



**MONITORING &
EVALUATION**

QALNAP



M&E during COVID-19 series

Evolving Evaluation Practice

Past, present and future challenges

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ALNAP is a global network of NGOs, UN agencies, members of the Red Cross/Crescent Movement, donors, academics, networks and consultants dedicated to learning how to improve response to humanitarian crises.

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Contents

Summary	2
Introduction	3
<hr/>	
1. A brief history of Evaluation of Humanitarian Action	4
1.1 The increased frequency and impact of humanitarian crises	4
1.2 The demand for accountability	5
1.3 The institutionalisation of EHA	5
1.4 Professional standards and ethics	6
1.5 Humanitarian standards and frameworks	6
1.6 Guidelines relevant for EHA	6
1.7 EHA methodologies	7
<hr/>	
2. Key challenges in EHA	8
2.1 Common challenges in EHA before COVID-19	8
2.2 Survey and workshop findings on EHA challenges before COVID-19	9
<hr/>	
3. Impact of COVID-19 on EHA	11
3.1 Key considerations for EHA relating to COVID-19	11
3.2 Survey and workshop findings on the impact of COVID-19 on EHA	12
<hr/>	
4. Future considerations for EHA	16
Conclusions	20
Endnotes	22
Bibliography	23

Summary

Evaluation of humanitarian action (EHA) has evolved over the past 30 years to meet the demands for accountability and learning in humanitarian action. This paper provides a brief overview of the history of EHA, and common challenges for evaluation practitioners, including those that have arisen with the COVID-19 Pandemic. The paper draws from two M&E Skills-Building Workshops for entry and mid-level humanitarian evaluation practitioners, hosted by ALNAP in February and March 2021.

EHA has become more institutionalised within the humanitarian sector over time. Although professional standards, frameworks and ethics have strengthened EHA practice, common challenges in evaluating humanitarian action persist. These include difficulties in embedding participatory methods, issues related to data quality, lack of coordination among stakeholders in humanitarian response and evaluation, and the limited use and uptake of evaluation findings and learning in many cases.

The COVID-19 Pandemic exacerbated humanitarian needs around the world, and evaluation practitioners have encountered a new set of challenges – such as adapting traditional evaluation approaches and shifting to remote M&E approaches. The paper outlines future considerations for EHA, looking at the long-term use of remote evaluation approaches, the greater development of national evaluation capacity, the decentralisation of evaluation functions, and the need to further foster cultures of learning within organisations.

Introduction

Over the past 30 years, the prevalence and importance of the evaluation of humanitarian action (EHA) has increased in pace with the surge in humanitarian crises and the demand for accountability and learning. This paper explores past and current trends in humanitarian evaluation practice, providing an introduction to the history of humanitarian evaluation for those who are new to EHA, and posing questions for the future of evaluation practice in light of common challenges, including those more recently presented by the COVID-19 Pandemic.

This paper is informed by a short review of literature on the history of EHA and changes in the challenges it has faced over time. The research draws on two learning exchange workshops for entry and mid-level humanitarian evaluation practitioners on the topic of evolving humanitarian evaluation practice and challenges, delivered in February and March 2021, as part of ALNAP's annual M&E Skills-Building Workshop series. It is also informed by a survey exploring common problems and responses in humanitarian evaluation during the Pandemic, completed by 57 of the participants who registered for the workshop series.

1. A brief history of Evaluation of Humanitarian Action

Several factors characterise Evaluation of Humanitarian Action (EHA), making it unique from other types of evaluation practice. EHA operates within the complex and dynamic interface of human and natural systems, encompassing an assortment of human-made and natural emergencies with considerable overlap between the two (Opitz-Stapleton et al, 2019). The humanitarian evaluand¹ is often a politically sensitive environment with a variety of actors ranging from funding agencies and implementing organisations to public agencies and affected populations themselves (Hallam, 1998; OECD DAC, 1999). Each actor has different stakes, interests, resources and capacities, yet are all integrally interconnected.

The practice of EHA is relatively new in the timeline of humanitarian aid: humanitarian evaluation practice is 25 years old whereas humanitarian aid has a much longer history that traces back to 1863 when the ICRC was created, and the adoption of the first Geneva Convention the year after (Feinstein and Back, 2006; Ritchie and MacDonald, 2010; Rysaback-Smith, 2015; Eberwein and Reinalda, 2015).

1.1 The increased frequency and impact of humanitarian crises

Among the main factors fuelling the demand for EHA are the escalating number and impact of humanitarian crises. A third of all countries in the world are currently managing one or more internal crises that require humanitarian assistance (European Commission, 2021). It is beyond the scope of this paper to capture them all, but some major humanitarian crises of the past 30 years include:²

1994	Rwanda Genocide	2011	Yemen Crisis (protracted)
1998	Hurricane Mitch	2013	South Sudan Crisis (protracted)
2003	Iraq Crisis	2011	Somali Crisis (protracted)
2003	Darfur Crisis	2013	Typhoon Haiyan
2004	Indian Ocean Earthquake and Tsunami	2014	West Africa Ebola Epidemic
2005	Hurricane Katrina ³	2015	Nepal Earthquake
2010	Haiti Earthquake	2015	European Migration Crisis
2011	Tohoku Earthquake ⁴	2019–2020	Global wildfires
2011	Syrian Civil War	2020–2021	COVID-19 Pandemic

1.2 The demand for accountability

The growing demand for accountability in humanitarian action has been a driving factor behind EHA's rise to prominence (Chelimsky, 2006; Dahler-Larsen, 2012). Stakeholders, whether donors or affected populations, want to be assured that investments in humanitarian action are used efficiently, make a difference and uphold ethical principles such as Do No Harm. The 1994 Rwandan Crisis, where the genocide of almost 1 million people left the country's institutions near collapse and its citizens traumatised, is regarded as pivotal in the evolution of EHA. It highlighted a range of performance, quality and coordination issues in the humanitarian response to the crisis and underscored the critical role of evaluation for working towards more accountable humanitarian action (Eriksson et al., 1996).

1.3 The institutionalisation of EHA

Evaluation has become an established practice for many humanitarian organisations, networks and communities of practice. This includes the institutionalisation of the evaluation function in all UN humanitarian organisations – such as the Office for the Coordination of Humanitarian Affairs (OCHA), which institutionalised its evaluation function in 2000. Other notable examples of the institutionalisation of evaluation in the humanitarian sector include:

- 1997** [Active Learning Network on Accountability and Performance \(ALNAP\)](#). Initially created to share the results of learning from humanitarian evaluations and to conduct studies and seminars on related topics (Dabelstein, 1999; Davey et al., 2013), ALNAP facilitates learning relating to humanitarian action, carrying out original research and hosting the largest library of humanitarian evaluations.
- 1997** [The Sphere Project](#). Launched by NGOs and the Red Cross and Red Crescent (RCRC) Movement, this initiative includes a [Humanitarian Charter](#) and a set of [humanitarian standards](#) that have provided benchmarks to evaluate humanitarian action.
- 2005** [Tsunami Evaluation Coalition \(TEC\)](#). A notable example of a disaster-specific learning and accountability initiative hosted by ALNAP, which led the 2006 [Joint Evaluation of the International Response to the Indian Ocean Tsunami](#).
- 2014** [Inter-Agency Humanitarian Evaluations \(IAHEs\)](#) established by the UN's Inter-Agency Standing Committee (IASC), to provide an independent assessment of results of the collective humanitarian response by member organisations of the IASC to specific crises.

1.4 Professional standards and ethics

As evaluation has become more institutionalised, it has also become more professional as a practice. The creation of standards, principles and ethics to guide how evaluations are conducted is testament to this professionalisation of evaluation as a field and of EHA specifically. Notable examples relevant to EHA include:

- 1991 [OECD DAC Principles for Evaluation of Development Assistance](#)
- 1991 [OECD DAC Evaluation Criteria](#) (updated in 2019)
- 2005 [UNEG Norms and Standards for Evaluation](#) (updated in 2016)
- 2010 [OECD DAC Summary of Key Norms and Standards](#)

1.5 Humanitarian standards and frameworks

The humanitarian community has agreed standards and frameworks to guide how humanitarian action is provided. These have inevitably influenced the criteria and metrics for evaluating the effectiveness of that action. Notable examples include:

- 1994 [Code of Conduct for International Red Cross and Red Crescent Movement and Non-Governmental Organisations \(NGOs\) in Disaster Relief](#)
- 1998 [The Sphere Handbook of Humanitarian Charter and Minimum Standards](#)
- 2005 [The Hyogo Framework for Action \(2005–2015\)](#)
- 2014 [Core Humanitarian Standard on Quality and Accountability \(CHS\)](#)
- 2015 [Sendai Framework for Disaster Risk Reduction \(2015–2030\)](#)
- 2015 [2030 Agenda for Sustainable Development](#)

1.6 Guidelines relevant for EHA

Whether through publications, online webinars, discussion groups, or some other medium, evaluation guidelines support EHA, good practice and capacity development. Notable examples specific to EHA include:

- 1999 [Guidance for Evaluating Humanitarian Assistance in Complex Emergencies](#) (OECD)
- 2006 [Evaluating Humanitarian Action Using the OECD DAC Criteria](#) (ALNAP)
- 2007 [Evaluation of Humanitarian Aid by and for NGOs](#) (European Commission)
- 2009 [Real-time Evaluations of Humanitarian Action](#) (ALNAP)
- 2012 [Guidance Note on Evaluation and Do No Harm](#) (CDA)
- 2016 [Evaluation of Humanitarian Action Guide](#) (ALNAP)
- 2018 [Evaluation of Protection in Humanitarian Action](#) (ALNAP)

1.7 EHA methodologies

The evolution and influence of evaluation methodologies is an important aspect of EHA's history (Puri et al., 2014; Sundberg et al., 2019). Below we identify three notable developments that have influenced the participation, immediacy and comprehensiveness of EHA:

- 1. Joint humanitarian evaluations.** Joint humanitarian evaluations have become popular and are increasingly common for large scale humanitarian crises. Notable examples include the 1996 [Joint Evaluation of Emergency Assistance to Rwanda](#) (JEEAR) and the 2006 [Joint Evaluation of the International Response to the Indian Ocean Tsunami](#). Inter-Agency Real-Time Evaluations (RTEs) had been conducted previously for the Inter-Agency Working Group (Beck, 2009; 2011); and these have now been replaced by IASC Inter-Agency Humanitarian Evaluations.
- 2. Real-time evaluations.** Since the 1990s, RTEs have been regularly employed by humanitarian public, civic and private humanitarian actors for rapid participatory assessment with findings provided in real time to inform response (Herson and Mitchell, 2006; Cosgrave et al., 2009).
- 3. Meta-analysis of the humanitarian system.** The past two decades have seen the steady rise of system-wide analysis of the humanitarian system, largely spearheaded by ALNAP. Notable are ALNAP's series of reviews of humanitarian action (i.e. see [ALNAP Seventh Review of Humanitarian Action](#)) and ALNAP's more recent [State of the Humanitarian System \(SOHS\) reports](#) (2010, 2012, 2015, 2018), which contain a synthesis of evaluation findings, and which compile statistics and analysis on the size, shape and scope of the humanitarian system to assess overall performance and progress.



Photo credit: United Nations.

2. Key challenges in EHA before COVID-19

Even before COVID-19, practitioners of EHA were facing various challenges. These challenges, which are summarised here and are not exhaustive, reflect the complex and interrelated systems and contexts in which EHA is carried out.

2.1 Common challenges in EHA before COVID-19

2.1.1 Evaluation methodology and quality. Challenges to evaluation methodology largely relate to the complex nature of the humanitarian evaluand, which is emergent, dynamic and unpredictable (Dabelstein, 1999; Guerrero et al., 2013; ALNAP, 2016). Intervention designs often become outdated and baseline data may be unavailable or incomplete, making it difficult to evaluate what was done. M&E (monitoring and evaluation) systems more readily measure tangible deliverables (counts) in comparison to measuring the higher-level outcomes and impacts that outputs are designed to support.

2.1.2 Limited participation. Key challenges for participatory EHA include limited access to local populations and limited participation of humanitarian workers due to high staff turnover or unavailability, stemming from workload or hardship leave (Anderson et al., 2012; ALNAP, 2016).

2.1.3 Evaluation use and uptake. Evaluation use is a priority (Patton, 1997), but meaningful evaluation follow-up remains a formidable challenge for EHA (Sandison, 2006; Proudlock and Ramalingam, 2008). Too often, evaluation is undertaken as an accountability ‘tick-box’ exercise to satisfy agencies and donors, rather than to improve outcomes for the targeted population.

2.1.4 Limited disaggregation of data. Sex, age and disability disaggregation (SADD) is important for understanding the impact of aid on vulnerable groups (IFRC, 2019). While attention to cross-cutting issues such as protection, gender-based violence and Do No Harm has increased, it is still challenging at times to collect disaggregated data for these priorities (The Do No Harm Project, 2012; Guerrero et al., 2013).

2.1.5 Lack of coordination in humanitarian response and its evaluation. In EHA, rather than coordinating and sharing information from (and costs of) data collection and evaluation, humanitarian organisations often pursue these independently, resulting in duplication and even competition, exacerbating assessment fatigue among the affected populations (Bennet and Foley, 2016; UNOCHA, 2016).

2.1.6 Safety and wellbeing of evaluators. Increasing attention is given to the quality and safety of the humanitarian workforce (Dalrymple, 2020), which includes their evaluation capacity development to ensure ethical and reliable data collection, analysis and use.

2.1.7 Climate change and adaptation. A systematic approach to EHA is required which considers the intersection between social disruption/conflict and climate vulnerability. These situations increase the need for the evaluation of climate adaptation in humanitarian action (Bennet and Foley, 2016).

2.1.8 Urbanisation of emergencies. With population growth most pronounced in urban centres, evaluators need to consider the complexities of each unique urban context, and this requires better understanding of the needs of related vulnerable urban groups (Gu, 2019).

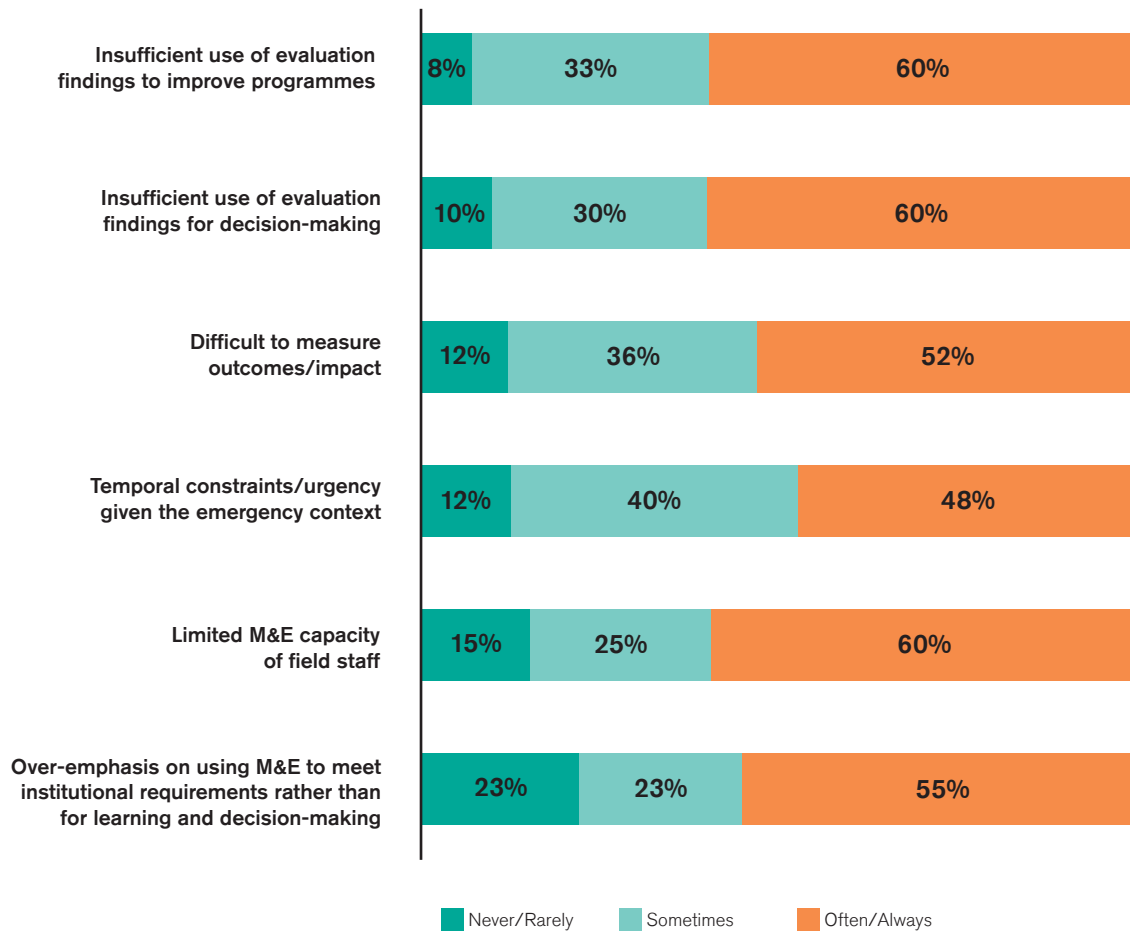
2.1.9 Equity and addressing underlying power dynamics. Increased calls for humanitarian aid to better address social inequalities and injustice have led to parallel calls for evaluators to interrogate power structures, including in the systems and organisations that provide humanitarian assistance (Bond, 2020; Katwikirize, 2020).

2.2 Survey and workshop findings on EHA challenges before COVID-19

Prior to the workshop, survey participants were asked to rate the challenges that were the most prevalent in their humanitarian evaluation practice on a five-point scale, where 1 = Never and 5 = Always. The most common challenges identified were **insufficient use of evaluation findings to improve programmes (93%)** and **for decision making (90%)** ([Figure 1. Most prevalent challenges in humanitarian evaluation practice](#)).

Additionally, 88% of survey respondents reported that **measuring outcome or impact is a challenge** that happens always or sometimes in humanitarian evaluation. Similarly, **temporal constraints/urgency of the emergency context was reported as a common challenge** with 88% of people reporting it occurs always or often in their humanitarian evaluation practice. Many survey respondents (85%) also experienced challenges related to **limited M&E capacity of field staff**. Some respondents (73%) reported that **M&E was used to meet institutional requirements rather than for decision-making and programme improvement**.

Figure 1. Most prevalent challenges in humanitarian evaluation practice



During the workshop, many participants responded that these challenges resonated with their individual or organisation’s experience. One significant finding that participants underscored during the workshop was that the biggest challenge in their humanitarian evaluation practice was **creating a culture of learning and use in their organisations**. This includes cultivating an evaluation mindset, building M&E systems, using lessons learned from evaluations, reducing fear in internal teams to share evaluation results and valuing evaluation work. Importantly, it was also noted during the workshops that these challenges are interrelated with each other and other factors. For instance, the insufficient use of evaluation is linked to high staff turnover and workload that limit motivation for evaluation follow-up. Some participants noted that they have seen limited implementation of learning from the Ebola crisis during COVID-19 interventions.

3. Impact of COVID-19 on EHA

COVID-19 has exacerbated humanitarian needs around the world (UNOCHA, 2020). As humanitarian agencies adapt their programming to meet these emerging needs, evaluation approaches must also adapt and evolve. There has been a number of evaluation-related publications, guidance, statements and protocols in response to COVID-19 (for example, ALNAP, 2020; Evaluation in Crisis, 2020; Patton, 2020; UNDP, 2020; UNFPA, 2020).

3.1 Key considerations for EHA relating to COVID-19

The following summarises some of the key considerations for EHA related to COVID-19 as identified by humanitarian organisations:

3.1.1 Do No Harm. The crisis has underscored this principle in terms of the health and safety risks of face-to-face interaction during data collection and of burdening stakeholders whose resources and capacities may already be strained by the COVID-19 Pandemic (Raftree, 2021; WFP, 2020).

3.1.2 Evaluability assessments (EAs). There is a heightened need for context/risk analyses to assess the extent to which an intervention can be evaluated in a reliable and credible fashion during the COVID-19 crisis (IED-OIOS, 2020; IEO/UNDP and OECD DAC, 2020; UNDP, 2020; WFP, 2020).

3.1.3 Postponing evaluation. Postponement is a viable option if the evaluation findings will still be useful for decision-making purposes at a later point, although care should be taken to avoid a backlog of evaluations that will become unfeasible to carry out (UNDP, 2020; WFP, 2020).

3.1.4 Adapting evaluation design and methods. Methodological approaches to EHA have been tremendously affected by COVID-19 due to the risks of transmitting the virus through face-to-face interaction and general mobility. Important adaptations for evaluation design and methods include:

- i. **Increase the use of secondary data.** The use of existing data (ensuring it is relevant and reliable) is one approach to meet evaluation needs given the difficulties in accessing people.

- ii. **Remote data collection.** This includes a range of platforms and tools for collecting data from people without direct interaction, such as using phones, internet-enabled mobile phones, computers and satellite imagery.
- iii. **Third-party data collection.** Reliable third-party organisations, national consultants or community-based groups can be used to collect data in the field when the Do No Harm principle can be ensured, which avoids the added risk of transporting evaluators from a distant location.
- iv. **Scale down the scope or rigour of evaluation.** Given resource and capacity constraints for evaluation in the COVID-19 context, it may be advisable to scale down the geographic, temporal or thematic scope of an evaluation by using smaller sample sizes, employing purposeful sampling or reducing the number of evaluation questions answered.
- v. **Utilise joint or collaborative evaluation.** Consolidating data collection efforts among multiple organisations reduces the health risks associated with COVID-19 and the burden on stakeholders already stretched by the Pandemic. It also supports a more coherent, principled, effective and cost-efficient humanitarian response.
- vi. **Utilise self-evaluations or reviews.** Rather than commissioning external evaluators to conduct an evaluation, self-assessment by the implementing programme or project team is another approach that minimises face-to-face interaction.

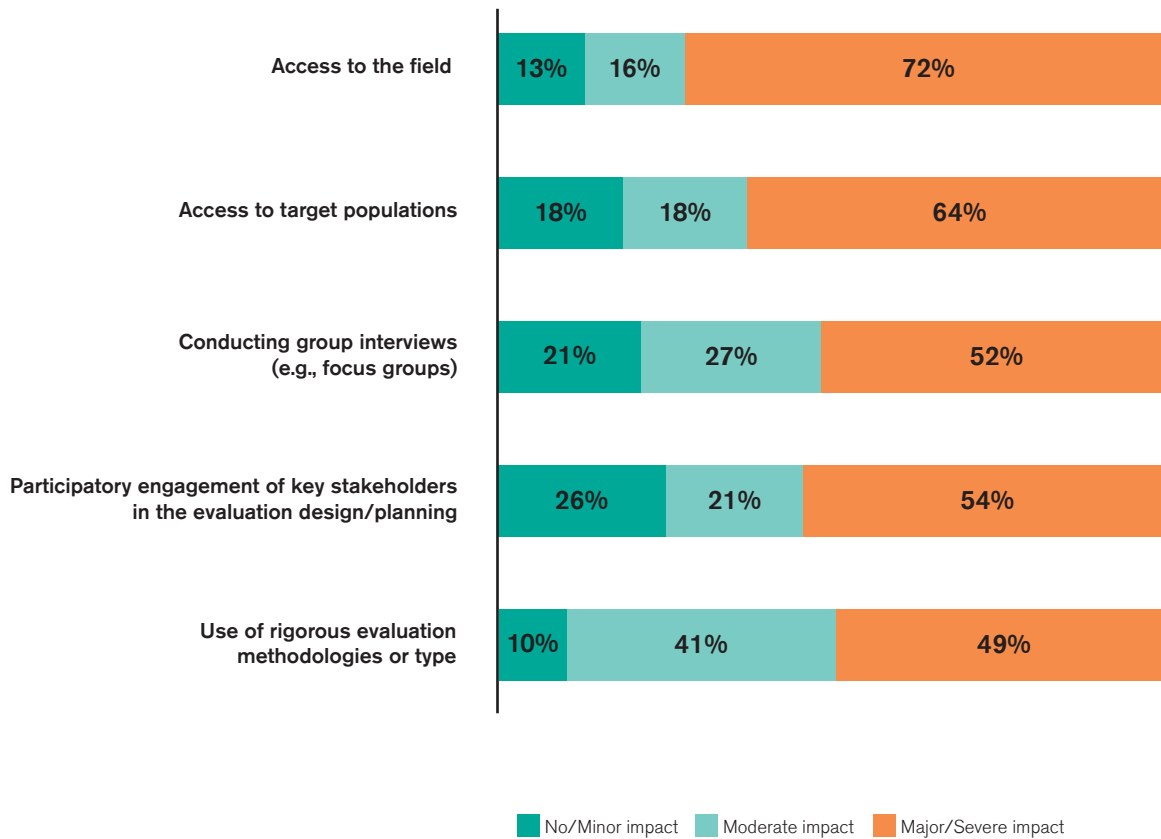
3.1.5 Cancelling evaluation. In some cases, cancelling the evaluation may be the most advisable option given the circumstances (UNFPA, 2020; WFP, 2020).

3.2 Survey and workshop findings on the impact of COVID-19 on EHA

The areas most impacted by the COVID-19 Pandemic identified by the survey and workshop participants were: 1) **limited access to the affected populations**; 2) **limited participation in evaluation**; and 3) **challenges related to remote M&E strategies**. Survey participants rated access to the field as having the greatest impact (72%, n = 23), followed closely by access to target populations (64%, n = 21) ([Figure 2. Biggest impacts of COVID-19](#)). Survey respondents unanimously rated access to the field and to affected populations as negative, primarily because of travel restrictions which impeded international travel and visits to affected communities ([Figure 3. Positive, negative and mixed impacts of COVID-19](#)). Workshop participants confirmed that access to the affected population was one of the most urgent challenges they faced during the Pandemic, resulting in a larger **transition to digitally focused solutions for conducting evaluation**.

Similarly, survey participants rated the **ability to conduct group interviews, participatory engagement of key stakeholders** and the **use**

Figure 2. Biggest impacts of COVID-19



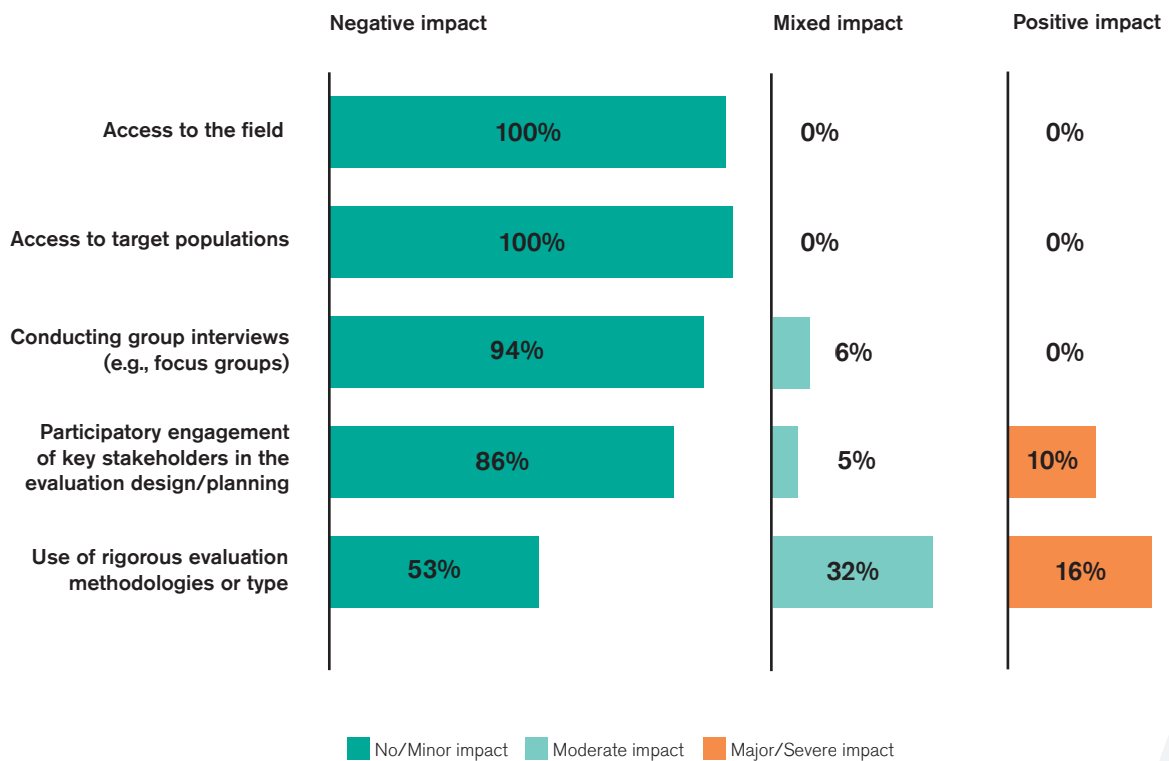
of rigorous evaluation methodologies as greatly impacted by COVID-19. While these impacts were primarily negative, several respondents noted that some of the impacts were mixed. One positive impact was being able to incorporate mobile data collection technology into evaluation designs given travel restrictions for conducting field data collection. It is especially advantageous when there is existing on-the-ground experience within the organisation in digital data collection. However, remote data collection required more time and participants did not consider it to be as high quality as in-person data collection. For more information about remote data collection, please see the background paper from the workshop on [Remote Monitoring and Evaluation: Ethics, Challenges and Gaps](#) (Raftree, 2021).

Both workshop and survey participants highlighted the **challenge of reaching people without digital access**. Specific concern was expressed about **digital inequality based on age, gender and urban versus rural access to technology** that can result in sampling bias due to exclusion of these groups. Survey participants considered **remote approaches to be less participatory** given the limited contact with the affected population and noted **challenges for collecting data for particular subgroups such as children**. Various solutions were proposed for mitigating these challenges, including conducting a situational assessment to understand barriers to access in a given context, using phone calls and SMS messaging,

and creating hotlines and mailboxes in communities to include more participants. Strengthening links with community leaders and other local actors such as youth groups and women’s associations, particularly in areas with little digital connection, was identified as a way to extend reach and increase representation. Having local staff conduct interviews with community focal points and using snowball sampling for referral to additional participants were proposed as other strategies for increasing access and inclusion of affected populations.

In addition to exclusion of certain groups, survey respondents noted **negative impacts for conducting group interviews**. While they recognised that remote interaction was possible through the use of local volunteers or digital technology, they regarded the quality of those interactions as diminished, noting a reduction in both the length and depth of the exchanges. The number of group interviews and the amount of people able to participate was also limited due to health and safety precautions related to COVID-19. One participant noted that observing participant body language and reactions cannot be done in the same way using remote strategies. The use of volunteers or other local staff was highlighted as a potential solution for remote data collection where international travel is restricted or ill-advised. Others noted that in some cases local actors and community volunteers had little experience in conducting focus

Figure 3. Positive, negative and mixed impacts of COVID-19



groups or using remote M&E strategies, highlighting an area for capacity development. Workshop participants noted that while capacity-building is time and resource-intensive, it helped with conducting online focus group discussions during the Pandemic.

Some survey participants considered the use of innovative remote data collection methodologies an opportunity for future evaluations despite drawbacks. One person stated that the Pandemic forced their organisation to think critically about the best data collection methodologies to use under the circumstances. For workshop participants, this included considering what information their organisations would actually use and thus needed to collect as well as the scope of evaluations, given the potential limitations in reaching stakeholders. One participant remarked that organisations may need to be more comfortable with 'good enough' evaluations, rather than aiming for perfection. Workshop participants cited opportunities to build local capacity for conducting evaluations and making use of technology that is available offline such as Open Data Kit and Kobo Toolbox as other potential ways to mitigate these challenges.

4. Future considerations for EHA

The COVID-19 Pandemic is a formidable reminder of the adaptation principle for a sector that is already very familiar with uncertainty and changing circumstances. The rhetoric of a ‘new norm’ does not capture the enormity of change and can be misleading because it implies a new equilibrium where life will resume a degree of regularity. However, science suggests that we may continue to see an increase in the frequency and magnitude of disruptions due to the ongoing seismic shifts in human and natural systems (Opitz-Stapleton et al., 2019). For the humanitarian sector, these disruptions include an assortment of disaster types, ranging from large-scale weather events and famine to pandemics and conflict.

In considering what this may mean for EHA, we asked evaluators in the humanitarian sector to forecast how they envision the future of EHA. Perspectives on the future of EHA drew from the survey responses as well as participant input during ALNAP’s learning exchange workshops. Participants envisioned a future of humanitarian evaluation centred on four main themes:

- 1. Incorporating remote evaluation approaches.** Participants anticipated that the longer-term impact of the Pandemic on humanitarian evaluation would increase the importance of remote M&E and the adoption of related technology in humanitarian programming. Participants were hopeful that this would result in more creative remote evaluations and the use of a variety of technology-based approaches. They anticipated that evaluators would need to improve skills in innovative evaluation methods and use of technology, noting that the methods used for a particular evaluation will depend on the type of setting, timing and resources available. This included a need to learn from and harness innovative methods piloted in other sectors, such as the use of data science in international development. The COVID-19 Pandemic was also viewed as an opportunity for evaluators to conduct or participate in virtual trainings, webinars and learning exchanges as a means of exploring new methodologies and trying out new technologies that may be applied in the field. Similarly, participants identified contingency planning as an important practice for EHA to prepare evaluation methodology for future shocks, such as those that occurred with the abrupt transition to remote M&E during the Pandemic.

Key questions raised for the future of remote EHA included:

- How can evaluators anticipate and prepare for the next humanitarian event that will change the way evaluation is conducted as during the COVID-19 Pandemic?
- What skills and strategies do evaluators need to learn in order to adapt to this unpredictable and evolving context?
- How do we create space for evaluation teams to give more intentional thought to the methodologies used in particular contexts, recognising the advantages and limitations of each for engaging participants and collecting useful, valid and reliable data?

2. Developing the evaluation capacity of local partners. Participants forecasted that evaluation capacity development will be important not only for local partners, but also for localising evaluation, improving engagement with communities, and making better use of participatory evaluation approaches. Identified benefits of local capacity development included tapping into local knowledge and understanding about the context to be evaluated, capitalising on linguistic and cultural competencies, and accessing difficult-to-reach participants. By investing in local staff and partner capacity and hiring national and local consultants, evaluations can be more responsive to the context in which they are designed and implemented. Working with a wide variety of experts, such as local government to establish evaluation associations and local universities to conduct evaluations are two examples identified to engage local capacities.

A related potential benefit of developing local capacities to engage local stakeholders is the potential for timely and relevant real-time evaluation (RTE), drawing upon people embedded in the local context for monitoring and real-time assessment. This can be complemented with the use of digital data collection, such as regular SMS messaging and/or alerts for context monitoring of humanitarian signals (i.e., the likelihood of drought, famine, or conflict).

Limited capacity for conducting M&E has been a previous challenge in humanitarian evaluation practice perhaps exacerbated by the COVID-19 Pandemic and by the need to adapt to using new M&E technologies for remote data collection and evaluation management (UNEG, 2012; Heider, 2016; WFP, 2020). Previous capacity development tended to focus more on international staff capacity rather than local capacity for evaluation. The Pandemic has highlighted the importance of local capacity for engaging difficult-to-reach populations in spite of technological advancements. Providing more opportunities to build local capacity also opens the door for more culturally responsive evaluation, greater diversity and inclusion of evaluators, and promotes the decolonising of humanitarian aid and evaluation methodologies.

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Key questions raised for future EHA capacity development included:

- How do we ensure that the value of evaluation is understood so that more resources are invested in local capacity-building?
- How do we shift our understanding of ‘expertise’ in evaluation to include prioritisation of local knowledge of context?
- How do we develop local capacities for EHA without imposing external paradigms that constrain rather than empower local stakeholders?

3. Decentralising evaluation. Capacity development is linked to the idea of localising evaluations and decentralising the evaluation function. Workshop participants forecasted that the future of EHA would move towards evaluations that are locally designed and locally led. This would enhance learning from and ownership of evaluation, with programmes adapting in response to evaluation findings and recommendations. Empowering regional and country offices to design and implement evaluations while international offices take on a supportive role by providing technical support and assistance with logistics and procurement also promotes the localisation agenda. In addition, developing humanitarian management capacities to take more of a leadership role in how evaluation is shared between agencies and facilitating better uptake of evaluation results can also assist in decentralising evaluation knowledge and lessons learned.

Key questions raised for future decentralisation of EHA included:

- How do we ensure that local actors are integrated more systematically in the way evaluations are designed, planned and implemented to give them greater autonomy to set the agenda, learn from their work, and share their experiences and lessons learned with the wider sector?
- How do we shift institutional structures to localise evaluation and empower local offices and partners to participate more fully in evaluation?

4. Fomenting a culture of learning from evaluation. Participants also forecasted that there will be more emphasis on improving the culture of learning in organisations to make better use of evaluation findings, learn from challenges, and share lessons across organisations. Creating evaluation repositories and data-sharing agreements across organisations were identified as ways to promote learning within the sector, enhance transparency, and increase use of existing data.

Participants also noted the importance of shifting mindsets to prioritise evaluation use over perceived perfection, recognising that every evaluation will have limitations, which is part of adopting a learning philosophy. This was coupled with creating learning agendas and strengthening learning frameworks to use evaluations and follow through on recommendations.

Forecasting the future of EHA to include learning from evaluation is noteworthy given the historical nature of this challenge dating back to 1996 the JEEAR evaluation. This begs the question of how much progress EHA has made since then in improving the culture of learning. Many participants noted that the sector has collected many lessons learned over the years, but that creating spaces and structures to share and listen to learning remains an area in need of improvement.

On a similar note, participants also forecasted that the role of evaluation will change within the sector, describing evaluators as ‘facilitators of knowledge’ who must promote learning themselves and push for change on use of lessons learned. They envisioned fewer but well-timed learning-focused evaluations that meaningfully engage with key stakeholders and create space for following through on EHA recommendations. This points to the skillset of evaluators as knowledge facilitators to facilitate learning rather than just performing as “*accountability police*”.

“Participants also forecasted that the role of evaluation will change within the sector... they envisioned fewer but well-timed learning-focused evaluations that meaningfully engage with key stakeholders and create space for following through on EHA recommendations.”

Key questions raised for supporting a culture for future EHA included:

- Are evaluators ready to highlight failures and areas of improvement? What will it take to overcome these fears?
- Are organisations ready to shift from evaluation that prioritises accountability to evaluation that prioritises more learning?
- How do we advocate for creating spaces to learn and ensure uptake of evaluation findings and recommendations?

Conclusions

In summary, the research results suggest that the future of EHA will include an increased reliance on remote methodologies and local capacity to carry out evaluation, lending itself to decentralising and localising the evaluation function. While remote M&E is nothing new to the humanitarian sector, new trends from the COVID-19 Pandemic indicate an increased reliance on remote methodologies coupled with the need to make better use of local staff, consultants and volunteers who understand the local context and language, and are better positioned to reach participants who may be excluded from remote strategies. This requires shifting autonomy and involvement in evaluation to local offices, building upon local capacity to design and implement evaluation and providing the resources for enabling this transition. International offices may then play a supportive role of providing technical assistance and logistical support.

“The decentralisation of the evaluation function may also help to ensure that evaluation is responsive to local contexts and inclusive of affected populations, particularly those most difficult to access.”

The decentralisation of the evaluation function may also help to ensure that evaluation is responsive to local contexts and inclusive of affected populations, particularly those most difficult to access. It can also support more timely and relevant real-time evaluation that is responsive to local changes before and during humanitarian crisis. Furthermore, it can enhance inclusion and diversity efforts to decolonise humanitarian aid, with potential to develop novel evaluation methodologies that are responsive to local contexts. Given this, caution should be taken not to impose external paradigms and protocols, but to empower local stakeholders to embrace and define evaluation according to their local context and needs.

The use of evaluation findings for learning has been and remains an ongoing challenge within EHA, and for the field of evaluation as a whole (Patton, 2005; Sandison, 2006). Given this persistent challenge to learn from evaluation, evaluators may find themselves in a new role as facilitators of knowledge and learning. Relatedly, the source of this learning may be more locally driven than externally prescribed. People-centred concepts in the humanitarian and development industries are not new, but the COVID-19

crisis may have the unanticipated outcome of facilitating local engagement in and ownership of EHA. A renewed and local learning agenda can be enhanced by institutional structures that create space for such sharing and learning, but evaluators may need to spearhead this effort and advocate for change. The authors of this paper are hopeful that this year's ALNAP M&E Skills-Building Workshop series and companion background papers will help nudge this effort forward.

Endnotes

1. An 'evaluand' is the object of an evaluation.
2. The year listed is indicative of when the crisis emerged, and it is important to note that many crises, in particular those relating to conflict, can span a number of years.
3. Hurricane Katrina was not an 'international emergency' where local capacity is overwhelmed, and external support is requested.
4. Tohoku Earthquake was not an 'international emergency' where local capacity is overwhelmed, and external support is requested.

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