E and Khatana VS (2012), *Evaluation of Humanitarian Action: Somalia Crisis Response, April 2011- April 2012*. Save the Children: Melbourne.

²² Bennett J and Sidiqui K et al. (2012). *Afghanistan: An Evaluation of WFP's Portfolio*. WFP: Rome.

			<p>more proactively to volatility. WFP has been mainly reactive to operational constraints, rather than proactively designing conflict-sensitive activities.</p> <ul style="list-style-type: none"> There are increasing risks related to the operational and political 'space'. WFP steers a difficult path between supporting government institutions and maintaining appropriate political neutrality that allows access to all communities in need.
	<i>MSF evaluations</i>		
23	Displacement in open settings, 2010	Intersectional ²³	<ul style="list-style-type: none"> Decisions often based on poor qualitative data, because of lack of quantitative data. Impact was likewise very hard to measure. Inadequate understanding of causes and nature of vulnerability. The health system, barriers to access and health seeking behaviours need to be better understood. Classical short-term "emergency" relief was not seen; rather work focussed on support to existing services or facilitation of patient access, where positive examples were found. In open rural settings, more needs to be invested in community-based approaches, aiming at better coverage.
24	Yida displacement, South Sudan 2012	OCP ²⁴	<ul style="list-style-type: none"> Scale-up of medical assistance significantly improved an alarming rise in excess mortality and led to stabilisation to normal levels. There was significant delay in understanding and then reacting to the emergency. The lack of a mortality surveillance system was one constraint; a headquarters climate of budget restraint was another. MSF limited itself to a "medical-only" response, refusing to engage in other essential activities such as WASH. It should have switched earlier from advocating more efforts from others to intervening itself.
25	Maban displacement, South Sudan 2012	OCB ²⁵	<ul style="list-style-type: none"> A success in the sense that after six months the basic health indicators were below emergency thresholds. Much was outside MSF's control, including the poor performance of many other actors and the logistical and water difficulties of the area. The May/June influx should have been better prepared, as little was on-ground, although scale-up was rapid. Data collection was weak, especially during the first months, making it difficult to determine success or failure.

²³ Koscolova A and Lucchi E (2010), *MSF Response to Displacement in Open Settings: Leaving the camp paradigm*. MSF Evaluation Unit: Vienna.

²⁴ Busson P and Brown V (2012), *Evaluation: MSF-OCP project in Yida camp, South Sudan*. Epicentre: Paris.

²⁵ Kassia et al. (2013), *Final Report: Emergency Response Batil Refugee Camp*. OCB: Brussels.

			<ul style="list-style-type: none"> ▪ Hospital mortality rates remained high, although it is not clear if better could have been achieved.
26	Liben displacement, Ethiopia 2011	OCA ²⁶	<ul style="list-style-type: none"> ▪ This was a massive, emotional and successful intervention: many lives saved. The mortality situation was under control by mid-October – a good result for an emergency of this size and severity. ▪ MSF was caught by surprise by the extent of the catastrophe, despite its long and extensive presence. There was an inability of active triangulation of information from different sources. ▪ Programmes benefitted from a strong focus on cultural sensitivity and health-seeking behaviour, which the community appreciated. ▪ The bureaucracy of the Ethiopian government was an incredible obstacle. While it was a challenge to develop a common strategy, many activities concerning advocacy and communication were implemented which brought improvements for the beneficiaries. ▪ Medical priority set-up of programmes was well balanced by prioritising mostly life-saving interventions. Despite impressive and dedicated efforts of staff, a lack of implementation capacity hindered the medical outcomes on some occasions.

²⁶ Turashvili M and Cremoux D (2013), *Review of the OCA Emergency Intervention in Liben, Ethiopia*. MSF Evaluation Unit: Vienna.