EVIDENCE-BASED DECISION-MAKING

FOR FUNDING ALLOCATIONS

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List of Acronyms

ACAPS: Assessment Capacities Project

ACP: Africa Caribbean Pacific

ALNAP: Active Learning on Accountability and Performance

BAR: Bilateral Aid Review

BRACED: Building Resilience and Adaptation to Climate Extremes and Disasters Programme

CALP: Cash Learning Partnership

CCM : Core Contribution Management

CHS: Core Humanitarian Standard

CSO: Civil Society Organisations

DAC : Development Assistance Committee (from the OECD)

DANIDA: Danish International Development Agency

DART: Disaster Assistance Response Team

DFID: Department for International Development

DREF: Disaster Relief Emergency Fund of the International Federation of the Red Cross

DRR: Disaster Risk Reduction

ECHO: European Commission Directorate General for Humanitarian Aid and Civil Protection

EDF: European Development Fund

ERCC: European Emergency Response Coordination Centre

EU: European Union

FAO: Food and Agriculture Organization

FCA: Forgotten Crisis Assessment

FEWSNET: Famine Early Warning Systems Network

FFP: Food for Peace

FPA: Framework for Partnership Agreement

FSNAU: Food Security and Nutrition Analysis Unit

GHA: Global Humanitarian Assistance

GHD : Good Humanitarian Donorship

GNI: Gross National Income

GVCA: Global Vulnerability and Crisis Assessment

HC: Humanitarian Coordinator

HCA: Humanitarian Crisis Analysis

HCT: Humanitarian Country Team

HIP: Humanitarian Implementation Plan

HNO: Humanitarian Needs Overview

HPC : Humanitarian Programme Cycle

HRP: Humanitarian Response Plan

IAF: Integrated Analytical Framework

ICRC: International Committee of the Red Cross

IDA: International Disaster Assistance

INFORM: Index for Risk Management

MAR: Multilateral Assessment Review

MENA: Middle East and North Africa

MFA: Ministry of Foreign Affairs

MOPAN: Multilateral Organization Performance Assessment Network

MRA: Migration Refugee Assistance

OCHA: UN Office for the Coordination of Humanitarian Affairs

ODA: Overseas Development Assistance
OECD: Organisation for Economic Co-operation and Development
OFDA: Office of U.S. Foreign Disaster Assistance

RRF: Rapid Response Facility

RRM: Rapid Response Mechanism

RRT: Rapid Response Team

SCHR: Steering Committee on Humanitarian Response

SDC/HA: Swiss Agency for Development and Cooperation/Humanitarian Aid

SIDA: Swedish International Development Cooperation Agency

UK: United Kingdom
UN: United Nations
UNISDR: United Nations International Strategy for Disaster Reduction
US: United States
USAID: United States Agency for International Development
WWD: World Wide Decision

Executive Summary

Linking evidence-based information to decision-making is crucial in humanitarian aid to ensure the effective and efficient use of limited resources. This is even more important due to the growing gap between the amount of funding being requested for humanitarian aid and the finances available.

Humanitarian donors are therefore committed to ensuring that their funding decisions are based on needs. This study, funded by the European Commission (DG ECHO), was carried out in connection with the Good Humanitarian Donorship (GHD) work stream co-led by Canada and ECHO entitled "Reporting, Information and Accountability Requirements". The main objectives of the study are:
- to describe the current practices of a selection of donors in making decisions about resource allocation;
- to identify the key factors that determine whether or not evidence is used, and;
- to identify areas for further discussion among GHD donors that could help to strengthen evidence-based decision-making.

The study takes as a starting point that decision-making for humanitarian funding allocations is not exclusively related to needs. It understands the term "evidence" to be information that supports a given proposition with the aim of making a decision. The methodology applied therefore consisted of analysing whether and to what extent donors use evidence to answer the three following questions: "Where, What and Who to fund?" at different decision-making levels (global, strategic and operational).

Seven donors were included in this scoping study: Canada, DANIDA (Denmark), DFID (UK), ECHO, SIDA (Sweden), SDC/HA (Switzerland) and USAID (USA).

Based on the key findings of the study, a series of 11 recommendations are presented below for further discussion among GHD donors. These are related to the definition and production of evidence, decision-making processes and funding instruments.

➔ *Recommendations related to the definition of evidence*

Recommendation 1: Clarify the definition of "evidence" in relation to humanitarian aid. Decisions to do with humanitarian aid are based on different kinds of knowledge with varying levels of consolidation (evaluation reports, research findings, field experience, practical knowledge of beneficiaries and program providers, informed opinion such as the views of policymakers or other stakeholders, etc.). As a result, only some of this knowledge can be genuinely seen as evidence, or at the very least, distinctions need to be made, for example between facts that can be defended and opinions.

Recommendation 2: Specify the type of evidence used, as well as its strength and quality, when making or proposing decisions. Donors should state - at least internally - on which evidence decisions are based and how evidence is assessed and qualified. Donors should reflect upon and define proper criteria for assessing evidence strength, such as validity, timeliness, reliability, comparability, inter-agency consultation. This will help donors to define what the "best available evidence" is, according to each specific context and timeframe.

Recommendation 3: Recognize the diversity of donors and therefore the diversity of needs for informed decision-making. Individual donors have specific needs for their funding decisions. Specific

mechanisms for collecting and analysing information about the performance of organisations could be consolidated, in addition to needs assessments.

➔ *Recommendations for the production of evidence*

Recommendation 4: Make best use of existing knowledge and limit the parallel and redundant production of evidence. Methods and tools to support decision-making about the *Where*, *What* and *Who* of funding decisions could be shared or even harmonised among donors:
- The INFORM index could be used by a wider group of donors.
- Policies and funding guidelines, such as ECHO's, could be shared between donors.
- Harmonised mechanisms or the recognition of audits conducted by other donors could be facilitated to limit the number of control mechanisms and audits of operational actors.

Recommendation 5: Consolidate further needs assessments to inform funding decisions at the strategic level. Donors could collectively encourage aid organisations to improve shared analysis about needs and priorities, notably by making more coherent the methodologies used to produce evidence about humanitarian needs and situations (reactivate the Needs Assessment Task Force?).

Recommendation 6: Reinforce the production of evidence beyond needs. In addition to the assessment of humanitarian needs, efforts should be made to better understand and document the effectiveness and impact of humanitarian aid and its different implementation methods. This would consolidate the sector's core knowledge and help decision-making.

➔ *Recommendations for support in decision-making*

Recommendation 7: Make the processes and criteria guiding decision-making for funding allocations public. Efforts to explain criteria which lead to funding decisions are the first step to improving such processes. This would also generate particularly useful data for decision-making and facilitate the management of external pressure.

Recommendation 8: Promote the participation of donors in assessments and other prioritisation and planning exercises. This participation (e.g. in HPR or HNO processes) allows common analysis and makes funding decisions easier.

Recommendation 9: Consider the use of evidence in decision-making as an institutional issue. This could lead to the formulation of internal policy or guidance addressing the multiple repercussions of such a commitment at different decision-making levels within an organisation.

Recommendation 10: Strengthen the link between information production and collective decision-making. Together with the production of data, decision-making mechanisms, notably in terms of prevention and response, should be consolidated. Innovation about collective decision-making processes within the HC/HCT should be pursued.

➔ *Recommendations for funding instruments*

Recommendation 11: Ensure that funding instruments are adapted to the uncertain contexts and flexible enough to facilitate the continuous use of evidence. Whether faced with the risk of deterioration - early warning or in the very first stages of an emergency response, decisions often have to be made without much certainty and on the limited available evidence. Approaches such as the "No Regrets" one and funding flexibility (as promoted by principle 12 of the GHD) are essential both to allow adjustments to be made, and to encourage and stimulate the continuous analysis of situations and the improvement of practices.

1. Introduction

1.1   Background

Linking evidence-based information to decision-making is crucial in humanitarian aid to ensure that the limited resources available are used effectively and efficiently. This is even more important due to the growing gap between the amount of funding being requested for humanitarian aid and the finances available. In recent years, numerous initiatives, tools and methodologies for assessing humanitarian needs and risks have emerged, especially within the Humanitarian Programme Cycle (HPC).

Humanitarian donors are committed to ensuring that their funding decisions are based on needs through various international frameworks such as the Good Humanitarian Donorship (GHD) commitments (principle 6) and for EU donors, the European Consensus on Humanitarian Aid. This study, funded by ECHO, was carried out in connection with the GHD work stream co-led by Canada and ECHO entitled "Reporting, Information and Accountability Requirements"[1].

Nevertheless, some crises and contexts remain under- or over-funded, some sectors or areas of a country in crisis are allocated more funding than others, and therefore some needs are better covered than others. This is monitored and reported on an annual basis in the Global Humanitarian Assistance (GHA) report published by Development Initiatives[2].

Individual donor criteria and mechanisms for decision-making on funding allocations are rarely made public, with the result that the issue often remains under-documented. In order to move forward on possible improvements to evidence-based decision-making, the multi-factorial decision process for allocating funds has to be analysed, including the nature and quality of the evidence referred to, the criteria applied and how other factors such as media pressure, political decisions, and the ability to take into account information are dealt with to ensure consistency with international commitments and principled humanitarian aid.

1.2   Scope and objectives

Evidence is understood to be information that supports a given proposition[3] with the aim of making a decision. Besides, the process of producing evidence should be as rigorous as possible, for example via evaluations, research studies or audits.

As described in the box below, evidence-based decision-making originally emerged in the healthcare sector in the 1990s, before being applied in the area of public health and ultimately in humanitarian assistance.

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[1] This includes a sub work stream called "Evidence-based decision-making: Information, Needs Assessments and Analysis"

[2] Refer to : http://www.globalhumanitarianassistance.org/

[3] "Insufficient evidence?", Paul Knox Clarke and James Darcy, ALNAP 2014

The origins of Evidence-based decision-making in the Health sector (extracts from Bradt, 2009[4])

Evidence-based medicine (EBM) was first defined in the biomedical literature in 1992, by medical practitioners at McMaster University in Ontario, Canada. The concept was based on advances in clinical research – clinical trials, clinical epidemiology and meta-analysis – which demonstrated the limits of individual expertise. EBM was presented as a 'paradigm shift' in medical practice. (…)

The current definition of evidence-based medicine is: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine requires the integration of individual clinical expertise with the best available external clinical evidence from systematic research and patient's unique values and circumstances. (…)

Overall, evidence can be applied in public health for many purposes, including strategic decision-making, programme implementation, monitoring and evaluation. All have different requirements for strength of evidence as well as different time-frames for decision-making. Given the challenges of integrating data from multiple sources, and collected by different methods, public health experts have defined best available evidence as the use of all available sources to provide relevant inputs for decision-making. In this context, the best available evidence places a premium on validity, reliability, comparability, inter-agency consultation, and data audit.

In the medical sector, information has to be processed using a combination of specific methods and protocols in order to produce evidence (e.g. Randomised Control Trial, Systematic reviews and meta-analysis, Case-control studies).

By extrapolating the hierarchy of evidence adopted in the medical sector and applying it to the humanitarian sector, Figure 1 shows the relative strength of different types of evidence, from the less to the most rational, moving upwards within the pyramid. As a result, expert knowledge and individual experience on their own cannot be qualified as evidence and are positioned outwith the pyramid.

Figure 1: Hierarchy of evidence sources in the humanitarian sector

As decision-making for humanitarian funding is not exclusively related to needs, the required evidence can also refer to operational strategies, technical protocols, partners' capacities, etc. Evidence for funding allocations needs to answer three main questions:

- **Where**? *What are the priority needs, globally and in a given context?*
- **What** and how? *What would be the best action to be funded to respond to these needs?*
- **Who**? *Who is the best partner to work with?*

Therefore, beyond the importance of basing funding decisions on needs (principle 6 of the GHD), it is also crucial to use the most up-to-date knowledge about how best to respond and to ensure that operational partners have the right capacities to do so. These points are linked to principles 21 and 22

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[4] BRADT, D. A. (2009) *Evidence-based decision-making in humanitarian assistance*, Network Paper 67, Humanitarian Practice Network, ODI

of the GHD, which favour the promotion and use of evaluation results and learning from experience by donors.

The issue at stake is whether or not evidence is used, and if it is, how it is used in decision-making processes for funding allocations. Decision-making for funding allocations takes place at different levels:

- **Global and strategic** decisions about macro resource allocations (How much? Where?);
- **Operational** decisions including targeting and decisions on resource allocation (Where? What? Who?), for three different cycles: core contributions to international humanitarian agencies (UN, ICRC, etc.), on-going crises and sudden onset crises.

Instruments / Decision cycle	CORE CONTRIBUTIONS TO INTERNATIONAL ORG. OR FUNDING MECHANISMS	ALLOCATIONS FOR ON-GOING CRISES OR THEMATIC ISSUES	RESERVE FOR SUDDEN ONSET CRISES
GLOBAL DECISION	Decision about global envelop for humanitarian aid (How much? Where?)		
STRATEGIC CYCLE *(annual or multi-annual programming)*	Funding decision (which % of global humanitarian aid, to whom?)	Funding decision (which % of global humanitarian aid, where?)	Funding decision (which % of global humanitarian aid?)
OPERATIONAL LEVEL *(management of funding decisions)*	*Non Applicable (Delegation of operational decision-making to supported organisations and mechanisms)*	Funding decision (How much? Where? What? To whom?)	Funding decision (How much? Where? What? To whom?)

Table 1: Typology of main decision-making processes for funding allocations and the related need for evidence

The main objectives of the present scoping study therefore are threefold:

1. To **describe current practices** (processes and tools) of a selection of donors in making decisions about resource allocation
2. To **identify the key factors** that determine whether evidence is used, and;
3. To **identify areas** for further discussion among GHD donors that could help to strengthen evidence-based decision-making.

To meet the objectives, the report first maps decision-making processes among the donors and how these relate to the use of evidence (§2). It then analyses the key factors influencing the use of evidence in funding decisions (§3), either linked to the nature of evidence (§3.1) or decision-making cycles (§3.2). Finally, the proposed set of recommendations (§4) is drawn from the key findings identified in the previous section.

Grey boxes have been regularly included (particularly in §2) to illustrate examples and the approaches of certain donors to the issues being discussed.

1.3   Methods and limitations

The study, mainly based on **semi-structured interviews** with key humanitarian donor representatives, included several steps:

1. A literature review
2. Interviews (by phone) with key people at donor headquarters (HQ) level and some experts on the subject (ACAPS, ALNAP, OCHA). Field-based interviews were also carried out in Amman and Nairobi with donor representatives there. See Annexes, List of interviewees.
3. Mapping of decision-making processes identified in interviews and documentation review.
4. Intermediary discussions about the draft report in order to test some of the issues addressed and to gather suggestions amongst the GHD donors group via a conference call and a workshop in Geneva.
5. Finally, discussions and feedback is to be included in the final version of the report.

Seven donors were included in this scoping study, namely Canada, DANIDA (Denmark), DFID (UK), ECHO (EU), SDC/HA (Switzerland), SIDA (Sweden) and USAID (USA). This sample does not purport to be exhaustive, and does not fully reflect the many different forms of donorship described in the figure below[5]. However, it does provide an interesting range of approaches to be analysed from the reference list in the Terms of Reference (see Annexes).
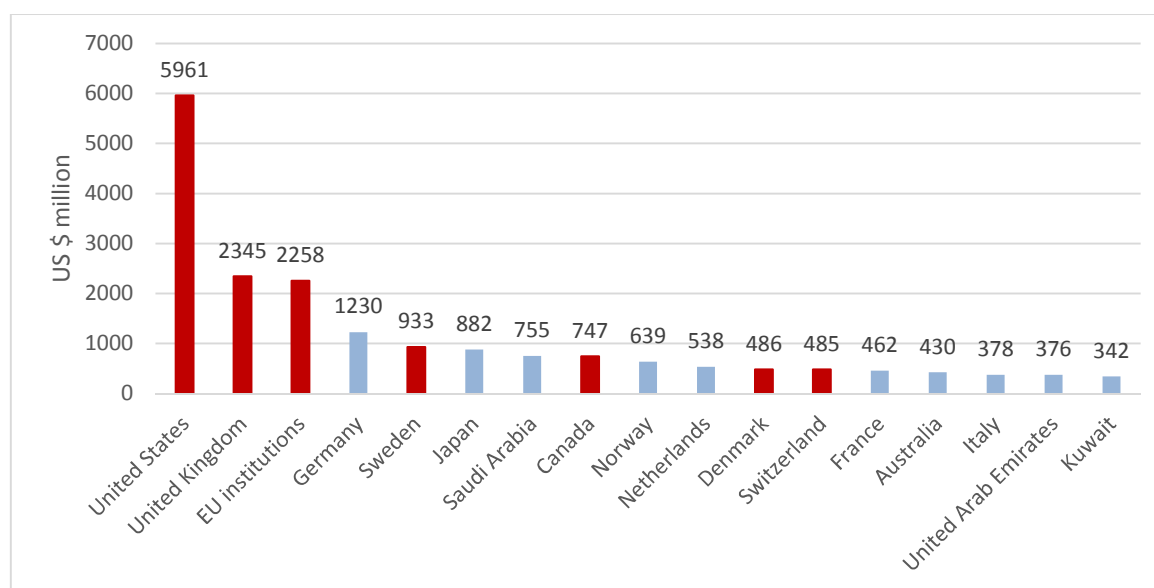
Figure 2: Levels of humanitarian funding by the main contributing countries/institutions in 2014. *Source: Development initiatives (2015), Global Humanitarian Assistance Report 2015.*

This figure proposes a ranking of humanitarian aid provided either by governments (including donor agencies under study) or EU institutions (including ECHO)[6].

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[5] In Figure 2, the red bars represent the countries/institutions where the donors included in this study are based.
[6] For OECD DAC EU countries, their contribution to EU institutions is also included in their country's total. For the U.S., a portion of U.S. humanitarian funds is provided by the U.S. Department of State's Bureau for Population, Refugees, and Migration, which is not included in this study. In this report, the term USAID is used to refer to USAID/OFDA and USAID/Food for Peace.

Several constraints affected the study, such as:

- Time. The timeframe for carrying out the study was limited. Only a 2-month period was available for conducting interviews (between April and May 2015) as the first preliminary results had to be presented to the GHD high level meeting in New York at the beginning of June.

- Availability of respondents. Key informants at donor headquarters were particularly busy during the period of the study, especially as several emergencies were taking place simultaneously.

- Location of interviewees. We did not organise face-to-face interviews as the respondents were dispersed all over the globe. Information was collected via phone call interviews, which made the exchanges more difficult.

- Complexity and sensitivity of the topics addressed. The vastness and the inherent multi-factor dimension and complexity of the subject meant that it was not realistic to try to grasp all the influencing factors, especially those that are external to donor organizations, or the most sensitive ones. Sensitive influencing factors are presented without specific attribution to a particular institution, which facilitated the exchanges with the key informants.

2 Mapping of decision-making processes & use of evidence

In order to describe the evidence used by the seven donor institutions being studied within key resource allocation processes, three decision-making cycles were taken into consideration:

- Global decisions, which correspond mainly to the allocation of a global envelope for humanitarian aid.
- Strategic decisions, which correspond to the annual or multi-year planning of resource allocation.
- Operational decisions, which enable the fine-tuning and management of funding allocation at a more tactical level.

These three cycles of decision-making and their associated use of evidence are described below. Graphs presenting each donor's decision-making processes have been prepared and are presented in the annexes.

2.1 Global allocation

This decision-making process concerns global amounts for humanitarian aid. It generally takes place on an annual basis[7] when the national budget is being established. The exact period depends on the fiscal calendar of each country; in some, it ends in December, in others, such as Canada and the UK, it ends in March, and in the US, it ends in September.

Donor agencies that are directly linked to the apparatus of a state are bound by the state's responsibilities. These include commitments made to international Conventions, commitments made to their own constituencies (political directions, accountability), as well as participation in the government's strategy for international or external relations. As a result, they are in charge of both responding to humanitarian needs through budget allocations and implementing an external policy through the disbursement of their budget.

➔ **Key finding 1**: The question of the use of evidence for funding decisions by donors is very specific and significantly different from the use of evidence for programmatic decisions by humanitarian implementing organisations.

Global decisions are often tied to or must be in line with an existing strategic framework for humanitarian action implemented by a state (or institution, in the case of ECHO). On a national level, this type of framework serves either as a legal basis or as a public policy statement for the functioning of donor institutions. These national strategic frameworks exist in parallel to other commitments at the international level, such as the GHD principles or mandatory contributions to UN agencies.

> In **Switzerland**, the Parliament approves the credit framework (*credit cadre* in French) in which the global envelope for humanitarian aid and all strategic priorities are specified.
>
> **Sweden** has a development assistance framework in which humanitarian assistance is one of the six goals and **SIDA** has a humanitarian strategy.

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[7] This does not prevent the possibility of multi-year budgets for humanitarian assistance (in the case of the UK), but these decisions are made at the strategic level and usually by the director at donor headquarters.

In some cases, global decisions only specify a few key strategic elements, such as the proportion of funding allocated to humanitarian aid out of the total aid budget, or its allocation by type of financing modality.

> In **Sweden**, SIDA is in charge of around 60% of total aid funding. The rest represents core contributions administered by the Ministry of Foreign Affairs (MFA). The government's annual letter of appropriation sets out how much of SIDA's funding goes to humanitarian assistance, and then SIDA decides where and what to fund.
>
> In **Denmark**, the Finance Bill specifies the split between core contributions, humanitarian partnership agreements, and additional contributions for new or worsening crises.

Approval decisions tend to be centralized at the legislative level (Parliaments or the US Congress). These are generally made on the basis of recommendations or requests prepared by the funding agencies in charge of development and humanitarian aid, which are then transmitted by the associated Minister (alternatively the associated Commissioner in the case of the EU or the President for the US).

As reported by many interviewees, global allocations are often in continuity with the previous year's amounts, including the renewal of previous commitments (core contributions, strategic partnerships with long-standing or 'traditional' partners). As a result, initial allocations can be quite disconnected from field realities, and this is all the more true for sudden crises which cannot be anticipated.

The length and timing of the global allocation process can also limit the availability and use of a relevant evidence base. As a result, evidence used to support global requests is often only based on broad trends and data, and the likelihood that ongoing crises will continue into the coming years.

> The initial recommendations from the humanitarian offices of the **US** Government are prepared a year and a half in advance of the fiscal year in which the funding will ultimately be programmed.
>
> In **Denmark**, the global amount mentioned in the Finance Bill is calculated as a percentage of the ODA and mainly based on the previous years' budgets. Likewise, the **UK** has set the primary goal of 0.7% of GNI for defining the global envelope for ODA. As a result, economic growth has had a substantial impact on the global volumes of aid allocated, and on humanitarian aid in particular which increased by 56%, between 2012 and 2013, from 422 to 658 million USD (GHA report 2014).
>
> The **EU**'s overall budgetary allocations are set for a seven-year period in the EU's Multiannual Financial Framework. This includes the main humanitarian aid budget which is then managed by the Directorate General for Humanitarian Aid and Civil Protection (**DG ECHO**).
>
> In **Sweden**, the **SIDA** annual report and its budget information form the basis of the government's letter of appropriation, on which the following year's budget for humanitarian aid is based.

Furthermore, the definition of global envelopes is subject to negotiations between different institutional entities and may be ongoing throughout the annual cycle.

> In the **United States**, the President submits a budget request each year to Congress that includes funding for Humanitarian Assistance. After Congress passes the State/Foreign Operations Bill and the Agriculture Appropriations Bill, the annual budgets of USAID's humanitarian offices (OFDA and FFP) are determined.
>
> In **Canada**, the initial global envelope has historically been far smaller than the level of funds finally disbursed. Throughout the year, funds are reallocated according to Ministry priorities following budget reviews.

➔ **Key finding 2**: The use of evidence can be limited in defining global allocations when funding decisions at this level are predominantly based on international commitments and strategic frameworks.

For some donors, global allocation decisions may provide much greater detail, based on information coming from the field or specific assessment processes.

Provisional priorities and allocations for on-going disasters are outlined annually in **ECHO**'s Operational Strategy, accompanied by the 'World Wide Decision', the legal basis for allocating funding and Humanitarian Implementation Plans (HIPs) for each region. The preparation of the strategy is preceded by a global analysis of needs and capacities - the Integrated Analysis Framework (IAF) - which is compiled with expertise from the extensive network of ECHO field offices and country experts in HQ, and also includes data which, until 2014, came from the Global Vulnerability and Crisis Assessment (GVCA), and now comes from the Index for Risk Management (INFORM).

DFID (UK) presents its Resource Allocation Bid to the Treasury for a multi-year period (the next one being 2016-2021). This will be based on a Strategic Development Review. DFID also undertakes a Bilateral Aid Review (BAR) and a Multilateral Aid Review (MAR), two review processes that respectively define DFID's strategy for its bilateral (country-based) allocations and review the value for money of multilateral agencies to inform DFID's multilateral investments.

2.2 Strategic cycle

At the strategic level, decisions for funding allocation concern the *Where* (geographic distribution of the approved envelopes), the *What* (interventions on specific thematic issues or in sectors of strategic interest) and, the *Who* (the selection of operating partners).

➔ **Key finding 3**: Humanitarian decision-making is not only about needs. For funding decisions, information and evidence about the *Where*, the *What* and the *Who* are interlinked.

These decisions are generally taken internally within donor institutions and validated by their hierarchies.

Compared to the global cycle (described above), the factors for making decisions are more specific at this stage. They are based as much as possible on information from the field and sometimes analysed in consultation with regional desks at headquarters. They mainly consist of distribution keys, tools (such as indices) and other methods and approaches, which are summarised in the table below and highlighted in the current section.

	Tools / evidence-based approaches	Other approaches
Where?	Indices (e.g. FCA[8], INFORM, GEO[9]) Set of global indicators (e.g. about capacities and vulnerabilities, financial support) Early warning systems	Internal negotiations, notably based on information from field networks Long-standing commitments in geographical areas Relative predominance for certain geographic areas based on historical, cultural and geographic factors Presence of diaspora Media coverage
What?	Result of impact evaluations and research Result of global result monitoring Sector-based policies Field assessments	Definition of strategic and operational priorities, based on political choices or frameworks
Who?	Capacity assessment for pre-approval processes Capacity assessment of partners (e.g. about regional/country presence, absorptive capacity, technical expertise) Multilateral assessment processes (MAR & MOPAN[10])	Long term partnership dialogues Cross-checking of information between field and HQ levels Fixed distribution keys to different categories of partners (NGOs, UN, Red Cross)

Table 2: Examples of sources of information for decision-making processes in the strategic cycle

2.2.1   How is 'Where' decided?

The geographical distribution of funding is decided in the global and/or strategic cycles. While initially a matter of splitting funds between geographic regions, it is also a question of dividing them between priority contexts during the strategic cycle.

In order to set up a list of priority countries, donors look at different criteria, such as the visibility and added value of their planned interventions, the severity and under-funding of certain crises, coherence with their strategic goals, and the operational capacity of their partners.

Some donors rely almost entirely on calculation methods or specific indicators to define an initial geographical distribution, which nevertheless remains flexible in case needs evolve. The use of objective (statistical) methods can be followed up by a more qualitative analytical exercise, such as in the case of SDC/HA in Switzerland and SIDA in Sweden (see examples below).

In Switzerland, SDC/HA distributes the global envelope between its various divisions (geographic divisions and the multilateral division) based on negotiations and understanding of needs, and on-going commitments. For years the distribution has generally been as follows: Africa (significantly above 25%), MENA[11] (a little above 25%), Asia and Latin America (below 25%) and multilateral operations (around 25%). Following this, each division's budget is allocated between countries during resource allocation meetings, when information is reviewed about needs, existing partnerships, potential added value for SDC/HA and sector-based or thematic priorities.

Canada allocates its global envelope based on a variety of factors including an analysis of humanitarian needs, the capacity and/or willingness of national governments to respond, and humanitarian actors' ability to reach

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[8] FCA: Forgotten Crisis Assessment.

[9] Global Emergency Overview developed by ACAPS

[10] The Multilateral Organisation Performance Assessment Network (MOPAN) is a network of 19 donor countries with a common interest in assessing the organisational effectiveness of the major multilateral organisations they fund.

[11] MENA: Middle East and North Africa. The percentage for MENA significantly increased in 2014 and 2015.

people in need as well as the identification of funding gaps. Canada also takes into account the level of funding requirements as reflected in the Humanitarian Response Plans (HRP). Their Humanitarian Needs Index (HNI) has fallen out of use. Instead of concentrating staff time on the relatively labour intensive annual work of compiling the HNI, efforts are directed toward tapping into the increasingly rich source of external data to inform the analysis of needs.

In order to implement humanitarian principles, **SIDA** in **Sweden** has set-up a multi-facetted and needs-based allocation process. It uses 13 general indicators divided into 4 groups that focus on people in need, vulnerability indices, such as INFORM, funding levels and forgotten crises.

ECHO historically allocates 15% of its global envelope to forgotten crises, on the basis of the Forgotten Crisis Assessment index.

DFID uses INFORM and early warning information for preparedness decision allocations to prioritise the use of resources between different countries.

➔ **Key finding 4:** Indices for deciding global and geographical allocations are seen as useful tools, but also as cumbersome to produce and maintain for a single agency.

For certain donors, objective methods, such as indices, are combined with analysis of bottom-up information from the field or dialogue with partners.

In the US, USAID determines national country envelopes on an annual basis for ongoing crises. Regional advisors in the field, working with counterparts in Washington, make budget recommendations, with justifications for the review and final decisions made by senior management. Country allocations may be adjusted over the course of a fiscal year, based on evolving needs and capacities, changes in global budget assumptions and allocations, or the emergence of other acute needs.

In Denmark, DANIDA defines an annual list of priority crises (14 in 2015) in consultation with all Danish strategic partners. This prioritization process is initiated in April or May and produces a recommendation to the Minister of Foreign Affairs. The draft is circulated for comments among all relevant units across the Ministry (including embassies) before submission to the Minister. Once approved, the final list is communicated to all strategic partners.

As part of **ECHO**'s annual needs assessment exercise, INFORM and other indices are accompanied by an in-depth (sub-)country level assessment through the Integrated Analysis Framework (IAF) process (mentioned in section 2.1). The IAF exercise draws on ECHO's field presence and humanitarian expertise adding qualitative analysis based on individual crises within a country. An IAF assessment of needs per crisis specifically analyses: overall humanitarian needs, population affected and their vulnerability, and foreseeable trends. As such, it provides a first-hand account of crisis areas and gives an insight into their nature and severity. The IAF exercise also incorporates nutrition and food security assessment and, as of 2015, it saw the introduction of Disaster Risk Reduction (DRR) assessment, which facilitates establishing a sound prioritisation of regions and countries for ECHO DRR specific investments and/or opportunities for "integrated DRR" within ECHO humanitarian responses (HIPs).

In **Sweden**, at the time of the initial country allocation, the **SIDA** country managers are informed, on an individual basis, about the global situation and crises in other countries/regions. This is to obtain a mutual understanding for the global allocations and raise awareness about the global humanitarian situation. After this process and the initial country allocations, field staff and HQ staff (on field visits) get involved as much as possible in Humanitarian Needs Overview (HNO) and HRP processes so as to fine-tune the decision for country allocations and finalize SIDA's Humanitarian Country Analysis (HCA).

Some factors not related to sources of evidence *per se* have an impact on decision-making. These include negotiations during which there is dialogue between contrasting viewpoints. Some viewpoints are based on evidence while others take into account interpretations or opinions about the humanitarian and operational picture (reported by the regional desks), the institutional mandate, strategic goals and political considerations from higher echelons. Finally, the geographical distribution of global envelopes relies on a mixture of objective approaches and analytical judgements made by operators and donors in various circumstances (allocation meetings and internal consultations at HQ, external evaluations and field assessments, information sharing between field and HQ, etc.).

➔ **Key finding 5:** For the geographical distribution of global funding, evidence alone is not sufficient and is generally complemented by qualitative opinions and internal negotiations.

2.2.2 How is 'What' decided?

In order to determine '*What' assistance to deliver*, some donors draw up operational strategies by means of relatively thorough and standardized processes (HIP[12] for ECHO, HCA for SIDA, and the Business Case for DFID). These operational strategies may cover some elements to do with '*Where'* but do not include any specifications about '*Who'*.

The preparation of the HIP (Humanitarian Implementation Plan) within **ECHO** involves the field offices that analyse the overall operational context, including humanitarian needs, the partners' capacity, and operational constraints. At HQ level, the HIP is revised and validated in consultation with field experts. In July, mid-term review exercise take place to review priorities for the remaining funds available till the end of the year in accordance with evolving needs. These mid-term reviews are based on updated information and analyses, linked to the preparation of the global needs assessment and the HIP for the following year.

SIDA's field staff, where available, are leading the Humanitarian Country Analysis process which specifies, based on HNOs, HRPs and HIPs, the humanitarian context, priorities, synergies with development assistance as well as choices of humanitarian sectors and actors to be funded in that specific context. The HCA is further discussed and validated at headquarters. The process culminates in a consultation for each crisis in which Embassies, development partners and MFA are present. The Embassies and field staff play a particularly strong role in these consultations. Later on in the year, mid-term reviews allow adjustments and complementary allocations to be made.

DFID departments and country offices prepare business cases to request approval to spend, in which the use of evidence in decision-making is one of the key aims, addressing issues such as the needs to be covered and the best way to respond to these needs. For all business cases superior to 40 million pounds, the Quality Assurance Unit has to evaluate the strength of the evidence provided, and may ask for support from external experts to do this. For sudden-onset emergencies requiring very rapid decisions, lessons learnt in previous similar contexts are quickly disseminated and taken into account for emergency decisions.

Beyond the use of context-specific information, some donors have developed strategic and/or operational guidance to support decision-making - priorities for funding, sector-based policies, and selection criteria.

ECHO has developed policies in several sectors of intervention, such as Food Assistance, Nutrition, Water, Sanitation and Hygiene Promotion, Health, Cash and Vouchers, Protection, Gender-Sensitive Aid and Disaster Risk Reduction (DRR). These policies originated from a cross-checked analysis of previous evaluations and studies,

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[12] HIP: Humanitarian Implementation Plan, developed by ECHO.

as well as lessons from practice by ECHO partners and internal experts. As such, they constitute an evidence base for funding decisions.

SIDA works systematically to integrate gender in humanitarian assistance for which it has developed a gender tool box. At the time of writing, SIDA was finalising its first set of Humanitarian Operational Guidance which will guide staff in thematic areas, such as humanitarian contribution to resilience by integrating DRR and early recovery, international humanitarian law (IHL) and key humanitarian sectors.

➔ **Key finding 6**: Strategic and operational guidance including thematic and sector-based policies are elaborated by some donors with a view to compiling evidence about the best means for action which can serve for future allocation decisions.

2.2.3   How is 'Who' decided?

In order to determine which operational partners to fund, some donors have established institutional policies for partnership, which take the form of formalized procedures.

DANIDA has a long-term partnership approach with preselected partners (8 Danish NGOs, 3 UN agencies) and close funding relations with the ICRC and another two UN agencies (WFP and OCHA).

SDC/HA and Canada have similar approaches based on long-standing relationships. SDC/HA dedicates 30% of all its humanitarian funding to the ICRC - the rest being split between UN agencies (30%), NGOs and bilateral operations (30%) and is own structural costs (10%).

Similarly, for its core contribution, **DFID** has a policy commitment to give priority to multilateral agencies and pooled funds. DFID also provides 'core' funding to NGOs through Programme Partnership Arrangements and a Civil Society Partnerships Review is currently underway.

SDC/HA implements a specific and rigorous process only when it establishes new and "non-traditional" partnerships[13] (see§ 2.3.3).

SIDA[14] supports a number of multilateral agencies, Red Cross members and Civil Society Organisations (CSO) partners according to their comparative advantages. It has pre-assessed a number of so-called Strategic CSO Partners who have a partnership with SIDA. This allows for the functioning of a Rapid Response Mechanism (see §2.3.2) and for multi-year engagements with a large range of organisations.

➔ **Key finding 7**: Donors are diverse (partner-based vs. field-based), therefore they may not have the same priority needs for information and evidence. In order to define the *Who*, partners' capacities are a determining factor.

2.3   Operational decision-making cycles

Three types of operational decision-making cycles can be distinguished:

- for ongoing/current crises;
- for sudden-onset crises;
- for the allocation of core contributions (UN agencies, pooled funds, Red Cross Movement).

Based on this typology, the main decision processes and their use of evidence are described in the following sub-sections.

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[13] The "usual" partnership for SDC/HA are established through the process described in §2.3.3

[14] MFA administrates core contributions to UN organisations and the ICRC.

2.3.1 For on-going crises

In the operational cycle for on-going or current crises, funding decisions mainly concern the implementation and supervision of the defined operational strategy and the management and follow-up of partners. These decisions mostly take place between the field and headquarters' levels of the donor institution.

Almost all donors reported that they used the HRP or aligned their funding decisions with it. However, donors who have access to first-hand information and analysis expressed concern about the lack of strategic orientation, accuracy and prioritization provided by the UN-led process. This was reported, for example, by the stakeholders met during the field missions in Amman and Nairobi.

In some contexts, it may be difficult to bring together different stakeholders, donors, UN agencies, NGOs, in order to conduct joint assessments[15]. As a result, coordinated needs assessments (HNO) and the related response plans (HRP) are more about merging individual assessments and other studies or plans for action from different sources. This requires negotiation which takes time and clearly affects the quality of the analyses produced.

➔ **Key finding 8**: The HRP seems to only meet donors' needs for evidence partially. It is not considered strategic enough to be used for prioritized funding decisions. In parallel to these collectively managed processes (such as HNO, HRP, and joint assessments in general), the use of evidence differs significantly between donors who rely on field presence and conversely on partnership relations.

The use of evidence differs depending on the donor's approach to funding humanitarian aid. A category of "field-based" institutions (such as DFID, ECHO and USAID) will rely strongly on a detailed country strategy in terms of programmatic objectives and humanitarian impact to be achieved. Thus, the implementation of their operational strategy requires the compilation and analysis of a wide range of information and knowledge which is often field-based and technical (through the use of specific tools and methodologies).

> Within the donor community, some donors have a wide network of field offices and experts (**DFID, USAID, ECHO**, and **SIDA** who have worked on strengthening their humanitarian field presence). For protracted crises, they request very detailed project proposals from potential partners in order to implement their strategic objectives. Partners' performance, including the impact of their projects, is regularly monitored at country level and shared with headquarters. Decisions about project allocations and the disbursement of grants are made at HQ, on the basis of advice from field representatives.

➔ **Key finding 9**: For "field-based" donors, the required evidence is mainly related to context and needs. In these cases, proximity and field networks are key in gathering and analysing the right information.

Donors who favour long-term relationships with partners ("partner-based" donors) still need evidence, but of a very different nature. Rather than project results, they are more concerned about the quality of operational processes put in place and the overall capacity of their operating partners to achieve

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[15] A "joint assessment" (also referred to as a "common assessment") is defined as "data collection, processing and analysis from one single process among agencies within and between clusters/sectors, leading to a single report". From *Operational Guidance for Coordinated Assessments in Humanitarian Crises, IASC NATF*.

the agreed main objectives (as stipulated either in a strategic framework and/or in a partnership agreement).

For some "partner-based" donors, the relationship of trust that has been established facilitates further budgetary or programmatic adjustments at HQ level.

DANIDA analyses and discusses the content of their Danish partners' annual proposals, including a technical discussion about each priority country and a percentage for emergency response. It then ensures the application of Quality Control processes, mainly regular capacity assessments and gradually adherence to the Core Humanitarian Standard (CHS) or another similar standard. By 2016, all Danish partners will need to initiate a process whereby their ability to operate and adhere to the CHS (or similar), is verified.

At HQ level, **SDC/HA** negotiates country allocations and potential adjustments if a situation deteriorates directly with their strategic partners ("multilateral-bilateral" mechanism).

➔ **Key finding 10:** For "partner-based" donors, evidence about their partners' capacity and performance, as well as their trust relationship are central elements in decision-making.

2.3.2 For sudden-onset crises

In the case of a sudden-onset crisis or a protracted crisis which deteriorates, the main decision processes to be looked at relate to:

- The use of contingency reserves;
- The allocation of supplementary funding allocations;
- The deployment of rapid mechanisms for intervention.

All the donors the study looked at have contingency reserves that they can use when there is a sudden crisis. Their use is activated either by the relevant Minister or at HQ level.

The **Danish** Finance Bill includes a budget line for emergency response during the year. The use of this does not require approval by Parliament as long as each and every grant is below 35 million DKK. Such decisions are within the Minister's authority. Besides, there is a special reserve in the Finance Bill that can be allocated partially or fully to the humanitarian budget, at the Minister's discretion.

In **Canada**, it is the Prime Minister who approves the use of the Crisis Pool based on a recommendation from the Ministers of Development, Foreign Affairs and Finance.

SIDA has a humanitarian reserve which is used throughout the year based on decisions made by the agency.

SDC/HA has a contingency reserve for sudden onset crises which amounts to 1 million CHF. Since 2014, another budget reserve has been created to respond to changing needs in protracted crises (approximately 15 million CHF in 2015).

For **USAID and ECHO**, the decision to use emergency reserves is made at HQ level, largely based on requests and recommendations from country offices and regional teams. These amount to around 10-20% of their respective global envelopes for humanitarian aid. In the event of an unprecedented new disaster or crisis, USAID may increase this percentage, and ECHO can reach out to the EU Emergency Aid Reserve (see below).

Apart from emergency reserves, supplementary allocations outside the approval of the global envelope are made via special processes. While the request is generally transmitted by the Minister following a recommendation by the funding agency, it generally requires approval from Parliament (**ECHO, USAID, and SDC/HA**).

In the U.S., supplementary funding requests are transmitted by the U.S. President to Congress, which ultimately decides whether or not to approve, and at what level. For example, supplementary funding for USAID was provided by Congress for the Ebola regional response in 2014/15.

For the use of the EU Emergency Reserve, an agreement from the EU Budgetary Authority (composed of the European Parliament and the Council of Ministers) is required. With regard to the European Development Funds (EDF), a predefined amount for humanitarian aid is allocated and can be increased or partially replenished at **ECHO**'s request, by using the reserve and with the agreement of the EDF Committee (involving the EU and the Africa/Caribbean/Pacific (ACP) Member States).

The delegated authority for allocations and reallocations may vary between donors. In some cases, the allocation of new funds or the reallocation of existing resources takes place at the government level.

In **Switzerland,** the Minister of Foreign Affairs can decide to reallocate funds from development to humanitarian aid in the case of a sudden onset crisis. However, this procedure requires a lot of budgetary flexibility. In **Sweden**, the Minister can allocate additional funds in exceptional circumstances (e.g. Ebola). Similarly, **USAID/OFDA** has "borrowing authority" which allows it to, in exceptional circumstances, re-program development funds for humanitarian assistance (although this mechanism is used very rarely).

In **Canada**, the Department of Foreign Affairs, Trade and Development, has the ability to reallocate internal resources to respond to crises.

Lastly, some donors possess emergency operational instruments which allow a rapid response in the case of an emergency. These "operational arms" allow them to increase their knowledge and first-hand information about an emerging or worsening crisis.

DFID and SIDA have similar instruments (Rapid response Facility - RRF and Rapid Response Mechanism - RRM) which have predefined operational partners and the ability to release funds quickly (within 24 hours for SIDA and within 72 hours for DFID). In **Sweden, SIDA** can also provide personnel and materials through the Swedish Civil Contingency Agency (MSB) for search and rescue operations, support activities of various kinds, to assist with the coordination or implementation of humanitarian assistance or to strengthen DRR and early recovery support. In parallel, projects included in a Flash Appeal are funded by means of a fast contribution mechanism.

USAID and ECHO can direct operations and deploy rescue teams respectively through the Disaster Assistance Response Team (DART) and European Emergency Response Coordination Centre (ERCC) mechanisms. For **SDC/HA**, the deployment of its operational tools (Rapid Response Team and Swiss Rescue Team) is part of its usual response mechanism. **DFID** can also decide on direct UK deployment (search and rescue teams, medical and civil-military teams, etc.).

➔ **Key finding 11:** In the case of extraordinary sudden-onset crises which outstrip an agency's emergency reserves, important decisions to obtain additional funding often require the authorization at the governmental or even parliamentary levels. As these disasters are highly visible in the media, the decision to launch operations or provide funding support may be more subject to the influence of political entities.

Among the pool of donors studied, DFID and USAID[16] have established a clear set of criteria to support decision-making in the case of sudden-onset crises.

> When a disaster strikes, **DFID** staff rapidly fill in the Intervention Criteria Template[17], which is then submitted to senior management and the relevant Ministers, who then make the allocation decision. This template includes criteria such as the supposed humanitarian impact of the crisis (including the underlying vulnerability of the population, using the INFORM rating), the national position of the affected country, the involvement of other donors, and the UK perspective (including UK formal commitments as well as elements such as press coverage and the presence of a diaspora).
>
> For **USAID/OFDA**, responses are triggered when a US embassy officially declares that a disaster is taking place. The disaster declaration is based on three criteria: the disaster exceeds the capacity of the country to respond; the country requests U.S. assistance, and it is in the interest of the U.S. Government to respond. USAID/FFP can respond to food security emergencies without a disaster declaration.

Lastly, within partnership relations, partners have the possibility to ask for the reallocation of funds outside the predefined objectives and geographic areas of intervention.

> **DANIDA** only has to be informed by its strategic partners about the use of emergency flexible funds (within the partnership agreement). Similarly, **SDC/HA's** partners can request to redirect resources outside the initial geographic allocations.

2.3.3   For core contributions[18]

Some of the funding agencies included in this study have no authority over core contributions (USAID/OFDA and SIDA), or cannot use core contributions to implement the humanitarian budget (ECHO).

> Although **ECHO's** contribution to the DREF[19] corresponds to very specific amounts (around 3 million Euros), it cannot be considered to be a core contribution as it is earmarked towards certain activities and is managed similarly to project grants. Thus DG ECHO validates and replenishes the fund based on monitoring of IFRC activities.
>
> Conversely to OFDA, **USAID/FFP** makes a general contribution to WFP, on average 10 million USD annually.

For those donors who provide core contributions to some of their partners, they implement specific approaches for management and follow-up of their contributions which are comparable to their approaches with non-core grants. These tend to converge with strategic and organizational capacity building efforts as illustrated by the strategic dialogue maintained by DANIDA and SDC/HA.

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[16] As well as SIDA through its Humanitarian Operation Guidelines, under finalization at the time of writing.
[17] Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439162/Intervention_Criteri a_Template_UPDATE_22062015_1600.pdf
[18] 'Core contribution' can be defined as unearmarked contributions to a multilateral agency or international non-governmental organisation.
[19] DREF : Disaster Relief Emergency Fund (IFRC)

Within **SDC/HA**, the Multilateral Humanitarian Aid Division negotiates the budget that is allocated with strategic partners, including how funding is split between "core" and "multi-bilateral" funding (tied to geographic, sector-based or strategic aspects). It then monitors and approves the partners' activity reports, and discusses budget issues and operational activities. By applying particular approaches (Core Contribution Management -CCM- and "Working in the triangle"[20]), SDC/HA can assess the quality of partnerships, harmonize communication and feed strategic dialogue.

Most donors participate in strategic dialogue with the multilateral organisations they support. For instance, **DANIDA** discusses organizational strategies, participates in board meetings and donor support groups in order to carry out proper follow-up. It also contributes to multilateral analyses (such as the Multilateral Organization Performance Assessment Network - MOPAN). In Sweden, the MFA administers core contributions and as such participates in strategic dialogue with the multilateral organisations that it supports.

For **DFID**, funding decisions for core contributions are clearly correlated with the results of the 2011 Multilateral Aid Review (MAR) and its 2013 update.

Canada's humanitarian program manages the core contributions to humanitarian partners and makes recommendations to the Minister of International Development as to their levels.

➔ **Key finding 12**: The evidence needed for decisions about core contributions is linked to organizational and capacity assessments, including the partner's ability to respond to needs. Although similar, these exercises are most often conducted on a bilateral basis and in parallel.

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[20] "Working in the triangle means strengthened communication and coordination between field operations, geographical desks and the multilateral humanitarian division in order to reach coherence in dialogue with partners, unity of doctrine and purpose and to transfer knowledge."

3 Key factors influencing the use of evidence in decision-making processes

As a donor, verifiable evidence is crucial to ensure that resources are used optimally in order to respond to the needs of affected populations, but also to back up decisions and to be able to explain the rationale behind allocation choices to "political masters". Basing funding allocations on evidence is therefore both a quality and an accountability issue, in relation to control organs and bureaucratic hierarchy (administrative accountability) and political leaders and constituencies (implementation of an external policy and its links with internal issues).

This being said, decision-making for funding allocations cannot be seen as an exact science. Other factors beyond evidence enter into consideration such as political and historical positioning, geographical proximity, and the presence of a diaspora. The numerous factors that influence the use of evidence in this regard, whether internal or external to the donor agency, can be categorized in relation to the evidence itself (§ 3.1) or the decision-making processes (§ 3.2), as summarised in the following figure and developed hereafter.
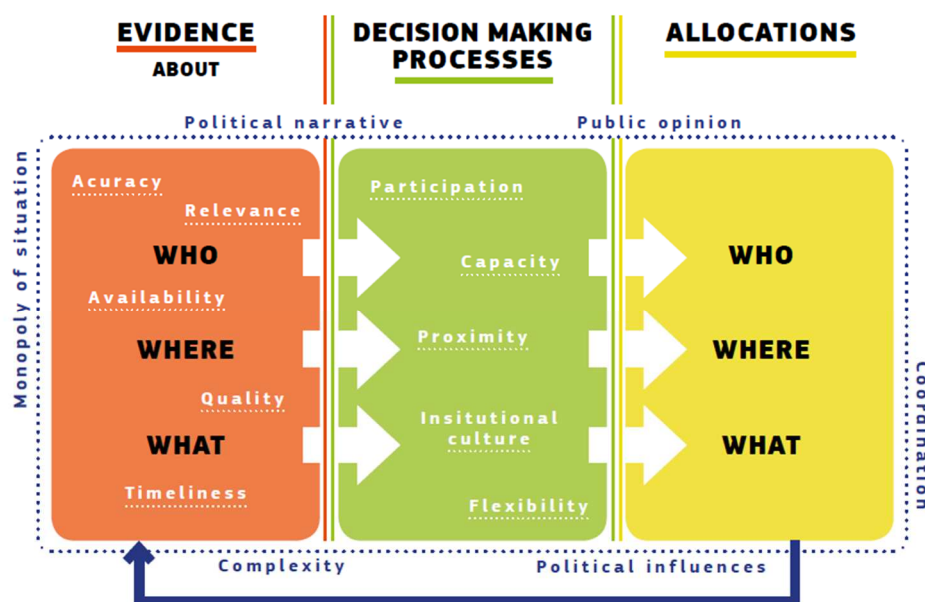
Figure 3: Key factors impacting the use of evidence in decision-making.

3.1 Characteristics of evidence

The availability, timeliness and quality of evidence all have an impact on its use.

3.1.1 *Availability of evidence*

In the humanitarian sector, there have been efforts to produce **evidence about humanitarian needs** and develop collective processes to produce this kind of evidence (coordinated needs assessments[21], Disasters Needs Assessments or country analysis from ACAPS, or other NGO consortium needs

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[21] For further details, refer to *Operational Guidance for Coordinated Assessments in Humanitarian Crises, IASC NATF*.

assessment processes). The main issue at stake is therefore not availability of this kind of evidence but its quality and timeliness (see § 3.1.3.).

At the same time, there is much **less evidence about the impact of operational strategies**, even if the issues of quality and effectiveness of aid are increasingly taken into consideration by humanitarian actors and donors. A challenge is that it is often difficult to isolate and measure the impact of a given humanitarian intervention, in what is invariably a very complex situation with many actors. Evidence about impact is rarely made public and therefore, shared among donors and not very commonly used when allocation decisions are made. For example, compared to evidence-based approaches developed in the medical sector, where the central question is to know what treatment is the most effective for an illness, the question of the impact of types of aid does not seem to be a priority for funding decisions.

And yet many evaluations tackle this issue for a given programme. Taking into account a series of factors related to the context, the evaluator tries to check if the approach was the most effective. In theory, the evaluation compares "before" and "after" the programme (rather than "with" and "without", which raises ethical considerations). This partially limits the production of evidence as the conclusions are generally only valid for a given context and cannot be easily extrapolated.

Even in contexts where information is available, it does not appear to be mandatory for donors to use the conclusions of evaluations during funding decisions at project level, thus limiting the effectiveness of evaluations. At a more global level, donors rarely have access to consolidated evidence (meta-analysis) of such evaluations, despite the fact that this would support their strategic orientations and consequently help to bring improvements for the aid sector as a whole.

It is important, nevertheless, to recognise that faced with certain precise questions, certain sectors manage to consolidate their operational methods better than others. The Nutrition and Health sectors have documented the different effects of particular choices (the use of *Plumpy'Nut*, for example). For other sectors, in the absence of scientifically proven results, there are "**good practices**" recognized by the organizations themselves, such as the Sphere standards or ECHO's gender and resilience markers.

Mechanisms to ensure that funding decisions are based on the most up-to-date knowledge in each sector – whether scientifically proven or not – are being consolidated by certain donors. **ECHO**, for example, has formalized a number of sector-based policies in recent years. Some donors even demand precise information about specific indicators in order to verify the alignment of programmes with previously mentioned good practices and policies (**USAID, DFID[22]** and **ECHO[23]**).

Recently, efforts have been made to improve documentation of the impacts of holistic programmes in order to establish an evidence base for future decisions, such as on the issue of resilience. However, numerous cross-cutting issues, such as the protection of displaced people, are mostly tackled on the basis of **judgements and experiences** acquired by individuals and organizations rather than on a systematized body of evidence.

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[22] See for example the UK International Climate Fund's Key Performance Indicator No. 4 (KPI4): number of people with improved resilience to climate shocks and stresses as a result of project support.
[23] ECHO has introduced Key Result Indicators in project documentation for food, nutrition, health, wash and shelter projects.

➔ **Key finding 13**: Some sectors (e.g. Health and Nutrition) have produced evidence about operational approaches. However, there is little evidence available for inter-sector response strategies.

In contrast to the medical sector, for example, which uses evidence produced by researchers, the humanitarian sector too often still depends on practitioners for the production of evidence. Indeed, very few humanitarian operators can afford to conduct studies and investigate particular topics, as they are predominantly focused on the implementation of programmes in crisis contexts. But positive examples show that positive changes in operational methods are possible if specific means are made available to **accompany the change** (the Cash Learning Partnership is a good illustration of this).

Faced with such constraints, certain donors fund specific research programmes or develop their own research capacity (e.g. the Humanitarian Evidence & Innovation Programme led by DFID).

➔ **Key finding 14**: The construction of a credible evidence base which could serve as an "open repository" for the humanitarian sector requires investment in research and methodological support projects.

Finally, **evidence about organizational capacities** is also less publically documented compared to evidence about needs. In this sense, this kind of evidence is viewed as more scarce as it is not shared within the community of donors to support their funding decisions. Each donor has its own selection processes and very few recognize the results of audits performed by others. Therefore, NGOs working with various donors have to conform to different processes and different sets of criteria. This has led to a heavy bureaucratic workload for NGOs and represents a missed opportunity for better coordination between donors and for the best use of evidence.

Nevertheless, there is a collective process for evaluating the performance of multilateral organizations, the MOPAN[24]. Currently, its approach and methodology is under review in order to strengthen its ability to assess how much organizations contribute to development and humanitarian effectiveness.

Mechanisms such as systematic lesson learning exercises at the end of each humanitarian response are key processes to strengthen the evidence base. They can produce useful evidence for future crises that occur either in the same geographical area or have comparable humanitarian implications. For instance, DFID systematically runs a lessons learnt exercise at the end of their emergency responses in order to inform future programming. Similarly, USAID conducts "after action reviews" after major disaster interventions, in order to adapt response systems for future crises. This is similar to the lessons papers produced by organisations such as ALNAP, ACAPS and Groupe URD which include recommendations based on previous evaluations (sources of evidence) to take into consideration when a disaster takes place.

➔ **Key finding 15:** Every crisis can be an opportunity to strengthen the evidence base, as long as processes for producing and sharing lessons are put in place.

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[24] Cf. Footnote 11.

3.1.2 Timeliness of evidence

The timeliness of evidence refers to whether it is available at the right time to make decisions.

It was regularly reported that the HRP does not coincide with donors' decision-making cycles, as its end results generally arrive after important decisions have already been made. This gap in terms of timing is a major incentive for some donor representatives to take part in the HRP process in parallel to their internal mechanisms (see SIDA example, §2.2.1). Donors are also very keen to be part of collective and strategic fora such as Humanitarian Country Teams (HCT).

In some situations, decisions have to be made before any evidence has been produced, including about the need for humanitarian aid. This is particularly true at the time of an impending crisis when there is very little evidence available for making decisions. In these circumstances, decisions have to be based on the likelihood of a crisis (early warning systems). Following the experience of recurrent droughts in the Horn of Africa (especially the late response to the 2010-2012 famine), particular funding approaches have been developed for this type of uncertain context.

> **DFID** has set up and implements a "no regrets" approach. This is based on the idea that even in the absence of consolidated data, it is preferable to mobilize resources in support of a response. It is considered more beneficial to act quickly rather than to act late having waited for a certain number of signs. Consequently, the funds allocated on the basis of this "no regrets" approach, proportional to the context, are used for unexpected humanitarian purposes even though this may prove to have been unnecessary when the actual severity of the crisis becomes established.

In order to counterbalance the lack of evidence in this type of protracted/uncertain crisis, some donors invest in the production of evidence for their own needs. This allows them to verify initial assumptions and current funding support, as well as to orient future allocation decisions.

> **DFID** and **SIDA** have made multi-year commitment for resilience programmes in Somalia. This new approach permits implementing partners to develop more effective and impactful long-term humanitarian interventions and build the resilience of communities in Somalia. To measure both the effectiveness of specific interventions and to gather evidence on the impact of the long-term programmatic approach, DFID has commissioned a private company (Transtec) to monitor and evaluate its humanitarian activities in Somalia mainly through mobile data collection systems.

➔ **Key finding 16**: In uncertain contexts (with insufficient evidence), the issue at stake is not so much the quality of the data as the funding processes which need to be adapted to make timely decisions.

3.1.3 Quality of evidence

There are ongoing attempts to improve the quality of information about contexts and humanitarian needs.

OCHA's efforts to redesign the HNO and develop the Needs Comparison Tool are aimed, to some extent, at resolving the limitations of the HRP by focusing on needs analysis and prioritization rather than on how to respond to them.

Due to their lack of strategic vision (as previously described in §2.3.1), these collective processes often produce a compilation of individual projects which reflect a consensus between organisations and institutions. Initiatives like the ACAPS project aim to produce analysis that is more independent and detached from institutional issues.

Other **methodological** questions remain which limit the production of evidence and its use for decision-making. For instance, the absence of a common definition of humanitarian needs (e.g. should it include the notion of risks or should the structural causes of needs be taken into consideration?) makes it difficult to produce common evidence. Methods for collecting and analysing situations are therefore not fully harmonized among aid actors.

➔ **Key finding 17**: Despite some progress, it is very rare that the available data about needs, contexts and programs leads to consolidated information that is genuinely useful for donors.

In certain contexts, some methodological limitations include political or institutional biases. As information related to humanitarian needs and crisis situations can be **politically sensitive**, local stakeholders may either underestimate or exaggerate it. For example, the governments of Guinea and Sierra Leone initially tried to minimize the scale of the Ebola epidemic, which was one of the reasons why the early response was insufficient[25].

To conclude, **donors' own understanding and analysis** of the available evidence (about operational zones, the seriousness of the crisis, etc.) are a dominant factor in allocation decisions. In addition, even if they triangulate different sources of information, the evidence that donors use is often compromised by methodological or political biases that affect its quantity and quality. The concept of "evidence based" has already been adapted from medicine to public health to encompass different epidemiological, medical, political, ethical, cultural and budgetary factors. As a result evidence-based decision making in the health sector relies on the "best available evidence", referring to the broad input from all available sources.

➔ **Key finding 18**: For the humanitarian sector, it is more appropriate and realistic to talk about the use of the "best available evidence" for decision-making instead of the generic term of "evidence-based" decision-making.

Finally, the majority of donors recognise that there is a need for formal tools such as indices or other explicit and documented processes to support decision-making, and that these should be used as part of a broader, multi-factor analysis. Besides data and its interpretation, decision-making depends on a variety of internal and external factors. This is why certain courses of action may be taken which contradict evidence-based judgements.

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[25] "Pushed to the limits and beyond", MSF report 2015.

3.2   Internal and external factors impacting the use of evidence in decision-making processes

3.2.1   Internal factors

As funding-decisions are based on donors' interpretation of the available evidence, this raises the question about their **capacity** to conduct such analyses. Many donors recognized that they had limited capacity to analyse the wealth of information produced.

> With regard to measuring NGO performance, **DANIDA** is looking to use the Core Humanitarian Standard and the related verification system (the Certification project launched by SCHR[26]) to complement their own analysis capacity and consolidate their decision-making in terms of partnerships[27].

For contextual analysis, it is clear that the **expertise** of the agents and the **proximity to the field** are key factors. It is in this spirit that donors decentralise their decision-making mechanisms (DFID), participate in the HCT or in collective exercises such as the HRP/HNO. They also take on experienced staff from the aid sector (DFID, ECHO, USAID and SDC/HA) to produce their own situation analysis.

To make up for their lack of presence in the field and the timeliness issue raised previously, certain donors, like SIDA, send their HQ staff to take part in certain HRP or HNO processes.

➔   **Key finding 19**: The participation of donors in the production of analysis (e.g. HRP and HNO processes) facilitates the co-development of situation analysis and the use of results for funding decisions.

It should nevertheless be recognised that in many humanitarian situations, neither donors nor even operators have the necessary capacity for analysis. There are multiple issues involved, situations are **complex** and sometimes unprecedented, as was the case with the ongoing Ebola epidemic («fear of the unknown and lack of expertise in Ebola paralysed most aid agencies and donors»[28]).

It is well-known that individuals and institutions have a tendency to stick to their "comfort zone" rather than to take risky decisions. This obviously has an impact on the ability to make decisions based on evidence when the evidence clashes with habits or the status quo.

In order to combat this **inertia**, there should be incentives to use evidence. For example, a tool such as a recommendation management table following an evaluation[29] can help to take evidence into account and therefore facilitate decision-making. At the strategic and global levels, certain donors have to show their political leaders and the decision-making bodies they answer to that their decisions are based on evidence.

> **DFID** submits "Written evidence" to the British Parliament including information about the situation and needs, the resources mobilized by DFID and the other donors, and a section on the application of lessons learned in other contexts.

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[26] SCHR: Steering Committee on Humanitarian Response

[27] Though this initiative is accepted by Danish NGOs in the context of their special relationship with DANIDA, it still raises a number of questions at the international level as reported on the SCHR website on www.schr.info/certification.

[28] MSF report.

[29] This type of table is used to establish responsibilities and a timetable for the implementation of recommendations

> **SIDA** has a deliberate focus on transparency in humanitarian financing. As a result, from 2015, it has begun to publish all its Humanitarian Crisis Analyses on its website (currently 18, available on www.openaid.se). These HCAs include the Agency's humanitarian analysis, the methodology used for humanitarian allocation and, most importantly, the amount allocated to each implementing agency followed by the rationale behind this decision.

➔ **Key finding 20:** An institutional culture of improving practices based on the use of evidence needs to be promoted and led by the top-management of donor agencies.

External analysis can also help to reshape *how* funding and decision-making processes take place within an institution. This is the case for DAC/OECD peer reviews, institutional audits and commissioned studies (for example by the Congressional Research Service for the US[30]). By providing and following up on specific recommendations, this type of analysis tends to create an external stimulus for change and improvement of decision-making processes (including the use of evidence).

Lastly, if funding is **flexible** this increases the ability to use evidence with a view to adapting programmes. Donor approaches that acknowledge complexity and promote continuous learning (such as those related to the "theory of change") are more likely to allow the use of evidence for this purpose than linear approaches such as the classic project cycle and logical frameworks.

➔ **Key finding 21:** Funding instruments should adapted so as to be more flexible in order to promote the use of evidence.

3.2.2 External factors

Some operational agencies have a specific mandate or unique positioning (whether geographic or sectorial) within the humanitarian system, which is very difficult to challenge. Whether or not there are alternatives, a certain number of decisions are repeated even if there is evidence of poor performance.

➔ **Key finding 22:** An important factor which limits the use of evidence in funding decisions is the existence of a certain number of "monopoly situations" linked to strategic positioning or unchallenged international mandates.

Public opinion also has a strong impact on decisions related to foreign policy, which can leave little room for the use of evidence during funding decisions. In the face of high emotions, public opinion and political imperatives, some donors can use their funding distribution methodologies to argue against the influence of political factors. In the vast majority of cases, there are also processes to mitigate this type of bias via special supplementary allocation mechanisms which do not call into question funds which have already been allocated for other crises.

> For example, during the Ebola crisis, **SIDA** was able to provide concrete evidence through their needs-based allocation mechanism described in §2.2.1 that, while the crisis required additional funding, SIDA also had to respond to other crises such as South Sudan and Somalia.

Other **intangible aspects** such as **political narrative** or donor fatigue have a significant impact on humanitarian funding decisions. By establishing a way of looking at a crisis context (Somalia as a source of terrorism, Libya as a source of refugees in Europe, etc.), donors try to motivate themselves individually or collectively to have an impact on a situation.

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[30] See for example MARGESSON, R. (2013), *International crises and disasters: U.S. humanitarian assistance response mechanisms,* Congressional Research Service.

➔ **Key finding 23:** To counterbalance external pressures, evidence-based approaches together with clear processes and criteria for funding decisions can fulfil an advocacy role vis-à-vis state bureaucracies.

Coordination between donors and with operators is also a key factor for funding decisions. In most situations, a donor will not decide to act alone and will try to motivate or follow a certain number of fellow donors. In certain cases, waiting for this critical mass can lead to inaction (prisoner's dilemma), as was the case in Somalia in 2006, and then in 2009-2010. In the aid sector, when evidence is available but is underutilized this is known as "early warning, late response"[31].

Innovations are being developed for this type of context, to try to link the production of evidence and collective decision-making within the Humanitarian Country Team (HCT).

A project under the leadership of the FSNAU[32] in Somalia is currently being developed in coordination with the HCT and the main humanitarian actors, with the aim of establishing the link between the production of information about food security in Somalia and the decision-making processes of the humanitarian community based in Nairobi. This project involves a collectively designed methodology for producing and analysing information, collectively designed trigger mechanisms and a collective decision-making process within the HCT.

➔ **Key finding 24**: Evidence alone without coordination can lead to inaction even when a humanitarian situation has reached a critical stage.

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[31] This has been extensively documented in the literature (S. Pantuliano 2008, R. Bailey, 2013) and appears critical in contexts like the Horn of Africa.
[32] FSNUA: Food Security and Nutrition Analysis Unit

4 Proposed recommendations

Based on the key findings, a series of **potential areas** for further discussion among GHD donors that could lead to a strengthening of evidence-based decision-making are presented below. These proposed recommendations are related to the definition and production of evidence, decision-making processes and funding instruments.

4.1. *Recommendations related to the definition of evidence*

Key finding 1: The question of the use of evidence for funding decisions by donors is very specific and significantly different from the use of evidence for programmatic decisions by humanitarian implementing organisations.

Key finding 3: Humanitarian decision-making is not only about needs. For funding decisions, information and evidence about the *Where*, the *What* and the *Who* are interlinked.

Recommendation 1: Clarify the definition of "evidence" in relation to humanitarian aid. Decisions to do with humanitarian aid are based on different kinds of knowledge with varying levels of consolidation (evaluation reports, research findings, field experience, practical knowledge of beneficiaries and program providers, informed opinion such as the views of policymakers or other stakeholders, etc.). As a result, only some of this knowledge can be genuinely seen as evidence, or at the very least, distinctions need to be made, for example between facts that can be defended and opinions.

Key finding 18: In the humanitarian sector, it is more appropriate and realistic to talk about the use of the "best available evidence" for decision-making instead of the generic term of "evidence-based" decision making.

Recommendation 2: Specify the type of evidence used, as well as its strength and quality, when making or proposing decisions. Donors should state - at least internally - on which evidence decisions are based and how evidence is assessed and qualified. Donors should reflect upon and define proper criteria for assessing evidence strength, such as validity, timeliness, reliability, comparability, inter-agency consultation. This will help donors to define what the "best available evidence" is, according to each specific context and timeframe.

Key finding 7: Donors are diverse (partner-based vs. field-based), therefore they may not have the same priority needs for information and evidence. In order to define the *Who*, partners' capacities are a determining factor.

Key finding 9: For "field-based" donors, the required evidence is mainly related to context and needs. In these cases, proximity and field networks are key in gathering and analysing the right information.

Key finding 10: For "partner-based" donors, evidence about their partners' capacity and performance, as well as their trust relationship are central elements in decision-making.

Recommendation 3: Recognize the diversity of donors and therefore the diversity of needs for informed decision-making. Individual donors have specific needs for their funding decisions. Specific mechanisms for collecting and analysing information about the performance of organisations could be consolidated, in addition to needs assessments.

4.2. Recommendations for the production of evidence

Key finding 4: Indices for deciding global and geographical allocations are seen as useful tools, but also as cumbersome to produce and maintain for a single agency.

Key finding 6: Strategic and operational guidance including thematic and sector-based policies are elaborated by some donors with a view to compiling evidence about the best means for action which can serve for future allocation decisions.

Key finding 12: The evidence needed for decisions about core contributions is linked to organizational and capacity assessments, including the partner's ability to respond to needs. Although similar, these exercises are most often conducted on a bilateral basis and in parallel.

> **Recommendation 4: Make best use of existing knowledge and limit the parallel and redundant production of evidence**. Methods and tools to support decision-making about the *Where*, *What* and *Who* of funding decisions could be shared or even harmonised among donors:
> - The INFORM index could be used by a wider group of donors.
> - Policies and funding guidelines, such as ECHO's, could be shared between donors.
> - Harmonised mechanisms or the recognition of audits conducted by other donors could be facilitated to limit the number of control mechanisms and audits of operational actors.

Key finding 8: The HRP seems to only meet donors' needs for evidence partially. It is not considered strategic enough to be used for prioritized funding decisions. In parallel to these collectively managed processes (such as HNO, HRP, and joint assessments in general), the use of evidence differs significantly between donors who rely on field presence and conversely on partnership relations.

> **Recommendation 5: Consolidate further needs assessments to inform funding decisions at the strategic level.** Donors could collectively encourage aid organisations to improve shared analysis about needs and priorities, notably by making more coherent the methodologies used to produce evidence about humanitarian needs and situations (reactivate the Needs Assessment Task Force?).

Key finding 15: Every crisis can be an opportunity to strengthen the evidence base, as long as processes for producing and sharing lessons are put in place.

Key finding 17: Despite some progress, it is very rare that the available data about needs, contexts and programs leads to consolidated information that is genuinely useful for donors.

Key finding 13: Some sectors (e.g. Health and Nutrition) have produced evidence about operational approaches. However, there is little evidence available for inter-sector response strategies.

Key finding 14: The construction of a credible evidence base which could serve as an "open repository" for the humanitarian sector requires investment in research and methodological support projects.

> **Recommendation 6: Reinforce the production of evidence beyond needs.** In addition to the assessment of humanitarian needs, efforts should be made to better understand and document the effectiveness and impact of humanitarian aid and its different implementation methods. This would consolidate the sector's core knowledge and help decision-making.

4.3. *Recommendations for support in decision-making*

Key finding 2: The use of evidence can be limited in defining global allocations when funding decisions at this level are predominantly based on international commitments and strategic frameworks.

Key finding 5: For the geographical distribution of global funding, evidence alone is not sufficient and is generally complemented by qualitative opinions and internal negotiations.

Key finding 11: In the case of extraordinary sudden-onset crises which outstrip an agency's emergency reserves, important decisions to obtain additional funding often require the authorization at the governmental or even parliamentary levels. As these disasters are highly visible in the media, the decision to launch operations or provide funding support may be more subject to the influence of political entities.

Key finding 22: An important factor which limits the use of evidence in funding decisions is the existence of a certain number of "monopoly situations" linked to strategic positioning or unchallenged international mandates.

Key finding 23: To counterbalance external pressure, evidence-based approaches together with clear processes and criteria for funding decisions can fulfil an advocacy role vis-à-vis state bureaucracies.

> **Recommendation 7: Make the processes and criteria guiding decision-making for funding allocations public**. Efforts to explain criteria which lead to funding decisions are the first step to improving such processes. This would also generate particularly useful data for decision-making and facilitate the management of external pressure.

Key Finding 19: The participation of donors in the production of analysis (e.g. HRP and HNO processes) facilitates the co-development of a situation analysis and use of the results for funding decisions.

> **Recommendation 8: Promote the participation of donors in assessments and other prioritisation and planning exercises**. This participation (e.g. in HPR or HNO processes) allows common analysis and makes funding decisions easier.

Key finding 20: An institutional culture of improving practices based on the use of evidence needs to be promoted and led by the top-management of donor agencies.

> **Recommendation 9: Consider the use of evidence in decision-making as an institutional issue.** This could lead to the formulation of internal policy or guidance addressing the multiple repercussions of such a commitment at different decision-making levels within an organisation.

Key finding 24: Evidence alone without coordination can lead to inaction even when a humanitarian situation has reached a critical stage.

> **Recommendation 10: Strengthen the link between information production and collective decision-making**. Together with the production of data, decision-making mechanisms, notably in terms of prevention and response, should be consolidated. Innovation about collective decision-making processes within the HC/HCT should be pursued.

4.4. Recommendations for funding instruments

Key finding 16: In uncertain contexts (with insufficient evidence), the issue at stake is not so much the quality of the data as the funding processes which need to be adapted to make timely decisions.

Key finding 21: Funding instruments should be adapted so as to be more flexible in order to promote the use of evidence.

Recommendation 11: Ensure that funding instruments are adapted to the uncertain contexts and flexible enough to facilitate the continuous use of evidence. Whether faced with the risk of deterioration - early warning or in the very first stages of an emergency response, decisions often have to be made without much certainty and on the limited available evidence. Approaches such as the "No Regrets" one and funding flexibility (as promoted by principle 12 of the GHD) are essential both to allow adjustments to be made, and to encourage and stimulate the continuous analysis of situations and the improvement of practices.

Annexes

List of interviewees

Name	Donor country or organisation
Lars Peter Nissen	ACAPS
Paul Knox Clarke	ALNAP
Guillaume Legros	Canada
Kristen Chenier	Canada
Lydia Poole	Consultant
Thomas Thomsen	DANIDA
Will Helyar	DFID Nairobi
Yves Horent	DFID London
Patrick Saez	DFID London
Giuseppe Angelini	DG ECHO
Fausto Prieto Perez	DG ECHO Nairobi
Romain Gauduchon	DG ECHO Nairobi
Daniel Molla	FSNAU/FAO Nairobi
Frida Akerberg	Informal Humanitarian Donor Group for Somalia
Andrew Wyllie	OCHA
Kimberly Lietz	OCHA
Edouard Jay	SDC/HA/Switzerland
Jessica Eliasson	SIDA
Susanne Mikhail	SIDA
Abdullahi Mohamed	USAID/FFP Nairobi
Asa Piyaka	USAID/OFDA
Anne Shaw	USAID/FFP Nairobi

Mapping of processes for funding allocations

CANADA

	GLOBAL DECISION	STRATEGIC CYCLE	ON-GOING CRISIS	SUDDEN ONSET CRISIS	CORE CONTRIBUTIONS
PARLIAMENT	Approve the global annual envelope for international assistance spending including the humanitarian «base» envelope				
CABINET / PRIME MINISTER / MINISTER OF INTERNATIONAL DEVELOPMENT		Decide upon reallocation of resources (by a corporate committee within DFATD)	Approve allocations (Minister of Development)	Submit recommendation to PM for access to crisis pool — Approve launch of Matching Fund — Approve project funding allocations (Minister of International Development)	
INTERNATIONAL HUMAN ASSISTANCE PROGRAM		Make initial budget allocations for 2 main budget cost centres and core funding (beginning of fiscal year)	Decide upon funding recommendations (needs analysis, appeals, previous year envelope) — Adjust allocations according to relative needs accross crises	Provide green light to Red Cross and NGO emergency draw down funds	Participate in governing boards of multilaterals and DSGs* — Monitor the performance of situational strategies
HUMANITARIAN ADVISORS IN EMBASSIES (IF PRESENT)			Transmit field data — Participate in joint assessment — Consulted on program recommendations		

⬭ **EVIDENCE ABOUT PARTNERS CAPACITY AND FROM JOINT ASSESSMENTS**

* DSGs: Donor Support Groups.

DANIDA

	GLOBAL DECISION	STRATEGIC CYCLE	ON-GOING CRISIS	SUDDEN ONSET CRISIS	CORE CONTRIBUTIONS
DANISH PARLIAMENT	Decide about the amount for humanitarian aid, in the Finance Bill by lines...		Approve grants > 35 millions DK	Decide supplementary allocations from other budget lines (MFA)	Approve grants > 35 millions DK
SECRETARY OF STATE	Present the budget figures in the draft Finance Bill	Approve the list of priority crisis	Approve all grants 5-35 millions DK	Approve grants 5-35 millions DK / Transmit the request to the Parliament for supplementary allocation	Approve grants
DANISH HPC		Implement long term partnership with preselected partners / Define a list of priority crisis in consultation with strategic partners / Is consulted for the development of policy paper and program documents	Release grants / Analyse and negociate content of Partners annual proposals / Quality control	Decide the use of the emergency reserve / Is informed about the use of emergency flexible funds within partnership agreement	Disburse additional funds to International Organisations and pooled funds / Participate in boards and donor support groups / Participate in Multilateral analysis (MOPAN)
DANISH MISSIONS		Dialog with partners / Develop country specific policy paper humanitarian assistance), and program documents	Participates in country analysis of partners proposals / Quality control of partners project	Request from embassies / Dialog with partners	

○ **EVIDENCE ABOUT PARTNERS' CAPACITY, BASED ON PERFORMANCE APPRAISAL**

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DFID

	GLOBAL DECISION	STRATEGIC CYCLE	ON-GOING CRISIS	SUDDEN ONSET CRISIS	CORE CONTRIBUTIONS
UK TREASURY	Approve the Resource Allocation for DFID			Decide upon additional funds for major new crises	
SECRETARY OF STATE FOR INTERNATIONAL DEVELOPPEMENT	Submit the Resource Allocation Bid to the Treasury / Adjust the Strategic Development Review	Approve business cases		Activate the RRF / Decide the use of contingency funds	
CHASE*	Participate in the BAR and MAR which form the basis of the Strategic Development Review	Prepare business cases for core funding and emergency		Approve project proposals (RRF)**	Conduct annual reviews / Monitor the implementation of MAR recommendations
COUNTRY OFFICE / REGIONAL DEPARTMENT		Perform a Quality Assurance Review / Prepare multi-year business cases	Implement the humanitarian part of business cases / Monitor projects' implementation and evolution of the context	Participate in RRF trigger meeting with partners / Prepare DFID strategy for specific emergency business cases / Provide direct analysis of the situation	Monitor the delivery of results

*CHASE: Conflict, Humanitarian and Security

EVIDENCE ABOUT CONTEXT, PARTNERS' CAPACITY AND FIELD PERFORMANCE

** The RRF proposal approval can also be done by a country office/regional department, or jointly with CHASE.

ECHO

| GLOBAL DECISION | STRATEGIC CYCLE | ON-GOING CRISIS | SUDDEN ONSET CRISIS | CORE CONTRIBUTIONS |

COMMISSION / PARLIAMENT

Allocate annual enveloppe (World Wide Decision)

Allocate additional funds (from EDF or Emergency Reserves)

DIRECTION

Define ECHO annual strategy (IAF and InfoRM)

Finetune of allocations between regions and countries

Conduct mid-term review for allocating remaining funds

Monitor/ supervise the implementation of strategy

Decide use of Operational Reserve

Ask for additional funds

UNITS & DESKS

Define region needs and priorities (IAF)

Define or revise the operational strategy with field experts (HIP)

Decide project allocations (call for proposals)

Validate and monitor the use of the DREF

Decide projects allocations (on proposals)

Consolidate information, perform analysis and draft action plan including the deployment plan of the EERC* (European Emergency Response Capacity)

FIELD / COUNTRY OFFICE

Define country needs and priorities (Integrated Analysis Framework)

Analyse context and partners capacity (preparation of HIP)

Appraise project proposals and field visits

Analyse / monitor partners' projects

Participate in joint assessment

DO NOT FUND CORE CONTRIBUTION

○ **EVIDENCE ABOUT CONTEXT, HUMANITARIAN NEEDS AND PARTNERS' PROJECT RESULTS**

OFDA*

| GLOBAL DECISION | STRATEGIC CYCLE | ON-GOING CRISIS | SUDDEN ONSET CRISIS | CORE CONTRIBUTIONS |

CONGRESS

Pass the State/ Foreign operations appropriation bill

Approve/ oversee the use of funding

Decide supplementary funding appropriations

GOVERNMENT

Send request for the Foreign Operations budget

Adjust annual budgets by consultation with concerned agencies*

Review/ transmit the request for supplementary funding

OFDA processes for sudden onset crises are substantially similar for on-going crises, although at a slightly higher pace and tempo

Provide core contributions to International Organisations (State Department)

HQ OFDA STAFF

Send overall budget requests through USAID

Decide allocations between Regional Teams, Director's Response Fund and other OFDA parts

Decide the use Director's Response Fund

Decide upon grants

Request for supplementary appropriations **

Deploy DART mission

No legal authority to provide core contributions

OFDA FIELD STAFF

Send recommandations for country budget levels

Analyse and collect field info

Issue Declaration of Disaster by US ambassador or Chief of mission***

Monitor partner's projects

Collect information and make recommendation for funding (Regional staff or DART)

* White House, State, USAID (OFDA, FFP)

○ EVIDENCE ABOUT CONTEXT, HUMANITARIAN NEEDS AND FIELD RESULTS

** In the case of extraordinary crises.
*** This is done in consultation with OFDA Regional Advisors and HQ.

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SDC

| GLOBAL DECISION | STRATEGIC CYCLE | ON-GOING CRISIS | SUDDEN ONSET CRISIS | CORE CONTRIBUTIONS |

FEDERAL COUNCIL / PARLIAMENT

Vote the framework credit including all strategic priorities

Decide suplementary allocations in case of worsening situation

Decide suplementary allocations in case of worsening situation

FEDERAL DPT OF FOREIGN AFFAIRS FDFA

Issue the message, encompassing various framework credits

Allocate envelop between various divisions during resources allocation meetings

Decide to reallocate funds from development to humanitarian aid

SWISS HUMANITARIAN AID / SDC

Prepare the framework credit

Approve and monitor the implementation of country strategy

Negociate with strategic partners their country allocations (multi-bi mechanism) and potential readjustements

Establish and monitor non-usual partnership agreements

Decide deployment of operational tools

Accept the requests from partners for reallocation of resources

Establish and monitor non-usual partnership agreements

Negociate with strategic partners the core funding and the multi-bi part of it

Monitor partnership (CCM approach) and participate in strategic dialogue

SCD STAFF WITHIN DDC AND/ OR EMBASSIES

Participate in the preparation of the framework credit

Prepare country strategy

Closely monitor relationship with partners

Identify ad-hoc projects with non usual partners and monitor implementation

Team from operational tools deployed collect info and make recommendations for future funding decisions

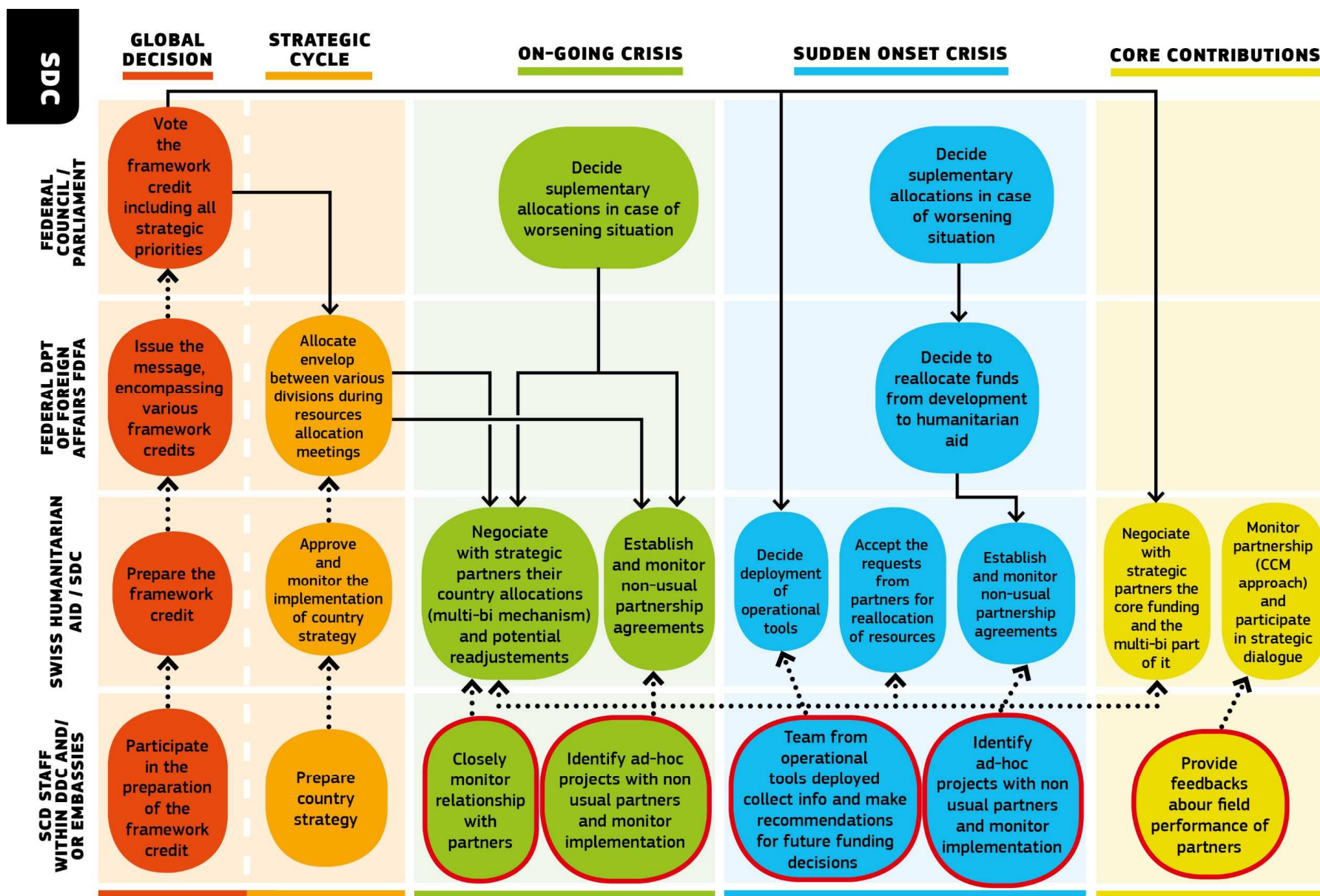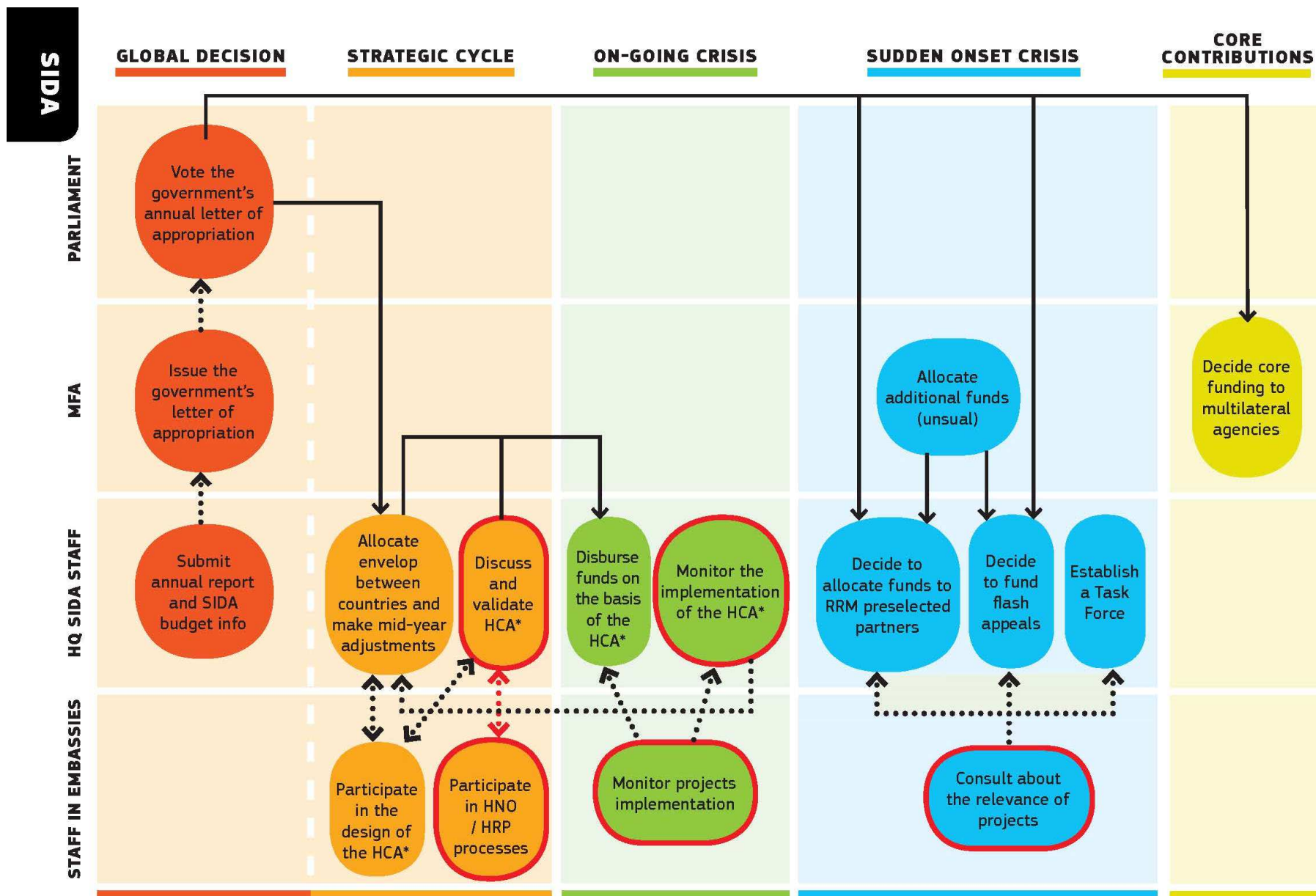Identify ad-hoc projects with non usual partners and monitor implementation

Provide feedbacks abour field performance of partners

○ **EVIDENCE ABOUT CONTEXT, PARTNERS' CAPACITY AND FIELD PERFORMANCE**

SIDA

| GLOBAL DECISION | STRATEGIC CYCLE | ON-GOING CRISIS | SUDDEN ONSET CRISIS | CORE CONTRIBUTIONS |

PARLIAMENT

Vote the government's annual letter of appropriation

MFA

Issue the government's letter of appropriation

Allocate additional funds (unsual)

Decide core funding to multilateral agencies

HQ SIDA STAFF

Submit annual report and SIDA budget info

Allocate envelop between countries and make mid-year adjustments

Discuss and validate HCA*

Disburse funds on the basis of the HCA*

Monitor the implementation of the HCA*

Decide to allocate funds to RRM preselected partners

Decide to fund flash appeals

Establish a Task Force

STAFF IN EMBASSIES

Participate in the design of the HCA*

Participate in HNO / HRP processes

Monitor projects implementation

Consult about the relevance of projects

○ **EVIDENCE FROM PARTICIPATION IN HNO/HRP PROCESSES**

*HCA: Humanitarian Crises Analysis

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Terms of Reference

Policy support

Title of the assignment: Survey on 'evidence-based decision making'

ECHO desk in charge: Hana KOLIC/Caroline WHITE

1. Background

ECHO is committed to improving the capacities, quality and coordination of needs-assessment approaches across the humanitarian sector and as part of this makes increasing use of evidence in its decision making process. For example, from 2015 the Index for Risk Management - INFORM[33] - will be incorporated in ECHO's Global Vulnerability and Crisis Assessment (GVCA) tool. Use of evidence base in decision making varies widely between humanitarian donors, as do the methodologies used. As a result, ECHO wishes to gain better understanding of the current use of evidence based decision making among key humanitarian aid donors.

2. Objective of the assignment (how will the document, study, etc be used) The assignment will be used to support the work of ECHO on evidence-based decision making. The principle objective is assessment of the use of 'evidence-based decision making' by key humanitarian donors, particularly in the context of the Good Humanitarian Donorship (GHD) initiative's lead work in this area. ECHO wishes to better understand what 'evidence-based decision making' approaches are taken by key donors; i.e. the methodologies used by the donors and how, and to what extent, evidence is used in the decision-making by these donors. For key donors that provide most assistance largely unearmarked, the survey should cover also the mechanisms they have in place to ensure evidence-based decision-making for the use of those funds. The key donors in this context refer to the following countries: Australia, Canada, ECHO, Japan, Netherlands, Norway, Sweden, Switzerland, UK and US[34].

The survey will be used to facilitate ECHO's work with other donors, mainly through the GHD initiative, on strengthening the evidence-base of humanitarian decision-making, in particular by identifying activities which could complement and build on donors' current use of evidence based decision making, as well as facilitating sharing of best practice.

3. Scope and key issues to be covered – out of scope, what will not be covered. The assignment covers a survey (mapping paper) on how key donors approach 'evidence-based decision making', in

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[33] INFORM is a global, open-source risk assessment for humanitarian crises and disasters which can support decisions about prevention, preparedness and response.

[34] These countries represent the donor group that takes part in the Emergency Directors Group (EDG) – Donor meetings.

the particular context of GHD initiative. The mapping exercise should present how the donors' decision-making processes look like (e.g. outlining which actors are involved when, explaining when during this process the evidence is looked at and when the prioritisation and financial planning is implemented, etc.). This survey/mapping paper would in particular look at the use of the Humanitarian Needs Overview and links to Strategic Response Plans. Also, it should analyse actual and potential uses of the INFORM index for donors, Agencies and others.

4. Tasks, outputs and milestones (intermediaries and final)

Tasks as above.

Outputs: short survey (mapping paper), including telephone interviewing with key interlocutors where necessary; report and presentation to donors – co-facilitation with ECHO of a Geneva-based event on the report.

5. Expertise required

5.1. Education, experience, references of the consultants: Background in humanitarian system issues with an excellent understanding of humanitarian financing and evidence-based decision making, and with strong knowledge on the current humanitarian aid planning cycles under OCHA coordination (notably, the Humanitarian Programme Cycle). A general experience with donors' relations would be an asset, be it through studies or practical experiences gathered in previous assignments. Very good drafting (EN), organisational and communication skills.

5.2. Working languages: EN

6. Duration, location and overall resources

Duration: The survey should be finalized before summer so that outcomes can feed into the GHD summer meeting (June).

Location: Rue de la loi 86, 1049 Brussels.

If the assignment involves several missions abroad (including meetings at ECHO Headquarters), please specify

N/A

Resources: the contractor is requested to define the resources/working days required for the assignment

If clear define the number of working days required, if not ask for the contractor to define the resources to be affected to the assignment