

INDEPENDENT FINAL EVALUATION

DECEMBER 2017

Final Independent Evaluation of Multi-Sectorial Support to Address the Plight of the Perennially Displaced Population of Mindanao, Philippines



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By Tristan Dumas



'Multi-Sectorial Support to Address the Plight of the Perennially Displaced Population of Mindanao, Philippines'

Final independent external evaluation

Project Name	Multi-Sectorial Support to Address the Plight of the Perennially Displaced Population of Mindanao, Philippines
Location	Zamboanga City (Region IX), Surigao Del Sur (Caraga) and Maguindanao (ARMM)
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Submitted by Tristan Dumas

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List of Acronyms

AAH: Action Against Hunger
DRR: Disaster Risk Reduction
FCS: Food Consumption Score
FGD: Focus Group Discussion
FSL: Food Security and Livelihoods
ICRC: International Committee of the Red Cross
IRDT: Integrated Resource Development for Tri-People
(i)NGO: (international) non-governmental organization
KII: Key Informant Interview
LGU: Local Government Unit
M&E: Monitoring and Evaluation
MAG: Maguindanao
NPA: New People Army
PDM: post-distribution monitoring
PHO: Province Health Office
PWD: Person with disabilities
SDS: Surigao Del Sur
ToR: Terms of Reference
WASH: Water, Sanitation and Hygiene
ZAM: Zamboanga City

Executive Summary

The project has been implemented in ARMM (Maguindanao), Northeast Mindanao (Surigao Del Sur - SDS), and Zamboanga City in the Philippines. It is a Multi-Sectorial Support action designed to address the Plight of the Perennially Displaced Population of Mindanao as a follow-up from the previous interventions covering the same areas (HIP 2016 and other donor funded projects implemented by AAH). The action is estimated to provide assistance to 14,400 individuals (53% of individuals of the total 27,005 number of individuals directly affected by different humanitarian crises by December 2016).

This project was implemented between February and December 2017 with the financial support of ECHO (725 000 €), with the aim to **contribute to the improvement of humanitarian needs and self-reliance of the internally displaced and returnee population affected by conflict in the Philippines**. The specific objective of the project is to **improve the access to unmet humanitarian needs in Food Security and Livelihood, WASH, Health/Nutrition and Shelter among the IDPs and returnees towards self-reliance in Mindanao**.

The intervention was designed around 5 sectorial results, with implementation modalities varying depending on the zone of intervention (Surigao Del Sur, Zamboanga City; Maguindanao):

- Expected Result 1: Vulnerable IDPs and returning population have continued and increased access to responsive and adaptive health services
- Expected Result 2: Under-5 years old children and Pregnant and Lactating Women (PLW) have regular access on responsive nutrition services such as screening, treatment and prevention of malnutrition
- Expected Result 3: Increased access of women, men, girls and boys to safe water, sanitation and awareness on proper hygiene behaviour conforming to cultural norms, gender sensitivity and protection
- Expected Result 4: Increased access to food and livelihood inputs among the IDP and returnees in the conflict-affected areas
- Expected Result 5: Increased awareness on protection among stakeholders and improved physical structures improving protection

The aim of this evaluation is to assess the overall performance of the intervention, to determine if it has reached its intended objectives primarily focusing on the likelihood of impact in beneficiaries' self-reliance and the project's sustainability aspects, and to look at all the components of the result chain (inputs, activities and results) as well as key contextual factors that might have enabled or hindered its delivery.

The **methodology** for this final evaluation is a systematic approach inspired by the qualitative research methodology. Data were directly collected from groups of beneficiaries, key informants (i.e. communities' leaders and technical partners, LGUs), AAH staff members and triangulated with secondary data (i.e. reports provided by AAH). The sampling strategy was designed to cover a maximal diversity of situations (or "heterogeneous sampling") regarding the project implementation: diversity of sites (ex. region of intervention, types of activities implemented, level of achievement of project targets, etc.) and diversity of respondents (ex. IDPs/returnees, gender, implication in different project activities). Focus group discussions were conducted separately with men and women to compare if the project design and implementation were relevant regarding gender consideration. Out of AAH and IRDT staff, a total of 8 key informants (13% women) were interviewed individually, 15 members of LGUs and technical services (60% women) and 33 direct beneficiaries (55% women) were interviewed through FGD. Finally, findings were triangulated between primary data analysis and secondary data analysis. The main limitations of the methodology are: (1) Quantitative data from the endline survey was not yet available at the moment of this evaluation, which makes impossible for the evaluator to use these data to triangulate the qualitative information collected during the evaluation; (2) Security situation in Surigao del Sur did not allow to meet beneficiaries from the project ; (3) 5 days over 13 days of data collection were impacted by travels in Philippines, which did not let a lot of time to meet local partners, project team and other INGOs.

Evaluation findings

Project set-up

The project set-up is very light, with no dedicated project manager or M&E officer. The positive side of this being the flexibility given to the field teams regarding local contexts, enabling AAH to reach beneficiaries in challenging contexts (especially in SDS and MAG) for a low cost of implementation. Negative side being the lack of a close management. The information flow between bases to produce the monthly reports and send them to the coordination office was sometimes challenging due to the management set-up and distance between bases (ex. FSL sector between ZAM and MAG). However, at coordination level, the overall monitoring process was clear thanks to regular coordination meetings.

Sectoral overview

The multi-sectoral approach was really appreciated by both technical partners and beneficiaries and was a factor promoting the adoption of new practices (latrines, hygiene, nutrition).

Health/Nutrition: There is a consensus in ZAM & MAG that not enough medicines were available after consultations which decreased the effect of this activity. In SDS, the PHO lent the medicines to fill the supply gap waiting after AAH's procurement. Trainings were appreciated by the beneficiaries, but according to the team, they did not cover the full curriculum. As planned in the project proposal, trainings focused on identification and referral of cases without looking at case management.

WASH: very good results even if not all targets are reached. Activities were relevant and adapted to different contexts. Involvement of local leaders and communities to address their needs, and communities' capacitating on hygiene promotion enable a good adoption and sustainability of promoted practices.

FSL: Interesting results in ZAM & MAG, where beneficiaries can now access new incomes. In ZAM, they have mainly used this cash assistance in very short term income-generating activities as they expect to be relocated anytime in a permanent site, while in MAG men have invested in longer-term strategies and resilience capacities. In SDS, LGUs reported that promoted livelihoods are not so common so a part of the cash was diverted to other priorities (like shelters). But no data is available to analyze this specific situation.

Protection: the approach must be reviewed for the soft component (advocacy). Hard component is fine (rehabilitation of common facilities). The project has suffered from the absence of a permanent protection expert, especially for the advocacy side of the protection component (expected result 5). For future projects in Mindanao, AAH needs to invest in a full-time Protection expert position, to develop a strong Protection strategy that could be inserted in new proposals. This position could also be involved in the humanitarian space advocacy, which is a strong need especially in SDS.

Specificities per zone of intervention

In SDS: one of the most interesting result of the project is how AAH managed to get Barangays and provincial technical services on board, especially in a period of political turbulences. LGUs said that it took them five months to trust AAH, but now they see actual benefits from the action and would like to help AAH when starting new projects in SDS. They think that documenting testimonies and organizing exchange visits with newly targeted LGUs could be a way to improve project impact. Also, LGUS have asked for a governance approach at Barangay level (capacitation, linkage with provincial services, linkage with returnees). AAH has the opportunity to cover some of these needs with the new Governance project which will be implemented in Caraga region.

There is also a need to defend the humanitarian space in SDS, especially in a context where the cease-fire is broken. AAH is quite alone in the field and its mandate may not be clearly identified by the stakeholders. Building on the positive results at LGU level could be a strategy to show that the action benefit to both returnees and administration.

In ZAM: project results' sustainability is exposed to political disinterest when it comes to remaining IDPs in transit sites. Actually, "untagged" people will stay in transitory sites as there is no plan to relocate them in permanent sites. For the city, the file is closed and there will be no more support, which means that they are expected to pay for electricity and water services soon. Camp managers

position are closed, so IDPs have no more communication channels with LGUs. There is a need for a governance approach inclusive of IDPs and advocacy for their rights to access basic services.

In MAG: sustainability of the facilities will depend on engagement of LGUs. Two of the three targeted municipalities have engaged budget to maintain the constructed WASH facilities. AAH is the only humanitarian actor in these municipalities. There is a need to have NGOs present in the area especially during conflict times.

The following lessons learnt and good practices have emerged from this evaluation:

- Involvement of LGUs and IDPs leaders in targeting FSL beneficiaries in MAG
- Involvement of beneficiaries, LGUs, IDPs leaders and religious leaders in designing sanitation facilities in MAG and SDS
- Design of communal sanitation should include DRR considerations when working in flood exposed areas
- AAH' procurement process of imported medicine is not effective
- The multisectorial approach was highly appreciated by beneficiaries and partners

Consequently, the recommendations are:

At AAH internal coordination level (Manila office)

- **[PRIORITY]** Hire a full-time Protection expert and develop a Protection strategy in Mindanao to ensure an on-going advocacy rather than very punctual roundtables
- **[PRIORITY]** Review the mitigation strategy to compensate the medicine certification delays for imported products
- **[PRIORITY]** Develop a governance approach inclusive of IDPs/returnees in future project in Mindanao
- Review the complain mechanism to make it clearly identified and more accessible to very poor households located in remote places
- Consider investing in security equipment for the team in SDS (satellite phone) and work on its identification strategy as humanitarian stakeholder

For capacity building

- Invest into M&E trainings and data collection/entry tools for their sectorial project managers

At project design stage

- **[PRIORITY]** Preparation in advance of a series of responses involving communities and LGUs for future responses to IDPs' needs
- **[PRIORITY]** Develop a more detailed action plan related to an exit strategy in its future projects in Mindanao, taking into account local specificities and contexts
- **[PRIORITY]** Investigate about the relevance and effects of the livelihood diversification strategy in SDS, and potentially include a governance approach in the market linkage strategy
- Consider including family planning sessions in the nutrition trainings
- Include a shelter support when working with returnees in Mindanao to protect expected FSL outcomes
- Include mitigation strategies for the Protection of beneficiaries in conflict zones when traveling to attend activities
- Include inclusion measures to ensure participation of isolated targeted individuals: (1) Inclusion of elders and PWD in activities where labor counterpart is expected ; (2) Inclusion of single parents to attend trainings

During project implementation

- **[PRIORITY]** Better explanation of the selection process and criteria to both LGUs and communities (not only the future beneficiaries), to avoid creating frustration or non-expected behaviors' within the communities
- Develop join workplan between sectors at base levels to increase internal coordination and maximize the effect of the action at beneficiary level

Background Information

The project, with funding support from the European Union Humanitarian Aid (ECHO) under its Humanitarian Action Plan - 2017 (HIP) for Southeast Asia and the Pacific program, has been implemented in ARMM (Maguindanao), Northeast Mindanao (Surigao Del Sur - SDS), and Zamboanga City in the Philippines. It is a Multi-Sectorial Support action designed to address the Plight of the Perennially Displaced Population of Mindanao as a follow-up from the previous interventions covering the same areas (HIP 2016 and other donor funded projects implemented by AAH).

Anchored on an analysis of surveys and reports, AAH concluded that internal displacement persists, humanitarian and protection needs remain high, and there are gaps in developing IDPs' self-reliance and resilience. The typology of internal displacement varies: in Central Mindanao, repeated short-term displacement amounts to a protracted displacement crisis; in Northeast Mindanao, the concept of return did not equate to an end of humanitarian crisis because displacement specific needs prevail; and in Zamboanga City, the number of IDPs in the deteriorating transitional shelters has not substantially decreased. The IDPs and returnees targeted by this action have experienced either short-term, prolonged, or repeated movements, exhausting their coping capacities, particularly those who belong to historically poor and vulnerable indigenous people (Tausug and Badjao in Zamboanga, and Manobo and Higaonon in Northeast Mindanao). They belong to the poorest regions in the Philippines with high burden of malnutrition, illiteracy and unemployment rates. Therefore, the action was designed to provide targeted support to the IDPs and returnees to address their unmet needs in the following sectors: Nutrition; Health; Water Sanitation and Hygiene; Food security and livelihood and; Shelter/Advocacy/Protection.

The action is estimated to provide assistance to 14,400 individuals (53% of individuals of the total 27,005 number of individuals directly affected by different humanitarian crises by December 2016).

This project was implemented between February and December 2017 with the financial support of ECHO (725 000 €), with the aim to **contribute to the improvement of humanitarian needs and self-reliance of the internally displaced and returnee population affected by conflict in the Philippines**. The specific objective of the project is to **improve the access to unmet humanitarian needs in Food Security and Livelihood, WASH, Health/Nutrition and Shelter among the IDPs and returnees towards self-reliance in Mindanao**.

The intervention was designed around 5 sectoral results, with implementation modalities varying depending on the zone of intervention (Surigao Del Sur, Zamboanga City; Maguindanao):

- **Expected Result 1: Vulnerable IDPs and returning population have continued and increased access to responsive and adaptive health services** ; Activities: Regular medical consultation services; Capacity building of health workers on community Integrated Management of Childhood Illnesses (IMCI), Psychological First Aid (PFA), and Community-Based Management of Acute Malnutrition (CMAM), Strategic planning with Barangay/community leaders for responsive health services ; Beneficiaries: 3,750 Individuals (IDP – Population – Returnees – Others)
- **Expected Result 2: Under-5 years old children and Pregnant and Lactating Women (PLW) have regular access on responsive nutrition services such as screening, treatment and prevention of malnutrition** ; Activities: Nutrition screening, treatment and follow-up of 6-59 months old children, Nutrition screening of PLW, referral and follow-up with available interventions, Infant and Young Child Feeding (IYCF) and health promotion sessions to prevent malnutrition for PLW and caregivers, Identification and installation of Parent-Baby Friendly Area (PBFA) – only in Surigao Del Sur ; Beneficiaries: 1,380 Individuals (IDP – Population – Returnees – Others)
- **Expected Result 3: Increased access of women, men, girls and boys to safe water, sanitation and awareness on proper hygiene behaviour conforming to cultural norms, gender sensitivity and protection** ; Activities: Installation of water facilities for vulnerable women, men, girls and boys exposed to water-borne diseases, Rehabilitation and construction of low cost sanitation facilities, Hygiene promotion in the targeted evacuation centers, transitory sites and communities, Capacity building to Barangay Water and Sanitation Association (BAWASA), health volunteers and other WASH stakeholders ; Beneficiaries: 14,400 Individuals (IDP - Population - Returnees)

- **Expected Result 4: Increased access to food and livelihood inputs among the IDP and returnees in the conflict-affected areas** ; Activities: Cash assistance for food to affected returnee population in SDS, Cash assistance for livelihood input for affected IDP and returnees, Support to diversification of livelihood options and market linkages ; Beneficiaries: 4,056 Individuals (IDP - Returnees)
- **Expected Result 5: Increased awareness on protection among stakeholders and improved physical structures improving protection** ; Activities: Advocacy on forgotten crisis and durable solutions for IDPs, Capacity building of Local Government Units (LGUs) and stakeholders to support the authorities to protect IDPs, Support to the improvement of IDPs' common facilities (e.g. dilapidated sidewalks, boardwalk) in Zamboanga City and SDS ; Beneficiaries: 3,429 Individuals; 10 Organizations (IDP - Others)

Evaluation Background

This final evaluation was conducted as an exercise of accountability towards the donor and the beneficiaries. It is also expected to inform future Action Against Hunger's, other stakeholder's (IRDT and Local Government Units), and donor's humanitarian assistance to the affected people and in developing possible advocacy and development strategies to address the humanitarian needs of IDPs and returnees affected by perennial conflicts and disasters.

The aim of this evaluation is to assess the overall performance of the intervention, to determine if it has reached its intended objectives primarily focusing on the likelihood of impact in beneficiaries' self-reliance and the project's sustainability aspects, and to look at all the components of the result chain (inputs, activities and results) as well as key contextual factors that might have enabled or hindered its delivery.

Action Against Hunger (AAH) uses the OECD-DAC criteria approach to evaluate its projects. The criteria used are the following: Design, Relevance/Appropriateness, Coherence, Efficiency, Effectiveness, Sustainability and Likelihood of Impact. For each criteria, a series of evaluation questions have been developed by AAH Philippines and AAH UK (ELA unit) which are presented in the evaluation matrix (annex V).

The evaluation covers entire project duration, from 15 February 2017 to 14 December 2017, and the geographical areas of Maguindanao (municipalities of Mamasapano, DatuSalibo and ShariffSaydona Mustapha), Surigao Del Sur (municipalities of Lianga, Marihatag, San Agustin, San Miguel and Tago), and Zamboanga City. It focuses on the beneficiaries targeted by the project such as the IDPs, population, returnees, and other partners.

Direct users of this evaluation are AAH Spain HQ, AAH-Philippines Office, IRDT, LGUs and ECHO. Main indirect users of this evaluation are: AAH International Network, others (donors, partner organizations, federal, regional and local governments, ministries, UN agencies and Global Clusters, NGOs and NGO Consortiums as well as humanitarian learning platforms (such as ALNAP)).

This final evaluation was carried out at the end of the action, between December 4th and 21st of 2017.

Methodology

The methodology for this final evaluation is a systematic approach inspired by the **qualitative research methodology**.

- The main objective of the qualitative data collection is to get an in-depth understanding of the changes inducted by the project implementation. It also gives the opportunity to all concerned stakeholders to express their perceptions about the project's results.
- Data were directly collected from groups of beneficiaries, key informants (i.e. communities' leaders and technical partners, LGUs), AAH staff members and triangulated with secondary data (i.e. reports provided by AAH). An evaluation matrix (see annex V), presents for each evaluation question the corresponding performance indicators, data sources (primary and secondary) and data collection methods (focus group discussion, semi-structured interview, document review). This matrix makes possible to ensure that data were triangulated from different sources.

Table 1 presents the data collection activities conducted.

Table 1: Data collection activities implemented during the evaluation

Type of data collection activity	Types of respondents		
	Beneficiaries	LGUs and technical services	AAH/IRDT
KII	0	7	3
FGD	4	3	3

- The sampling frame for beneficiaries came from the list of beneficiaries of the project and from the list of stakeholders in the ToR for local partners. A non- probability sampling was applied using a "purposive sampling method". The reasons for choosing this method is that in-depth information will be collected, which requires to spend quite a lot of time discussing with people (each focus group was made up of 5-8 people and lasted around 1.5h).
- The sampling strategy was designed to cover a maximal diversity of situations (or "heterogeneous sampling") regarding the project implementation: diversity of sites (ex. region of intervention, types of activities implemented, level of achievement of project targets, etc.) and diversity of respondents (ex. IDPs/returnees, gender, implication in different project activities).

The following table presents the selected sites based on the selection criteria.

Table 2: Selected sites for the data collection with beneficiaries and LGUs

Location			Sampling criteria for sites	
Region of intervention	Municipality/city	Barangays	Types of activity implemented	Level of achievement of project target (AAH's comments)
ZAM	Zamboanga City	Masepla 2 & 3 TS	NUT / WASH / FSL	Good
ZAM	Zamboanga City	Asinan TS	NUT / WASH / FSL	Average
MAG	ShariffSaydona Mustapha	Pagatin	NUT / WASH / FSL	Good
MAG	SahriffSaydona Mustapha	Pusao	NUT / WASH / FSL	Average
MAG	Mamasapano	Tukanalipao	NUT / WASH / FSL	Bad
SDS	<i>Cancelled for security reasons</i>			

Focus group discussions were conducted separately with men and women to compare if the project design and implementation were relevant regarding gender consideration.

Out of AAH and IRDT staff, a total of 8 key informants (13% women) were interviewed individually, 15 members of LGUs and technical services (60% women) and 33 direct beneficiaries (55% women) were interviewed through FGD. The list of interviewed key informants, LGUs and technical services members is presented in annex III.

- Interview guidelines were developed for each type of respondents targeted for the evaluation with the inception report. These guidelines show a correspondence between interview questions and evaluative question to make sure that all of them are covered by the data collection. Questions on same topics were asked to different groups of people to triangulate information and understand potential differences of perceptions between respondents. Questions were opened, clear, neutral and non-oriented.
- Primary data analysis has followed a 'content analysis' approach. All ideas expressed by respondents were coded and entered in an analysis table, showing which categories of respondents is the source of information. Close ideas were then merged into *categories* (which are more conceptual) to answer the evaluation questions. This process is transparent, replicable by another evaluator and makes possible to link findings with categories of respondents.
- Secondary data analysis was conducted according to the same structure. Information was extracted from a series of documents provided by AAH and filled into an analysis table following the evaluation matrix.

The documents analyzed are:

- Project proposal, logical framework, workplan and budget
 - AAH 23 internal monitoring reports (from March 2017 to November 2017, for SDS, ZAM and MAG bases)
 - AAH interim report to ECHO (September 2017)
 - HIP 2016 final evaluation (November 2016)
 - AAH internal M&E plan and follow-up matrix (as of November 2017)
 - AAH Post-distribution monitoring reports: food distribution in SDS (July 2017) and cash assistance for livelihood in SDS (October 2017)
 - Budget follow-up and forecast (as of October 31st 2017)
 - AAH Gender policy and toolkit
- Quantitative information was provided by AAH Philippines. Unfortunately, the endline survey results were not available at the time of the evaluation, which made impossible to triangulate some findings.
 - Finally, findings were triangulated between primary data analysis and secondary data analysis.

Main limitations to the methodology

1. Quantitative data from the endline survey is not yet available at the moment of this evaluation, which makes impossible for the evaluator to use these data to triangulate the qualitative information collected during the evaluation. **This is a major limitation to be noted.**
2. Collected data during FGD and KII are not be statistically valid, because of the sampling strategy design. However this information will provide a good understanding of trends which should be triangulated with quantitative information collected during the endline survey by AAH.
3. **Security situation** in Surigao del Sur did not allow to meet beneficiaries from the project. The data collection plan was updated accordingly, increasing the number of KII and FGD to be conducted with LGUs locally.
4. Due to a limitation of time and budget, there will be no household interview during this evaluation. Information will be collected through FGD only with beneficiaries.
5. FDG were designed to collect gender-sensitive information. The time limitation did not allow organizing FGD based on respondents' age. There was no data collection with non-

beneficiaries neither. However questions related to specific needs of youths and elders were asked during the KII and FGD with beneficiaries.

6. 5 days over 13 days of data collection were impacted by travels in Philippines, which did not let a lot of time to meet local partners, project team and other iNGOs. From the original list of persons to be interviewed provided by AAH, the evaluator prioritized 3 staffs from AAH (Country Director, Technical coordinator, M&E Manager) and conducted 3 FGDs with AAH and IRDT staffs (1 FGD per base in ZAM, SDS and MAG).

Evaluation Findings

Overall assessment¹

- **Project set-up**

The set-up is very light, with no dedicated project manager or M&E officer. The positive side of this being the flexibility given to the field teams regarding local contexts, enabling AAH to reach beneficiaries in challenging contexts (especially in SDS and MAG) for a low cost of implementation. Negative side being the lack of a close management. During the implementation, field teams have been confused with changes of budgets between zones and different monitoring strategies (ex. PDM versus cash utilization and endline survey). The information flow between bases to produce the monthly reports and send them to the coordination office was sometimes challenging due to the management set-up and distance between bases (ex. FSL sector between ZAM and MAG). However, at coordination level, the overall monitoring process was clear thanks to regular coordination meetings.

- **Sectoral overview**

The multi-sectoral approach was really appreciated by both technical partners and beneficiaries and was a factor promoting the adoption of new practices (latrines, hygiene, nutrition).

Health/Nutrition: Health activities outputs didn't come out spontaneously from respondents during the interviews. There is a consensus in ZAM & MAG that no medicine was available after consultations which decreases the effect of this activity. In SDS, the PHO lent the medicines to fill the supply gap waiting after AAH's procurement. Trainings were appreciated by the beneficiaries, but according to the team, they did not cover the full curriculum. As planned in the project proposal, trainings focused on identification and referral of cases without looking at case management. This could have decreased the effect of the project in this sector.

WASH: very good results even if not all targets are reached. Activities were relevant and adapted to different contexts. Involvement of local leaders and communities to address their needs, and communities' capacitation on hygiene promotion enable a good adoption and sustainability of promoted practices. In MAG, there is a lesson learnt on communal latrines' design. Because the area is exposed to floods, team had to design flood-resistant latrines which are most expensive than the budgeted ones. So the target couldn't be reached because of the limited budget.

FSL: Interesting results in ZAM & MAG, where beneficiaries can now access new incomes. In ZAM, they have mainly used this cash assistance in very short term income-generating activities (small shops and daily food processing), while in MAG men have invested in longer-term strategies (purchase of small animals and tools). In SDS, LGUs reported that promoted livelihoods are not so common so a part of the cash was diverted to other priorities (like shelters). But no data is available to analyze this specific situation. AAH should investigate on this and review the FSL strategy for SDS when beneficiaries are accessible.

Protection: the approach must be reviewed for the soft component (advocacy). Hard component is fine (rehabilitation of common facilities). The project has suffered from the absence of a permanent protection expert, especially for the advocacy side of the protection component (expected result 5). If project targets are almost reached on the paper for this component, the quality of it is questionable: two workshops is not like an on-going advocacy and awareness process with local stakeholders. Moreover the logical framework is weak for the Protection sector: the specific indicator #5 measures

¹ Please refer to annex 1 for the ranking table.

a project output instead of expected outcomes (ex. number of LGUs implementing protection measures for IDPs) while first two indicators for the expected result #3 measures outcomes instead of outputs (ex. number of targeted LGUs trained in Protection sector). For future projects in Mindanao, AAH needs to invest in a full-time Protection expert position, to develop a strong Protection strategy that could be inserted in new proposals. This position could also be involved in the humanitarian space advocacy, which is a strong need especially in SDS (see below).

- **Specificities per zone of intervention**

SDS: one of the most interesting result of the project is how AAH managed to get Barangays and provincial technical services on board, especially in a period of political turbulences. LGUs said that it took them five months to trust AAH, but now they see actual benefits from the action and would like to help AAH when starting new projects in SDS. They think that documenting testimonies and organizing exchange visits with newly targeted LGUs could be a way to improve project impact. Also, LGUS have asked for a governance approach at Barangay level (capacitation, linkage with provincial services, linkage with returnees). AAH has the opportunity to cover some of these needs with the new Governance project which will be implemented in Caraga region.

There is also a need to defend the humanitarian space in SDS, especially in a context where the cease-fire is broken. AAH is quite alone in the field and its mandate may not be clearly identified by the stakeholders. Building on the positive results at LGU level could be a strategy to show that the action benefit to both returnees and administration.

ZAM: project results' sustainability is exposed to political disinterest when it comes to remaining IDPs in transit sites. Actually, "untagged" people will stay in transitory sites as there is no plan to relocate them in permanent sites. For the city, the file is closed and there will be no more support, which means that they are expected to pay for electricity and water services soon. Camp managers position are closed, so IDPs have no more communication channels with LGUs. There is a need for a governance approach inclusive of IDPs and advocacy for their rights to access basic services.

MAG: sustainability of the facilities will depend on engagement of LGUs. Two of the three targeted municipalities have engaged budget to maintain the constructed WASH facilities. Unfortunately, respondents in MAG gave poor answers during the interviews. Maybe because of the difficult translation in local language, and maybe also because they are stressed that AAH leaves the area. AAH is the only humanitarian actor in these municipalities. There is a need to have NGOs present in the area especially during conflict times.

Analysis per evaluation criteria

Quality of project design - Rating (1: low, 5: high): 3

The following questions were included in the analysis: *The quality of the project's preparation and design - The level of participation of all parties involved in preparation and design; the quality of the assessment; data available at the beginning of the project; assessments and other preparatory studies; integration of findings, learnings from other relevant projects, and of previous evaluation recommendations in the design. Has the project used previous good practices and lessons learnt? Were beneficiaries correctly and fairly identified and targeted? The quality of the internal logic of the project's design - How practical and coherent are: the project's activities in contributing to the desired results; the results in contributing to the project's specific goals; its intentions in contributing to general goals; its indicators; and finally, the risks it contemplate? Has the exit strategy or sustainability of the project results been defined clearly at the design stage of the project? Is there a good design of the M&E system in place?*

- The project set-up is light, no dedicated project manager or M&E officer.

The project was written as one project but was more managed as three projects because of this set-up. General progress and budget monitoring was done at Manila office level based on monthly reports and coordination meetings. In the three field bases, this set-up gave some flexibility to implement activities (ex. different targeting processes based on local situations) in different contexts.

However, a dedicated project manager could have increased the internal coordination between sector managers, especially in ZAM base where some duplication were experienced between nutrition, health and WASH activities.

The M&E function was supported by each of the sector managers (i.e. Health, Nutrition, FSL and WASH), reporting to their Head of Base, who reported to the M&E coordinator and Technical coordinator in Manila. Data collection was managed by each field base, with a technical support from the M&E coordinator when ODK tools were used for surveys. Data storage and data analysis were managed by sector in each base. Due to this set-up, monthly reports were sometimes delayed, and some reports are still at draft stage or missing at coordination level (PDM, FCS calculation for ZAM, etc.).

All indicators used to track project's progress are standard ones, however field teams had some difficulties using different templates between bases to enter and analyze data. Monitoring strategies were not the same between zones (ex. PDM versus endline cash utilization) which could have confused the teams. Considering that M&E tasks are managed by sector managers, it would be relevant to train them in routine monitoring and help developing common tools for standard indicators. A special attention should be given to output monitoring versus outcomes monitoring: selection of SMART indicators (with a focus on seasonality bias for indicators like FCS), development of tools and calendar of data collection.

Recommendation #1: AAH Philippines should invest into M&E trainings and data collection/entry tools for their sectorial project managers

Regular coordination meetings gathering the heads of bases and support staff (M&E, technical coordinators, finance and logistic) were hold regularly (every 1-2 months) in manila to control progress achieved and take managerial decisions. For example, budget arbitration were done for the WASH activities between bases, leading to select only the most populated places in SDS for the construction of latrines.

- Project design process was a Top-Down approach

No specific consultations were conducted with communities and technical partners at design stage. AAH staff had to develop the proposal in one month, which did not let enough time to involve communities and LGUs in participatory needs assessment and project design.

During the implementation, projects' partners like Health and WASH services used their own tools to monitor project's outputs, except in SDS where the nutrition survey forms were aligned between the

project and the partner. They did not share their reports with AAH/IRDT. In general, there is a poor knowledge of the project's results by local institutions (see sustainability analysis below).

Recommendation #2: AAH should take advantage of its regular contacts with ECHO to prepare in advance a series of responses involving communities and LGUs for future responses to IDPs' needs

Most of the information used to design this project came from previous projects (2015 DRR project in SDS; HIP2016 endline and final evaluation in ZAM and MAG). As the context has worsened in MAG and changed in ZAM (relocation to permanent sites of many IDPs), the team thinks that targeting criteria should be reviewed to address actual needs.

In MAG and SDS, barangays LGUs think that they could be more involved in the livelihood needs assessment and activity design to ensure a better adequacy of project outputs and outcomes, especially in conflict areas.

Before WASH activities were implemented, AAH conducted important consultations with beneficiaries (in SDS); LGUs and religious leaders (in MAG) to adapt the activities to local customs and beliefs (following HIP2016 final evaluation's recommendation). This helped to promote the adoption of new hygiene practices in the targeted communities.

- Several improvements experienced since phase 1, however the health and the protection sectors need to be strengthened

Following HIP2016 final evaluation, a protection soft component was added in the project design, to increase LGUs' awareness and capacities to respond to crisis. However, this component suffered from weaknesses in its design. The protection component covers two Specific Objectives #4 (hard component, rehabilitation or construction of common facilities) and #5 (soft component, advocacy about IDPs' protection needs), but only one expected result #3 (*Increased awareness on protection among stakeholders and improved physical structures improving protection*). According to AAH staff, the activities of the soft component were not specific enough, and suffered from a small budget. As a matter of fact, specific costs for the protection component (including soft and hard activities) represents only 6% of the original budget (see table 3), while it is central in the rational of the project. Only three months of the Protection expert was covered by this budget, which led to HR gap and delays in protection advocacy implementation (see effectiveness analysis below).

Table 3: Budget pattern, specific costs per expected results (only dedicated HR and activity costs)

Per expected result	Original budget (€)	% of the total activity-specific budget
Result 1 (Health/Nutrition)	70 744,00	14%
Result 2 (WASH)	115 658,13	23%
Result 3 (Protection)	32 000,01	6%
Result 4 (FSL)	277 360,00	56%
Total	495 762,14	100%

During HIP2016 implementation, the medicine procurement was already a problem due to certification of imported products process. To avoid delays with medicine distribution in the targeted health units, AAH signed an MoU with the local health services. Unfortunately, these medicines were not always available after consultations, especially in ZAM and MAG.

In ZAM, beneficiaries have appreciated the better management of cash distribution compared to what was done during the previous phase: less crowded distributions which made them less exposed to unpleasant conditions (sun exposure). This improvement could also be explained by the decrease of number of beneficiaries.

- Targeting process for FSL activities: unexpected effects and lesson learnt

The targeting process was different in the three zones of intervention. In MAG, AAH gave a list of criteria to LGUs and IDP leaders who in return provided a first list of potential beneficiaries. AAH then checked randomly some of these households to ensure the fair selection of vulnerable households. According to both beneficiaries and LGUs, no harm between or within communities happened with this process.

On the other hand, in ZAM the targeting process was based on a list of households living in selected transitory sites. Some of them were then relocated to permanent sites before the cash distribution. Targeting of communities and beneficiaries was not clearly understood by local leaders and IDPs. This had potentially caused some harm between people. Moreover, women beneficiaries have said that because pregnancy was a criteria to receive cash during phase 1, some of them tried to get pregnant to ensure receiving assistance during a potential next phase. Not being a pregnant or lactating woman is seen as a criteria of vulnerability in this context of renewed assistance.

In SDS, the targeting process used a 2015 list of 580 households living in evacuation centers. During project inception, 455 of them remained, so the municipalities helped to complete the list with 125 vulnerable households from the host community. Unfortunately, around 300 other households were still in non-targeted evacuation centers, and were not covered by the action, which may also have caused some harm between communities.

Recommendation #3: AAH should explain carefully the selection process and criteria to both LGUs and communities (not only the future beneficiaries), to avoid creating frustration or non-expected behaviors' within the communities.

- Developing and implementing an exit strategy in a changing context was challenging

No clear exit strategy was defined at design stage; it was expected from the soft protection advocacy and several trainings (Health planning and budgeting at LGU level) that local institutions would take over and sustain the project's outputs. Actually, some LGUs at barangay and municipality levels have budgeted actions to sustain them (see sustainability analysis below), but their general understanding is that they miss maturity to sustain the WASH and Health results.

The volatile context in SDS and MAG made challenging to organize a proper handover with local institutions. In ZAM, the withdrawal of the city services in transitory sites changes the game, with no clear focal person to manage IDPs needs and sustain project's results.

Recommendation #4: AAH should develop a more detailed action plan related to an exit strategy in its future projects in Mindanao, taking into account local specificities and contexts.

Relevance/Appropriateness /Pertinence - Rating (1: low, 5: high): 5

The following questions were included in the analysis: *The real needs and problems of the beneficiaries that the project aims to address: Was the assistance appropriate with regard to the customs, practices and social organization of the target population and beneficiaries were consulted with regards to their needs and priorities? Evaluate the way in which recommendations made during the implementation of the project were integrated or used other identified opportunities and/or constraints that need to be accommodated in the implementation in order to increase the impact and relevance of the project. Assess the validity of the project approach and strategy to address needs/gaps based on local context and beneficiary situation in different target areas; were the planned activities targeted specific vulnerable groups and inclusive in nature? Were the expectations of the roles, capacity and commitment of stakeholders realistic and likely to be achieved?*

- The multisectorial approach is very relevant to change mindset of targeted populations

According to the interviewed beneficiaries and partners, the multisectorial approach was very important to change the mindset of targeted populations, especially regarding WASH practices. Inclusion of nutrition and health modules in WASH trainings was particularly appreciated, as well as the support to livelihoods as the basis to address other needs (health and nutrition).

In evacuation centers (MAG) and transitory sites (ZAM), beneficiaries see the access to potable water and sanitation as well as support to livelihood as very essential. LGUs in ZAM do not provide water on a regular basis, due to limited resources.

WASH activities were the most challenging in regards of local customs, however AAH approach (based on consultations, collective design, trainings and awareness sessions) helped to a broad adoption of hygiene and sanitation practices. In SDS, Barangay LGUs declared that before the project the use of latrines was not accepted, but now they are planning to participate in the national contest of 0 Open Defecation. In MAG, some of the poorest IDPs have tried to build their own individual latrines despite limited means. In ZAM, the WASH committee is organizing regular awareness sessions about the use of latrines with other IDPs to help them changing their practices. Unfortunately, some IDP camps are located in mangrove areas which are not adapted; latrines cannot be constructed. In these sites, WASH needs are still huge and haven't been addressed yet.

The livelihood diversification approach was very relevant in ZAM & MAG. Even if the amount distributed per household (4500 PHP – 75 €) was not an important amount, it helped to restart former income generation activities or start new ones. One men beneficiary in ZAM declared that the trainings on business management helped him to restart properly his small shop, giving me the skills to better manage his incomes. In SDS, Barangay LGUs declared that the livelihood diversification was not really adapted to the local context. It seems that the project missed to involve local influent stakeholders to connect beneficiaries with the markets. But this could only be possible with a governance approach because of the very sensitive situation between ethnics living in mountains and plains. Because of the security constraints, no beneficiary were interviewed on that, and no endline data will be available. We recommend to AAH to investigate further when the security situation allows the team to meet communities.

Recommendation #5: AAH should investigate about the relevance and effects of the livelihood diversification strategy in SDS, and potentially include a governance approach in the market linkage strategy.

According to Barangay LGU, the food distribution was really relevant to help returnees to restart their livelihoods in SDS. Initially, this support was designed to be in cash but AAH assessed that reaching the markets to buy food would have a cost for beneficiaries which could have decreased the effect to the support.

According to beneficiaries, Health/Nutrition activities have shown limited results in ZAM & MAG. While beneficiaries thought that access to medicines was a priority, the project focused on improving the quality of referral in targeted health units and with community health workers. Unfortunately, medicines were not really available in ZAM and MAG targeted health units. Provincial Health Office in SDS suggests that nutrition trainings should include awareness on family planning, to avoid unwanted pregnancies.

Recommendation #6: AAH should consider including family planning sessions in the nutrition trainings

Both hard and soft protection activities were relevant considering the needs of targeted communities. Rehabilitation of the boardwalk in ZAM transitory sites was important according to beneficiaries, though not all Masapla site's boardwalk was rehabilitated thanks to the project. Barangay LGU in SDS said that a support to provide shelters to returnees would have been relevant too, because some of them used a part of the livelihood cash support to buy shelter items.

Recommendation #7: AAH should include a shelter support when working with returnees in Mindanao to protect expected FSL outcomes

On the soft side, there was a need to advocate for IDP support from LGUs. Because of the political situations in Mindanao, projects supporting IDPs are not always welcomed. In SDS, it took several months before LGUs trusted AAH and worked closely with the project. Interestingly, the project managed to connect LGUs at barangay and municipal and even provincial levels with populations living in the mountains. This is a very positive result on which AAH should build future projects.

In ZAM, there is a clear disinterest from the City services about the situation of "untagged" people remaining in transitory camps, exacerbated by a lack of resources. In this context, advocacy was a relevant approach to develop. It seems that most of the partners of the project (i.e. Health services) were passive collaborators, without a clear view of project's objectives, progress and results.

- Implemented activities have not caused any major harm

Except the targeting process in SDS and ZAM (see design analysis above), no harm was detected because of the activities' implementation. Nonetheless, AAH staff identified several potential risks which should be taken into account for future projects in Mindanao:

- The market linkage for returnees in SDS may be very sensitive without a governance approach (see design analysis above);
- In MAG, because of the on-going conflict, beneficiaries may be put at risk during the activities. Because AAH cannot access them in the mountain, they are asked to walk to the main road where AAH implements the trainings. For the health consultations, beneficiaries are asked to walk to the rural health units, which are located close to military camps, regular targets of armed groups. To date, no incident happened during these walks but the risk is real.

Recommendation #8: AAH should include mitigation strategies for the Protection of beneficiaries in conflict zones when traveling to attend activities (selection of safe sites, protection awareness of conflict stakeholders)

A good practice was identified in MAG for the construction of common latrines in evacuation camps: AAH consulted both LGUs, IDP leaders and religious leaders to design the sanitation facilities. A consensus was found on the location which would benefit to both IDPs and host communities, on the design to help both men and women to use these facilities (ex. separate locations between genders or opposite orientation), on the orientation to increase acceptance regarding religious beliefs, on the design to increase flood resilience (integration of a DRR approach in the sanitation design). Thanks to that involvement, most concerned LGUs and IDP communities are engaged in a maintenance plan of these facilities (see sustainability analysis below).

Coherence - Rating (1: low, 5: high): 5

The following questions were included in the analysis: *How did the project support or contribute to the achievement of national/local level plans, policies and priorities to respond the affected communities/targeted population? Has Action Against Hunger and IRDT taken proper steps to ensure that its responses are coordinated with other agencies, institutions, government entities, CSOs and interested parties? What were the synergies or overlapping, if any? To what extent the coordination/synergies/complementarities increased the impact and/or service delivery to the intended beneficiaries, if any?*

- Strong internal coherence between projects but potential improvement in coordinating activities in ZAM

In MAG, because of the security context which had made difficult to access beneficiaries, the project team had to coordinate closely the activities' implementation in order to increase their effectiveness and efficiency. Thanks to it, some activities from different sectors were managed jointly which increased the effect on beneficiaries' understanding of the utility of the promoted techniques. For example, WASH trainings were complemented by nutrition modules.

In ZAM, such inter-sectorial coordination was not found according to the team. Consequently, activities were managed based on sectorial workplans rather than on beneficiaries' perspective. Some sub-activities were duplicated between sectors (ex. development of a tree problem for a need analysis for Nutrition and Health sectors). That may be explained by two factors: (1) the ease to access beneficiaries which do not require a close coordination between teams; (2) the project set-up, based on a partnership with a local NGO (IRDT) and a remote technical management from the MAG base. Having said that, the partnership with IRDT is very positive and should be fostered in the advocacy sector for the rights of remaining IDPs in transitory sites, obtaining adequate permanent sites enabling them to access their sea-based livelihoods and the construction of sanitation facilities.

Recommendation #9: AAH should develop joint workplan between sectors at base levels to increase internal coordination and maximize the effect of the action at beneficiary level.

In SDS, this project is very coherent with others (DRR 2015, HIP2016, Governance 2018) to mainstream Protection in with local partners (LGUs, technical services).

- Technical partners find the project in line with national plans

The Health services involved in the project implementation agree that the project activities are in line with their own objectives. The promotion of using latrines reinforces national plans for 0 open defecation objective. All health activities were conducted with health department staff (screenings, consultations). Trainings included modules from the new National Guidelines on the Management of Severe Acute Malnutrition for Children under 5 years according to the Manual of Operation (DOH-PIMAM)

- Coordination with other iNGOs helped to avoid overlap between projects

In Mindanao, coordination with other stakeholders was useful at the beginning of the project, to target uncovered populations and/or complement each others' activities. The following examples were identified:

- In SDS, the initial coordination helped to avoid overlaps with ICRC for the cash distribution ; helped on technical aspects (water piping) for the WASH facilities with ACCORD and helped complement activities with the DRR provincial services (food distribution versus non-food items);
- In ZAM, the coordination mainly helped to advocate for IDPs' rights when the City services were not fulfilling their duties (ex. provision of water or permanent place). Other stakeholders were not intervening in the targeted transitory sites.
- In MAG, AAH is the only ONG working in the three targeted municipalities of this project.

Effectiveness - Rating (1: low, 5: high): 4

The following questions were included in the analysis: *What is the quality of the project outputs? Was the project effective in adopting inclusive approach (gender, PWD, children, etc) during the implementation? How is the adequacy of control mechanisms to limit fraud and corruption? How has the feedback mechanism in place worked if any? What could be improved?*

The annex VIII shows the detailed progress achieved by the project by the end of November 2017 according to AAH M&E unit.

- For the Health sector:

The indicator of the number of primary health care consultations shows that the initial target was exceeded (108% of the objective). However, differences between the three zones of intervention are found. In SDS, the project had to organize a 1 time visit because of the security constraints and the lack of availability of doctors, which made impossible to reach the initial local target for the number of consultations. In ZAM, some IDPs were relocated to permanent sites after the start of the project, which decreased the number of IDPs targeted for consultations. In MAG, the consultations were done on a routine basis with the Health Office services, after trainings on IMCI, CMAM and psychological first aid. Finally 60% of the number of consultations were done in MAG thanks to this set-up. In ZAM and MAG, beneficiaries and health partners in the field have expressed that the lack of medicines was a strong limit to the action.

Recommendation #10: AAH should work on a more effective mitigation strategy to compensate the medicine procurement delays due to the certification of imported products

The number of health workers capacitated on community IMCI, Psychological First Aid and CMAM as well as the number of community leaders who participated in the strategic planning for responsive health services in the community have largely exceeded project targets (respectively 230% and 460% of the objectives). Trainings provided to health workers from both health units and communities were really appreciated and had practical consequences, even if they did not cover full curriculum because of budget limitation (ex. IYCF). They focused on identification and referral of cases of malnutrition (2 days of training) when a full curriculum lasts 11 to 12 days. In ZAM and SDS, barangay LGUs said that now they have developed a simplified health investment plan which covers 5 core activities. They also have noted that Community health workers have a simplified nutrition plan in SDS.

- For the WASH sector:

The target for the Number of people having access to sufficient and safe water for domestic use is not reached by the project (90% of the objective). This can be explained in ZAM by the relocation of some IDPs in permanent sites. In transitory sites, water trucking was done through a private company because of the limited capacities of the DRR city office. This water provision was highly appreciated by IDPs as it helped them to save some money to buy water when the City did not provide water. In SDS, the WASH budget was not enough considering the accessibility constraints which made impossible to reach the target. So the project decided to prioritize most populated sites to construct water supply facilities and support the creation of water management committee (BAWASA). These committees are recognized at barangay level but not yet registered. In MAG, common water filtration systems were provided around water facilities built during the previous phase. These systems are simple and address IDPs' needs.

For the promotion of access to sanitations, each zone of intervention developed a different strategy. In SDS, the strategy was reviewed after consultations with the communities and orientated to support returnees to build individual latrines, providing them the material. In ZAM transitory sites, the project rehabilitated common sanitation facilities. In MAG evacuation camps, common facilities were built following the communities' advises. Because the targeted evacuation camps are exposed to floods, AAH had to review the design of these facilities to make them flood resistant, which had increased the cost of construction per unit. Because of that, the target for the access to sanitations in MAG couldn't be reached. But the overall target of people with access to dignified, safe, clean and functional excreta disposal facilities was exceeded (112% of the objective). Hygiene awareness sessions included IYCF and DRR considerations which increased the overall effect on adoption of promoted practices. The target for adoption of improved hygiene practices among the targeted IDPs is almost reached (93% of the objective), the gap being explained by the decrease of targeted IDPs in ZAM transitory sites.

- For the FSL sector:

In SDS, an in-kind food distribution was organized in June for 580 returnees, which made possible to reach the project objective of number of people enabled to meet their basic food needs (101% of the objective). However this indicator gives only an indication of the distribution short-term effect. It would have been interesting to control the FCS evolution with endline data, unfortunately the security situation does not allow the data collection.

The support for a diversification of livelihoods was done through a cash distribution of 4500 PHP to 11181 individuals (99% of the objective), and 1095 of them were trained with alternative livelihood options and market access (78% of the objective). Interviewed beneficiaries in ZAM and MAG found that the amount of 4500PHP is enough to start or restart an income generating activity (food processing, small trade). The training helped the ones who have a small shop to better manage of incomes and working capital. The main challenges encountered by the team were, as said before, the decrease of number of targeted individuals in transitory camps of ZAM and the difficulty to effectively link populations from the mountains without a governance approach in SDS.

- For the Protection sector:

The soft component of the Protection activities were delayed and lightened because of a long Human resource gap. A first roundtable was organized with local stakeholders in May 2017, and a second wave of discussions happened just before the project termination in December 2017 when AAH hired punctually a Protection consultant. The project indicators shows that targets are almost reached for the Increased principled and coordinated response in humanitarian crisis for IDPs' self-reliance and resilience (84% of the objective) and for the Increased local governments' effective response in addressing protections risks among IDPs (100%), but the effect of the intervention is not clear. In ZAM, LGUs have shown no commitment to keep supporting “untagged” IDPs in transitory camps. In MAG, 2 of the 3 targeted municipalities have been supportive during the activities implementation. In SDS, LGUs are now very interested to keep working with returnees, which is a very positive effect of the project. However this change of perception may be attributed more to the implementation processes (involvement in data collection and validation, in targeting, in designing common facilities) rather than the protection awareness roundtables.

Recommendation #11: AAH should review its Protection strategy in Mindanao to ensure an on-going advocacy rather than very punctual roundtables (securing a full-time protection expert position; develop an action plan to advocate regularly for IDPs protection with LGUs, involvement of LGUs in practical actions to provide protection services to IDPs)

The hard component of the protection sector was conducted as planned in the proposal. The overall target for the Support to common facility repair as protection measure was overreached (140% of the objective). In SDS, a child-friendly space was constructed close to a health unit to help mothers to attend nutritional activities. In Masapla transitory site, the boardwalk was partially rehabilitated to decrease the number of accidents impacting IDPs.

- Project activities have been inclusive of elders and women, except for the construction of individual latrines in SDS where some isolated women couldn't offer labor counterpart

In terms of inclusion of most vulnerable individuals in the project activities, two limitations were found according to the beneficiaries:

- In SDS, individual latrines have been constructed by the beneficiaries with the support of AAH. Some isolated women and PWD were not able to provide the labor force and had to refuse the proposed support;
- In ZAM, some single fathers could not attend some training because they had to go out for work.

Apart from that, beneficiaries declared that attending and participating to the proposed activities was easy even for elders and mothers.

Recommendation #12: AAH should include inclusion measures to ensure participation of isolated targeted individuals: (1) Inclusion of elders and PWD in activities where labor counterpart is expected (contingency CFW for other workers); (2) Inclusion of single parents to attend trainings (planning in advance and individual reminders to help them organize their activities)

- The existing complain mechanism is not really identified by the targeted communities

The complain mechanism is a telephone number referring to the M&E coordinator in Manila AAH office. This number was supposed to be communicated on flyers using local languages. Actually, very few interviewed beneficiaries seem to know about it and only thanks to the project visibility sign (1 per site) where AAH contact details are presented. Moreover, PDM survey in SDS shows that most returnees do not own mobile phone or experience poor connection to mobile network.

In case of problem, beneficiaries from ZAM and MAG said that they would prefer to refer to local AAH staff or local authorities. To date, no fraud related to cash distribution was experienced by the interviewed beneficiaries.

Recommendation #13: AAH should review its complain mechanism to make it clearly identified and more accessible to very poor households located in remote places (hiring a third part company to conduct random calls and field visit)

Efficiency - Rating (1: low, 5: high): 4

The following questions were included in the analysis: *Were all of the activities implemented necessary for achieving results? What differences (if any) has the project made for the beneficiaries? How did the targeted beneficiaries benefit from the project? Was the project gathering and using relevant information about the project's results and Objectively Verifiable Indicators (OVIs)? What were the reasons for possible deviations (internal and external factors) from planned activities and what has been the effect of the deviation? Were the resources/budget spent worth the intervention delivered? To what extent does the benefits of the project outweigh the financial, time, opportunity and other costs of implementation? Were goods and services delivered on time? Were activities completed on time? Was the time taken reasonable and proportional to the results obtained?*

- Budget utilization is in line with the original budget

According to AAH, the global utilization rate is around 96% of the original budget including forecasted expenses for December 2017. Looking at specific expenses related to the activities' implementation (dedicated HR and activity costs), the budget utilization rate is around 90%. Table 4 shows the utilization rate of sector-specific budgets.

Table 4: Budget pattern, specific costs per expected results (only dedicated HR and activity costs)

Per expected result	Original budget (€)	Final utilization after December projection (€)	% of utilization of the total activity-specific budget
Result 1 (Health/Nutrition)	70 744,00	55 693,23	79%
Result 2 (WASH)	115 658,13	99 908,44	86%
Result 3 (Protection)	32 000,01	23 151,86	72%
Result 4 (FSL)	277 360,00	269 113,14	97%
Total	495 762,14	447 866,67	90%

- Even with a very light operating model (no dedicated Project Manager or M&E officer), the project has succeeded in reaching marginalized populations

According to all types of respondents, AAH/IRDT are the only organizations working with the targeted IDPs in ZAM and MAG. Considering the security constraints in MAG, this is a very positive result from this project. In SDS, other organizations are working in the same areas but on other modalities (see the coherence analysis above). In SDS and MAG, access to beneficiaries was a challenge, because of poor (inexistent) road infrastructure and security reasons. In SDS especially, the transportation budget was underestimated. The DRR provincial service helped the project implementation by providing a vehicle.

Activities were delayed in SDS and MAG for several weeks during May and June 2017, when the State of Emergency was declared in Mindanao following Marawi siege. Moreover, and considering the recent changes in the security context in SDS (the cease-fire between the government and the NPA

was cancelled in November 2017), AAH team expressed its concern about security. AAH should invest in security equipments for its team (ex. satellite phones) and reinforce its identification strategy in the humanitarian space.

Recommendation #14: AAH should consider to invest in security equipment for the team in SDS (satellite phone) and work on its identification strategy as humanitarian stakeholder

- The multisectorial approach has benefited to beneficiaries

The WASH, Health and Nutrition interventions were very relevant according to partners and beneficiaries, especially the capacitation of local communities (IYCF training and hygiene promotion). The Health and nutrition budget utilization rate is 89% of the original budget, which could have let some space to cover more themes in the reduced trainings (IMCI and IYCF trainings). Finally, the lack of medicines in ZAM and MAG had a negative impact on the intervention result, despite the employment of a pharmacist for 1.5 month to look for potential national sources of supply. It is expected that this research will benefit for future projects.

Livelihood support was really useful to beneficiaries in ZAM and MAG. Beneficiaries have been able to restart income generating activities (food processing, small shops, fishing). This approach was strengthened by business management trainings for the beneficiaries who have been targeted for this activity. According to beneficiaries, the increase of incomes is expected to improve their access to health services (buying medicines). Water trucking in Masapla transitory site in ZAM also helped IDPs to save incomes. When they relied on the City water provision service, they had to complement their water supply by buying 20L jerricans and paying for the transportation. Such expenses could be between 60 to 140 PHP (1-2,3 €) per day depending on household.

The protection budget is the most underused (see table 4), mainly on the soft component (advocacy and capacity building) because of the HR gap for the Protection expert position. However, Protection HR budget is used (106% of original budget) but not all the budget dedicated to advocacy and capacity building on Protection (35% of total original budget, disaggregated as follow per base: Manila 5%; ZAM: 13%; SDS: 52%; MAG: 75%). Again, this shows that AAH needs to review its Protection strategy for Mindanao.

- AAH team has a reliable monitoring system, even if some limitations are identified:
 - A difference between monitoring strategies was found between bases for the cash distribution activity (PDM versus cash utilization at endline);
 - Some monitoring reports are missing at coordination level (ex. cash utilization in ZAM);
 - Most indicators are informed based on beneficiaries' declaration. This is a common limitation which is exacerbated when beneficiaries know that cash distribution was conditioned by the use of it (here investment in livelihoods). In SDS, one beneficiary said that a part of the cash received was in fact used to buy shelters;
 - For the FSL sector, the use of the FCS indicator must be taken with care. Baseline data was collected in May and endline data was collected in December in ZAM and MAG, so a seasonal effect may influence positively or negatively beneficiaries' FCS. Moreover there must be a distinction between FCS collected during PDM (short-term effect of the activity) and FCS collected during baseline and endline (medium-term effect of the overall project activities);
 - For the Protection sector, outputs indicators are collected to inform higher level of results while outcome indicators are used to monitor activities' progress, which shows that the Protection theory of change was confused during proposal design;
 - No endline data could be collected in SDS because of the security situation.

Sustainability - Rating (1: low, 5: high): 4

The following questions were included in the analysis: *Technical sustainability: Does the project use and promote adequate technology? Can this technology help the beneficiaries to be self-reliance and resilience and be maintained after the project ends? Do the beneficiaries have enough support to achieve sustainable practices as well as direct results? Financial sustainability: Do the collaborators/beneficiaries have the financial capacity to maintain the benefits once the project's support ends? Has the government or another organization made a budgetary commitment to this*

end? Are there any mechanisms planned for recovering this investment? To what extent the action created financial self-reliance / resilience among the targeted beneficiaries? Institutional sustainability: Do local institutions support the project? Are training activities carried out effectively? Has an exit plan been developed for transferring management responsibilities? Are responsibilities assigned to each actor in accordance with their capabilities and competence? Will the institution create/support be self-reliance and resilience in terms of disasters/conflict, if yes to what extent and if not, what additional support may be needed? How did the project support or contribute to the achievement of national/local level plans, policies and priorities to respond the affected communities/targeted population? Identify potential good practices and models of intervention that could inform future participatory governance projects, especially those that local institutions could incorporate into national policy and implementation.

- According to beneficiaries and LGUs, AAH/IRDT implemented a very adapted approach to promote sanitation & hygiene practises, through community consultations and awareness sessions, which should lead to long-term adoption of promoted practices.

In ZAM and MAG, WASH committees and/or IDPs leaders keep organizing awareness sessions about hygiene practices and common sanitation maintenance (cleaning). In SDS, individual latrines should be easier to maintain for poor households.

- The holistic and participatory approach as a mean of capacitating communities must be identified as a good practice.

The integration of health and nutrition modules into WASH trainings (especially in MAG) was identified as something to be replicated by AAH and its partners. The involvement and capacitating of proactive community members (field health officers, local leaders, health volunteer) was encouraged by LGUs and seen as a relevant mitigation strategy for the lack of resources of health services. LGUs were also involved in extensive health data collection and validation in SDS, which helped to gain their trust and get them onboard. With this project, AAH helped the provincial health office to reach some remote places and work with local populations, which was greatly appreciated.

- At Barangay level, financial commitment to sustain facilities depends on their political agendas.

In MAG, two of the three targeted municipalities are now involved in sanitation maintenance (purchase and provision of cleaning products). In SDS, Barangays show an interest in sustaining and rolling-out health trainings to other LGUs thanks to 2018 municipality budget. Interviewed Barangay council members in SDS also said that they plan to allocate a budget to sustain health facilities and to buy new nutritional products, MUAC bracelets and individual toilets for non-beneficiaries of this project.. They also would like to budget medical consultations in uplands because they have identified this gap of basic services thanks to this project. These pious wishes show a willingness to build on the project results, but they must be taken with caution given the limited means of these LGUs. At Province/City level, the limited resources of health and DRR services do not allow to expect a continuous support to sustain the project's results.

- In ZAM, decision makers do not show interest for the IDP needs remaining in transitory camps

Decision makers from the City services were difficult to get onboard and involved in the project implementation. This can be explained by their limited resources and by the fact that remaining IDPs are not their priority. For the remaining IDPs in transitory sites, the situation is likely to worsen as the file is considered closed by the City. As a matter of fact, now only “untagged” IDPs remain in transitory sites and LGUs do not seem to be willing to keep supporting them. There is no plan to relocate them in a permanent, adequate site. There is this idea from the City services that enough had been provided, and that now they should pay for public services such as water provision and electricity, which if implemented would hinder the project’s livelihood results. Camp manager positions are closed by December 2017, cutting the communication channel between IDPs and LGUs.

WASH facilities should be maintained by the DRR City service because it wants to keep it as a ‘buffer’ emergency evacuation center in case of new disasters (meaning they consider the site empty of IDPs, which is wrong). However, there is no clear budget to date for this maintenance.

Recommendation #15: AAH should develop a governance approach inclusive of IDPs/returnees in future project in Mindanao (capacity building of barangay council members, linkage with provincial/city services, inclusion of IDPs in transitory and permanent sites in local governance, market linkage in SDS)

Likelihood of impact - Rating (1: low, 5: high): (4)

The following questions were included in the analysis: *Resilience: what is the extent of up-taking diversified livelihood strategies at the community level? How can resilience be measured in this context from a long-term gain/adaptive capacity perspective? Long-term changes: what are the indicators to be considered to measure long-term changes? Are the assumptions linking the delivery of activities to outcome/impact evidence validated? What are the key risks or hindrances preventing optimal up-take of structural changes at the community, institutional and household level? Assess what likelihood of impact the project has made in strengthening the capacity and knowledge of local government structures to encourage local ownership of the project. What were the incentives from the action that encouraged the buy-in from the cities and barangays? What incentives would encourage other Municipalities/Cities and Barangays to replicate the similar initiatives?*

Note: for a 10 months project, it is impossible to detect long-term changes. Moreover, endline data is not available at the time of this evaluation to compare with baseline data and detect potential changes due to the project. However the following findings have emerged from the evaluation:

- In MAG and ZAM, beneficiaries of the livelihood support access new sources of incomes

In ZAM, both men and women have used the cash distribution to invest in short-term, daily income generating activities. This can be explained by the fact that they are expecting to be relocated to a permanent site anytime (unfortunately no plan is on track to date). Interviewed women have invested in cooking equipments and ingredients and get between 100-200PHP of profit per day (1,7-3,4€). They said that they used to do the same before their displacement. Men have mostly invested in *sari-sari* shops, which make them get between 80-200PHP per day (1,3-3,4€). In MAG, men have more invested in longer term income generation activities. Several men have invested in small animal breeding (goats, ducks), which gives no or very small incomes (duck's eggs give 100PHP [1,7€] every 3 days) but constitutes an investment increasing their capacity of resilience. Others have bought carpentry tools or fishing equipment and get around 250PHP per day (4,2€).

For information, in 2015, a family of five needed at least 6 329PHP/month (211PHP/day) on average to meet the family's basic food needs and at least 9 064PHP/month (302PHP/day) on average to meet both basic food and non-food needs².

- These results are exposed to new displacements and disasters

In SDS and MAG, on-going conflicts (and regular floods in MAG) may hinder the project results on livelihoods, water and sanitation access in case of new displacement. This is even more obvious in SDS where civilians' displacements are a means of pressure between NPA and the government.

In ZAM, the withdrawal of the City services (free provision of water and electricity) may cause a severe increase of living costs in transitory sites.

- LGU's appropriation of the project varies between zones

In ZAM, there is no sign of appropriation of the project by LGUs. In SDS and in some barangays of MAG, LGUs have identified IDPs/returnees needs and are willing to support them. In SDS, AAH & project's objectives were presented to top administration services but not cascaded to Barangay level. Finally, involving local LGUs in data validation to assess the needs and helping them to access remote zones were the main factors of success to get their support for this project.

² <https://psa.gov.ph/content/poverty-incidence-among-filipinos-registered-216-2015-psa>

Conclusions

This project managed to reach marginalized populations affected by different crisis in Mindanao and implement a relevant multi-sectorial approach in a challenging context. In ZAM and AG, AAH and IRDT are the only humanitarian stakeholders supporting these IDPs.

Most project targets have been reached despite the security and accessibility constraints. WASH, Nutrition and Livelihood activities are identified as the most effective to improve IDPs' situation according to them. Health results suffer from the delay in medicine supply in ZAM and MAG. Protection advocacy and capacity building was implemented very late and punctually, which may have not influence local stakeholders as it could.

AAH and IRDT need to work on a Protection and Governance strategy for Mindanao, to increase the expected impact of their intervention in future projects.

Lessons Learnt and Good Practices

The following lessons learnt have emerged from this project evaluation:

- **Involvement of LGUs and IDPs leaders in targeting FSL beneficiaries in MAG:**

Providing LGUs and IDPs leaders with a list of targeting criteria and asking them to preselect eligible households helped to avoid harm within and between communities.

- **Involvement of beneficiaries, LGUs, IDPs leaders and religious leaders in designing sanitation facilities in MAG and SDS:**

To help communities to adopt the use of common sanitations, several leaders were involved in the design and selection of sites for their construction in MAG. In SDS, beneficiaries expressed the wish to get individual latrines which was followed by the project.

- **Design of communal sanitation should include DRR considerations when working in flood exposed areas**

In MAG, the original budget did not plan to build flood-resistant sanitations. When sites of construction were selected by the communities, it was found by AAH that a DRR approach should be included. Constructed sanitation are hence more expensive than budgeted.

- **AAH' procurement process of imported medicine is not effective**

The certification process of imported medicine took 6 months. MoUs signed with Health offices were not always effective to mitigate this delay, and hindered project's results in the Health sector.

- **The multisectorial approach was highly appreciated by beneficiaries and partners**

The inclusion of nutrition and health modules in WASH trainings was a factor promoting the adoption of promoted practices. Livelihood support helped to improve health and nutrition practices, and was reinforced by water provision in transitory sites in ZAM (allowing IDPs to save money instead to buying water).

Recommendations

The following recommendations are identified for future projects with IDPs/returnees in Mindanao:

At AAH internal coordination level (Manila office)

[PRIORITY] #10: AAH should review its mitigation strategy to compensate the medicine certification delays for imported products

[PRIORITY] #11: AAH should hire a full-time Protection expert and develop a Protection strategy in Mindanao to ensure an on-going advocacy rather than very punctual roundtables (securing a full-time protection expert position; develop an action plan to advocate regularly for IDPs protection with LGUs, involvement of LGUs in practical actions to provide protection services to IDPs)

[PRIORITY] #15: AAH should develop a governance approach inclusive of IDPs/returnees in future project in Mindanao (capacity building of barangay council members, linkage with provincial/city services, inclusion of IDPs in transitory and permanent sites in local governance, market linkage in SDS)

#13: AAH should review its complain mechanism to make it clearly identified and more accessible to very poor households located in remote places (hiring a third part company to conduct random calls and field visit)

#14: AAH should consider to invest in security equipment for the team in SDS (satellite phone) and work on its identification strategy as humanitarian stakeholder

Capacity building

#1: AAH Philippines should invest into M&E trainings and data collection/entry tools for their sectorial project managers

Project design

[PRIORITY] #2: AAH should take advantage of its regular contacts with ECHO to prepare in advance a series of responses involving communities and LGUs for future responses to IDPs' needs

[PRIORITY] #4: AAH should develop a more detailed action plan related to an exit strategy in its future projects in Mindanao, taking into account local specificities and contexts

[PRIORITY] #5: AAH should investigate about the relevance and effects of the livelihood diversification strategy in SDS, and potentially include a governance approach in the market linkage strategy.

#6: AAH should consider including family planning sessions in the nutrition trainings

#7: AAH should include a shelter support when working with returnees in Mindanao to protect expected FSL outcomes

#8: AAH should include mitigation strategies for the Protection of beneficiaries in conflict zones when traveling to attend activities (selection of safe sites, protection awareness of conflict stakeholders)

#12: AAH should include inclusion measures to ensure participation of isolated targeted individuals: (1) Inclusion of elders and PWD in activities where labor counterpart is expected (contingency CFW for other workers); (2) Inclusion of single parents to attend trainings (planning in advance and individual reminders to help them organize their activities)

Project implementation

[PRIORITY] #3: AAH should explain carefully the selection process and criteria to both LGUs and communities (not only the future beneficiaries), to avoid creating frustration or non-expected behaviors' within the communities

#9: AAH should develop join workplan between sectors at base levels to increase internal coordination and maximize the effect of the action at beneficiary level

Annex I: Evaluation Criteria Rating Table

Criteria	Rating (1 low, 5 high)					Rationale
	1	2	3	4	5	
Quality of Design			X			AAH has chosen a light set-up to implement this project in a challenging context, which made possible to reach beneficiaries at low-cost. However, the following points should be improved in future programming: (1) M&E capacities at field level; (2) Participation of local stakeholders in project design ; (3) Mitigation of the medicine procurement process ; (4) Revision of the Protection strategy (advocacy component) ; (5) Participatory targeting process involving communities ; (6) Develop an exit strategy with a detailed action plan
Relevance Appropriateness Pertinence					X	The multisectorial approach is very relevant to promote new sanitation practices and improve the general situation of the IDPs/returnees. A good practice was identified in the WASH activities in MAG with the involvement of the communities to design the common facilities. When possible, AAH should investigate on the relevance of livelihood strategy in SDS and see how to include a governance approach for the market linkage. A shelter support should also be included when working with returnees, to maximize the effect of cash distribution.
Coherence					X	This project shows both strong internal and external coherence. The partnership with IRDT is valuable and could be strengthened with a different managerial set-up (i.e. avoid remote technical management from MAG). Coordination with other stakeholders helped to target uncovered populations in need and complement modalities of intervention between them.
Effectiveness				X		Most activities have been implemented as planned and outputs are of satisfying quality. The following points could be improved in a future project to increase effectiveness: (1) on-time distribution of medicines after consultations; (2) increase the coverage of IYCF and IMCI trainings to management of cases ; (3) consider budgeting for DRR in WASH construction in flood-exposed areas ; (4) Assess the relevance of the market linkage strategy in SDS ; (5) Review the Protection strategy in Mindanao. AAH should consider how to minimize the risk of exposing beneficiaries in conflict zones and how to avoid excluding elders and PWD from activities where a labor counterpart is expected. The complain mechanism is not really identified and accessible for beneficiaries. It should be reviewed to make sure that potential frauds could be detected.
Efficiency				X		AAH/IRDT managed to implement all the planned activities in the field, in very challenging situations in MAG and SDS. The different sets of activities were complementary to improve targeted populations' access to humanitarian services. The budget utilization is in line with the requested budget, with a global utilization ratio of 96%. Only the soft component of the Protection sector is clearly underused which emphasizes the need to review the protection strategy. AAH should also consider to invest in security equipment and visibility strategy in SDS considering the volatile context.
Sustainability				X		Capacitating the communities through a participatory and multisectorial approach allows to expect that WASH, Nutrition and livelihoods results will be sustained (unless there is a sudden change in local context such as conflict,

						flood, etc.). In SDS and MAG, most Barangay LGUs have shown an interest to sustain the results and even roll them out to other LGUs. In ZAM, City services are not interested to keep providing free basic services to IDPs in transitory sites. To increase the potential sustainability of future results, AAH should develop a governance approach inclusive of IDPs/returnees.
Likelihood of Impact				(x)		Beneficiaries have increased their incomes and/or their resilience capacities thanks to the project in MAG and ZAM. Unfortunately improved access to water, sanitation and livelihoods are exposed to new displacements and disasters, which are likely to happen. Project appropriation is good in SDS thanks to the involvement of LGUs in data collection and validation and activities implementation. In ZAM, there is no evidence of commitment from LGUs to keep supporting IDPs.

Guidance for rating the evaluation criteria:

Rating	Definition
1. Unsatisfactory	Performance was consistently below expectations in most areas of enquiry related to the evaluation criteria. Overall performance in relation to the evaluation criteria is not satisfactory due to serious gaps in some of the areas. Significant improvement is needed. Recommendations to improve performance are outlined in the evaluation report and Action Against Hunger will monitor progress in these areas.
2. Improvement needed	Performance did not consistently meet expectations in some areas of enquiry – performance failed to meet expectations in one or more essential areas of enquiry. Some improvements are needed in one or more of these. Recommendations to improve performance are outlined in the evaluation report and Action Against Hunger will monitor progress in these key areas.
3. On average meets expectations	On average, performance met expectations in all essential areas of enquiry and the overall quality of work was acceptable . Eventual recommendations over potential areas for improvement are outlined in the evaluation report.
4. Meets expectations	Performance consistently met expectations in all essential areas of enquiry, and the overall quality of work was fairly good . The most critical expectations were met.
5. Exceptional	Performance consistently met expectations due to high quality of work performed in all essential areas of enquiry , resulting in an overall quality of work that was remarkable .

Annex II: Good practice

Title of Good Practice
Involving local authorities and communities' representatives in the FSL targeting process
Innovative features and key characteristics
FSL support targets both IDPS and very poor households from the host community. Instead of using only list of registered IDPs to select CBI beneficiaries, the MAG AAH team took time to involve local leaders to propose a preselection of eligible households based on clear selection criteria.
Background to the Good Practice
When it comes to cash based intervention, tensions can arise between beneficiaries and non-beneficiaries. In SDS and ZAM, potential harms between households and/or communities have been identified as a risk by the team.
Further explanation of the chosen good practice
<ul style="list-style-type: none"> - AAH team presented a list of selection criteria to LGUs members and IDPs representatives, explaining the objectives of the activity (livelihood support) - Then these leaders consulted their community to select a determined number of eligible households - AAH checked randomly some households to ensure their eligibility
Practical/Specific recommendations for roll out
The eligibility check should be exhaustive, to make sure that no 'better-off' or affluent households are selected by local leaders.
How could the Good Practice be developed further?
The LGUs and IDPs representative could be involved in the validation of targeting criteria list. This could be the moment to discuss potential unexpected behaviors (like trying to be pregnant to receive cash assistance).

Annex III: list of interviewed persons

Zone	Name of interviewed person	Organization
Tandag	M. Abe Espenido	Sanitary Inspector (San-Miguel)
Tandag	Ma Gloria Coquilla	Buhisan Barangay Council member
Tandag	Cliadada Betonin	Buhisan Barangay Council member
Tandag	Leonida Aparejo	Buhisan Barangay Council Treasurer
Tandag	Lvelyn Emtila	Buhisan Barangay Council member
Tandag	Maryl Clava Masaglang	LGU San Augustin Municipal Nutrition Officer
Tandag	Felman Esorvo	LGU San Augustin NDP
Tandag	Palolyto Telen	Mataba Barangay Council member
Tandag	Rogie Curvera	Buhisan Barangay Council member
Tandag	Navicar Fernandez	Mataba Barangay Council member
Tandag	Danica Sarcona	Mataba Barangay Council member
Tandag	Dr Eric Montesclaros	Provincial Health Officer
Tandag	Avel de Guzman	Provincial Risk Reduction Management Officer
Zamboanga	Dr Rodelin Agbulos	City Health Officer
Zamboanga	Ma. Socorro Rojas	City Welfare Officer
Zamboanga	Clint S Senosa	DRRMO operation officer
Zamboanga	Jason San Antonio	Mampang Barangay administrative assistant
Zamboanga	Leonard Aliangom	Mampang Barangay captain
Maguindanao	Mona Rissa Yasin	Mamasapano Rural health unit nurse
Maguindanao	Rohullah Akot	Mamasapano Rural health unit nurse
Maguindanao	Namra Belan	Mamasapano Rural health unit midwife
Maguindanao	Zacariah Guiaman	Tuka Barangay WASH committee chairman
Maguindanao	Ashriya Guimalon	Tuka Barangay WASH committee vice chairman
Maguindanao	Esmael Hasim	Tuka Nalipao Barangay chairman

Annex IV: list of document reviewed

The following documents were reviewed during this evaluation:

- Project proposal, logical framework, workplan and budget
- AAH 23 internal monitoring reports (from March 2017 to November 2017, for SDS, ZAM and MAG bases)
- AAH interim report to ECHO (September 2017)
- HIP 2016 final evaluation (November 2016)
- AAH internal M&E plan and follow-up matrix (as of November 2017)
- AAH Post-distribution monitoring reports: food distribution in SDS (July 2017) and cash assistance for livelihood in SDS (October 2017)
- Budget follow-up and forecast (as of October 31st 2017)
- AAH Gender policy and toolkit

Annex V: evaluation matrix

Please refer to the attached excel file.

Annex VI: interview guidelines

Please refer to the attached excel file.

Annex VII: primary data analysis

Please refer to the attached excel file.

Annex VIII: Project indicators (November 2017)

Please refer to the attached excel file.

Annex IX: Terms of reference

Please refer to the attached pdf file.