PwC

Evaluation of SEARHEF-10 year milestone

Final Report

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Dear Dr. Roderico

We are pleased to submit the Final Report for the study '*Evaluation of South East Asia Regional Health Emergency Fund (SEARHEF)-a 10 year milestone'*

We are thankful for the kind co-operation and support provided by WHO teams at SEARO and other country offices.

Best Wishes,
For and On behalf of PricewaterhouseCoopers Private Ltd.,

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Abbreviations

AC	Assessed Contribution
ADR	Award Distribution Request
AO	Administration Officer
BC	Budget Change
BCC	Behaviour Change Communication
BFU	Budget and Finance Unit
BO	Budget Officer
CAP	Consolidated Appeals Process
CDS	Communicable Diseases Department
CERF	Central Emergency Response Fund
CFE	Contingency Fund for Emergencies
CPI	Country Health Emergency Preparedness & IHR
CSR	Communicable Disease Surveillance and Response
DAC	Development Assistance Committee
DAF	Director Administration and Finance
DFC	Direct Financial Contribution
DPM	Director Programme Management
DPR-K	Democratic People's Republic of Korea
EM-DAT	*Emergency Events Database*
EMO	Emergency Operations
FGL	Family Health Gender and Life Course
GL	General Ledger
GSM	Global Management System
HEOC	Health Emergency Operations Centre
HIM	Health Emergency Information & Risk Assessment
HR and SDL	Human Resources and Staff Development and Learning
HSD	Health Systems Strengthening for Universal Health Coverage Department
IDI	In-Depth-Interview
IEC	Information Education and Communication
IEHK	Interagency Emergency Health Kit
IHM	Infectious Hazards Management
IPS	Inter Press Service
IT	Information Technology
MGA	Management and General Administration
MHF	Myanmar Humanitarian Fund
MIS	Management Information System
MoH	Ministry of Health
MoPH	Ministry of Public Health
NDE	Non-communicable Diseases and Environmental Health
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OCR	Outbreak Crisis and Response portal
OECD	Organization for Economic Co-operation and Development
PC	Programme Change
PLN	Programme Planning, Partnership and Coordination Officer
PwC	PricewaterhouseCoopers
RC	Regional Committee
RD	Regional Director

RED	Regional Emergency Director
RO	Regional Office
SEARHEF	South-East Asia Regional Health Emergency Fund
SEARO	South East Asia Regional Office
SRL	Sri Lanka
VC	Voluntary Contribution
WCO	WHO Country Office
WG	Working Group
WHE	WHO Health Emergencies
WHO	World Health Organization
WR	WHO Country Representative

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Executive Summary

Introduction

The **South-East Asia Regional Health Emergency Fund (SEARHEF)** is a funding mechanism that allows for rapid response to disasters from natural and human generated hazards in the region. After the Asian Tsunami 2004, which affected 6 countries of the region, Member States recognised the need for a funding mechanism which would enable them to carry out life-saving activities and lay the foundation for an adequate response to health needs in the first phase of a response operation. After several discussions in the Regional Office, with WHO Representatives and Member States, **SEARHEF was formally established at the Sixtieth Session of the WHO Regional Committee for South-East Asia, held in Thimphu, Bhutan, in 2007** through the resolution SEA/RC60/R7 and was made effective from January 2008. The fund constitutes a corpus of US$ 1 million per biennium. In 2009 the Democratic Republic of Timor-Leste made a contribution of US$ 100 000 as part of the Voluntary Contribution (VC) component of the fund. Thus, the fund constitutes a corpus of US$ 1.1 million and its scope entails **financial support to Member States within 24 hours of its request** for meeting the immediate public health needs of an emergency. SEARHEF reflects the **regional solidarity** and commitment of the Member States to support each other against health emergencies resulting from natural or man-made disasters. **Since its inception, through a funding of US$ 5.96 million, SEARHEF has supported 37 emergencies across 9 countries.**

On completion of 10 years of SEARHEF, an evaluation study has been commissioned by WHO-SEARO. The specific objectives of the evaluation study are to:

- Evaluate the **relevance** of the fund in country context of the region by analyzing the occurrence of emergencies vis-a-vis the available funding mechanisms for immediate emergency response
- Evaluate the **effectiveness** of the fund by reviewing the utilization, adequacy and efficacy of the fund
- Evaluate the **efficiency** of WHO's systems and processes for ensuring the smooth functioning and management of the fund as per the business rules set in SEARHEF policies, guidelines and procedures
- Assess the **impact** of the fund in responding to the immediate needs of an emergency
- Determine the **sustainability** of the fund by identifying lessons that can be learnt from events supported by SEARHEF, which include best practices as well as areas of improvement for future
- Provide a comprehensive report on the findings of the evaluation, lessons learnt and recommendations.

The **guiding principles** for the evaluation are essentially based on Organization for Economic Co-operation and Development's (OECD) Development Assistance Criteria for evaluating Development Assistance. These are *Relevance, Efficiency, Effectiveness, Impact and Sustainability*.

The study was undertaken based on a **mixed approach** of **secondary review and primary consultations** with a select set of stakeholders. The assessment has been undertaken in a consultative and participatory manner, involving key WHO functionaries at every stage of assessment. The study has been conducted in 3 phases: i) Inception and planning, ii) Data collection and iii) Data analysis and report writing. Based on consultations with the WHE-SEARO team and available information, a 3-step sampling procedure was developed. It was used for sampling a set of SEARHEF-supported emergencies for in-depth research and consultations. **Of the total 37 emergencies supported, 8 were shortlisted for in-depth consultations and review. These were:**

- Cyclone Nargis, Myanmar, 2008 (event #1)
- Floods, Thailand, 2011 (event #10)
- Flash Floods, DPR-Korea, 2013 (event #18)
- Volcanic Eruption of Mt. Sinabung, Indonesia, 2014 (event #19)
- Earthquake, Nepal, 2015 (event #23)
- Humanitarian Conflict of Cox's Bazar, Bangladesh, 2017 (event #34)
- Humanitarian Conflict of Cox's Bazar, Bangladesh, 2018 (event #36)
- Health services to the conflict affected population in Rakhine, Myanmar, 2018 (event #37)

Evaluation Findings

Relevance

The key factors that substantiate the need for SEARHEF and ensure its relevance are as follows:

- **Disaster-prone geography:** Historical analysis of the last 2 decades reveals that the SEARHEF Member States face nearly 90 disasters every year. Between 2008 and 2018, with a total of 820 disasters, the Member States constituted about 14% of the global disasters. It is important to note that the disasters vary significantly across countries in their nature as well as magnitude, resulting in the need for funds available at short notice to meet the critical actions, making SEARHEF extremely relevant for the region.

- **Increasing humanitarian conflict and protracted crises:** In 2017, 3 of the 11 Member States, i.e. Bangladesh, Myanmar and Nepal were in the list of top 36 countries affected by humanitarian conflict, which resulted in the need for assistance for nearly 3 million people. The Rohingya Refugee crisis is one for the major contributors to the humanitarian conflict in the region in recent times. Thus, with violence and conflict spreading and causing instability, fragility and mass displacement of people, the need for timely emergency response becomes more profound.

- **Acute emergencies supported by SEARHEF:** Of the total emergencies supported, more than three-fourths (76%) were such that these needed over US$ 134 000 as an immediate requirement, suggesting that SEARHEF was opted for some of the most critical emergencies with greater degree of severity.

- **Regional solidarity:** Regional solidarity is the essence of SEARHEF. In the last 10 years, all Member States have continued to contribute a portion of their assessed contribution to demonstrate support for other nations in the event of a natural or man-made disaster which have public health consequences. They have recognized the importance of regional collaboration to strengthen domestic capabilities by promoting technical cooperation.

- **Increasing the accessibility of SEARHEF as opposed to other funds:** Despite the availability of other funding sources such as Central Emergency Response Fund (CERF) and Contingency Fund for Emergencies (CFE), SEARHEF stands apart as it is a regional fund exclusively for the 11 Member States and CERF is a global fund which attracts attention of other severe emergencies in the world. Further, SEARHEF is more easily accessible than other global funds with similar objectives.

Effectiveness

The parameters for measuring effectiveness of SEARHEF are detailed below:

- **Adequacy:** With regard to the sufficiency of the **fund corpus**, there was varying opinion among the WCOs. While some of the WCO officials felt that the nature of emergencies that struck their respective countries did not require funding support in excess of limit of US$ 350 000 ; others were of the opinion that the amount of fund amount was not sufficient and needed to be increased. Some of the WCO officials also mentioned that the bifurcation of total fund amount into two tranches of US$175 000 required revision as it imposed restrictions on fund utilization. Regarding **accessibility** of the fund, it was observed that using SEARHEF, nearly 40% of the people affected by the various disasters, were impacted in the last 10 years. Further, SEARHEF proved to be adequate through its **ability to support the population in coping with disasters.** This was well documented across multiple emergencies in the recent times. For instance, during the diphtheria outbreak at Cox's Bazaar, SEARHEF was used for setting up laboratory facilities, and at the Health Response after earthquake in Nepal, the fund was used for activating Health Emergency Operations Centre (HEOC), procurement of drugs and mobilization as well as deployment of hub and district-level coordinators.

- **Efficacy:** The parameter of efficacy deals with the ability of the fund to bring desired/intended results. With regard to the **fund amount requested**, it was observed that in several cases, the fund amount requested by the government was higher than the maximum fund amount that could be disbursed under the SEARHEF tranche amount of US$ 175 000 suggesting that the knowledge of government officials regarding the maximum allowable limit under SEARHEF was limited. Regarding the **amount of fund used**, the percentage of utilization reported (i.e. comparison of amount allocated by RO and amount

utilized as per the utilization report) has been 75%, with 25 events recording 100% utilization and only 3 with less than 66%. Actual utilization of the fund is nearly 100% which reflects that SEARHEF has been an effective tool in responding to emergency situations. However, reporting of fund utilization can be more timely and streamlined.

- **Adaptability/Flexibility:** SEARHEF evolved to be flexible as funds could be allocated through SEARHEF during important phases of an emergency whether at the beginning of the emergency response to kick-start response measures or at any time during a crisis when alternate funding options were either exhausted or not accessible. Further, SEARHEF's flexibility was well demonstrated as it was used for nearly 16 types of different activities, which ranged from procurement, surveillance, conduct of rapid assessments, operational cost of mobile health teams, etc. Another aspect that brought forth the flexibility of the fund was the fact that SEARHEF recognized that the needs of an emergency may evolve over time and, therefore, it allowed for alterations from the proposed activities by directing the funds towards those areas that needed utmost attention.

Efficiency

The key parameters that have been framed to guide SEARHEF's efficiency review are:

- **Timeliness:** With regard to **fund request and review**, it was observed that the time taken by MoH to request for SEARHEF varied across Member States once an emergency has been declared and evidence suggested that over the years the time taken by MoH reduced drastically owing to the proactive advocacy for the fund by the WCOs. As far as **fund approval and disbursement** are concerned, 41% of the SEARHEF requests were approved within 24 hours. Countries facing protracted crisis have witnessed a slower turnaround time for release of funds. Further, the average time the RO took to disburse funds after the RD approval was 2 days. This was mainly because a significant number of emergencies supported using SEARHEF were for humanitarian conflicts which were of a protracted nature. A trend analysis of the average time taken to disburse the funds after RD's approval suggested that over the years, the average time taken has reduced significantly. A key reason for this could be the shift in the approval process, with the approvals taking place over emails. Regarding fund utilization and reporting, it was observed that in only one-third (36%) of the events, the utilization report was submitted within 3 months of fund receipt.

- **Standardization:** During consultations with RO and WCO, it was noted that they had a **clear understanding of their roles** in the funding process. In addition, the **Working Group (WG), as an overarching governance mechanism** and representation from all 11 member states, ensures that systems, processes and fund mechanisms are efficiently managed and delivered. Further, the SEARHEF has a simplified and **quick fund disbursement mechanism** which enables fund flow to take place in a streamlined and timely manner, adhering to the 24 hour commitment as per SEARHEF guidelines. However, there were some aspects of SEARHEF management on which WCOs had varying opinion. This included *'which are the activities that can and cannot be supported by SEARHEF' and 'when can SEARHEF be requested for'*. Among the MoH officials, it was observed that there is a need to strengthen their knowledge of circumstances under which SEARHEF can be requested as well the aspects that can be covered as part of SEARHEF utilization[1]. With regard to **documentation,** it was observed that guidelines, formats and templates are available for documentation of different aspects and it reflects that efforts have been made to not only ease the process but also institutionalize the same. However, despite standard templates, certain issues regarding utilization reported continued to exist. These included capturing of incomplete and vague information, non-comparable information and inconsistency interpretation by different WCOs

- **Knowledge sharing:** During discussions with the WCO staff, it had emerged that there is a need to create knowledge **products** specifically with regard to SEARHEF and the experience of various countries using the fund. A key concern which was identified was that the existing knowledge resources were not updated regularly. For MoH officials, periodic transfer of the officers-in-charge and the absence of adequate documentation available with the department to reinstate/**institutionalize** learnings was identified as another important concern.

[1] **Note:** This was garnered through primary interactions and supplemented with SEARHEF Working Group meeting reports.

Impact

Experience from different emergencies suggests that **SEARHEF's impact (measured in terms of output and outcome) was significant because it added unique value to the emergency response with varying requirements and crisis situations of differing magnitude**. SEARHEF has enabled the emergency response workers across the region to intervene at the appropriate time to maximize the expected results. For instance, flood-affected populations of Myanmar (2015), using SEARHEF, received support from rapid response teams of MoH who provided emergency and primary healthcare services and reduced the avoidable morbidity and mortality in the region. Also, during Cyclone Mora in Bangladesh (2017), SEARHEF's value addition was support to mobile health teams with adequate amounts of emergency medicine and medical supplies to speed up the public health response and strengthen communicable disease surveillance. As a result, there was a reduction of morbidity and mortality and the outbreak of waterborne diseases as well as vector-borne diseases were contained.

Through this fund, WHO has yet again proved to be a responsive organization as it is one of the first few to respond when there is an emergency. By being available at the most critical times, WHO provides a catalytic response, which results in controlling adverse effects of the emergency. In addition to tangible impact that SEARHEF has made, a critical **indirect impact made through the Fund is increased capacity of the Governments' of all countries to respond to emergencies in an effective and efficient manner**.

However, understand that the **actual impact as a result of SEARHEF funding needs to be captured in a manner that the impact-level indicators are measured.**

Sustainability

The key factors that determine whether SEARHEF is a sustainable funding mechanism for emergency response in the region are as follows:

- **Sustained demand for SEARHEF due to repeated occurrence of disasters**: According to a recent study by International Monetary Fund[2], in an unmitigated climate change scenario, weather-related disasters are likely to become more frequent as well more intense by the end of this century. The low-income, developing countries will primarily be affected by floods and cyclones. Further, with regard to humanitarian conflicts, increasing numbers have developed into protracted crisis. Thus, **with** disasters from natural and human-generated hazards **expected to increase in future, a funding mechanism such as SEARHEF that allows for rapid response becomes imperative for the region.**

- **Recurring nature of SEARHEF corpus:** SEARHEF was primarily designed on the request of the Member States and the core corpus of the fund is created from their biennial contribution (AC) to WHO. **Given that this arrangement of creating the corpus will continue to exist, SEARHEF is a sustainable fund.**

- **Alternate funding mechanisms with similar response time: SEARHEF has been a pioneer emergency fund in itself, giving rise to global funds like CFE**. When compared with other similar funds such as CERF and CFE, SEARHEF is an accessible and exclusive fund for the Member States, but the amount of maximum allocation, especially the restriction on the tranche amount (of US$ 175 000) need to be reconsidered. In order to make SEARHEF completely sustainable, it will be important to either increase the tranche amount or make the amount of maximum allocation per request more flexible.

Recommendations

Based on the evaluation findings above, the following recommendations are provided:

Need for strategic efforts to increase the SEARHEF corpus: There are several reasons that have established the need for an increased corpus, which include:

- Higher number of emergencies witnessed by the region, while the present corpus can cater to a maximum of 6 emergencies in a biennium

[2] 2017. Sebastian A and Novta N,Climate Change Will Bring More Frequent Natural Disasters & Weigh on Economic Growth; https://blogs.imf.org/2017/11/16/climate-change-will-bring-more-frequent-natural-disasters-weigh-on-economic-growth/ , last accessed on 30th November 2018.

- Prevalence of other funds such as CERF and CFE which can provide higher amount of funding in similar time span as SEARHEF
- Barring one biennium (2012-13), the SEARHEF corpus exceeded its limit every biennium in the last 10 years, which necessitated additional funding requirement.
- Increase in price of goods and services globally in the last 10 years. The maximum limit of SEARHEF was fixed at US$ 350 000 in year 2008

Additionally, the need for increasing the corpus amount of SEARHEF was raised during various Working Group meetings. All of these factors put together point towards making dedicated efforts in increasing the corpus**. At present, the corpus is created using the Assessed Contribution of the Member States. However, in order to supplement this, a specific resource mobilization strategy needs to be developed for increasing the Voluntary Contribution component.**

Effective utilization of standardized templates and improved internal communication: The evaluation findings suggest that while efforts towards standardization in the form of templates for proposal requisition or utilization reporting were undertaken, the usage of these templates varied from country to country. Specifically, with regard to utilization reporting, there were several concerns in the form of incomplete information, inconsistencies in interpreting the template requirements which resulted in unavailability of comparable information. For these reasons, the format for utilization report has been re-visited and a new template has been suggested to overcome the issues.

The need for improvement in internal communication has been felt due to limited knowledge of MoH officials regarding SEARHEF management. It is suggested that regular **sensitization workshops** are organized by the WCO specifically for MoH officials responsible for managing SEARHEF funds. Further, the RO can play a major role by developing Standard Operating Procedures that spell out the entire process of requesting, approving, disbursing and reporting of funds under SEARHEF. Additionally, **development of documentary material** that collate information regarding the emergencies supported through SEARHEF in detail will help to **facilitate inter-country knowledge exchange as well.**

Improvement in monitoring, reporting and evaluation: One of the key gaps in SEARHEF management, appears to be the lack of output and outcome data for use of SEARHEF. The basis for monitoring and evaluation activities of any development programme is the evaluation framework of the programme. For this reason, it is important to develop a monitoring and evaluation framework for each emergency supported using SEARHEF. While developing the monitoring and evaluation framework, it will be pertinent to also put together a set of indicators and key questions to be answered for each of the planned activities and the related indicators. This will lead to the development of an evaluation protocol covering:

- Need for evaluation of outputs and outcomes for SEARHEF-supported emergencies
- Suggested list of evaluation questions and indicators by types of emergency
- Guidance on sampling
- Tools for analyzing the data
- Broad outline of the report on evaluation findings

Following the above steps, it will be useful to engage an independent competent agency for conducting an independent evaluation of the fund every three to five years such that course corrections vis-à-vis fund objectives, funding requirements, and reporting etc. are regularly tracked and managed. The evaluation study will serve as knowledge products as well as evidence of ground-level impact of SEARHEF in an emergency.

Enhanced Multi-sectoral Collaboration: Response to emergencies in any country is a multi-sectoral approach involving more than one National Ministry/Department. As SEARHEF is providing aid through the MoH, it is important to ensure collaboration with other Ministries/Departments involved in emergency response in the country. This will not only make the emergency response more efficient and effective, but will also lead to better value through all other available resources in the country for the emergency response. Key areas of collaboration during the pre-emergency scenario may include activities such as retro-fitting of hospitals, training of medical teams, resource mobilization, creation of back-up life-line services (e.g. power, water, sewage), rehearsing evacuation plans among others. Since involvement of the Ministry of Health for these activities may be limited, coordination with other departments such as Disaster Management Authority or Public Works Departments (as the case may be) will be critical. During a health emergency triggered by humanitarian conflict,

the nature of emergency operations typically incudes disease surveillance to prevent spread of communicable diseases, provision of preventive and curative health services, shelter homes for refugees/IDPs with basic facilities etc. Thus, during humanitarian conflicts, the Disaster Management Authority together with the Health Ministry can collectively provide their support in carrying out various emergency response activities.

Introduction

1. Introduction

1.1. About the study

The **South-East Asia Regional Health Emergency Fund (SEARHEF)** is a funding mechanism that allows for rapid response to disasters from natural and human generated hazards in the region. After the tsunami and earthquake of 2004, which affected 6 countries of the region, Member States recognised the need for a funding mechanism which would enable them to carry out life-saving activities and lay the foundation for an adequate response to health needs in the first phase of a response operation. Subsequently, several requests were made by the Member States to establish a World Health Organization (WHO) fund for emergencies. In June 2006, the Regional Consultation for Emergency Preparedness and Response culminated in the Bali Declaration, stated to "promote the creation of a Regional Solidarity Fund for Emergency Response". Later, in August 2006, the need was reiterated at the Twenty-fourth Meeting of Ministers of Health of Countries of the South-East Asia Region in Dhaka, Bangladesh. The Regional Office (RO), through the Emergency and Humanitarian Action unit (now known as WHO Health Emergencies or WHE Programme) took several steps to:

- Estimate the main corpus of the fund vis-à-vis vulnerability of the region
- Develop the business rules and guidelines of the fund and
- Convene meetings of representatives from Member States in the process.

After several discussions in the Regional Office, with WHO Representatives and Member States, **SEARHEF was formally established at the Sixtieth Session of the WHO Regional Committee for South-East Asia, held in Thimphu, Bhutan, in 2007** through the resolution SEA/RC60/R7 and was made effective from January 2008. The fund constitutes a corpus of US$ 1 million per biennium. In 2009 the Democratic Republic of Timor-Leste made a contribution of US$ 100 000 as part of the Voluntary Contribution (VC) component of the fund. Thus, the fund constitutes a corpus of US$ 1.1 million and its scope entails **financial support to Member States within 24 hours of its request** for meeting the immediate public health needs of an emergency. SEARHEF reflects the **regional solidarity** and commitment of the Member States to support each other against health emergencies resulting from natural or man-made disasters. Recently, at the sixty-ninth session of the Regional Committee, it was endorsed to expand the scope of SEARHEF to include the 'preparedness stream' which will complement the emergency response efforts by strengthening key aspects such as disease surveillance and risk assessments, capacity building of health emergency workforce, strengthening of health emergency supply chain management among others.

Since its inception, SEARHEF has supported 37 emergencies in total across 9 countries. The details of the country-specific support provided through SEARHEF are given below:

Table 1: Country-specific SEARHEF support (2008-18)

Country	SEARHEF fund amount (in US$)	Number of emergencies supported using SEARHEF
Myanmar	1 274 568	10
DPR Korea	1 093 177	6
Sri Lanka	1 063 799	8
Bangladesh	870 000	4
Indonesia	583 068	3
Nepal	500 000	2
Thailand	350 000	1
Bhutan	161 624	1
Maldives	60 717	2
Total	**5 956 953**	37

In 2018, SEARHEF completed 10 years, upon which WHO SEARO engaged PwC to conduct an evaluation of SEARHEF, focusing on its performance from the point of view of fund processing, utilization and management.

1.2. Objectives of the study

The purpose of this evaluation study is to assess the performance of SEARHEF, identify the issues faced and provide recommendations for further strengthening of the fund operations and utilization. **The specific objectives of this evaluation study are to:**

- Evaluate the **relevance** of the fund in country context of the region by analyzing the occurrence of emergencies vis-à-vis the available funding mechanisms for immediate emergency response
- Evaluate the **effectiveness** of the fund by reviewing the utilization, adequacy and efficacy of the fund
- Evaluate the **efficiency** of WHO's systems and processes for ensuring the smooth functioning and management of the fund as per the business rules set in SEARHEF policies, guidelines and procedures
- Assess the **impact** of the fund in responding to the immediate needs of an emergency
- Determine the **sustainability** of the fund by identifying lessons that can be learnt from events supported by SEARHEF, which include best practices as well as areas of improvement for future
- Provide a comprehensive report on the findings of the evaluation, lessons learnt and recommendations

1.3. Report structure

The Study Report is structured into 5 chapters, the content of which is summarized below.

Chapter 1	**Introduction:** The first chapter is an introductory chapter. It sets the context of SEARHEF and highlights the objectives as well as the limitations of the evaluation assignment.
Chapter 2	**Methodology** The second chapter presents the details of the Evaluation Methodology adopted for the study. It also brings forth the key evaluation principles that lay the foundation for the assignment. (Evaluation Framework is enclosed in Annexure 1)
Chapter 3	**About SEARHEF** The third chapter provides insights about the inception and evolution of SEARHEF and details the operational aspects of SEARHEF processing and management such as funds flow mechanism, organizational structure and critical aspects of emergencies supported by SEARHEF.
Chapter 4	**Evaluation Findings** The fourth chapter elaborates on the evaluation aspects related to relevance, effectiveness, efficiency, impact and sustainability of SEARHEF. The findings are supported by secondary data analysis and inputs received during stakeholder consultations.
Chapter 5	**Conclusion and Recommendations** The chapter summarizes the findings of the study and presents concrete recommendations for strengthening SEARHEF vis-à-vis the challenges identified.

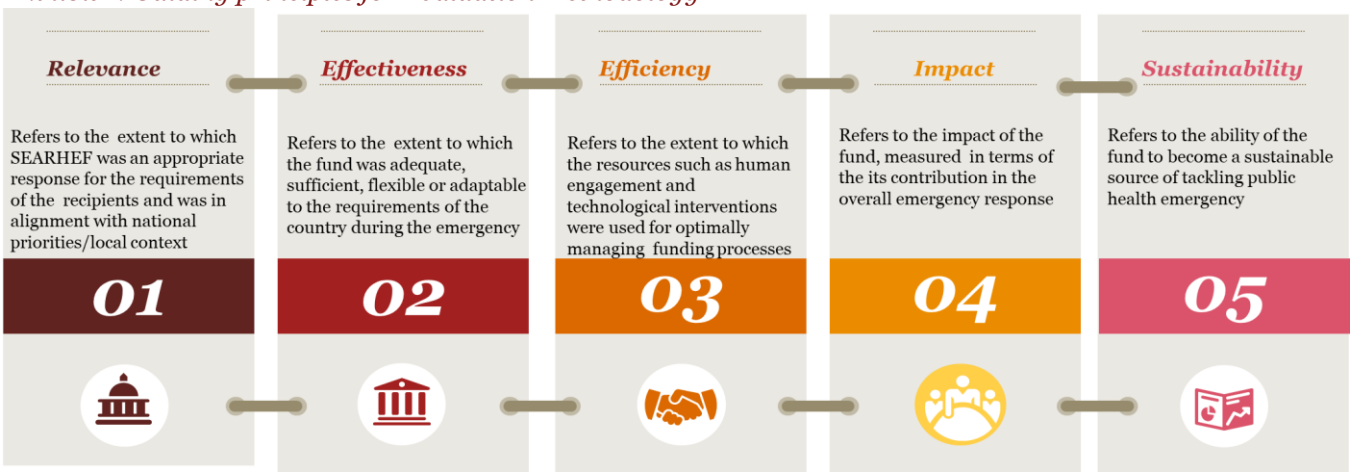
Methodology

2. Methodology

2.1. Methodology overview

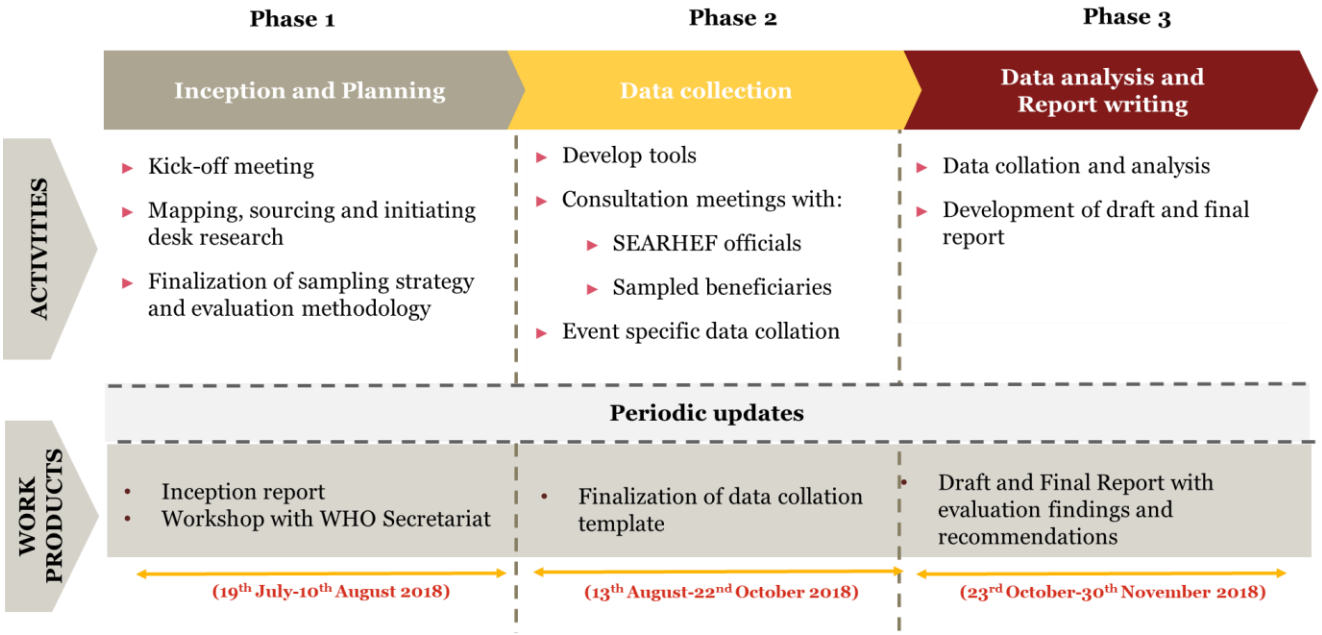
The guiding principles for our evaluation are essentially based on Organization for Economic Co-operation and Development's (OECD) Development Assistance Criteria for evaluating Development Assistance, provided at Exhibit 1. The evaluation framework developed for the assignment is provided in Annexure 1.

Exhibit 1: Guiding principles for Evaluation Methodology



The study was undertaken based on a mixed approach of secondary review and primary consultations with a select set of stakeholders. The assessment has been undertaken in a consultative and participatory manner, involving key WHO functionaries at every stage of the assessment. The study was conducted in a phased manner, dividing the duration into three phases with defined deliverables at the end of each phase. An overview of the methodology is provided in the exhibit below.

Exhibit 2: Project methodology

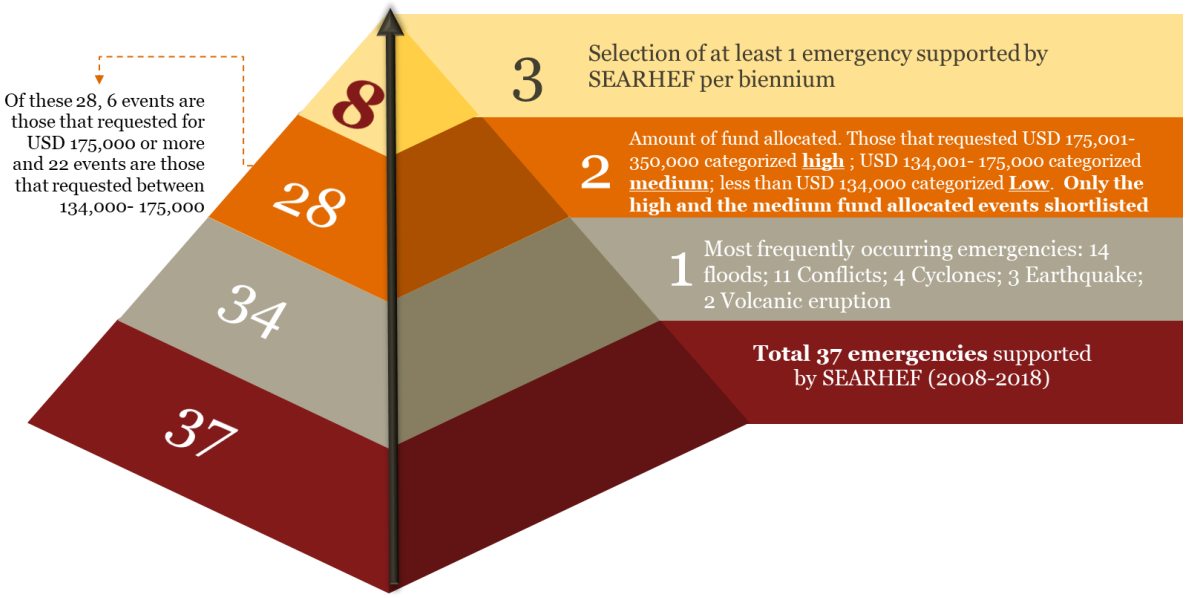


Phase 1: Inception and Planning

The key activities undertaken in the inception phase included:

- ***Kick-off meeting****:* The objective of the meeting was to validate the understanding of the PwC team about SEARHEF, agree upon the evaluation methodology and estimate the support required from SEARO for the future course of actions such as undertaking an in-depth desk research and conducting consultations. A PowerPoint presentation was used for aiding the discussions during the kick-off meeting. The presentation is provided in Annexure 2.
- ***Initiation of desk research****:* For developing an in-depth understanding of SEARHEF operations and management, PwC team developed a list of documents required for desk research and the WHE-SEARO team provided the available secondary literature in the form of Business Procedure Formats, Business Rules of SEARHEF and Guidelines, Regional Committee (RC) meeting resolutions, Working Group (WG) Meeting and Progress Reports, SEARHEF publications such as *SEARHEF – Making a Difference* and event-specific utilization reports.
- ***Finalization of sampling strategy****:* Based on consultations with the WHE-SEARO team and the available information, a 3-step sampling procedure was developed. It was used for sampling a set of SEARHEF-supported emergencies for in-depth research and consultations. Of the total 37 emergencies supported, 8 were shortlisted using this sampling approach. An overview of the sampling approach is provided in the exhibit below.

Exhibit 3: Sampling process for selection of 8 key events



- **Step 1: Most frequently occurring emergencies** – Based on the nature of emergencies for instance floods, earthquake, humanitarian conflicts, etc., the most frequently occurring emergencies were shortlisted. Thus, from 37 emergencies in total, **34 were shortlisted;** these included 14 floods, 11 conflicts, 4 cyclones, 3 earthquake and 2 volcanic eruptions.
- **Step 2: Amount of fund allocation** – Based on the amount of fund allocated for each emergency, the shortlisted 34 emergencies supported were further divided into 3 categories:
    - **High:** Emergencies where the fund amount allocated ranged between US$ 175 000 and US$ 350 000.
    - **Medium:** Emergencies where the fund amount allocated ranged between US$ 134 000 and US$ 175 000
    - **Low:** Emergencies where the fund amount allocated was below US$ 134 000

  Among these emergencies, only those events which were categorized as 'High' and 'Medium' were shortlisted. **Thus, of the 34 events, 28 were shortlisted**, which included 6 events belonging to the 'High' category and 22 from the 'Medium' category.
- **Step 3: Biennium-wise selection of emergencies –** In order to understand how the SEARHEF process and management have evolved over the years, the final shortlisting criteria were to randomly select one event in each biennium between 2008 and 2018. For primary research, purposive sampling

adopted. Thus, **8 emergencies across 6 Member States were shortlisted** for in-depth consultations. The final selected emergencies for in-depth review are provided in the Exhibit below.

Exhibit 4 : Sampled list of events

SL. No.	Shortlisted emergency	Short listing criteria			Short listed member states for in-depth interactions
		1. Most frequently occurring emergencies	2. Amount of fund allocated (USD)	3. At least 1 per biennium	
1	Cyclone Nargis, Myanmmar, 2008 (# 1)	Cyclone	350 000 (High)	2008-2009	1. Myanmar 2. Thailand 3. DPR-K 4. Indonesia 5. Nepal 6. Bangladesh
2	Floods, Thailand, 2011 (# 10)	Floods	350 000 (High)	2010-2011	
3	Flash Floods, DPR-K, 2013 (# 18)	Floods	175 000 (Medium)	2012-2013	
4	Volcanic Eruption Mt. Sinabung, Indonesia, 2014 (# 19)	Volcanic Eruption	144 068 (Medium)	2014-2015	
5	Earthquake, Nepal, 2015 (# 23)	Earthquake	175 000 (Medium)	2014-2015	
6	Humanitarian Conflict, Cox's Bazaar, Bangladesh, 2017 (# 34)	Humanitarian Conflict	175 000 (High)	2016-2017	
7	Humanitarian Conflict, Cox's Bazaar, Bangladesh, 2018 (# 37)	Humanitarian Conflict	350 000 (High)	2018-2019	
8	Health services to the conflict affected population in Rakhine, Myanmar (# 36)	Humanitarian Conflict	156 490 (Medium)	2018-2019	

Phase 2: Data collection

The key activities undertaken in the data collection phase included

- ***Development of research tools:*** The key stakeholders identified for consultations were
  - At SEARO: Regional Emergency Director, Emergency Operations (EMO) team, Management and Administration (MGA) team
  - At Country Office level: WHO Country Representative, Ministry of Health (MoH) Working Group Member, WHE Representative (WR)

  Since each of the above-mentioned stakeholder has a specific and unique role in management and processing of SEARHEF, PwC team prepared stakeholder-wise In-Depth-Interview (IDI) schedule. The final research tools have been provided in Annexure 3.
- ***Stakeholder consultations:*** Based on the sampling plan finalized, PwC team developed a stakeholder engagement plan which included a schedule for interaction with WHO Country Office (WCO) representative and MoH representative from each of the 6 identified countries. WHE-SEARO facilitated the interactions and consultations through video conference or telephonic calls with representatives from 5 countries. Due to the earthquake that hit Sulawesi, Indonesia, the PwC team was not able to hold consultations with WCO Indonesia Staff. The details of the stakeholders consulted have been provided in Annexure 4.
- ***Event-specific data collection:*** On completing interactions with the identified stakeholders, the PwC team developed a detailed data collection template to systematically collate event-specific information. Based on the documents available at the SEARO office, the PwC team compiled the available information on the 37 emergencies supported by SEARHEF and shared the template with WHO Country Representatives for their support in filling the information gaps. The analyses of the event-specific information have been used to strengthen the evaluation findings. The data collection template is provided in Annexure 5.

Phase 3: Data analysis and report writing

- ***Data cleaning and analysis:*** The PwC team undertook transcription of the discussions held with various stakeholders, compiled and cleaned the event-specific data collected for meaningful analysis
- ***Development of final report:*** Based on the findings from qualitative discussions, the primary data collected and available secondary literature, the draft final report has been prepared.

2.2. Limitations of the study and caveats

The limitations of this evaluation study are as follows:

- **Longitudinal effects:** Since the evaluation study was commissioned after 10 years of the fund establishment, there are critical longitudinal effects arising from limited access to:
    - **Staff**: While the SEARO Office had engaged the evaluation team with several staff from RO and WCO who had been involved with the fund management since the inception, there were some MoH staff who had been recently appointed or their knowledge majorly depended on the knowledge that was transferred to them from their previous staff
    - **Documentation of the initial events**: As the process of documentation has drastically evolved over 10 years, note that extent of event-specific information collected varied from country to country.
- **Lack of prior research:** Given that this was the first time in 10 years that a full-fledged evaluation has been commissioned for SEARHEF, the extent of prior research available on the impact level indicators has been limited.
- **Reported data:** Apart from extracting the necessary information from the available documentary sources in hard copies as well as soft copies, an important aspect of the data collection process involved conducting video conference/telephonic consultations with the identified country office staff as well as MoH officials. In case of information gaps, the country office representatives provided event-specific information in the required template. Thus, the data collection to some extent relied on the reported data not cross-checked or validated with the official records or MIS records.
- **Completeness of utilization reports:** While a range of documents were shared with the PwC team with regard to RC resolutions, WG Member meeting reports, event-specific utilization reports, publications, etc., the non-availability of complete utilization reports per the requirement of this evaluation was a critical issue.

About SEARHEF

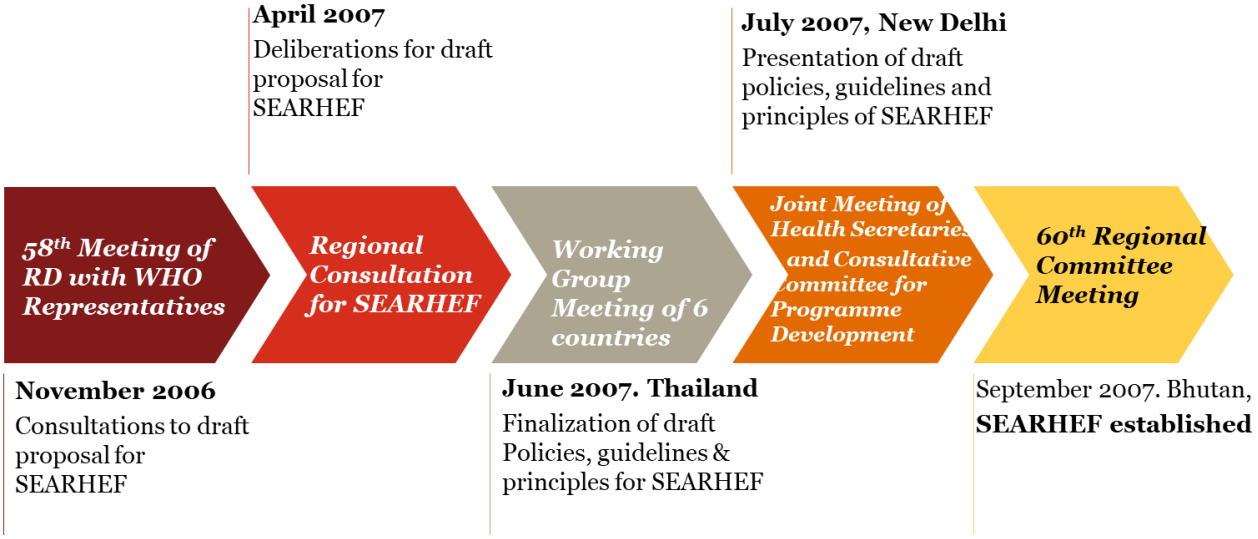
3. About SEARHEF

3.1. Inception

The earthquake and tsunamis of 2004 led to causalities of about 300 000 people. It triggered global dialogue on the South-East Asia region's vulnerability towards natural and man-made emergencies. The major concern was not the bulk relief or long-term recovery but the immediate need of funds in the initial few days of an emergency as the existing funding mechanisms took time to materialize. It was for this reason that Member States felt the **need for a funding mechanism that would allow immediate access to funds for adequate response operations in the initial stages of an emergency.**

Prior to establishment of SEARHEF, at the Sixtieth Session of the WHO Regional Committee for South-East Asia, held in Thimphu, Bhutan, in 2007, through the resolution SEA/RC60/R7, several deliberations and consultations were undertaken to develop the policies, guidelines and principles governing the fund. The exhibit below provides a snapshot of the various critical consultations undertaken before establishing SEARHEF.

Exhibit 5: Consultations and deliberations undertaken before establishing SEARHEF



3.2. Key features of SEARHEF

Composition of SEARHEF

According to the SEARHEF policies, principles and guidelines (revised in September 2008), the turnaround time for release of fund allocations should not exceed 24 hours upon receipt of request.

It is a revolving fund which has the following 2 components:

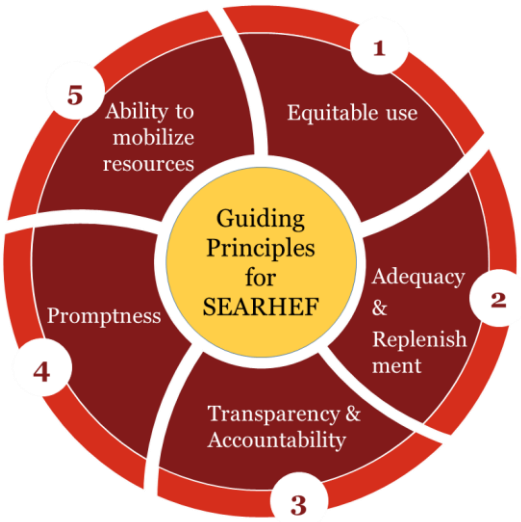
1. **Assessed Contribution (AC):** ACs are integral financing source for WHO wherein each Member State pays an amount to be part of WHO. The AC amount is calculated for each country depending on the country's wealth and population. **For SEARHEF, each of the 11 countries set aside a fixed percentage from their regular budget (AC).** This amount sums up to US$ 1 million per biennium.

2. **Voluntary Contribution (VC):** As the name suggests, a VC can be made in addition to Assessed Contributions of the Member States. VC could be mobilised from donors, countries and other agencies; Member States; and unspecified VC. VCs are intended to raise ceilings for SEARHEF allocation as well as relieve countries from their part of the Assessed Contribution. As on date, Government of Timor Leste has made VC of US$ 100 000.

Scope of the fund

Designed to provide financial support in the aftermath of an emergency in Member States for the first three months, **the scope of SEARHEF is restricted to meet the immediate needs and fill in critical gaps** till a larger funding mechanism sets in. Its scope does not include bulk relief, long-term recovery or reconstruction and rehabilitation work. Further, it not designed to replace the established funding mechanisms such as Flash Appeals, Consolidated Appeals Process (CAP) and Central Emergency Response Fund (CERF), which continue to be key modes of resource generation in emergency situations.

Exhibit 6: Guiding principles of SEARHEF



Criteria for fund allocation

A member country is eligible for SEARHEF funding in case of an emergency situation as a result of natural or man-made disaster is declared as per any of the following criteria:

- Declaration of a state of health emergency or disaster; or
- Official request for external assistance by the national government; or
- Appointment of a Humanitarian Coordinator by the UN Secretary-General for that particular emergency.

Fund requisition and acceptance

According to SEARHEF policy, principles and guidelines, and based on consultations with the (SEARO) WHE officers, the entire process of proposal acceptance is mandated to be completed within 24 hours of receiving a proposal. Proposals are not rejected on the basis of budget availability/requirement. In the last 10 years, there have been only 3 instances when an SEARHEF request has been rejected. These requests were rejected because the request did not meet the stipulated criteria for SEARHEF and/or because other funding mechanisms had already been arranged. If the SEARHEF corpus is exhausted or falls short in meeting the requested amount, then additional resources can be provided from the Regional Director's (RD's) Reserve, on the RD's discretion.

Fund disbursement

For each emergency, the maximum amount that can be disbursed under SEARHEF to a member country is US$ 350 000. This amount is given in two tranches, with each tranche having a ceiling of US$ 175 000. Once the fund is requested by the member country through the WCO, the first tranche of US$ 175 000 must be disbursed within 24 hours of requisition. In order to avail the second tranche of US$ 175 000, the member country must submit the utilization report in the prescribed format. SEARHEF funding cannot be used beyond three months from the fund receipt. However, if a member country is unable to exhaust the amount, it can return the remaining amount.

Fund utilization

SEARHEF can be used for a range of activities that are critical during an emergency situation. The Business Rules of SEARHEF suggest that the fund can be typically used for:

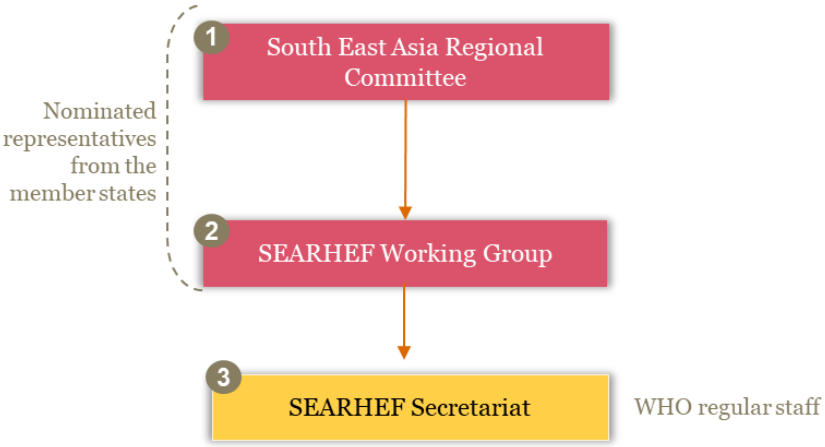
- Procurement of essential medicines and supplies
- Support towards transportation and communication
- Public health interventions
- Operational field presence (i.e. field operation activities)
- Operational staff and technical support to national and sub-national health authorities.

During discussions with the WHE-SEARO staff, it has emerged that barring the cost of on-roll staff, there appears to be minimal restriction on the areas for which SEARHEF can be used. This provides adequate flexibility to the Member States.

3.3. SEARHEF governance

The governance structure of SEARHEF follows a 3-tier system led by the WHO South-East Asia RC.

Exhibit 7: Governance structure of SEARHEF



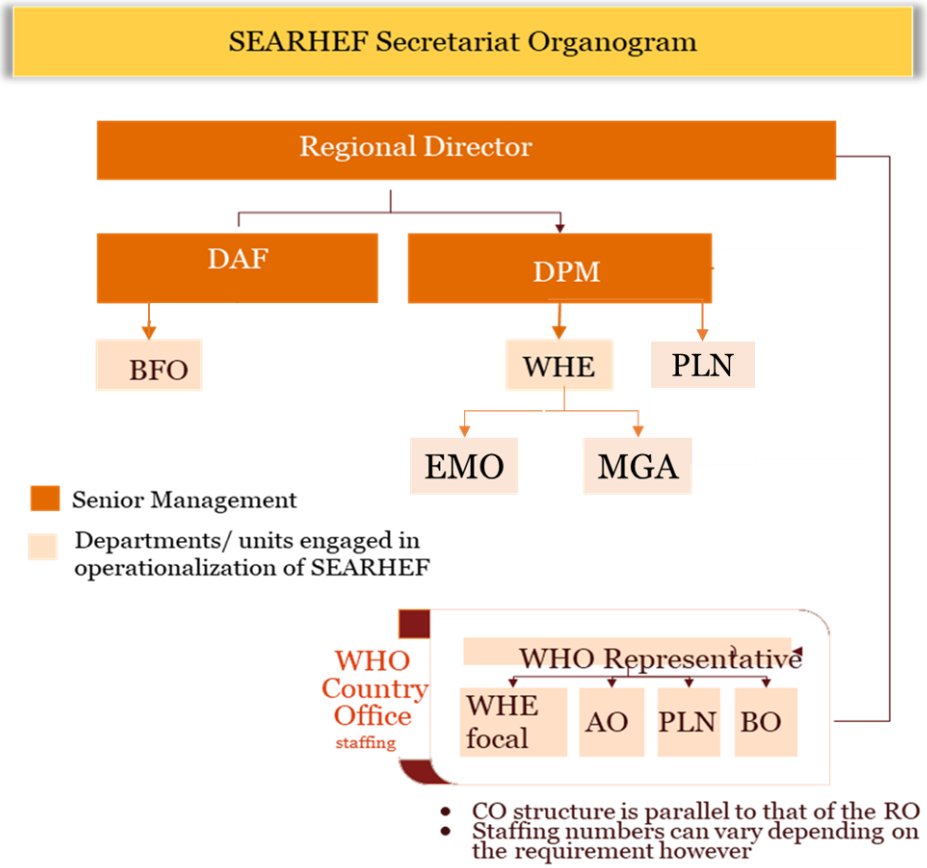
The WHO South-East Asia RC is composed of representatives of the Member States in the Region and Associate Members in the Region. The RC meets once a year to finalize the regional policy and approve budget and programme for the region. It takes note of the WG's findings and recommendation annually.

The WG is composed of 1-3 nominated representatives from the health ministries of the 11 Member States. Primarily, they are administrative officers who oversee and guide SEARHEF operations. The key roles and responsibilities of WG members include:

- Review of the biennial fund disbursement and utilization
- Review and finalization of the policy, guidelines and principles developed for SEARHEF
- Provide oversight and guidance to the management of the Fund (in accordance with guidelines)
- Provide guidance towards enhancement of VC funds

The SEARHEF Secretariat is composed of the WHO regular staff. It is the administrative arm of the RC and the WG. It is responsible for processing and overseeing the fund utilization mechanism. The detailed organogram of the SEARHEF Secretariat is given below:

Exhibit 8: SEARHEF Secretariat organogram



- The **senior management** at the Secretariat consists of RD; Director Programme Manager (DPM) and Director, Administration and Finance (DAF). With regard to SEARHEF, the approval of senior management is critical for fund allocation and disbursement
- **WHE** is one of the units under DPM at the Regional Office. It is responsible for managing the operationalization of SEARHEF. The team coordinates the funding process from requisition to fund utilization reporting. They act as the mediator between the senior management and WCOs.
- **WHO Country Office (WCO):** In each of the 11 member states, WHO has established a country office which is headed by the WHO Representative (WR). Depending on the country's requirement, the WR is supported by other officers which include WHE focal point, Planning Officer (PO) Administration Officer (AO), Budget and Finance Officer (BFO).

The table below provides the roles and responsibilities of the critical stakeholders at the Secretariat who are involved in SEARHEF management.

Table 2: Roles and responsibilities of key stakeholders involved in SEARHEF management

#.	Stakeholder	Roles and responsibilities (for SEARHEF)
WHO Regional Office-SEARO		
1.	Regional Director (RD)	*RD is elected by all 11 Member States* • Final authority for fund approval • Authorised to issue RD reserve in case SEARHEF corpus is exhausted in a biennium
2.	Director Programme Management (DPM)	• Advises the RD (on policy guidelines) • Reviews SEARHEF proposals and supports fund request
3.	Programme Planning, Partnership and Coordination Officer (PLN)	*Reports to DPM* • Works with WCO to make revisions in Country Work plan • Finalises the Programme Change Worksheet (PC) in the work plan • Supports preparation of PC and ADR forms • Final review of PC and ADR form; submits to RD for approval
4.	Budget & Finance Officer (BFO)	*Reports to DAF* • In consultation with PLN, processes the GL budget change and ADR in GSM
5.	WHE Regional Emergency Director (RED)	*Reports directly to DPM and RD and the WG at regular intervals* • Reviews fund request and assesses availability of fund • Submits Comment Sheet for approval from the senior management • Facilitates the resource mobilization of VC for the Fund. • Facilitates periodic review of principles and guidelines of the Fund • Oversees event documentation
6.	SEARO WHE: Emergency Operations Manager (EMO) and Management and Administration (MGA) Manager	*Reports to RED* • Reviews the fund request, assesses availability of fund and submits Comments Sheet to RED • Follows up with WCO for fund utilization reports • Maintains and updates documentation and status of fund utilization
WHO Country Office – WCO		
7.	WHO Country Representative (WR)	*Reports to RD* • Provides technical advice on public health to the Ministry of Health (respective member states) • Advises MoH in planning and overseeing fund implementation • On the request of the MoH, WR may prepare the fund request proposal for SEARHEF

#.	Stakeholder	Roles and responsibilities (for SEARHEF)
		• Submits the Fund request proposal from the Ministry to the RD (through EMO/WHE) • Oversees the preparation of the zero-costed OCR at the beginning of the biennium (in consultation with PLN and WHE) • Approves the activity implementation in GSM • Submits SEARHEF utilization reports to RO in consultation with MoH
8.	WCO staff including WHE focal point, Planning Officer (PLN), Budget Officer (BO), and Administration Officer (AO)	*WCO staff Report to WR and work in collaboration with the RO-PLN and BF units to make the Programme Change (PC) and Budget Change (BC). The number of staff at the country office may differ from country to country depending on the requirement* • Beginning of the year, prepare the blank OCR (in case of an emergency, name and initiate the OCR) • Advise the Ministry about SEARHEF (on its availability; on when to access it; on the procedures and the protocols, etc.) • Provide support the Ministry in developing the proposal for the SEARHEF (if requested) • Submit the proposal to RO for approval • Create work plan and update all approval on GSM • Support procurements through SEARHEF for national government (through GSM)

3.4. Funding process of SEARHEF

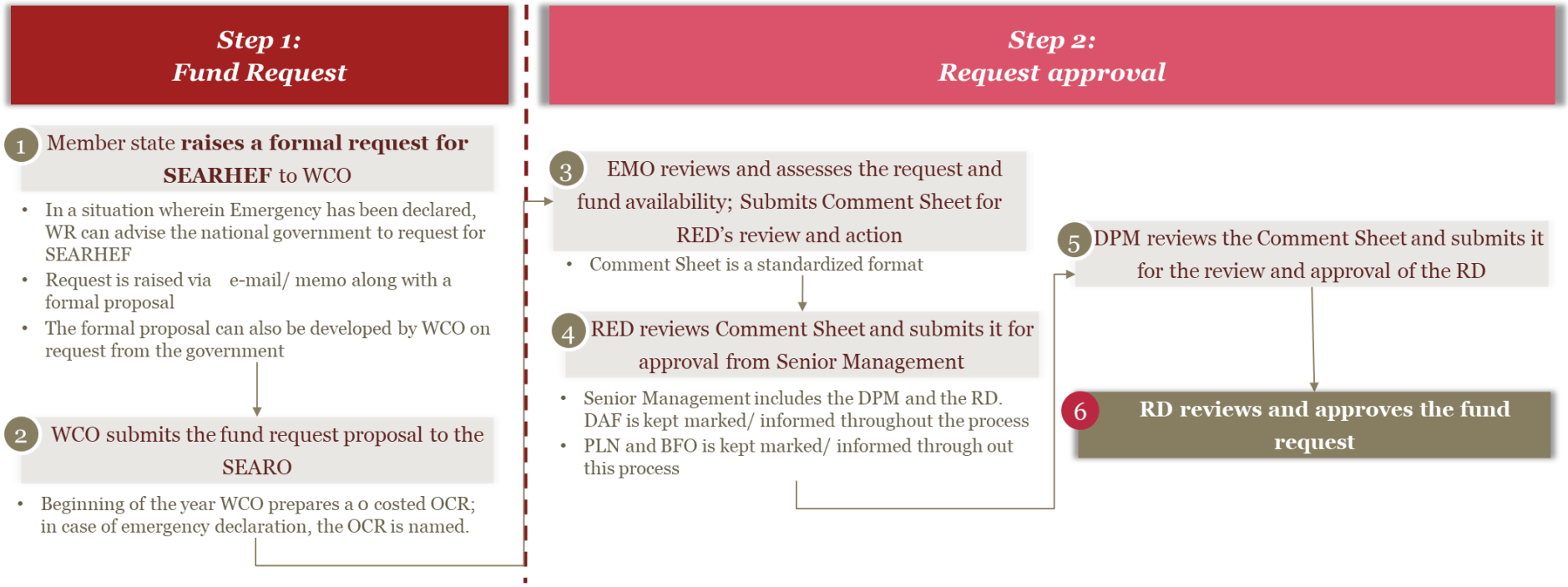
As per the policies, principles and guidelines of SEARHEF, the entire fund disbursement process must be completed within 24 hours of receiving fund request from the Member State. In order to standardize the funding process for all Member States, WHE-SEARO team have developed certain templates and formats. These include: i) Memorandum for SEARHEF from CO *(Annex B),* ii) Proposal for requesting SEARHEF *(Annex C),* iii) Comment Sheet for Approval of RD (*Annex D),* iv) Format for Programme Change (PC) and Budget Change (BC), v) Routing format *(Annex F),* vi) Reporting Format for utilizing SEARHEF *(Annex H)*

The funding process of SEARHEF follows a 5-step process:

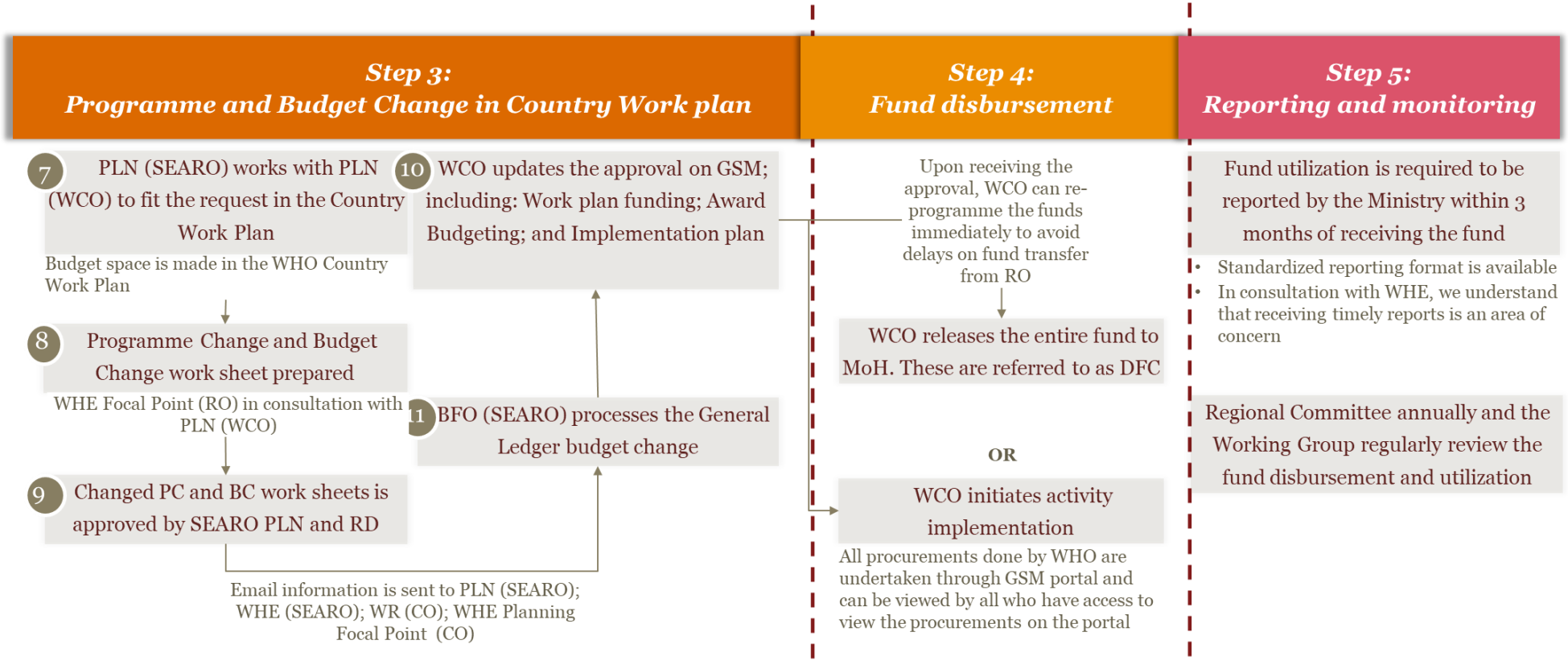
1. Fund requisition
2. Fund Request Approval
3. Programme Change (PC) and Budget Change (BC) in the Country Work Plan
4. Fund Disbursement
5. Fund Reporting and Monitoring

The exhibits below describes each of the steps mentioned in detail

Exhibit 9: SEARHEF funding process



Note: Steps 1 and 2 may occur simultaneously



Note: Steps 3 and 4 may occur simultaneously

Evaluation Findings

4. Evaluation findings

4.1. Relevance

In this section, the relevance of SEARHEF is evaluated in terms of the extent to which the fund was suited to meet the contextual requirements of the Member States. The section is divided into two parts.

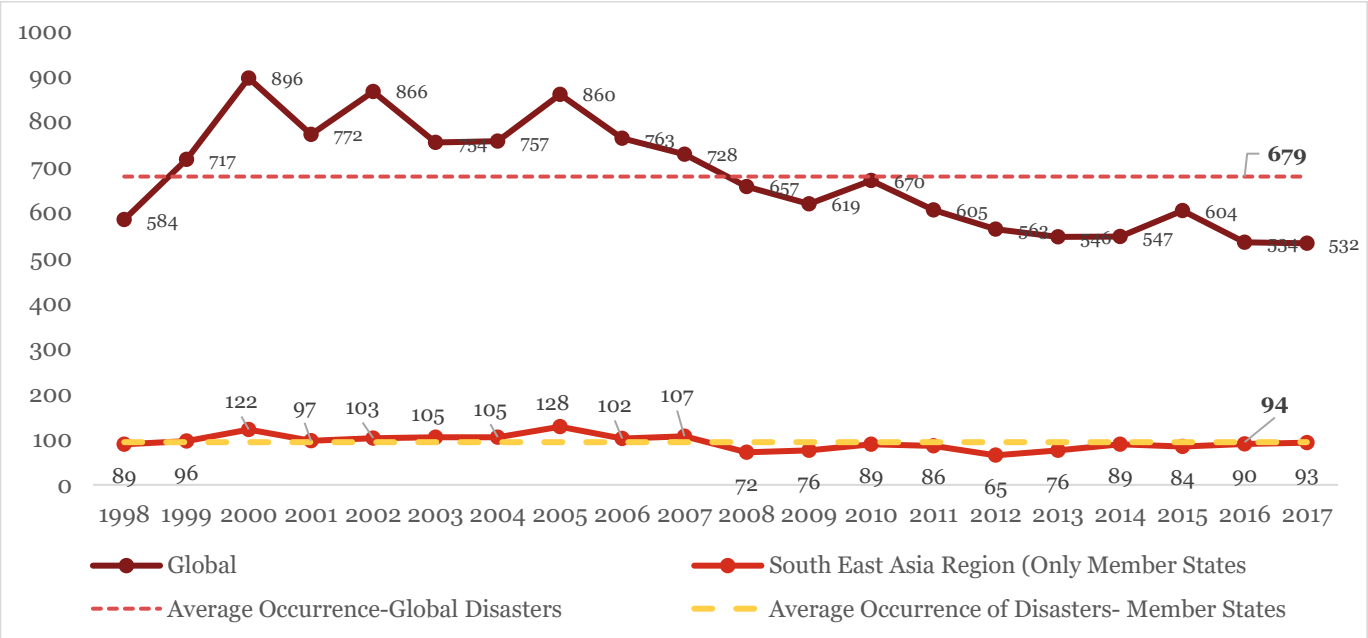
i. **PART 1:** This subsection details the prevalence of disasters in the last few decades from the point of view of frequency of occurrence, nature or type of disaster, economic loss, affected population and death toll

ii. **PART 2:** This subsection draws on the findings of the preceding subsection to identify the critical factors that determine the relevance and importance of SEARHEF.

4.1.1. Trends in disasters[3]- A Contextual Analysis

In the last 20 years, disasters from natural hazards such as droughts, earthquakes, cyclones, floods, epidemics together with chronic conflicts have consistently occurred and have resulted in huge economic and humanitarian challenges for the affected population. Given below is a historical analysis of the number of disasters[4] that have occurred globally as well as in the 11 Member States. Before the establishment of the fund in 2008, globally, 7 697 disasters occurred between 1998 and 2007, of which 14% (1 054) occurred in the South-East Asian Region.[5] It can be observed from the figure below that post 2008, the number of disasters that have occurred globally exhibit a declining trend (i.e. fall of 19% between 2008 and 2017). However, the South-East Asian region has experienced an increase in number of disasters by 29% during the same period**. In the last 20 years, the 11 Member States witnessed on an average 94 disasters each year, further indicating that natural disasters have long been part of the region life.**

Exhibit 10: Number of occurrences of disasters (1998-2017)



Source: EM-DAT: The Emergency Events Database - Universite catholique de Louvain (UCL) - CRED, D. Guha-Sapir - www.emdat.be, Brussels, Belgium

With regard to the **extent of damage** caused by the disasters, it can be observed that, globally, there has been a fluctuating trend. Globally, 2011 recorded the highest damage of about US$ 364 billion, followed by 2017, wherein the extent of damage was about US$ 334 billion. In 2014, nearly one-fourth of the total damage was from the disasters in the Member States which amounted to ~US$ 25 billion, which was majorly a result of massive

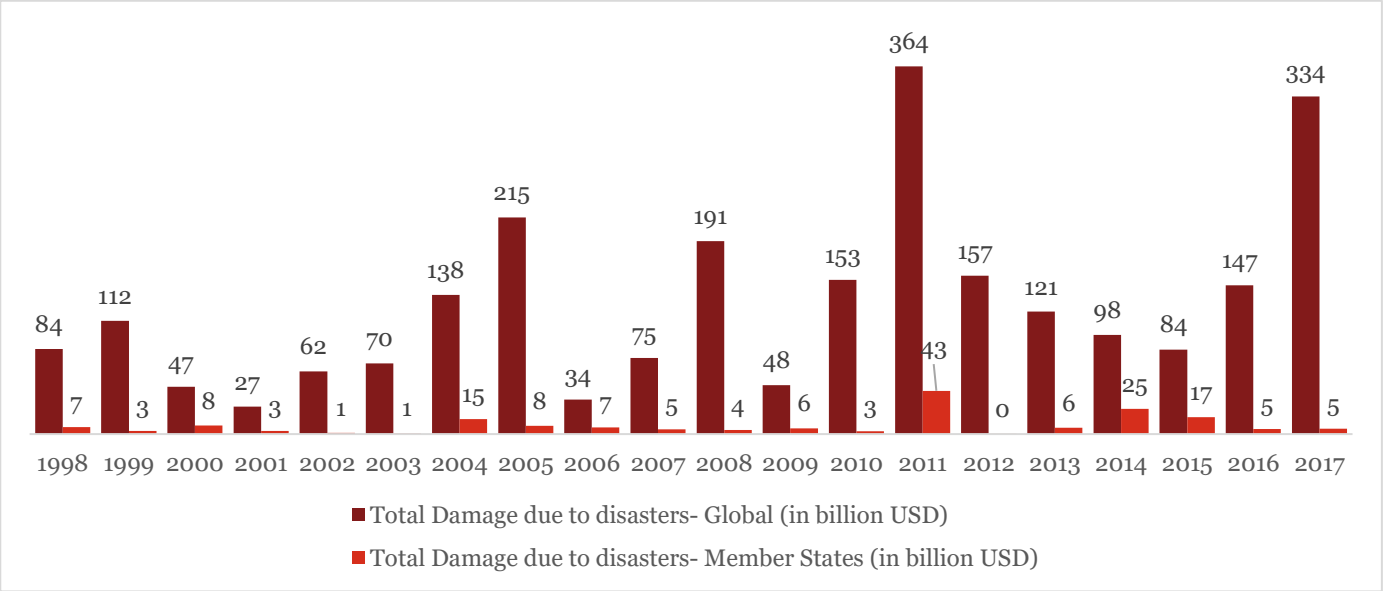
[3] Disaster data extracted from EM-DAT database as on 14 September 2018.

[4] "Disasters' refer to disasters with a natural and technological trigger only, and do not include wars, conflict-related disasters or complex.

[5] For the study, South-East Asia Region refers to the 11 Member States: Bangladesh, Bhutan, India, Indonesia, DPR Korea, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor Leste.

floods in the Kashmir region of India and volcanic eruption of Mount Sinabung in Indonesia. Similarly, in 2011 as well, the extent of damage caused by disasters amounted to US$ 43 billion, which was predominantly because of the severe floods in Thailand that inundated 90 billion square kilometers of land, affecting more than two-thirds of the country and was ranked as world's fourth costliest disaster as of 2011[6]

Exhibit 11: Amount of disaster estimated damage globally and in the South East Asia region (1998-2018)



Source: EM-DAT: The Emergency Events Database - Universite catholique de Louvain (UCL) - CRED, D.Guha-Sapir - www.emdat.be, Brussels, Belgium

With regard to the **number of people affected by the disasters**[7], it can be observed from the table below that, 2015 was a critical year as more than 429 million persons were affected by disasters globally, of which 87% (372 million) were from the 11 Member States[8]. The year 2015 was marked by high incidence of urban disasters which included urban flooding in Indonesia (February), Bangladesh (June) and India (June and December). Another major disaster that affected a huge population of more than 5.7 million people was the Nepal earthquake measuring 7.8 on the Richter scale. Among the Member States, the **impact of the disasters in terms of the lives lost was highest in 2008** and the most devastating disaster in this year was Cyclone Nargis, which slammed into Myanmar's low-lying Irrawaddy Delta in May 2008 and resulted in a death toll of about 135 000. In recent times (September 2018), the earthquake that hit Central Sulawesi Province of Indonesia has been one of the most devastating disasters which killed over 2 105 persons, left 4 612 severely injured and 680 persons recorded as missing[9].

Table 3: Number of people affected and killed across various disasters (between 2008 and 2017)

Year	Total number of people reported as affected by disasters in all countries	Total number of people reported as affected by disasters in Member states	Total number of people reported as killed by disasters in all countries	Total number of people reported killed by disasters in Member States
2008	219 million	27.8 million	249 195	141 567
2009	201 million	15 million	22 903	6 085
2010	256 million	20 million	336 647	4 686
2011	210 million	24 million	40 769	4 013
2012	123 million	22 million	17 684	2 475

[6] Geo-Informatics and Space Technology Development Agency, http://www.thaiwater.net/web/attachments/379_thailand%20flood%20es%20v2.pdf
[7] **Note:** Disasters includes all humanitarian conflict including natural and technological, and also protracted crisis in the region.
[8] Retrieved from EM-DAT: The Emergency Events Database - Universite catholique de Louvain (UCL) - CRED, D.Guha-Sapir - www.emdat.be, Brussels, Belgium
[9] Situational Report#10, WHO Indonesia, 26th October 2018

Year	Total number of people reported as affected by disasters in all countries	Total number of people reported as affected by disasters in Member states	Total number of people reported as killed by disasters in all countries	Total number of people reported killed by disasters in Member States
2013	99 million	21 million	28 924	9 967
2014	139 million	10 million	27 332	3 507
2015	428 million	372 million	34 836	13 860
2016	202 million	6 million	16 466	3 734
2017	95 million	29 million	16 453	5 139

Source: EM-DAT: The Emergency Events Database - Universite catholique de Louvain (UCL) - CRED, D.Guha-Sapir - www.emdat.be, Brussels, Belgium

With regard to the **nature of disasters** that have occurred in the region, in the last 10 years, floods have been one of the most common forms of disaster followed by transport accidents, storms and landslides. The countries that witnessed most number of floods were Indonesia (76) and India (74). Transport accidents caused by air, rail road or waterways was another major type of disaster that was most frequent in the region. On cross tabulating the number of people affected by type of disaster, **droughts affected the highest number of people (~384 million)** followed by floods and storm which together affected over 197 million people.

Exhibit 12: Types of disasters in the 11 Member States (2008-17)

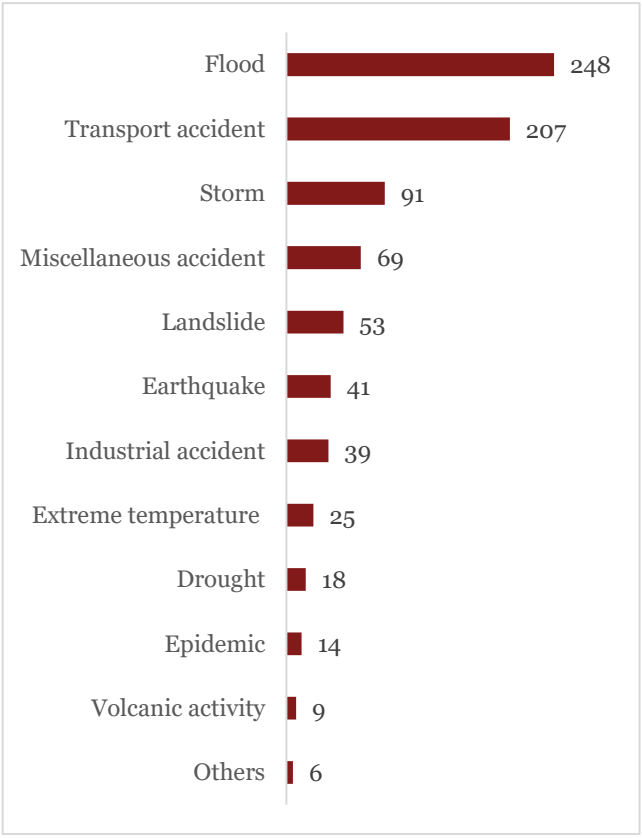


Table 4: Number of people affected by different types of disasters in the 11 Member *States (2008-17)*

Type of disaster	No of people affected (in 'ooos)
Drought	384 406
Flood	159 391
Storm	37 799
Earthquake	9 576
Extreme temperature	1 252
Others	358
Epidemic	450
Volcanic activity	439
Landslide	358
Industrial accident	219
Miscellaneous accident	12
Transport accident	6

4.1.2. Relevance of SEARHEF

Based on the analysis above, it can be observed the South-East Asian region has consistently witnessed disasters from natural and human generated hazards of varying severity and complexities which has affected a significant proportion of population. These disasters have increasingly posed economic and humanitarian challenges. Given that most of the SEARHEF Member States belong to medium and low levels of income, they possess weaker governance and occurrence of disasters further compound the existing problems of poverty and inequality, thereby reversing development gains. Moreover, if countries are affected by protracted crisis (such as the Rohingya Crisis affecting Bangladesh and Myanmar), they pose additional challenges to the relief and recovery efforts of local and international capacities. Thus, in such situations, a rapid funding mechanism such as SEARHEF, which can be made available on an immediate basis, becomes extremely critical for disaster response and recovery.
Given below are the key factors that substantiate the need for SEARHEF and ensure its relevance:

- **Disaster-prone geography:** Historical analysis of the last 2 decades reveals that the SEARHEF Member States face nearly 90 disasters every year. Between 2008 and 2017, with a total of 820 disasters, the Member States constituted about 14% of the global disasters. Note that the disasters vary significantly across countries in their nature as well as magnitude, resulting in the need for funds available at short notice to meet the critical actions, making SEARHEF extremely relevant for the region.

- **Increasing humanitarian conflict and protracted crises:** An estimated 201 million people in 134 countries needed international humanitarian assistance in 2017[10]. Humanitarian conflict fueled majority of this need with protracted violence and unrest continuing in many countries. **In 2017, 3 of the 11 Member States, i.e. Bangladesh, Myanmar and Nepal were in the list of top 36 countries affected by humanitarian conflict that resulted in the need for assistance for nearly 3 million people**[11]. The Rohingya Refugee crisis is one for the major contributors to the humanitarian conflict in the region in recent times. Violence in Myanmar's Rakhine state drove over 700 000 Rohingya refugees into Bangladesh's Cox's Bazaar. It is important to understand that humanitarian challenges and natural disasters settle in as long-term challenges which result in systemic problems associated with education, health, water, sanitation and housing. **Thus, with violence and conflict spreading and causing instability, fragility and mass displacement of people, the need for timely emergency response becomes more profound.**

- **Acute emergencies supported by SEARHEF:** Based on the amount spent using SEARHEF, each event was categorized into High, Medium and Low.[12] It can be observed from the table that of the total emergencies supported, more than three-fourths (76%) were such that these needed over US$ 134 000 as an immediate requirement, suggesting these fell in either the High or Medium category. Even though the number of emergencies that the region experienced was much more, SEARHEF was opted for some of the most critical emergencies with greater degree of severity.

  Table 5: Criteria for categorization of emergencies

Category	Range of SEARHEF amount allocation (in US$)	Number of events
High	175 001-350 000	7
Medium	134 001-175 000	21
Low	Less than 134 000	9

- **Regional solidarity:** Regional solidarity is the essence of SEARHEF. In the last 10 years, all Member States have continued to contribute a portion of their assessed contribution to demonstrate support for other nations in the event of a natural or man-made disaster which have public health consequences. The governments of Thailand and Timor Leste have made voluntary contributions for SEARHEF, although both these countries have hardly accessed SEARHEF support in the last 10 years. Further, it can be observed that the utilization of SEARHEF across countries in not even. On the one hand, Myanmar's total SEARHEF utilization stands at US$ 1.2 million (in 10 years), comprising 21% of the total fund allocation so far, while on the other hand, Timor Leste and India have not accessed SEARHEF, even though both countries have experienced public health emergencies in 10 years. Thus, **despite limited voluntary contribution and uneven utilization of the fund, Member States have repeatedly**

[10] Global Humanitarian Assistance Report, 2018
[11] Ibid.
[12] Categorization of events into High, Medium and Low is the same as was used in Sampling. (Refer to Section 2.1.)

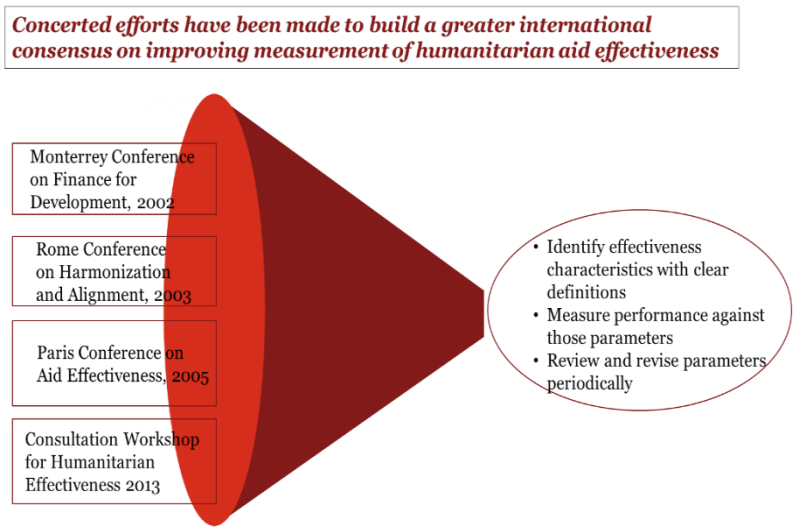
contributed a part of their AC to SEARHEF and have expressed satisfaction about the fund's performance.[13] They have recognized the importance of regional collaboration to strengthen domestic capabilities by promoting technical cooperation.

- **Increasing the accessibility of SEARHEF as opposed to other funds:** While SEARHEF was introduced with an objective to kick-start the emergency response operation until other funding sources are operational, the extent of additional funding mechanisms used for an emergency is critical to understand the significance of SEARHEF. For this, the evaluation methodology sought to gather information on other funding sources used for each of the 37 emergencies; such information was obtained for 11 of the 37 events. It was observed that **CERF and CFE** were other **common sources of additional funding mechanism operating across the region in cases of emergencies. Given that all three funds are** emergency response mechanisms to support rapid humanitarian response for people affected by natural disasters and humanitarian conflict (armed, protracted, etc.), **what sets SEARHEF apart is that it is a regional fund exclusively for the 11 Member States and CERF and CFE are global funds which attract attention of other severe emergencies in the world. Further, since SEARHEF is managed internally, it has a faster release and unlike the CERF which requires UNCT processes to be followed, it kicks in later. Also, CFE became effective only after 2015, SEARHEF has existed for the last 10 years. These factorsimply that SEARHEF is much more easily accessible than other global funds with similar objectives, further substantiating the need for SEARHEF.**

4.2. Effectiveness

The crux of any humanitarian aid lies in its ability to save lives, alleviate suffering of disaster-/crisis-affected population and maintain human dignity. In order to maximize the impact, humanitarian assistance should be allocated in the most effective way. Humanitarian aid effectiveness is defined as 'objectives achievement'[14] and the extent to which the immediate objectives of the interventions were achieved, measured by the **quantum of disbursements** and the **targeting of aid on the needs of the affected individuals**.

Exhibit 13: Key policy dialogues for improving humanitarian aid effectiveness



Drawing from these definitions, the **effectiveness of SEARHEF is evaluated by identifying critical effectiveness characteristics and assessing the performance of the fund across them**. For this study, these parameters are:

- Adequacy
- Efficacy
- Adaptability/Flexibility

4.2.1. Adequacy

Fund Amount: Broadly, the adequacy of SEARHEF refers to the **quantum of fund available for undertaking the most critical interventions in a health emergency situation**. These interventions may vary depending on the nature and type of emergency and include activities such as conducting rapid assessments, procuring and delivering supplies (medicines, perishable goods, non-perishable goods, etc.), facilitating mobility of health professionals in the affected areas, etc.

From the consultations, it emerged that there was **varying opinion among the WCOs regarding the sufficiency of fund amount**. While some of the WCO officials felt that the nature of emergencies that struck

[13] As evidenced in SEA/RC69/60 *'Reaffirming that emergencies remain a concern in the Region and recognizing SEARHEF as an important component for regional solidarity for support in times of acute emergencies and that Member States have commended the speed and flexibility provided by the funds'*

[14] OCHA, Measuring the Effectiveness of Humanitarian Action: Risk, Adaptation and Innovation in Humanitarian Action, in OCHA Policy Conference. 2011

their respective countries did not require funding support in excess of the maximum US$ 350 000, some other WCO officials were of the opinion that the amount of fund was not sufficient and needed to be increased. Moreover, most of the WCO officials reported that the bifurcation of total fund amount into two tranches of US$ 175 000 required revision as it imposed restrictions on fund utilization.

Accessibility: The number of people reached out using the fund is an important characteristic for measuring its effectiveness. Accessibility in the context of SEARHEF refers to the ability of governments to reach the affected population using the SEARHEF fund amount. In the last 10 years, using SEARHEF, WCOs/MoH had reached out to ~12.5 million persons.[15] This is based on the information reported by the WCOs.

Table 6: Accessibility of SEARHEF: Number of people reached out using SEARHEF (across biennium) [16]

Biennium	Number of persons reached out using SEARHEF	Number of persons affected
2008-09	260 000	280 000
2010-11	9 200 870	20 200 323
2012-13	443 204	1 820 999
2014-15	1 279 986	2 910 520
2016-17	1 314 500	5 147 568
Grand Total	**12 498 560**	**30 359 410**

On comparing the number of people affected with the number of people reached out, it can be observed that **using SEARHEF, nearly 40% of the people affected by the various disasters, were impacted in the last 10 years (2008 – 2018)**[17].

Reduction of vulnerabilities for response phase: Another aspect to be considered while evaluating SEARHEF from the point of view of adequacy is the **ability of the fund to strengthen the population in coping with disasters**. In order to determine how effective SEARHEF was in reducing the vulnerabilities of the affected population, the key factors to be considered are the activities undertaken as response measures using SEARHEF. Some of the recent emergencies wherein SEARHEF supported in coping with the health emergency crises are as follows:

- **Diphtheria outbreak at Cox's Bazaar, Bangladesh (2018):** Over the years in Bangladesh, SEARHEF has mainly been used for procurement of drugs, medical supplies and equipment. During the diphtheria outbreak at Cox's Bazar, the lack of laboratory services to conduct diagnostics tests was the main hurdle in ensuring the provision of healthcare services. As a result, SEARHEF fund was used for **setting up of laboratory facilities**. The activity did not entail construction; instead, the existing medical college building was used and the SEARHEF funds were used for purchase of equipment, medicines, support to lab technicians, etc.

- **Health response after earthquake in Nepal (2015):** Nepal experienced one of the worst earthquakes measuring 7.8 on the Richter scale, leaving most parts of the country in rubbles and claiming over 9 000 lives besides many injured.[18] SEARHEF was used predominantly for the **activating Health Emergency Operations Centre (HEOC), procurement of drugs and mobilization as well as deployment of hub and district-level coordinators.**

- **Cyclone Mora in Bangladesh (2017):** In May 2017, Cyclone Mora caused widespread devastation in the southern-eastern Chittagong and Barisal divisions of Bangladesh. Nearly 3.3 million people were affected, and WHO graded it as a Grade 1 Emergency. In this context, SEARHEF was used to **ensure provision of adequate amounts of emergency medicine and medical supplies. Further, the fund was used to strengthen communicable disease surveillance to ensure timely detection and control of waterborne diseases.** Thus, SEARHEF not only helped in procuring and distributing medical supplies but also helped in containing all communicable and waterborne diseases.

- **Floods and landslides in Sri Lanka (2017):** Incessant rains due to the south-west monsoon caused rampant flooding and landslides in parts of the country. **SEARHEF was at the forefront of emergency response to support the MoH** in response and recovery activities for flood victims.

[15] Based on information received for 21 out of 37 events
[16] Based on information received for 21 out of 37 events
[17] **Note:** While the proportion of people reached out using SEARHEF is high, the extent of support would have been limited as the fund was used to only address the immediate needs.
[18] SEARHEF utilization report submitted by WCO Nepal. The actual death toll by the end of the emergency may be different, since SEARHEF was used for the initial period of response.

These **included deployment of medical teams for the provision of medical care, mental health and psychosocial support, strengthening of communicable disease surveillance and health promotion activities for the disaster survivors.**

Based on the above emergencies and the responses, we conclude that SEARHEF funds have been used in many cases for reduction of vulnerability for the effected population in an emergency.

4.2.2. Efficacy

An important aspect of disaster management is that when disasters occur (whether natural or man-made), there is often a missing link between the emergency responses provided and emergency response actually needed. In this context, while determining the effectiveness of SEARHEF, a key consideration is to evaluate the efficacy of the fund, which is the ability of the fund to bring desired/intended results. In this section, **the extent to which requested fund was utilized is analyzed in detail below**

Table 7: Event-specific amount of fund requested and utilized

Event No	Name of the emergency (1)	Amount requested by govt. (in US$) (2)	Amount requested by WR (in US$) (3)	Amount allocated (in US$) (4)	Amount used (in US$)[19] (5)	Utilization % reported (6)
1	Cyclone Nargis in Myanmar	NA	350 000	350 000	350 000	100%
2	Flash floods in Sri Lanka	23 500	23 500	23 299	23 299	99%
3	Kosi river floods (in two tranches), Nepal	423 397	325 000	325 000	124 435	38%
4	Emergency health interventions for internally displaced populations (IDPs) in conflict-affected areas in northern Sri Lanka (in two tranches)	475 000	350 000	350 000	-	-
5	Earthquake in the North Sumatra province, Indonesia (in two tranches)	300 000	300 000	300 000	-	-
6	Emergency health interventions for	350 000	175 000	175 000	-	-

[19] **Note for the reader:** For emergency events where amount used was not reported in the utilization reports, a hyphen has been denoted. This does not imply that the amount disbursed was not used. It only implies that the amount was not reported as per requirements.

Event No	Name of the emergency (1)	Amount requested by govt. (in US$) (2)	Amount requested by WR (in US$) (3)	Amount allocated (in US$) (4)	Amount used (in US$)[19] (5)	Utilization % reported (6)
	relocated IDPs affected by conflict in Sri Lanka					
7	Fire in Dhaka, Bangladesh	349 695	349 695	175 000	175 000	100%
8	Mt Merapi volcanic eruption in East Java province, Indonesia	174 992	175 000	139 000	138 670*	79%
9	Critical healthcare services to the resettled population affected by conflict in Sri Lanka	175 000	175 000	175 000	-	
10	Floods in Thailand (in two tranches)	350 000	350 000	350 000	350 000	100%
11	Torrential rains in DPR Korea (in two tranches)	310 000	310 000	310 000	310 450	100%
12	Fire outbreak/explosion in Yangon, Myanmar	24 999.12	25 000	25 000	24 999	100%
13	Support for provision of emergency healthcare in Rakhine State, Myanmar	12 300	12 300	12 300	12 300	100%
14	Flash floods in DPR Korea	NA	134 130	134 130	134 130	100%
15	Support to population affected	47 717	47 717	47 717	30 254	63%

Event No	Name of the emergency (1)	Amount requested by govt. (in US$) (2)	Amount requested by WR (in US$) (3)	Amount allocated (in US$) (4)	Amount used (in US$)[19] (5)	Utilization % reported (6)
	by storm in Maldives					
16	Support to Myanmar for procuring emergency medical supplies (fire outbreak and earthquake)	30 778	30 778	30 778	30597	100%
17	Support to Myanmar for establishing healthcare services for communal conflict affected townships in Rakhine State	175 000	175 000	175 000	115653	66%
18	Support to emergency caused due to flash floods in South Phyongan, North Phyongan, Kangwon and South Hamgyong provinces of DPR Korea	248 133	175 000	175 000	-	-
19	Provide support to emergency response activities to the crises situation created due to Mt Sinabung eruption at Indonesia's	135 919	144 069	144 068	144 356	100%

Event No	Name of the emergency (1)	Amount requested by govt. (in US$) (2)	Amount requested by WR (in US$) (3)	Amount allocated (in US$) (4)	Amount used (in US$)[19] (5)	Utilization % reported (6)
	North Sumatera Province, Indonesia					
20	Establish sustainable healthcare services for communal conflict-affected Townships in Rakhine state, Myanmar	NA	175 000	175 000	175 000	100%
21	Complement the response and recovery activities conducted by the MoH, SRL to support short- to medium-term needs of the health sector	NA	35 000	35 500	35 000	100%
22	Complement the response and recovery activities conducted by the MoH, SRL to support response and recovery activities from heavy floods and landslides in 22 (out of 25) administrative districts in SRL	NA	30 000	30 000	30 000	100%

Event No	Name of the emergency (1)	Amount requested by govt. (in US$) (2)	Amount requested by WR (in US$) (3)	Amount allocated (in US$) (4)	Amount used (in US$)[19] (5)	Utilization % reported (6)
23	Support Nepal earthquake	175 000	175 000	175 000	175 000	100%
24	Support strengthening the capacity of health institutions to meet the immediate needs of population in drought-affected areas (88 counties and 20 cities in South and North Hwanghae, South and North Pyongang provinces) of DPR Korea.	137 160	137 160	137 160	137 160	100%
25	Support MoH to support operational cost for post-disaster management w.r.t floods following heavy rain that affected health facilities in the Sagaing and Magwe Region and Rakhine state of Myanmar	26 000	26 000	26 000	26 000	100%
26	Support to MoH for emergency medical	149 000	149 000	149 000	149 000	100%

Event No	Name of the emergency (1)	Amount requested by govt. (in US$) (2)	Amount requested by WR (in US$) (3)	Amount allocated (in US$) (4)	Amount used (in US$)[19] (5)	Utilization % reported (6)
	interventions for flood-affected populations in Rakhine and Chin states and Sagaing and Magway regions Myanmar					
27	Support emergency medical supplies and essential drugs for flood-affected populations in Rason City, North Hamgyong province, DPR Korea	161 887	161 887	161 887	161 887	100%
28	Support to MoH, Sri Lanka for response and recovery activities for flood victims	100 000	100 000	100 000	100 000	100%
29	Support to MoH Bhutan to provide health sector support to the flood affected population	174 500	174 500	161 624	161 624*	93%
30	Support to MoH Myanmar for provision of Emergency Health Care to flood-affected population	175 000	175 000	175 000	175 000	100%

Event No	Name of the emergency (1)	Amount requested by govt. (in US$) (2)	Amount requested by WR (in US$) (3)	Amount allocated (in US$) (4)	Amount used (in US$)[19] (5)	Utilization % reported (6)
31	Support for provision of Emergency Health Care to torrential rains- and flood-affected population in DPRK (northern part of the country)	NA	175 000	175 000	175 000	100%
32	SEARHEF for Sri Lanka floods and landslides in May 2017	175 000	175 000	175 000	175 000	100%
33	SEARHEF for MoH Bangladesh for Cyclone Mora, June 2017	169 956	170 000	170 000	156 554	92%
34	SEARHEF for MoH Bangladesh to support activities for population affected by the Rakhine crisis, September 2017	175 000	175 000	175 000	175 000	100%
35	SEARHEF for MoH Maldives to support response activities by HPA/MoH for tropical storm Ockhi, December 2017	50 000	50 000	13 000	13 000	100%
36	Support addressing the immediate	122 490	156 490	156 490	156 490	100%

Event No	Name of the emergency (1)	Amount requested by govt. (in US$) (2)	Amount requested by WR (in US$) (3)	Amount allocated (in US$) (4)	Amount used (in US$)[19] (5)	Utilization % reported (6)
	health needs of the displaced Rohingyan population at Cox's Bazar (Grade 3 Emergency), Bangladesh (released in 2 tranches)					
37	Support MoHS to provide essential health services to the conflict-affected population in Rakhine, Myanmar (second tranche)	NA	350 000	350 000	350 000	100%

**NA= Information not available; *-Cases where the unutilized amount was returned, **-Cases where unutilized amount was not returned*

In the table above, information in columns 2 and 3 is received from the CO as well as documentary evidence in the form of Comment Sheet, Proposals received from the government/WR; column 4 is received from SEARO's SEARHEF allocation sheet; column 5 is from utilization reports. 'NA' represents that information was not available or could not be tracked in the available documents. The information in column is calculated based on information captured in columns 4 and 5. **Some of the key observations from the table are:**

- **Amount of fund requested:** Regarding the amount of fund requested, **data has been captured at two levels: fund requested by Government officials and the fund requested by WR.** Across all events, in case of 20 events, the amount of fund requested by the government and WCO have remained the same and for 7 events, there was partial or missing information regarding the request made by the MoH of the respective country. For the remaining 10 events, the discrepancy is partial because the fund amount requested by the government was higher than the maximum fund amount that could be disbursed under the SEARHEF tranche amount of US$ 175 000. The fact that government proposals mention a higher amount at the time of SEARHEF requisition suggest that the **knowledge of government officials regarding the maximum allowable limit under SEARHEF is limited.**

- **Amount of fund utilized:** Overall, **the percentage of utilization reported for 25 events recording is 100%** with only 3 with less than 66%. **High utilization rates reflect that SEARHEF has been an effective tool in responding to emergency situations. Overall ,actual utilization of the fund is also nearly 100%** which reflects that SEARHEF has been an effective tool in responding to emergency situations. However, **reporting of fund utilization can be more timely and streamlined**.

  A **comparison of the amount of fund requested by WCO (column 3) with the amount of fund received** (column 4) reveals that, of the total fund requested, more than 96% was provided through SEARHEF. It was only in case of the fire in Dhaka (Event 7) when the fund amount requested was US$ 349 695 but the amount provided through SEARHEF was US$ 175 000 because of the restriction of tranche amount. Further, a key condition for the release of the second tranche is the continued requirement of the second tranche, especially since other funds tend to be available by the time the first tranche is utilized. One of the exceptional cases was the SEARHEF support provided to MoH Maldives for emergency response activities due to the tropical storm Ockhi in 2017 (Event 35) where the amount of fund requested was US$ 50 000; however, since US$ 13 000 was used, the remaining US$ 37 000 was re-routed to WCO Bangladesh.

4.2.3. Adaptability/Flexibility

Adaptability and flexibility of SEARHEF refers to the fund's capacity to not only address the needs of different types of emergency but also cross-cutting issues in an emergency. The key factors to be considered while evaluating the fund for its level of flexibility are as follows:

- **SEARHEF has been available at critical junctures:** The business procedures of SEARHEF state that the fund was introduced to address the first few immediate requirements in the aftermath of an emergency until other sources of funding were made available. However, it has been observed **that SEARHEF was the preferred source of funding not only in situations that evolved into a protracted crisis but also during specific emergency situations that arose in a protracted crisis when other funding sources had already been exhausted.** For instance, according to WCO Myanmar in case of the Rakhine state conflict situation, Myanmar Humanitarian Fund (MHF) *(which is a country-based pooled funding mechanism managed by OCHA)*, was predominantly used and SEARHEF was only accessed, in case the conflict situation worsened causing an increase in the normative humanitarian need. On the other hand, WCO Nepal officials reported that in absence of a government contingency fund, the availability of SEARHEF was critical as it could be resorted to immediately when the earthquake struck the country in 2015. Thus, it is clear that **SEARHEF has evolved to be flexible as funds could be allocated through SEARHEF during important phases of an emergency whether at the beginning of an emergency to kick-start response measures or at any time during a crisis when alternate funding options are either exhausted or not accessible.**

- **SEARHEF addressed different types of emergency responses:** The table below provides a cross-tabulation of the amount of SEARHEF fund utilization across the various activities. It can be observed that SEARHEF has been used for nearly 16 types of different activities, which range from procurement, surveillance, conduct of rapid assessments, operational cost of mobile teams, etc. Procurement of

medicine and perishable nutrition supplements was the most common activity for which SEARHEF funding was used, followed by disease surveillance (13%) and procurement of non-perishable items such as mosquito nets, beds, etc. (13%). The observation that SEARHEF funding is not earmarked for any particular type of activity reflects the flexible nature of the fund, making it one of the preferred mode of funding mechanism. An important example of SEARHEF's flexibility was well showcased during the diphtheria outbreak at Cox's Bazaar in Bangladesh. Setting up of laboratories was an integral task for conducting tests, and SEARHEF was used for the purpose. During that time, WCO officials observed that other funding mechanisms often have restrictions on activities for which they can be used. As a result, the **flexibility of SEARHEF's use was a significant contributor to the entire emergency response**.

Table 8: Break-up of SEARHEF funding across various expenditure items

List of expenditure items	Amount of fund used (in US$)	Proportion of fund used
Procurement: Medicines/Supplies	1 459 194	37%
Surveillance	506 309	13%
Procurement: Non-perishable items (mosquito nets, beds, etc.)	503 182	13%
Operational cost for MoH health teams (including mobile clinics)	480 488	12%
Contractual staff	265 448	7%
Transportation and storage	185 585	5%
Assessments (heath, rapid assessment, etc.)	114 456	3%
Procurement equipment	114 246	3%
Training and capacity building	90 881	2%
Communication (including BCC, IEC material development and printing, education programmes, etc.)	55 557	1%
Restoration: Infrastructure	51 666	1%
Other	36 175	1%
Mental Health and Psycho-social support (MHPSS)	31 839	1%
Travel for WHO staff (including operational cost for WHO staff)	20 171	1%
Procurement: Bicycles (for mobile health teams)	4 400	Less than 1%
Grand Total	**3 919 598**	**100%**
Note: Activity-wise information regarding fund usage is available for 27 out of the 37 emergencies supported.		

- **SEARHEF is a flexible funding option**. While requesting for SEARHEF, MoH/WR shares a list of the proposed activities and tentative budget requirement. **However, given the emergency scenario, it is possible that budgeted expenditure using SEARHEF may be based on broad estimates or the emergency scenario may evolve in the course. As a result, it is possible that the activities implemented using SEARHEF may deviate from the activities mentioned in the proposal. In order to understand the flexibility of SEARHEF, a comparison of activities planned and activities actually implemented has been provided in the table below**

Table 9: Planned expenditure v/s actual expenditure incurred from SEARHEF funding

List of expenditure items	Amount requested for activities planned (in US$)	Amount used for activities implemented (in US$)
Communication (including BCC, IEC material development and printing, etc.)	49 371	52 464
Contractual staff	117 987	183 877
Operational cost for MoH health teams (including mobile clinics)	529 187	478 049
Procurement: Equipment	234 814	90 611
Procurement: Medicines/Supplies (perishable including nutrition supplements)	1 235 592	1 191 082
Procurement: Non-perishable (e.g. beds, mosquito nets, etc.)	189 852	381 241
Restoration: Infrastructure	20 000	18 046
Training and capacity building	196 680	90 881
Transportation and storage	240 564	184 880
Travel for WHO staff (including operational cost for WHO staff)	43 065	20 171
MIS	2 500	0
Office supply (including printing/stationary)	60 600	0
Procurement: Vehicles	0	4 400
Psychological and mental health support	0	31 839
Surveillance	0	185 896
Others	88 484	14 876
Grand Total	**3 286 758**	**2 928 985**

Note: For consistency, only those events have been considered for which both the data points, i.e. the proposed activities and implemented activities were available. As a result, the table includes data from 22 of the 37 events.

It can be observed from the table above that there are two types of deviations:

- **The amount of proposed expenditure and the amount of implemented activities vary significantly**. For instance, procurement of equipment was an expenditure item which was over-estimated during the proposal stage with budgeted expenditure being US$ 234 814 and actual expenditure being US$ 90 611. However, there were other items, such as procurement of medicines and nutrition supplements, operational cost of MoH (including mobile clinics) and restoration that had been estimated correctly to a huge extent with the actual expenditure being more than 90% of the proposed expenditure amount.

- **The nature of proposed activities underwent changes during the implementation of emergency operations.** It can be observed that activities such as procurement of vehicles, provision of psychological and mental health support, disease surveillance were not considered during the SEARHEF requisition stage; but as the crisis situation evolved, they were considered as a requirement and SEARHEF funding was reallocated to meet the immediate requirement. Further, the expenditure on the development of MIS and office supplies was considered to be important during the proposal stage, although eventually no expenditure was incurred.

The above observations categorically demonstrate that SEARHEF has been a flexible funding option that allowed for alterations from the proposed activities by directing the funds towards those areas that needed utmost attention.

4.3. Efficiency

The aspect of efficiency in SEARHEF seeks to understand how the fund is being operated and what actions can be undertaken to optimize the resources being utilized for its implementation. Resources include time, human engagement and technological intervention used to fasten the fund's availability for assisting emergency response. This review is undertaken vis-à-vis the objectives, guidelines and principles with which the fund has been designed as well as the performance of similar humanitarian funds to identify what has worked and what might work better.

For this evaluation study, the key parameters considered for defining efficiency include: **quick disbursal and flexibility** (in utilization and reporting). Based on these characteristics, three key parameters have been framed to guide SEARHEF's *efficiency* review. These include:

- Timeliness
- Standardization
- Knowledge sharing

The following section provides the key findings, including bottlenecks and achievements, in each of the three parameters of review.

4.3.1. Timeliness

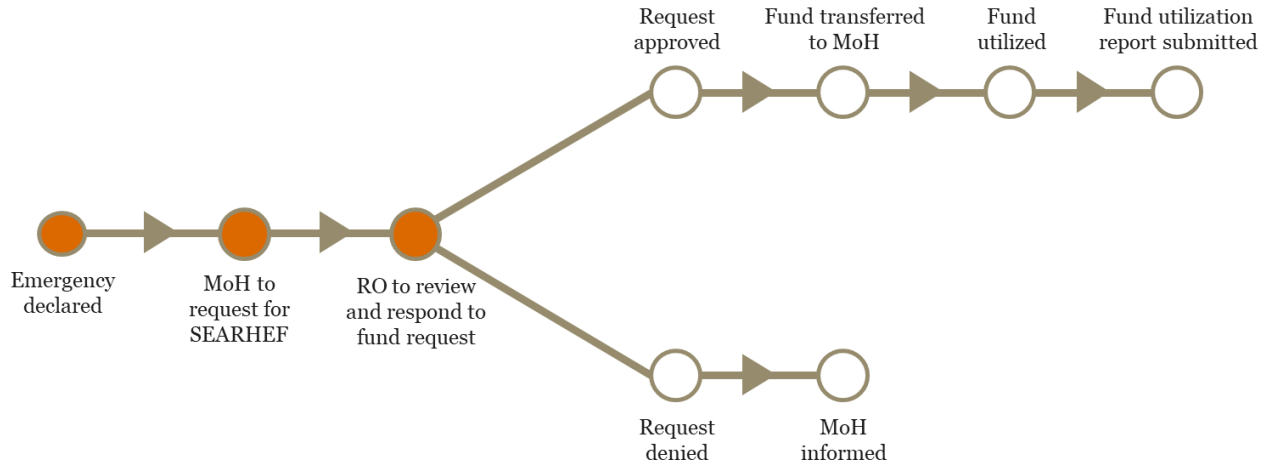
Timeliness refers to the extent to which SEARHEF processes are completed within the stipulated time. The core objective of SEARHEF is to assist the MoH jump-start health emergency response by providing the seed money to fill the funding gap[20]. Thus, by the very nature of the fund, it is extremely important that the money is available and received within a short period to support the immediate response.

To meet this objective, WHO has developed internal commitment and timelines which include i) RO's response to an SEARHEF request from MoH within 24 hours and ii) receipt of MoH's fund utilization report (in the given format) within 3 months of receiving the requested fund amount. The timeliness parameter is analyzed across the three critical phases: Fund request and review, Fund approval and disbursement, and Fund utilization and reporting.

Fund request and review

The exhibit provided below provides an illustrative overview of the key steps undertaken in SEARHEF utilization life cycle. Of these, the first three highlighted steps are among the mandatory criteria for processing SEARHEF request.

Exhibit 14: SEARHEF utilization process



[20] Funding gap is primarily understood as (1) either the period till donor funds are received or (2) events that are under-funded due to limited donor interest to support the cause

The time taken by MoH to request for SEARHEF varies across Member States once an emergency has been declared. For example, in the last 10 years, Nepal requested for SEARHEF once in 2008 for the Kosi floods and the second time during the earthquake in 2015. In the former case, emergency was declared on 4 September 2008; the request for the fund was raised by MoH on 19 December 2008, over three months post emergency declaration. In contrast, for the 2015 earthquake, emergency was declared on 25 April 2015 and the fund request was received from the MoH on 26 April 2015. This clearly indicates that the **fund request time has significantly reduced.** This transformation could be attributed to proactive and periodic advocacy for the fund by the WCO Nepal.

SEARHEF has set for itself the record of being "the fastest emergency fund to be released among all UN agencies"

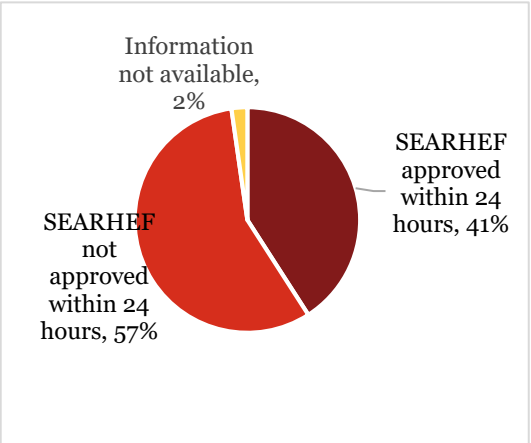
–Progress report on selected Regional Committee resolutions; Seventy-first session; New Delhi; 3-7 September 2018

Fund approval and disbursement

Another important aspect of efficiency is the timely review of SEARHEF request by the SEARO. It can be observed that **less than half (41%) of the SEARHEF requests were approved within 24 hours. Among the countries, whose requests were not approved within 24 hours, Myanmar and Sri Lanka were the most common ones, as they are facing protracted crisis (7 events[21]).** It had emerged during discussions with RO officials that since WCO Myanmar requested funds too frequently, multiple levels of verification were done before releasing the funds, in order to ensure equity in SEARHEF allocation. Further, it also demonstrates discipline followed in the fund approval process.

Based on the information received[22] regarding the fund disbursement data, it was observed that the **average time the RO takes to disburse funds after the RD approval is 2 days. This was mainly because a significant number of emergencies supported using SEARHEF were for humanitarian conflicts, which were of protracted nature. The fund was requested as a gap filler when either other funds had been exhausted or not initiated. For nearly half of the SEARHEF requests (17 of 35 events), the RO disbursed the fund on the same day; the RD received the approval.**

Exhibit 15: Timeliness of SEARHEF approval (percentage of cases)

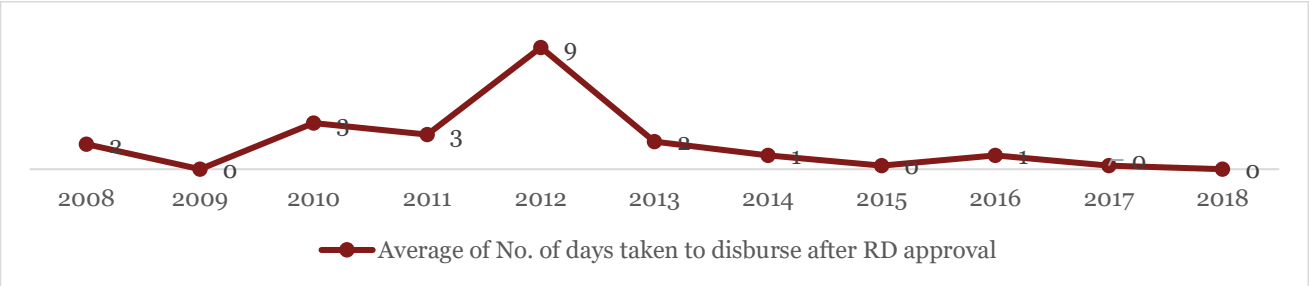


A trend analysis of the average time taken to disburse the funds after RD's approval is given below. It can be observed that, **over the years, the average time taken has reduced significantly.** A key reason for this might be the upgradation of the approval process over emails. This has further increased the transparency and the attribution in the review, response and disbursement processes.

Exhibit 16: Trend analysis of average number of days taken to disburse SEARHEF post RD approval

[21] These events included: (i) Support to Rapid Response Teams for Emergency Health Care in Rakhine State; (ii) Strengthening equitable access to preventive and curative health care for conflict affected IDP populations in Rakhine State, Myanmar; (iii) Support MoHS to provide essential health services to the conflict affected population in Rakhine, Myanmar (second tranche); (iv) Health interventions in conflict affected areas in North of Sri Lanka (Tranche 1); (v) Health interventions in conflict affected areas in North of Sri Lanka (2nd Tranche); (vi) Emergency health interventions for relocated IDPs affected by conflict in Sri Lanka ; (vii) Critical health-care services to the resettled population affected by conflict in Sri Lanka

[22] Information received regarding 35 out of 37 events



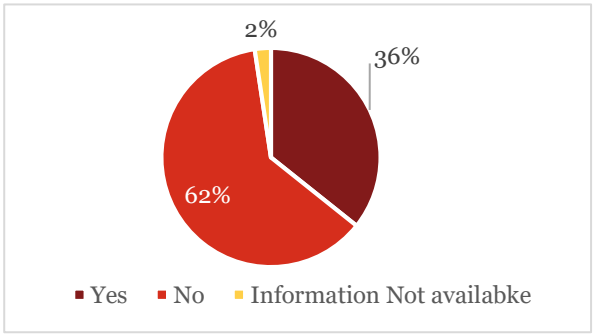
Further, it was observed that, of all events in 7 cases, SEARHEF requests were raised by the respective country office on a public holiday or a weekly off. Among these 7 cases, the request for SEARHEF was approved within 24 hours in 5 instances and the remaining within 48 hours. These instances clearly bring out the commitment of the SEARO and WCOs to respond to emergency requirements as and when they arise.

Fund utilization and reporting

The funds received as part of SEARHEF are either spent by WCO or transferred to the MoH in the form of DFC. Regarding fund utilization, the guidelines provide two indicative process timelines:

- MoH to submit an SEARHEF fund utilization report (in the given format) within 3 months of receiving the fund amount
- Second tranche of the SEARHEF fund can be requested for if the utilization report for the first tranche is submitted

Exhibit 17: Status of utilization report received within 3 months



Based on these indicative timelines, it was noted that the utilization report was received for 33 of the 35 events. Further, **in only one-third (36%) of the events, the utilization report was submitted within 3 months of fund receipt**. In several cases, **the utilisation report for the second tranche was not received despite repeated follow-ups by the RO. This featured as a conclusion and call for action in each Working Group Meeting**. During consultations with RO staff, it was noted that gathering utilization reports from the respective ministries was a major concern. Some of the WCO officials shared that given the amount of fund received from SEARHEF was a relatively small proportion as compared to other funds received during an emergency, the government had little incentive to monitor and report the SEARHEF utilization. Further, they stated that the **fund and supplies are sent to various administrative levels** such as district, sub-district, etc. Since during an emergency situation multiple funds are received at different intervals, it makes it further **difficult for the central MoH to have control over the disbursed funds and to disaggregate the receipts from multiple funds**.-

However, this does not imply that SEARHEF disbursements are not audited. SEARHEF funding is audited along with the other DFC transfers as per the post facto routine audits. If an amount from the fund is spent by the WCO, then it can be tracked by all WHO staff on the GSM and if the amount is directly spent by the government, then its support is essential to track the fund. Thus, **the high flexibility of use establishes a need for a more robust monitoring and tracking process.**

4.3.2. Standardization

Standardization refers to the extent to which the processes are streamlined and documented, which result in minimum ambiguity and delays due to multiple interpretations. In order to support quick disbursal of the fund, it is important that the process is standardized with clear guidelines made available and that the staff and stakeholders are aware of their respective roles and processes to fasten response. This section reviews whether

the process is unanimously clear to stakeholders at SEARO, WCO and MoH, and what steps are taken to support quick referral (including the availability of guidelines, periodic trainings and orientations, open discussions, etc.)

Clarity among different stakeholders

Three key stakeholders are engaged in operationalization of the SEARHEF fund. These include the SEARO, WCO and the MoH. Exhibit 18 provides an illustrative representation of the major responsibilities of these stakeholders to SEARHEF.

To extend immediate monetary support towards health emergency response, it is important to have clear understanding of certain key aspects of SEARHEF management such as the eligibility criteria, the activities that can be supported by SEARHEF, the amount that can be received from SEARHEF, as well as the process and timelines to operationalize the funds. During consultations with RO and WCO, note they had a **clear understanding of their roles in the process. Majority, if not all, of the WHO officials consulted were aware of the steps to take and the timeline to adhere to for SEARHEF management**.

Further, the **Working Group (WG), as an overarching governance mechanism** and representation from all 11 member states, ensures that systems, processes and fund mechanisms are efficiently managed and delivered.

However, there **were some aspects of SEARHEF management on which WCOs also had varying opinions.** These were.

- *Which are the activities can and cannot be supported by SEARHEF*: The business rules of SEARHEF have intentionally not mentioned the list of activities that can or cannot be supported by SEARHEF, to ensure flexibility of fund use. However, the lack of explicit information has given rise to differentiated knowledge among WCOs. While some WCO officials stated that SEARHEF cannot be used for purchasing equipment; some others had requested for and received SEARHEF to purchase lab equipment to undertake lab tests as the emergencies had varying needs.
- *When can SEARHEF be requested for:* The SEARHEF business rules categorically mention the 3 criteria under which SEARHEF can be requested for. Yet, some of the WCO officials were of the opinion that SEARHEF can be requested for only in case of Grade 2 and Grade 3 level emergencies, and other WCOs on the contrary were of the opinion that the grade of emergency is not of consideration in requesting for the SEARHEF.

Among the **MoH officials, it was observed that there is a need to strengthen their knowledge of circumstances under which SEARHEF can be requested as well the aspects that can be covered as part of SEARHEF utilization[23].** For example, during discussions with representatives from some of the MoH officials, it emerged that there was low awareness about SEARHEF and how the fund was different from other funding mechanisms of WHO.

Availability of guidelines, formats and templates to standardize SEARHEF operationalization

A detailed review of the available documentation was undertaken to identify guidelines, templates and formats made available to the WHO officials to operationalize the SEARHEF. A set of seven annexures, marked A to H are available to guide and support the SEARHEF processing. These include (1) Policies, Principles and Guidelines; (2) Draft memo that the WR is expected to share with RD SEARO for a formal request of the fund; (3) a proposal template; (4) Comment Sheet for receiving the internal review checks and approval at SEARO level; (5) Programme and Budget change template; (6) Fund routing format; and (7) Draft mail to be sent from SEARO to the WCO on approval of the SEARHEF request.

Availability of these documents reflects that a systematic process has been adopted to not only ease the process but also to institutionalize the same.

However, in consultation with WHE RO officials, it was noted that the process and the requisite documentation have been upgraded. The select procedures such as Programme Change and terminologies are no longer being used. However, these changes were not found to be documented.

[23] **Note:** This was garnered through primary interactions and supplemented with SEARHEF Working Group meeting reports

Further, in consultation with the RO and reviewing the SEARHEF request documentation, it was noted that since 2014, the process has been transformed into email applications.

During consultation with MoH officials, it was observed that a considerable number of representatives were unaware of the availability of select documents[24], including the proposal template. This indicates a need to **strengthen internal communication and orientation by WCOs towards the tools made available for the Ministry's use.**
Further, in detailed review of the documentation, it was noted that the guidelines give a considerable flexibility. This flexibility provides the Country Offices and the respective ministries to plan the immediate response following the context and need. However, it was observed during documentation review that despite standard templates, the following issues persist on utilization reporting:

- **Incomplete and vague information:** For example, the utilization report format mentions filling 'achievement/expected results'. However, most of the reports received, provide vague information such as 'mortality reduced, morbidity reduced, etc.' As a result, meaningful conclusions that can be attributed to SEARHEF are seldom possible.

- **Non-comparable information:** In order to compare the proposed and actual use of SEARHEF, it is important that both the proposal template as well as utilization report capture similar categories of information. While the proposal template mentions the 'Expected Outcome', the utilization reporting format captures 'achievements'.

- **Inconsistency in interpretation:** For example, while the utilization report submitted by Nepal mentions key achievements *as* "Emergency response activities: Medicines, Equipment, Transportation cost, Human resources (Per-diem), Communication cost",[25] those submitted by DPR Korea provide very specific details of activities undertaken such as "received SEARHEF funds were utilized for immediate procurement of two complete IEHK and 100 basic units of the kits for replenishment of WHO stockpiles"[26].

These issues suggest that there is need to **improve the existing templates as well as communicate consistent information to each of the 11 Member States so that inter-country comparable data is captured.**

Streamlined governance mechanism

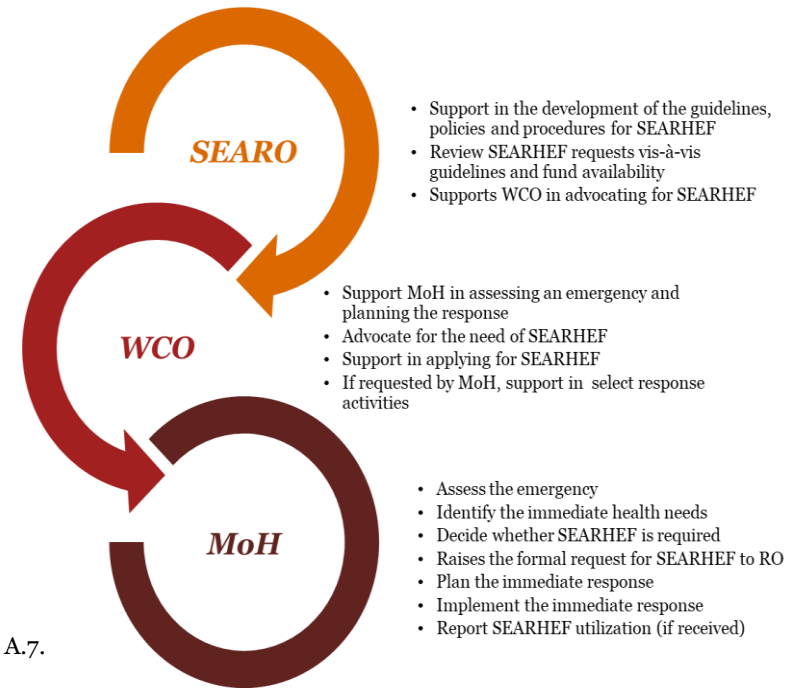
The SEARHEF has a **streamlined governance structure managed through a Working Group (WG)**. The primary role of the group is to provide oversight and guidance to the management of the Fund in accordance with guidelines and principles, through meetings conducted once a year.

Through the 10 years, the **WG has ensured that the Fund is equitably and transparently used, adequately replenished, promptly delivered, and aptly guided**. With representation from every member state, the WG meetings act as an efficient mechanism to share good practices, areas of improvement and experiences vis-à-vis Fund contributions, disbursement, utilization etc.

Simple fund flow mechanism

The SEARHEF has a simplified and quick fund disbursement mechanism which enables fund

Exhibit 18: Illustrative representation of the key roles and responsibilities towards SEARHEF operationalization



[24] List of all documents reviewed is provided in Appendix A.7.
[25] Utilization Report for Nepal Earthquake, 2015
[26] Utilization Report for Floods in DPR Korea, 2013

flow to take place in a streamlined and timely manner, adhering to the 24 hour commitment as per SEARHEF guidelines[27]. Separate work plans[28] are prepared for emergency response activities by each country office which are shared with the regional office at the start of the biennium. These work plans act as the guiding document for making budgetary allocations at the time of an emergency. The work plan includes a separate component for the SEARHEF which enables the quick turnaround time for fund release of the fund due to relaxed administrative procedures for the same.

4.3.3. Knowledge Sharing

Knowledge sharing refers to the extent to which knowledge is institutionalized and exchanged within the region to improve emergency response. Some of the key observations regarding the knowledge sharing are as follows:

Knowledge products/documentation: During discussions with the WCO staff, it had emerged that there is need to have definite knowledge products specifically with regard to SEARHEF and the experience of various countries of the using the fund. Apart from the various meeting reports of RC, HLP and WG member meeting, SEARO developed knowledge products such as the document *SEARHEF – Making a difference* which captures the importance of SEARHEF for the emergencies supported until 2012. **The concern in this regard is the lack of updated knowledge resources.**

Institutional memory: For MoH officials, periodic transfer of the officers-in-charge and the **absence of adequate documentation available with the department to reinstate/institutionalize learnings was identified as a critical concern**. Similarly, among the various WCO staff, there needs to be understanding regarding SEARHEF processing so that in the absence of the key focal point, emergency response using SEARHEF is not delayed. Some of the WCO officials raised this as a key bottleneck and the need to not only intensify SEARHEF advocacy but also make available quick reference material to support the officer-in-charge.

Training and orientation: **For the WCO staff, readiness training sessions** are organized by the SEARO twice a year. **For the MoH staff, at critical junctures, WHO periodically orients the designated official** at the respective Ministries about SEARHEF. Foremost as per the mandate, WCO **orients new officials designated to the post on WHO's work and support in the region**. This orientation includes detailed orientation on the SEARHEF as well. Further, the **designated officer is briefed in detail for the annual WG meeting. At the annual WG meeting, the MoH representative is engaged in discussions on the SEARHEF and how it can be further strengthened**.[29] However, as observed in the previous section, WCOs and MoH representatives have demonstrated varying knowledge of work. For this, there is the need to increase the frequency of training as well as improve the quality of training so that operational efficiencies of emergency operations are maximized.

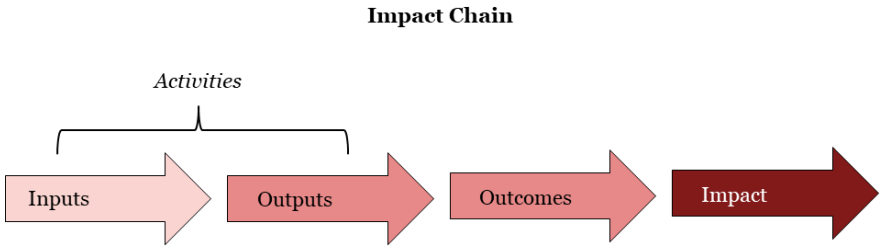
Despite these modes being adopted for periodic orientation, one of the key concerns raised by the WCO was **the periodic bureaucratic transfer of the designated official from the post**. This **leads to a gap in the institutionalization of the process**. Though this administrative procedure cannot be altered, there might be a need to increase the frequency of orientation sessions or to develop a separate focused session on SEARHEF along with handouts and reference material to support quick recall.

[27] Retrieved from interactions with Budget and Finance Officer, Department of Administration and Finance, WHO SEARO
[28] **Note**: These work plans are separate from the general work plans made by all country offices for other programmes and administrative requirements for the biennium.
[29] In addition to these interactions, WCO guides the representative on the available funding options during an emergency and supports the ministry in planning the emergency response.

4.4. Impact

A common definition of impact is: 'a significant or lasting change brought about by a given action or series of actions'. [30]Impact assessment is a multidimensional concept which involves capturing both intended and unintended changes that are both positive and negative in nature for direct project beneficiaries as well as non-beneficiaries.

Exhibit 19: Impact Chain



In the context of emergency situations or disasters, assessing the impact of humanitarian aid/funding focusses on having an evidence-based mechanism to comment on how aid affects lives of the aid recipients. Given the nature of emergency context, assessing the impact of the aid is a challenging proposition because of inadequate time, lack of baseline data available or the difficulty of attributing any particular change to a specific aid especially when assistance from multiple sources are common during an emergency situation.

For the evaluation study, in order to comprehend the impact of SEARHEF, event-specific information was sought on the **outputs and outcomes of SEARHEF.** While outputs refer to the process or implementation indicators (such as the number of medical supplies procured, the number of non-perishable goods, i.e. mosquito nets, beds procured, etc.) and outcomes refer to the midterm results as a consequence of the activities undertaken using SEARHEF (such as containment of epidemic outbreak, strengthened capacity of mobile health teams, etc.).

Some of the key findings regarding the outputs and outcomes achieved are collated in the form of SEARHEF's value addition. Event-specific findings are highlighted below:

Table 10: SEARHEF's value addition for select emergency events

Emergency	SEARHEF's Value Addition
Flood-affected populations in Rakhine and Chin States and Sagaing and Magway Regions, Myanmar, 2015	Rapid response teams of MoH provided emergency and primary healthcare services to flood-affected population, which reduced the **avoidable morbidity and mortality** in the flood-affected areas
Life-saving support to the Cyclone Mora affected population, Bangladesh, 2017	Provided support to mobile medical teams with adequate amounts of emergency medicine and medical supplies to speed up the public health response and strengthened communicable disease surveillance. **As a result, morbidity and mortality reduced and waterborne and vector-borne diseases were contained**
Health interventions in conflict-affected areas in North of Sri Lanka, 2008	**Nearly 280 000 people had access to essential healthcare services and mental health and psychosocial health needs were met** through the collaboration with Civil Society Organizations
Support emergency medical supplies and essential drugs for flood affected populations in Rason City, North Hamgyong province, DPR Korea, 2015	Inter-agency Emergency Health Kits (IEHK), consumables and medical equipment were provided within 24 hours of receipt of SEARHEF. Life-saving equipment for city hospital was distributed within 72 hours. Support to local mobile health teams and strengthened capacity of disease surveillance and early warning system in the affected areas Subsequently, **204 238 displaced people improved their access to safe drinking water; life-saving capacity of**

[30] Impact Assessment of Humanitarian Response: A Review of the Literature, Feinstein International Center, 2008

Emergency	SEARHEF's Value Addition
	hospitals improved; epidemic outbreak among displaced and affected population was **prevented**
Strengthening the capacity of health institutions to meet immediate needs of population in drought-affected areas of DPR Korea, 2015	Procured and distributed chlorine powder for 108 affected county hospitals, which was used for **improved sanitation of hospital premises as well as improved safety of drinking water** from hospital wells Capacity of 5 500 doctors and nurses involved in early warning system was strengthened through provided **training on epidemiology, prevention and public health measures** relevant to drought situation in the country

From the experiences mentioned above, it is clear that **SEARHEF's impact (measured in terms of output and outcome) was significant because it added unique value to emergencies with varying requirements and crisis situations of differing magnitude**. SEARHEF has enabled the emergency response workers across the region to intervene at the appropriate time to maximize the expected results.

Since quick response drastically **reduces the costs of controlling outbreaks and emergencies, WHO-SEARO through the SEARHEF led wider social and economic impacts**. Through this fund, WHO has yet again proved to be a responsive organization as it is one of the first few to respond when there is an emergency. By being available at the most critical times, WHO provides a catalytic response which results in controlling adverse effects of the emergency.

However, understand that the **actual impact as a result of SEARHEF funding needs to be captured in a manner that the impact-level indicators are measured**. While utilization reports submitted by the various WCOs mention that that morbidity and mortality (which are impact-level indicators) were reduced, the database required for attribution to SEARHEF is currently lacking. For this reason, **it important to have indicators that measure the impact during an emergency.** An indicative list of impact-level indicators that recognize the minimum standards are provided in the Annexure 6.

In addition to tangible impact that SEARHEF has made, a critical **indirect impact made through the Fund is increased capacity of the Governments' of all countries to respond to emergencies in an effective and efficient manner**. The Fund has raised awareness amongst member states to have adequate systems for emergency preparedness and response activities such that their reliance on the fund steadily reduces[31].

4.5. Sustainability

The concept of sustainability in the context of humanitarian actions/aid can be analyzed from different perspectives. These include focusing on k**ey parameters that make SEARHEF a sustainable emergency response option** within the wider ambit of other prevailing alternatives.

The key factors that determine whether SEARHEF is a sustainable funding mechanism for emergency response in the region are as follows:

Sustained demand due to repeated occurrence of disasters: It can be observed from the previous sections (refer Sec 4.1.1), globally as well as in the Member States, disasters have continued, and have affected thousands and inflicted losses worth millions of dollars. According to a recent study by International Monetary Fund[32], in an unmitigated climate change scenario, weather-related disasters are likely to become more frequent as well more intense by the end of this century. The low-income, developing countries will primarily be affected by floods and cyclones. Further, with regard to humanitarian conflicts, increasing numbers have developed into protracted crisis. Thus, **with natural and man-made disasters expected to increase in the future, a funding mechanism such as SEARHEF that allows for rapid response becomes imperative for the region.**

[31] Retrieved through interactions with Director, Programme Management, WHO SEARO

[32] 2017. Sebastian A and Novta N,Climate Change Will Bring More Frequent Natural Disasters & Weigh on Economic Growth; https://blogs.imf.org/2017/11/16/climate-change-will-bring-more-frequent-natural-disasters-weigh-on-economic-growth/ , last accessed on 30th November 2018.

Recurring nature of SEARHEF corpus: SEARHEF is primarily designed on the request of the Member States and that the core corpus of the fund is taken from their biennial contribution (AC) to WHO. **Given that this arrangement of creating the corpus will continue to exist, SEARHEF is a sustainable fund.** However, it can be argued that for the growing occurrence of high-impact emergencies in the region, the corpus amount may not be adequate to support multiple emergency response requests over 2 years. It has been observed in the past, when the corpus was exhausted and an SEARHEF request was raised, RD's reserves was tapped into. Thus, to avoid use of RD funds, SEARHEF corpus amount may need to be increased to meet the requirements of rising number of emergencies.

Alternate funding mechanisms with similar response time: Another important aspect that determines the sustainability of SEARHEF is the prevalence of alternate funding mechanisms with similar objectives and similar response time. Central Emergency Response Fund (CERF) and Contingency Fund for Emergencies (CFE) are two such funds with which SEARHEF can be compared. Details of the comparison are given below:

Table 11: Comparison of SEARHEF, CERF and CFE

Parameter	South-East Asia Regional Health Emergency Fund	Central Emergency Response Fund(CERF)	Contingency Fund for Emergencies (CFE)
Objective of the fund	To provide financial support in the aftermath of an emergency in the 11 Member States for the first three months It is meant to meet the immediate needs and fill in critical gaps.	To promote early action and response to reduce loss of life; To enhance response to time-critical requirements based on demonstrative needs; and To strengthen the core elements of humanitarian response in under-funded crises.	CFE fills a critical gap in financing at the beginning of an emergency while the requesting office is mobilizing resources from other financing mechanisms. Enables immediate action to prevent or minimize the escalation of the health consequences of emergencies. Provides **financing to WHO** emergency operations for up to three months
Secretariat	SEARO, WHO	United Nations NY Secretariat	World Health Assembly *(CFE Is part of WHO Health Emergencies programme)*
Coverage	Regional health emergency fund for the SEAR (i.e. 11 Member States)	United Nations humanitarian agencies and their partners — non-governmental organizations (NGOs), civil society and governments are eligible to apply for CERF	Global fund for emergencies. CFE will be used for requests which exceed the US$ limits for allocations from regional emergency funds, or for requests that exceed 75% of the available balance in regional emergency funds.
Components of the fund	Assessed Contributions (AC) from biennial allocation which amounts to US$ 1 million Voluntary Contributions (VC) from donors, Member States, unspecified contributions, etc.	CERF is funded by voluntary contributions from Governments, the private sector and individuals.	CFE is funded by WHO's resource partners which mostly include national governments and other donor agencies

Parameter	South-East Asia Regional Health Emergency Fund	Central Emergency Response Fund(CERF)	Contingency Fund for Emergencies (CFE)
Maximum allocation per project/request	US$ 350 000 (for 2 tranches) (subject to a ceiling of US$ 175 000 per tranche)	A maximum of US$ 30 million rapid response funds can be allocated to a crisis	No maximum limit
Nature of allocations	Since the corpus is created using the assessed contribution of the Member States, it is neither a loan nor a grant. It is a pooled fund.	Grant facility with a target of US$ 450 million Loan facility of up to US$ 30 million	For allocations up to and including US$ 50 000 for a single event – CFE is provided as a grant For allocation greater than US$ 50 000, for a single event – CFE provided as reimbursable loans
Prescribed response time for release of funds	24 hours for US$ 175 000	Approval time for proposals are down from five to three days for RR funds and 11 to 6 days for UFE funds in 2006 [33]	24 hours for maximum request amount of US$ 500 000 For request amount more than US$ 500 000, response time is longer
Uniqueness of each fund	Only fund that provides support to the national government and enhances its capacities to respond to emergencies	Can be used for all sectors and has a wider appeal	Used for WHO financing which essentially covers cost of WHO operations in the form of Staff costs, procurement by WHO, etc.

Based on the comparison above, it can be observed that **all three funds have a similar intent** in terms of their objectives to provide funds for emergency situations arising from natural or man-made disasters. It is important to note that the **SEARHEF has been a pioneer emergency fund in itself, giving rise to global funds like CFE[34]**. A striking similarity between CFE and SEARHEF is the fact that both these funds have the objective to fill in critical gaps (within the first three months) until other funding mechanisms are arranged. Despite being similar in its intent, an interesting difference is that CERF and CFE are global funds (accessible to all UN Member countries), while SEARHEF is a regional fund specifically for the 11 Member States of SEARO. **The exclusivity of SEARHEF makes it a preferable funding option and the most easily accessible funding option for the countries of the SEAR**. Since CFE and CERF are global funds, they are in high demand and the probability that these funds will be allocated for emergency situations in the SEAR is relatively lower. Further, note that the global CFE will be used only for requests which exceed the US$ limits for allocations from regional emergency funds, or for requests that exceed 75% of the available balance in regional emergency funds. **This condition ensures that CFE complements other regional emergency funds such as SEARHEF and does not become a competing fund.** With regard to the maximum amount that can be allocated for request, it can be observed that SERAHEF with a limit of US$ 350 000 is the lowest compared to CFE or CERF. During discussions with the WCO staff of Bangladesh, it was emphasized that the US$ 175 000 from SEARHEF was very low to tackle the situation when the large-scale influx of refugees occurred at Cox's Bazaar district of Bangladesh. With CFE providing a maximum of US$ 500 000 within 24 hours, it was the most critical source of fund during the emergency.

Thus, it can be concluded that **when compared with other similar funds, SEARHEF is an accessible and an exclusive fund for the Member States, but the amount of maximum allocation, especially the restriction on the tranche amount (of US$ 175 000) need to be reconsidered[35]. The SEARHEF Working Group suggested that in order to make SEARHEF completely sustainable, it will be**

[33] CERF 10 year Evaluation Report
[34] Retrieved from discussion with Director, Programme Management, WHO SEARO
[35] Retrieved from SEARHEF Working Group reports.

important to either increase the tranche amount or make the amount of maximum allocation per request more flexible.

Conclusion

5. Conclusion

Based on the evaluation findings given above, the key conclusions are as follow:

- **Relevance:** In the light of the repeated occurrences of different types of natural and man-made disasters having severe public health consequences, that have affected the region, SEARHEF has been found to be a **highly relevant** funding mechanism as it provides rapid funding to meet critical actions. Further, SEARHEF promotes regional solidarity among the Member States which in turn translates to strengthening of domestic capabilities as well as promotion of technical assistance during emergency scenarios.

  Key issue: Despite being a very important funding mechanism, since its inception, SEARHEF has been allocated to only 37 emergencies, when the total number of emergencies experienced by the region was more than 900 in the last 10 years. While SEARHEF was used for acute emergencies, the low corpus amount of US$ 1 million restricts the Member States from using this fund for not more than 4-5 emergencies each biennium.

- **Effectiveness:** Based on the evaluation findings, it can be concluded that SEARHEF has emerged to be an **effective funding mechanism across certain critical aspects**. The ability of the fund to i) **reach out to a significant proportion of the affected population**, ii) **strengthen the response capacities of the Member States** to reduce their vulnerabilities and cope with the effects of the disaster, iii) **have consistently very high utilization rates** across events and iv**) have high levels of flexibility** to use the fund in accordance with the need n and are available for use at the most critical stages of emergency operations.

  Key issues: While SEARHEF is largely an effective mode of emergency response fund, the amount of maximum permissible allocation of SEARHEF has often been considered as inadequate[36]. Further, the lack of knowledge of MoH officials about the funding capacity of SEARHEF suggests the need for further advocacy and orientation. Additionally, note that response efforts involve multiple stakeholders such as International Health Bureaus as well as national governments, and they tend to operate in silos which may lead to duplicate efforts and not complementing efforts.

- **Efficiency:** The improvement in procedural efficiency of SEARHEF is well demonstrated through the reduction in the time taken to complete the critical sub-processes of requisition, approval, disbursement and utilization. Further, with provision of standardized templates and formats, the fund has witnessed a certain level of consistency in fund management operations.

  Key issues: The concerns that continue to hamper the SEARHEF from being completely efficient include limited control on monitoring of disbursement directly made to the MoH, differentiated knowledge among WCOs and MoH and lack of knowledge about SEARHEF provisions among them. Besides these issues, documentation and reporting is another area which requires attention, on account of existing templates that are unable to capture complete, unambiguous and comparable information.

- **Impact:** With regard to the impact created by SEARHEF, the study findings suggest that across all emergency events for which the fund has been used, the outputs and outcomes achieved showcase significant evidence of maximizing the emergency response efforts by being available at the most important times. Further, SEARHEF has been a critical tool for WHO-SEARO to emerge as a more responsive organization during emergency scenarios by saving lives and averting disease outbreaks and their social and economic impacts.

  Key issues: However, the outputs and outcomes currently being captured fail to provide adequate information on the actual impact created by SEARHEF. For this reason, it is imperative to identify mechanisms that will support WHO to measure the impact created by SEARHEF.

- **Sustainability:** With regard to sustainability of SEARHEF, the evaluation findings suggest that the contextual setting of disaster prone geography under which the fund operates and the recurring nature

[36] Retrieved from Report of the second meeting of the Working Group WHO – Regional Office for South-East Asia accessed from http://www.searo.who.int/entity/searhef/searhef-meeting-report2.pdf?ua=1

or arrangement of corpus creation are key parameters that demonstrate the sustainable nature of the fund. Further, on comparing SEARHEF with other similar funding options, it was found that SEARHEF is only regional fund and its exclusivity as well as the flexibility makes it a more responsive fund.

- ***Key issues:*** Despite having specific characteristics, SEARHEF is sustainable at its current scale but the amount of maximum allocation under SEARHEF is very low as compared to other similar funds such as CFE and CERF. If these other funds are able to provide much more funds in the similar span of time, SEARHEF may not continue to be the preferred mode of funding. Another issue is the limited corpus and the fact that currently, there is no mechanism to replenish the funds in case it is exhausted within a biennium.

6. Recommendations

Based on the conclusions drawn and the key issues identified, the following recommendations are provided:

6.1. Strategic efforts to increase the SEARHEF corpus

As observed in the previous sections, there are several reasons that have established the need for an increased corpus, which include:

i) Higher number of emergencies witnessed by the region, while the present corpus can cater to a maximum of 6 emergencies in a biennium,

ii) Prevalence of other funds such as CERF and CFE which can provide higher amount of funding in similar time span as SEARHEF,

iii) Barring one biennium (2012-13), SEARHEF corpus exceeded its limit every biennium in the last 10 years, which necessitated additional funding requirement. so far this has been met through the RD's reserves

iv) Increase in price of goods and services globally in the last 10 years. The maximum limit of SEARHEF was fixed at US$ 350 000 in 2008.

Additionally, the need for increasing the corpus amount of SEARHEF have been insisted upon during various Working Group meetings.

All of these factors together, point towards making dedicated efforts towards increasing the corpus**. At present, the corpus is created using the Assessed Contribution of the Member States. However, in order to supplement this, there is need for a specific resource mobilization strategy in order to focus on the Voluntary Contribution (VC) component. The key steps for developing this strategy would involve:**

Exhibit 20: Steps for RM strategy for SEARHEF

Identification: of resource partners through a continuous process of landscaping. This will entail **analyzing the involvement of existing resource partners** to identify the complementarities between their current engagement and future engagement for SEARHEF. This will then lead to **diversifying the donor base by identifying new potential donors**. Apart from the government organizations (Multilateral and Bilateral funders), it would also help to identify and approach non-traditional donors such as the private sector, including Trusts, Development Funders, and Corporate Social Responsibility initiatives within these.

This process will involve a **comprehensive donor landscaping activity** which includes profiling of the donors, identification of key factors that will lead to sustainable partnerships, modes of donation (monetary/in-kind), possible challenges that may arise due to engagement for SEARHEF and methods to resolve them.

Engaging: This will involve **approaching the identified donors to build strong relationships** based on mutual trust and respect. In order to engage with these identified potential partners, WHE may need to appoint a dedicated staff/team to fix appointments and undertake face-to-face interviews that focus on communicating the importance of SEARHEF and how a potential contribution can support the emergency response mechanism. In order to showcase the significance of SEARHEF, it will be helpful to develop and use brochures/fact sheets/audio video material, which can appeal and clearly demonstrate i) the nature of support extended by SEARHEF in the last 10 years, ii) challenges faced due to lack of sufficient corpus and iii) the benefits for the partner and the potential impact that can be achieved. This can be further supported through testimonials from the respective National and Sub-National Government officials, to highlight the relevance of SEARHEF and the unique proposition of this in supporting initial emergency response. It may also be helpful to meet the traditional Donors (who fund WHO), and also highlight the uniqueness of SEARHEF and the value add by contributing to SEARHEF in addition to the traditional support to WHO in general.

Negotiation: Post identification of the resource partner and expression of interest by the resource partner for funding to SEARHEF. This will lead to determining the conditions for funding partnership by understanding the different types of agreement that could be undertaken. In this step, involvement of specialized staff from the legal, procurement, finance and administration teams will be needed for their specific technical inputs towards finalizing a mutually agreeable partnership agreement.

Managing: good relations with the funding partner is important for using these resources in an effective manner as well as for securing future resources. In the context of SEARHEF, if a VC made by a funding partner proved to be sufficient for increasing the corpus or for effectively managing an emergency operation, then the same must be acknowledged and reported on a timely basis.

Communicating: involving better advocacy by SEARO, in order to inform about the comparative advantages for the contributors. This step will involve development of a proper communication plan and quality communication material. Tools such as brochures, flyers, posters, press releases, special events, speeches, videos, websites and social media may be used for effective advocacy.

6.2. Standardization of templates and improved internal communication

The evaluation findings suggest that while efforts towards standardization in the form of templates for proposal requisition or utilization reporting already existed, the usage of these templates varied from country to country. Specifically with regard to utilization reporting there were several concerns in the form of incomplete information, inconsistencies in interpreting the template requirements which resulted in unavailability of comparable information. For these reasons, the format for utilization report has been re-visited and a **new template is suggested to overcome the issues mentioned above:**

ANNEX H: REPORTING FORMAT FOR SEARHEF

1. **Project Title: _____**
2. **Amount of SEARHEF fund received (in US$ ONLY): _____**
3. **Starting Date (Date of receiving SEARHEF fund amount):_____**
4. **End Date (Date until which SEARHEF fund money was used):_____**
5. **Date of submission of Utilization report:_____**
6. **Allotment/Award Number:**
7. **About the emergency situation:**
    a. Nature of emergency- (*Select from drop-down menu such that multiple selections are possible)*
        i. *Humanitarian Conflict*
        ii. *Earthquake*
        iii. *Cyclone*
        iv. *Fire*
        v. *Floods*
        vi. *Drought*
        vii. *Landslide*
        viii. *Volcanic eruption*
        ix. *Other (specify)_____*
    b. Details of areas affected- *Names of districts, towns/villages affected*
    c. Details of population affected-
        i. *Number of people affected by the disaster*
        ii. *Number of deaths*
        iii. *Number of injured persons:*
        iv. *Number of people reached out using SEARHEF:*

8. **Activity-wise break-up of fund utilization:** (*Select from drop-down menu and provide the amount of fund used against each activity)*

Activity	***Physical Progress (Number/Quantity)***	***Amount of fund used (in US$ ONLY)***
a. Procurement of medicines/supplies (perishable including nutrition supplements)		
b. Procurement of equipment		
c. Procurement of vehicles		
d. Procurement of non-perishable goods (ex: beds/ mosquito nets/etc.)		
e. Training and capacity building		
f. Transportation and storage		
g. Communication (including BCC; IEC material development and printing; education programmes; etc.)		
h. Disease surveillance		
i. Cost of appointing contractual staff		
j. Restoration infrastructure		
k. Operational cost for MoH health teams (including mobile clinics)		
l. MIS		
m. Office rental for WHO		
n. Travel for WHO staff		
o. Operational cost for WHO staff		
p. Office supply (including printing/stationary)		
q. Assessments (heath, rapid assessment, etc.)		
r. Psychological and Mental Health support		
s. Others (Specify)_____		

9. **Any additional (qualitative) information about the activities mentioned above:** *(Provide insights on how the fund helped in carrying out the required activities. For instance,*
i) Replenishment of medicines, consumables and medical equipment for sustaining WCO stockpiles to ensure rapid response
ii) Using SEARHEF funds WHO supported local training for 1 000 doctors and nurses, mobilized for home visits and preventive public health measures. Participants were trained on target daily home visits, hygiene and sanitation activities among displaced people and surveillance control measures etc.)
10. **Whether technical assistance was used from other agencies. Provide a short description of such instances.**
11. **Details of other funds received to support the same emergency:**

Name of the fund	***Amount of fund received (in US$ ONLY)***
a.	
b.	
c.	

12. **Any other additional information**

The need for improvement in internal communication has been felt due to limited knowledge of MoH officials regarding SEARHEF management such as

- Circumstances under which SEARHEF can be requested
- Aspects that can be covered as part of SEARHEF utilization
- Availability of existing templates

These issues can be dealt with regular **sensitization workshops** that can be organized by the WCO specifically for MoH officials responsible for managing SEARHEF funds. Further, the RO can play a major role by developing Standard Operating Procedures that spell out the entire process of requesting, approving, disbursing and reporting of funds under SEARHEF. Additionally, the **development of documentary material** that collate information on the emergencies supported through SEARHEF in detail will help to **facilitate inter-country knowledge exchange as well.**

6.3. Improvement in Monitoring, Reporting and Evaluation

One of the key gaps in SEARHEF management appears to be the lack of output and outcome data for use of SEARHEF. The basis for monitoring and evaluation activities of any development programme and activity is the evaluation framework of the programme. Therefore, it is important to define SEARHEF support under each emergency responded to. The evaluation framework will seek to answer:

1. To what extent were the resources necessary for organising the emergency response in place?
2. To what extent were the emergency responses activities organised with reference to the activities planned?
3. To what extent were the strategic objectives of the emergency response met through SEARHEF support?
4. To what extent was the SEARHEF support able to impact upon survival of affected population in the specific disaster?

While developing the evaluation framework for answering the above questions for the emergency response, it will be pertinent to also develop a set of indicators and key questions to be answered for each of the planned activities and related indicators. This will lead to the development of an evaluation protocol covering:

- Need for evaluation of outputs and outcomes for SEARHEF supported emergencies
- Suggested list of evaluation questions and indicators by types of emergency
- Guidance on sampling
- Tools for analyzing the data
- Broad outline of report on evaluation findings

Following the above steps, it will be useful to engage an independent competent agency for conducting an independent evaluation of the fund every three to five years such that course corrections vis-à-vis fund objectives, funding requirements, and reporting etc. are regularly tracked and managed. The evaluation study can serve as:

- Evidence of ground level impact of SEARHEF in an emergency
- Knowledge material for drawing lessons for emergency response and to identify what worked and what did not in case of similar emergency situation. This will serve as useful reference material for future reference and course correction
- Advocacy material for showcasing the SEARHEF support and the achieved outcomes in an emergency response

6.4. Multi-sectoral Collaboration

Response to emergencies in any country is a multi-sectoral approach involving more than one National Ministry/ Department. As SEARHEF is providing aid through the MoH, it is important to ensure collaboration with other Ministries/Departments involved in emergency response in the country. This will not only make the emergency response more efficient and effective, but will also lead to better value through all other available resources in the country for the emergency response. Key areas of collaboration during the pre-emergency scenario may include activities such as retro-fitting of hospitals, training of medical teams, resource mobilization, creation of back-up life-line services (e.g. power, water, sewage), rehearsing evacuation plans among others. Since the involvement of Ministry of Health for these activities may be limited, coordination with other departments such as Disaster Management Authority or Public Works Departments (as the case may be) will be critical. During a health emergency triggered by humanitarian conflict, nature of emergency operations typically incudes disease surveillance to prevent spread of communicable diseases, provision of preventive and curative health services, shelter homes for refugees/IDPs with basic facilities, etc. Thus, during humanitarian conflicts, the Disaster Management Authority together with the Health Ministry can collectively provide their support in carrying out various emergency response activities.

Appendix

Appendix A. - Appendices

A.1. Evaluation Framework

EVALUATION CRITERIA 1: RELEVANCE						
Evaluate the relevance of the fund in country context of the region by analyzing the occurrence of emergencies vis-à-vis the available funding mechanisms for immediate emergency response						
Evaluation question	**Broad Area**	**Specific Evaluation Parameters**	**Qualitative/ Quantitative**	**Source of information**	**Method/ Tool**	**Stake-holder**
Why was SEARHEF conceptualised	Inception	Prior to fund establishment (2003-08) • How many emergencies occurred • What were the nature of emergencies • How many persons were affected including the no. of deaths	Quantitative	Desk research	Secondary Review IDI with RED, and WHE Staff	RD, RED, and WHE Staff (Director, Programme Area Manager)
		• What was the level of preparedness among Member States prior to fund establishment • Main purpose of setting up SEARHEF	Qualitative	Desk research	Secondary Review IDI with RD, RED and WHE Staff	RD, RED, and WHE Staff (Director, Programme Area Manager)
How relevant is SEARHEF in the light of emergency occurrences in the Member States during 2008-18	Contextual significance	Post fund establishment (2008-18) • How many emergencies occurred • What were the nature of emergencies • How many persons were affected including the number of deaths • What was the extent of damage number of houses damaged, • Were there any emergency where the request for support was not raised to SEARHEF	Quantitative	Desk research	Secondary Review IDI with RED and WHE Staff	RED and WHE Staff (Director, Programme Area Manager)

How relevant are the various aspects for which the fund can be used	Fund uses	• Nature and types of components/ aspects for which the fund can be used • Nature and types of components/ aspects for which the fund was actually used • Reasons for deviation (if any due to operational issues, guidelines, etc.) • Mapping of health emergency requirements in a typical scenario as opposed to actual aspects for which fund was used	Qualitative	• RC Resolutions • WG Progress Meeting Reports • Utilization Reports	Desk Research IDI with RD, RED, WHE Staff, WR and Working Group Member	RD, RED and WHE Staff (Director, Programme Area Manager) WR and WG Member
How has SEARHEF adapted to changing needs and what further changes may be needed to make SEARHEF more relevant and appropriate	Appropriateness	• How have SEARHEF policies and guidelines evolved over 10 years • What new provisions/regulations have been introduced to cater to changing needs of different geographies • Is the fund arrangement (amount, project components, etc.) appropriate • What new provisions need to be introduced to ensure relevance	Qualitative	• RC Resolutions • WG Progress Meeting Reports	IDI with RD, RED and WHE Staff	RD, RED and WHE Staff (Director, Programme Area Manager)

EVALUATION CRITERIA 1: EFFECTIVENESS						
Evaluate the effectiveness of the fund by reviewing the utilization, adequacy and efficacy of the fund						
Evaluation question	**Broad Area**	**Specific evaluation parameters**	**Qualitative/ Quantitative**	**Source of information**	**Method/ Tool**	**Stakeholder**
To what extent did SEARHEF address the health emergency situation in the country	Adequacy	• Proportion of the total affected population supported using SEARHEF	Quantitative	• WG Progress Meeting Reports • Event Utilization Reports	Desk Research	-
		• What was the nature of support provided by SEARHEF • To what extent was the support provided through SEARHEF adequate for the overall emergency response of the country *(in terms of timeliness, flexibility, appropriateness, coordination)* • What has been the added value of the fund	Qualitative	• WG Progress Meeting Reports • Event Utilization Reports	Desk Research & IDI with RED, WHE Staff, WCO staff, & Working Group Member	RED, WHE Staff (Director, Programme Area Manager) WCO Staff - WR, WHE Focal Point WG Member
To what extent was the fund able to meet the requirements of proposed/planned activities	Efficacy	• Activity-wise utilisation of funds (as opposed to activity-wise allocation)	Quantitative	• Event Utilization Reports • Proposals submitted by WCO		
To what extent was the fund utilised	Adequacy	• Amount of fund requested • Amount of fund released • Amount of fund utilised • Frequency of cases when funds were under-utilised (if any) Frequency of cases when the funds required were not sufficient	Quantitative	Event Utilization Reports	Desk Research & IDI with RED, WHE &WCO staff	RED, WHE Staff (Director, Programme Area Manager) WCO Staff - WR, WHE Focal Point SEARO Staff

		• What were the reasons for under-utilized funds? • Were the remaining funds used for inter-country requirements? In case the fund was insufficient, how were additional funds arranged?	Qualitative	Event Utilization Reports	IDIs with RED,WHE, WCO staff and WG Member	
Was the fund utilization congruent with the results it wished to achieve?	Efficacy	• What were the criteria (expected outcomes) based on which funding approval was provided • What were the activities that were eventually implemented	Qualitative	• Event utilisation reports • Comment Sheet • Country work plan • Country Proposals	Desk Research & IDI with RED, WHE, WCO staff and WG Member	RED, WHE Staff (Director, Programme Area Manager) WCO Staff - WR, WHE Focal Point WG Member
To what extent was the fund able to cater to cross-cutting issues in an emergency situation?	Adaptability	What were the various activities that were required to be addressed; out of this, what specific activities were implemented using SEARHEF?	Qualitative	Event Utilisation Reports	Desk Research & IDI with RED, WHE &WCO staff and WG Member	

EFFICIENCY						
Evaluate the efficiency of WHO's systems and processes for ensuring the smooth functioning and management of the fund as per the business rules set in SEARHEF policies, guidelines and procedures						
Evaluation question	**Broad area**	**Specific evaluation parameters**	**Qualitative/ Quantitative**	**Source of information**	**Method/ Tool**	**Stakeholder**
How efficient is the funding process (from the time a request is raised till the fund is disbursed)	Timeliness	• Average time taken for preparation and submission of proposal (from the time MoH sends request to WCO and actual submission of proposal) • Average time taken for approving the fund (from the time a proposal was sent) Average time taken for fund disbursement (from the time an approval was granted)	Quantitative	Event Utilization Reports	Desk Research & IDI with RED, DPM(PLN), WHE staff, WCO staff, and WG Member	DPM (PLN), RED, WHE Staff (Director, Programme Area Manager) WCO Staff - WR, WHE Focal Point WG Member
How efficient is the fund utilisation process	Timeliness	• Average time taken for utilising the funds Average time taken for reporting the utilisation	Quantitative	Event Utilization Reports		
How efficiently was the fund utilised	Efficiency	Comparison of various funds from the point of view of Efficiency of Fund utilisation i.e. (the number of people reached out with the amount of fund released)	Quantitative	Event Utilisation Reports	Desk Research & IDI with WHE staff	WHE Staff (Director, Programme Area Manager)
What systems and mechanisms are in place for ensuring that fund is utilised in an effective manner	Monitoring and verification	• What was the process followed for monitoring the fund utilised • What aspects were covered as part of monitoring • How did the results/observations of monitoring of 1t tranche affect the subsequent tranche What formats or templates were used for monitoring	Qualitative	-	IDI with RED, DPM(PLN), WHE staff WCO staff and WG Member	RED, DPM (PLN),WHE Staff (Director, Programme Area Manager) WCO Staff - WR, WHE

How have SEARHEF funds been allocated by geography/sector and emergency type	Distribution	• SEARHEF funding by location, type of emergency Funding pattern in the last 10 years	Quantitative	Event Utilization Reports		Focal Point WG Member
How well is SEARHEF being managed by WHE Is it adequately staffed and resourced at various levels	Staff capabilities	• Promptness of response of SEARO staff when request is raised (whether easily accessible) Regularity of response by WCO and beneficiary (MoH)/implementing staff regarding fund utilisation	Qualitative	-		

IMPACT						
Assess the impact of the fund in responding to the immediate needs of an emergency						
Evaluation question	Broad area	Specific evaluation parameters	Qualitative/ Quantitative	Source of information	Type of tool	Stakeholder

How does SEARHEF complement/supplement the overall WHO emergency response efforts	Inter-linkages	• What are the other sources of health emergency funds available? How are those accessed
		• How is SEARHEF different from other emergency funds of WHO
		  ○ What are the additional features/provisions of SEARHEF
		  ○ What are the areas that are not covered under SEARHEF
		  ○ How does it affect the overall scheme of emergency response efforts of WHO
		• How is SEARHEF different from other emergency funds (of other donors)
		  ○ What are the additional features/provisions of SEARHEF
		  ○ What are the areas that are not covered under SEARHEF
		• What are the advantages/disadvantages of these funds
			Qualitative	Desk research	Secondary Review
					IDI with RED,WHE Staff, WR and WG Member (WG)
						RED and WHE Staff (Director, Programme Area Manager), WR and WG

SUSTAINABILITY						
Determine the sustainability of the fund by identifying lessons that can be learnt from events supported by SEARHEF, which include best practices as well as areas of improvement for future						
Evaluation question	Broad area	Specific evaluation parameters	Qualitative/ Quantitative	Source of information	Type of tool	Stakeholder
What changes have occurred in the response capacity of staff (at field or regional levels) to tackle emergency situations	Response capacity	How has SEARHEF affected agencies' abilities to respond at both regional and field level	Qualitative	-	IDI with RED,WHE staff &WCO staff	RED, WHE Staff (Director, Programme Area Manager) WCO Staff - WR, WHE Focal Point BO
What mechanisms are required to ensure that the SEARHEF is a sustainable fund source for tackling public health emergency response situation	Continued funding	Resource mobilisation for increasing VC Key considerations for increasing base corpus amount	Qualitative	-	IDI with RD, RED and WHE staff and WG Member	RD, RED, WHE Staff (Director, Programme Area Manager and WG Member

A.2. Kick-off Meeting Presentation held on 20 July 2018

Evaluation of the South-East Asia Regional health Emergency Fund (SEARHEF): 10-year milestone

Kick off meeting

20 July 2018

pwc

Over 10 years 33 emergencies supported cross 9 member states: Total Disbursement ~$ 5.2 mn

Setting up of the fund

- Post 2004 earthquake and Tsunami, **need felt for a WHO South East Asia regional fund to provide immediate financial support** for instant **health** relief operations during emergencies (natural or man-made)
- 2007, **11 member states endorsed the fund establishment; 2008 SEARHEF established**
- **Initial corpus of US$ 1.1 million** (included US$ 1 million from SEARO Regular budget+US$ 100,000 from Royal Thai government)

Criteria for fund allocation:

- Declaration of a state of emergency
- Official request for external assistance by the national govt.
- Appointment of a Humanitarian Coordinator by the UN Secretary-General for that particular emergency

The emergency health fund can be used for:

- Procurement of essential medicines and supplies
- Support towards transportation and communication
- Operational field presence: Public health interventions; Staff and technical support

- **SEARHEF is a revolving fund composed of:**
  - **Assessed Contributions:** biennial allocations from member states accounting up to US$ 1 million. Member states to contribute 1% of it WHO Regular budget allocation to SEARHEF
  - Voluntary Contributions: Can raise allocation ceiling; can reduce respective member states' part of AC
- Allocated for a period of 3 months in two tranches:
  - **First tranche**: up to US$ 1.75 mn released within 24 hrs of approval to be utilised within 1 month
  - **Second tranche**: Up to an additional amount of US$ 1.75 mn; to be utilised within 2 months

2016 SEARHEF expanded scope to support health **emergency preparedness** such as disease surveillance, health emergency workforce

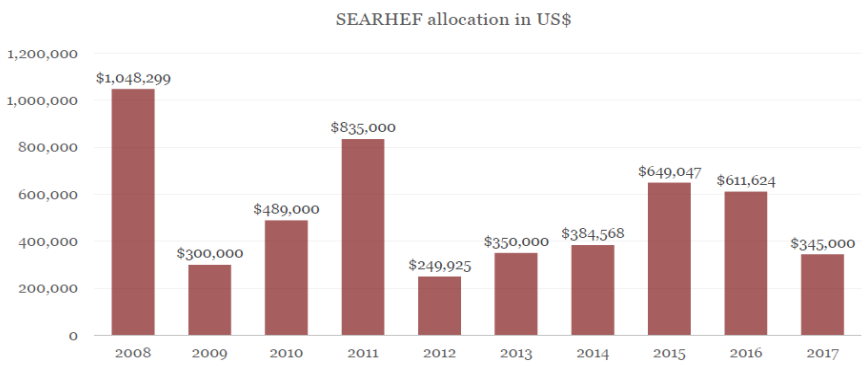
SEARHEF operations (1 of 2)

Fund cycle	1 Application	2 Review	3 Approval → Cont.
Process	• MoH submits proposal for fund request to CO WHO Representative (WR) • WR submits application to RD, with copy to RA EHA	• EHA/SEARO assesses the request and availability of funds • requests approval of funding from senior management	Up to 5 emergencies are supported in a year
Time-line		Within 24 hours of receiving the request	
Responsible unit and tool(s)	• MoH • WHO Country Representative *Tool(s):* • Template for the proposal	EHA SEARO	Approval from SDE/ DRD/ RD *Tool(s):* • Template for comment sheet

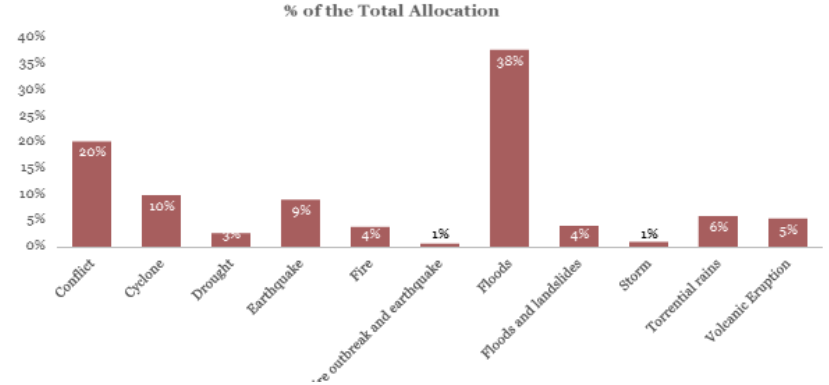
SEARHEF operations (2 of 2)

	4 Disburse	5 Monitor & report	6 Replenish funds
Process	• EHA/SEARO works with the CO to identify location in their work plan to increase planned costs in the country and move budget from RD's reserve to the country	• On completion of the activity, MoH submits a report on the activities in a format certified by WR • MoF provides a full report on fund utilization to WHO	• Member states to provide AC up to US$ 1 mn biennial • VC
Time-line	Within 24 hours of receiving the request	1st tranche within 1 month of fund release 2nd tranche within 2 months of fund release	
Responsible unit and tool(s)	WCO/EHA *Tool(s):* • Standardized work plans to accommodate EHA funding • Integrated format for PC and BC • Routing sheet	*Tool(s):* Template available for fund reporting	Regional Director (EHA SEARO) MoH (for VC) *Tool(s):* • Standardized work plans to accommodate EHA funding • Integrated format for PC and BC • Routing sheet

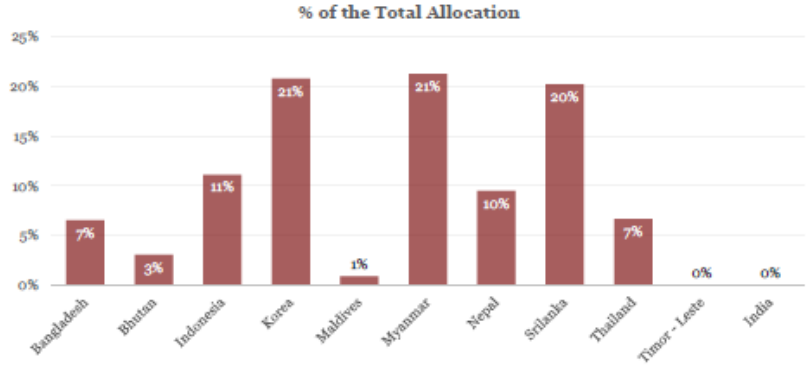
Highest allocation of funds has been done in the inception year of 2008, followed by the year 2011 and 2015



Out of all emergencies, maximum funds has been allocated towards Flood (37.74%), followed by conflicts (20.19%)



At 21.25% i.e 118,078 USD, Myanmar in the span of 10 years has received the maximum percentage of the total funds , followed by Korea and Sri Lanka



...on completing 10 years of operationalizing the SEARHEF, WHO aims to evaluate the fund with the objective to...

- **A** — **Review utilization and impact** of SEARHEF response fund since its inception in 2008
- **B** — **Evaluate the effectiveness** of the WHO systems to operationalize SEARHEF
- **C** — **Identify lessons:** good practices and areas of improvement
- **D** — Comprehensive report on the findings of the evaluation, lessons learnt, and **recommendations for improvement**

2. Our Methodology and Work-plan

Methodology

	Phase 1	Phase 2	Phase 3
	Preparatory	**Data collection and analysis**	**Recommendations and final reporting**

ACTIVITIES	▸ Inception meeting
	▸ Mapping, sourcing and initiating desk research
	▸ Initial consultations with WRO
	▸ Finalization of sampling
	▸ Stakeholder engagement plan
	▸ Finalization methodology and evaluation criteria
	▸ Develop tools
		▸ Secondary research
		▸ Consultation meetings with:
		  ▸ SEARHEF officials
		  ▸ Sampled beneficiaries
		▸ Data collation and cleaning
		▸ Data analysis
			▸ Development of draft report
			▸ Present findings and recommendations to WHO SEARO
			▸ Incorporate feedback on the interim report (on findings, recommendations, and best practices)
			▸ Preparation of final report documentation

	Periodic updates		
WORK PRODUCTS	▪ Inception report ▪ Workshop with WHO Secretariat	▪ Interim Report ▪ Power point presentation	▪ Draft and Final Report with evaluation findings, recommendations, and best practices
TIMELINES	3 weeks	6 weeks	4 weeks

Total proposed timeline for engagement completion: 3 months (13 weeks)

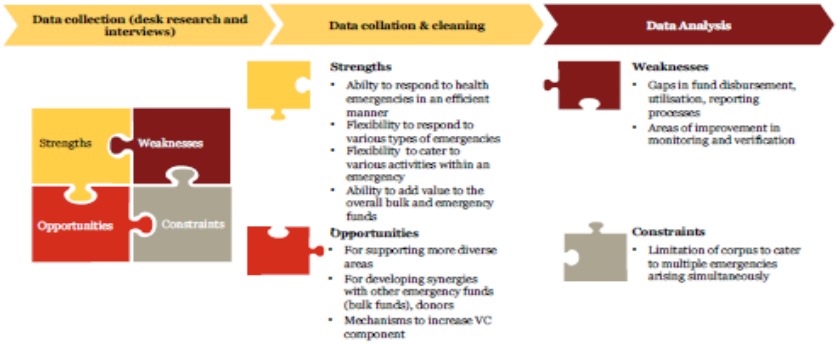
Mapping stakeholders: those engaged in the fund's planning, governance and operationalization (1 of 2)

	Stakeholders	Roles/ responsibilities	Area of enquiry
SEARHEF resource personnel	Regional committee	Meets once in a year to: ▪ Finalize and set the Policy (of an exclusively regional character) ▪ Approve budget and programme for the region	▪ Visioning and establishment of the fund ▪ Efforts towards increasing Voluntary Contributions ▪ Support to member states in disaster preparedness ▪ Challenges in maintaining and increasing the fund corpus
	SEARHEF Working Group	▪ Oversight and management of the fund	
	EHA WHO Secretariat	▪ Assess fund request vis-à-vis availability of fund ▪ Request approval of funding from Senior Management	▪ Process, systems and criteria to review, approve, allocate
	Senior Management, WHO Regional Office (WRO)	▪ Approve the fund request	▪ Criteria for fund approval ▪ Process, systems and guidelines for fund approval
	WHO Country office	▪ Raises the request for the fund on behalf of the national government ▪ Supports fund utilization and reporting	▪ Process for fund request ▪ Process for fund receipt, utilization, and reporting

Mapping stakeholders: fund's beneficiaries and supporting stakeholders within respective member state (2 of 2)

	Stakeholders	Roles/ responsibilities	Area of enquiry
SEARHEF beneficiary	Ministry of Health	• Raises the request for the fund to the WRO • Oversees the utilization of the fund • Tracks and monitors fund usage and outreach/ impact	• Process, protocols in raising a request • Shortlisting of response activities and fund requirement • Systems and support to track, record, and report fund utilization • Controls to check against wastage of funds
	Ministry of Finance	• Submits fund utilization report to WHO • Audits fund utilization	
	Staff engaged for fund implementation,	• Planning activities for fund utilization • Request, track and report disbursement	• What is the system for planning and initiating the response activities? • How does the fund flow?
	Partners involved for fund implementation (if any)	• Supports government to provide emergency relief services	• What is the system for planning and initiating the response activities? • How does the fund flow?
	Donors (mobilized for voluntary contribution)	• Provide voluntary contributions to the SEARHEF	• What factors motivated VC? • What was the government's approach for requesting for fund? • What factors inhibit contributions?

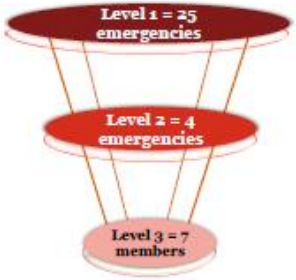
Data Analysis



Sampling:

We will undertake secondary desk research for all 33 emergencies.

For primary research we propose the following sampling framework:



Most frequent occurrence of emergency:

13 Floods:	2 Earthquakes:	2 Fire Outbreaks:	2 Cyclones:	6 Humanitarian Conflicts:
Bhutan Korea Myanmar Nepal Srilanka Thailand	Nepal Indonesia	Bangladesh Myanmar	Bangladesh Myanmar	Srilanka Myanmar

Most recent funded emergencies *(from the most frequent occurrences)*:

Floods:	Earthquakes:	Cyclones:	Humanitarian Conflict:
Floods in Thailand, 2011	Support to the Nepal earthquake, 2015	Bangladesh Cyclone Mora, 2017	To establish sustainable health-care services Rakhine State, Myanmar, 2014

Stakeholders for primary research:

1 WHO Regional Committee Member | 2 SEARHEF Working Group Member |
2 SEARHEF Secretariat | 2 MoH staff | 2 partner organization " representatives

Detailed work-plan (1 of 2)

Activities	W1 16 Jul	W2 23 Jul	W3 30 Jul	W4 6 Aug	W5 13 Aug	W6 20 Aug	W7 27 Aug	W8 3 Sep	W9 10 Sep	W10 17 Sep	W11 24 Sep	W12 1 Oct	W13 8 Oct
Phase I: Preparatory phase													
Initiate listing and review of documentation. Request for additional info													
Conduct a kick-off meeting with WHO SEARO and finalise next steps (schedule meeting with Country Focal Officer)													
Hold initial consultation meetings with SEARHEF RO to finalise stakeholder mapping (roles and responsibilities) and process for fund utilization													
Detail the evaluation matrix and the tools for consultations													
Initiate contact with WHO focal resource at the sampled member states													
Draft the inception report													
Present the updated methodology, evaluation matrix, stakeholder engagement plan, and tools to WHO SEARO staff (RO) for inputs to finalise													
Finalise and submit the **Inception Report** with inputs from the workshop													
Phase II: Data collection and analysis													
Complete secondary desk research													

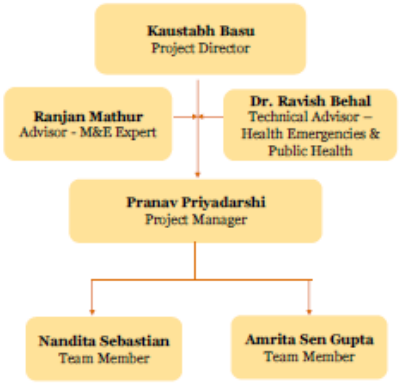
Cont.

Detailed work-plan (2 of 2)

Activities	W1 16 Jul	W2 23 Jul	W3 30 Jul	W4 6 Aug	W5 13 Aug	W6 20 Aug	W7 27 Aug	W8 3 Sep	W9 10 Sep	W10 17 Sep	W11 24 Sep	W12 1 Oct	W13 8 Oct
Phase II: Data collection and analysis													
Schedule and host face-to-face or VC consultation meetings with: • SEARHEF Regional Office • Representative from EHA/ Secretariat including Regional Director • Focal Officers, WHO Representative Country Office (~4 member state)													
Conduct beneficiary interactions using e-mail questionnaire/ VC/ tele-con/skype													
Document good practices and learnings													
Collate and analyse the data													
Interim update with preliminary findings and recommendations													
Phase III: Recommendations and Final Reporting													
Develop the Draft Report													
Present the draft report and seek feedback from WHO SEARO RO													
Incorporate comments to finalise and submit the Final Report													

3. Way Forward

PwC team on the project



Name	Role
Kaustabh Basu	• Responsible for overall quality assurance • Maintaining overall relationship with WHO SEARO, attending high level meetings • Overall guidance and strategic direction to the project team
Dr. Ravish Behal	• Responsible for providing technical inputs with respect to public health and health emergencies
Ranjan Mathur	• Responsible for technical inputs for finalisation of evaluation methodology and the indictaors for evaluation
Pranav Priyadarshi	• Responsible for project management, overall direction and engagement with the client • Finalisation of all deliverables and discussions with the client
Amrita Sen Gupta and Nandita Sebastian	• Review documents, finalise analysis framework • Develop tools and undertake consultations and follow-ups • Prepare and finanlise deliverables under the guidnance of the project manager,technical advisors and project director

Support Required

- Provide access to required documents
- Support in setting up meetings at SEARO office
- Connect us and facilitate discussion with other country offices
- Quick response/ feedback on reports, presentations

Next steps

- WHO to share remaining documentation
- WHO to connect PwC for initial consultations
- PwC to conduct initial consultation with:
  - RO
  - Focal points from sample member states

A.3. Research Tools

Discussion points for Regional Emergency Director (RED) and the Emergency Operations (EMO) Lead

1. What were the **purpose and the key guiding principles** in developing the SEARHEF? How well has the SEARHEF performed against the desired purpose for the fund?
2. In your perception what has been the **value-add** of SEARHEF towards the overall emergency response? What is the specific value add of SEARHEF been in responding to emergencies, compared to WHO/other emergency funds (e.g. CERF, CFE)?
3. How was the **quantum of the fund** decided upon? Is there a need to increase this quantum?
   (Are the currency fluctuations and inflations accounted for deciding the fund amount? Over the years the AC component has increased h/w the SEARHEF continues to remain static)
4. How are the **uses of SEARHEF** decided upon? (Which grade of fund/ what activities can it be used for)? IS SEARHEF disbursement contingent on grading of the emergency?
5. How is it ensured that a common understanding about SEARHEF (what it can be used for/how it can be used/ when it can be used/etc.) maintained across the WCOs and MoH of the member states?
   (When can SEARHEF be requested for and what are the criteria to decline select request?)
6. In consultation with select WCOs and MoH representatives, we have come across select issues in operationalizing SEARHEF. In your opinion, what steps can be taken to mitigate/ overcome/ strengthen the following:
   a. Reporting and monitoring fund utilization (from MoH)
   b. Increasing the quantum of funds (VC components)
   c. Relaxing the tranche amount and/or number to support SEARHEF vis-à-vis the nature of emergency and availability of additional support
   d. Flexibility in fund amount as per the nature of emergency and availability of adequate donors, if more than US$ 350 000 is required
      (Keep a buffer in addition to US$ 350 000 to support emergency response)
   e. Regional resource pooling (supplies, human resource, financial resource)
   f. Regional knowledge sharing (learning from experiences of other countries and making it a regular activity)
   g. Institutional memory on SEARHEF and its utilization
7. What are the key challenges at the RO level for operationalizing SEARHEF? How can these challenges be overcome?
8. Going forward, how do you perceive SEARHEF to continue? Apart from preparedness, are there any plans to expand the current scope and quantum of the fund (from US$ 1.1 million)?
9. Are there any plans for SEARHEF sustainability? (e.g. piggy-back the SEARHEF on other contingency funds; TA loans from WB/ADB emergency drawdown options; insurance premium, e.g. Pandemic Emergency Financing Facility)

IDI with WHO Country Office staff engaged in processing the SEARHEF

Date of consultation				
Mode of consultation			**Total consultation time**	
Venue				
Country Office			**# of participants from Country Office**	
Respondent(s) Name	**Designation**	**Position held since (year)**	**Contact details**	**Email id**

#	Questions

1.	With regard to the emergencies that have occurred over the last 10 years in (name the country), for which emergency(s) was the SEARHEF considered as a viable option? **(When can the SEARHEF be asked?)**
	Probe further upon:
	• Were there any factors that were considered in opting and/or advocating for SEARHEF? If yes, what were these factors?
	• Are there any parameters that define when not to opt for SEARHEF? If yes then could you please elaborate upon the same with an example?
	• Are there any guidelines to suggest at which point during an emergency can the SERHEF be requested for? If none then are there any operational guidelines that the WCO follows?
	• Are there any guidelines available to support making the decision on whether to opt for the fund?
	• Who all were engaged in deciding upon whether to opt for SEARHEF? In your opinion, should the nature of stakeholders engaged in decision making be reviewed and changed?
	  ○ Elaborated with addition of a few stakeholders? If yes then who all? And why?
	  ○ Restricted with exclusion of select stakeholders? If yes then who all? And why?

2.	With regard to the emergencies for which SEARHEF has been requested for, what was the nature of the activities for which the fund was proposed to be used for? **(What activities can the SEARHEF support?)**
	Probe further upon:
	• What all activities can be undertaken with this emergency fund?
	• Are there any restrictions in using the fund?
	• How is the nature of activities decided upon?
	  ○ Is any support received from the regional office to decide upon which activities to prioritize during the specific emergency and be implemented with SEARHEF?
	• Are there any guidelines available to support planning for the fund utilization?
	• Over the years has there been a change in the nature of activities that can be supported for by SEARHEF?
	  ○ If yes, then could you please elaborate with examples?

	○ If no, then with your experience?
3.	Once decided that the SEARHEF will be opted for, what is the **process to request for the fund**? Could you please explain the process through an example (along with timelines) **Probe further upon:** • Who are the different stakeholders involved in the process? What are their roles and responsibilities? (WCO/ MoH/RO) ○ Coordination with MoH and RO ○ Planning for fund utilization, amount needed and which activities to prioritize • How easy or difficult has the process been? Could you please explain with reasons and examples? • How accessible and prompt have the SEARO staff been when a request has been raised ○ Number of cases when there was prompt response ○ What were the reasons for delayed response • Are there any guidelines available to quickly refer to/clarify doubts (if any) on the process? • Are there any training/orientations provided by RO (WHE) to clarify doubts on the process? If yes then: ○ Are these training/orientation workshops implemented on a regular basis? If yes, then could you please elaborate? ○ When was the training last organized? ○ In your opinion, how can the training be improved? • What are the key challenges in adhering to this process? In your opinion, how can the challenge be overcome? • Has the process changed over the years? If yes then: ○ Which steps have changed? How? ○ How has the change impacted the overall process? Could you please explain/elaborate with an example? ○ Who all were engaged in introducing the change? ○ Was the CO engaged/involved in introducing the change? If yes, then what was WCO's role in introducing the change? Why was the change suggested? If no then: ○ In your opinion are any changes required in the current process for raising a fund request? If yes, then what? Could you please elaborate with an example?
4.	If the SEARHEF has been approved, what is the **process in fund utilization and reporting**? **Probe further upon:** • Who are the different stakeholders involved in the process? What are their roles and responsibilities? (WCO/ MoH/RO) • How easy or difficult has the process been? Could you please explain with reasons and examples? • Are there any guidelines available to quickly refer to/clarify doubts (if any) on the process? • Are there any training/orientations provided by RO (WHE) to clarify doubts on the process? If yes, then: ○ Are these training/orientation workshops implemented on a regular basis? If yes, then could you please elaborate? ○ When was the training last organized? ○ In your opinion, how can the training be improved? • What are the key challenges in adhering to this process? In your opinion, how can the challenge be overcome? • Has the process changed over the years? If yes, then: ○ Which steps have changed? How? ○ How has the change impacted the overall process? Could you please explain/elaborate with an example? ○ Who all were engaged in introducing the change? (across the different levels of fund utilization: MoH; WCO; RO; WG; Regional Committee) ○ Was the CO engaged/involved in introducing the change? If yes, then what was WCO's role in introducing the change? Why was the change suggested? If no then: ○ In your opinion are any changes required in the current process? If yes, then what? Could you please elaborate with an example?
5.	Is the fund utilization monitored? • If yes, then: ○ Could you please elaborate the process with an example

	○ What aspects are covered as part of monitoring ○ Who all are responsible for the process *(across the different levels of fund utilization: MoH; WCO; RO; Working Group; Regional Committee)* ○ Are there any guidelines/ support available to undertake the monitoring? If yes then please elaborate? ○ Are there any tools/formats/standardized templates made available to support the monitoring process? If yes, then could you please elaborate? If no then in your opinion would availability of such standardized tools support the process? If yes, then how? Could you please elaborate? ○ Can the process be streamlined? If yes, then how? And why? • If no, then do you feel that there is a need to monitor the utilization of this fund? If no, then could you please elaborate? ○ If yes, then: ▪ Which factors, in your opinion, restrict such monitoring? ▪ Which factors, if introduced, can support such monitoring?
6.	What was its effect on the entire emergency response? Please elaborate with examples and reason **Probe further upon:** • How did it compliment/supplement the operation of the other funds? • Any specific results that can be attributed to this probe: number of people reached out/number of teams deployed/quantum of supply sent out
7.	What are the key challenges in managing SEARHEF? Please select the top two from the list below that are the most common across various events: ○ *Delays in fund requisition and approval;* ○ *Delays in fund disbursement;* ○ *Coordination between multiple stakeholders;* ○ *Monitoring and reporting;* ○ *Utilization of funds as per the planned activities;* ○ *Attribution to the fund;* ○ *Other (please elaborate with reason and example)*

#	**Rating questions**
8.	With regard to the emergencies that have been supported by the SEARHEF in (name the country), how would you **rate the fund's relevance** on a scale of 1 to 5 ***(1 being 'not at all relevant' and 5 being 'extremely relevant')*** **Probe further upon:** • Provide reasons for your rating? • In your opinion, what factors if introduced can improve this rating? Please elaborate with an example? ***Prompt****: increased fund amount/higher US$ release in the first tranche/expand in the scope of activities being supported/increase in the time span of fund utilization/ease in fund reporting/ practicality/etc.*
9.	With regard to the emergencies that have been supported by the SEARHEF in (name the country), how would you **rate the relevance of the fund's amount** vis-à-vis the immediate requirements on a scale of 1 to 5 ***(1 being 'not at all relevant' and 5 being 'extremely relevant')*** **Probe further upon:** • Could you please elaborate upon your choice with an example? • In how many cases was the fund amount insufficient for undertaking planned activities ○ Were additional funds arranged? If yes, what was the funding source? • In how many cases, was the fund amount under-utilized? • *(If the rating is less than 4)* Has there been any effort to increase the fund amount? If yes, then could you please elaborate on the following: ○ By how much was the increase requested? ○ How was this increase rationalized? ○ What efforts were made in this direction? ○ What feedback was received?
10.	With regard to the emergencies that have been supported by the SEARHEF in (name the country), how would you **rate the relevance of the activities supported by SEARHEF** on a scale of 1 to 5 ***(1 being 'not at all relevant' and 5 being 'extremely relevant')*** **Probe further upon:** • Could you please elaborate on your choice with an example? • Are there strict guidelines on which activities can and cannot be supported?

	If **YES** then: ○ Could you please elaborate on the same? ○ Are there any reference material to support identification and listing of emergency response activities that can be supported by SEARHEF? ○ Are the permissible activities sufficient to meet the immediate needs of the situation? ○ Are the restrictions practical in the situation? Could you please elaborate? If no then what changes could improve the fund utilization? If **NO** then**:** ○ Is any support extended from SEARO in guiding the WCO towards planning for emergency response with SEARHEF? If yes then please elaborate with an example. ○ Are there any operational guidelines that the WCO follows? If yes then could you please elaborate with an example? • In your opinion, how can this rating be improved? Could you please elaborate with an example?
11.	Are there similar funds available to respond towards emergencies? If yes then could you please share some examples? **Probe further upon:** • Could you please elaborate on how these funds are similar to SEARHEF? ***Prompt***: ○ *Fund amount* ○ *Time taken to request/receive/utilize the fund* ○ *Process to request/receive/utilize the fund* ○ *Standardization of the process (use of technology/tools/templates/structures)* ○ *Stakeholders engaged in the process* ○ *Guidance and training received (including reference material)* • On a scale of 1 to 5, could you please **rate the relevance of SEARHEF vis-à-vis the other funding options** available 5 ***(1 being 'not at all relevant' and 5 being 'extremely relevant') COMPARE BOTH*** • Could you please elaborate on your choice with an example? • In your opinion, what factors if introduced can improve this rating? Please elaborate with an example.

#	**Questions on the specific events under review**
12.	With regard to the (*name the specific event*), why was SEARHEF requested for? **Probe further upon:** • What were the key challenges during this emergency that could be mitigated using SEARHEF? • Were there any funds that were requested for prior to or simultaneously to SEARHEF? If yes, then could you please name them and elaborate upon how those funds were different from SEARHEF? • Was any additional funding made available prior to requesting for SEARHEF? If yes could you please elaborate upon the approximate quantum made available?
13.	Can you run us through the sequence of events that were undertaken to process SEARHEF during (name the specific event)? Was the process followed different from the prescribed/generic norm (as described by you earlier)? If yes then why? **Probe further upon:** • How fast was the fund made available? • To what extent was the fund able to meet the requirements of proposed/planned activities • To what extent was the SEARHEF able to address the health emergency requirement (please elaborate with examples) • How easy or difficult was the fund management during the event __? Please elaborate with examples and reasons
14.	What was the proportion of affected population who were supported using SEARHEF? Could the proportion have increased? If yes, how? Could you please elaborate with reason?

#	**Questions: Overall SEARHEF improvement**
15.	In your opinion, what are the key achievements of SEARHEF over the last 10 years?
16.	In your opinion, what are the key challenges of using SEARHEF over the last 10 years?

17.	In your opinion, what 3 changes if introduced can improve the emergency response supported by SEARHEF?

In-depth Interview with MoH staff

Name of the respondent.....

Country .....

Name of Government Department.....

Designation .....

Position held in the government since (Year).....

Appointed as Working Group Member since (Year).....

Contact Details: .....

Email id: .....

Date of Interview: .....

Mode of Interview: Telephonic/Video Call.....

SEARHEF provisions and uses

S.N	Question	Evaluation parameter	Probe area	Response

1.	When an emergency occurs, what are the critical factors that determine fund requests to be raised through SEARHEF		• *Reasons for opting SEARHEF as opposed to other similar health emergency funds*
			  ○ *Urgency of fund requirement*
			  ○ *Specific components to be funded which are covered only in SEARHEF*
			  ○ *Any other reason*	

2.	In your opinion, how different is SEARHEF from other similar funds available for responding to emergency situations	*Relevance*	• *Which are the other funds which can be compared with SEARHEF (Example-CERF, CFE, etc.)* • *Requirements/Obligations associated with SEARHEF* • *Key activities for which SEARHEF can be used as opposed to other funds* • *Level of flexibility associated with SEARHEF as opposed to other funds* • *Other critical advantages or disadvantages for using SEARHEF as opposed to other funds*	

3.	With regard to the emergency situations that have emerged in the last couple of years, how relevant are the provisions of SEARHEF	*Relevance*	• *How appropriate are the provisions of the fund for tackling health emergency situations* ○ *Was the fund useful for catering to the needs of the situation?* ○ *If not, were there any restrictions on using funds. What type of restrictions?*	
4.	How has SEARHEF policies and guidelines evolved over the years and how has it affected the responsibilities of MoH	*Relevance*	• *Are you aware of the changes that have occurred in the policies and guidelines* ○ *Which are the critical changes* ○ *Have the changes been in favor of MoH. For example, have the processes become simpler?* ○	
5.	In your opinion, are there any changes that need to be made, so that fund processing and management become more efficient (for all practical purposes)		• If yes, what changes are required (for instance, change in policies, funding process, corpus amount, involvement of SEARO, etc.?) • How will these changes support MoH's involvement in emergency response	

Operational aspects of SEARHEF (funding process)

S.N	Question	Evaluation Parameter	Probe area	Response
Ask the following Funding process with respect to all events that the WG members has witnessed				
6.	We understand that the fund request for SEARHEF can be made only under 3 circumstances. Are there instances when fund request has been raised outside of these 3 conditions	*Efficiency*	• *If yes, why was fund request raised under SEARHEF* • *Was the request approved*	

7.	What is the involvement of MoH staff in requesting, utilizing and managing SEARHEF fund	*Efficiency*	• *Who prepares the proposal (WCO or WG member or support staff from MoH)* • *What are the different levels of approval within MoH before the proposal is sent to WR*	

8.	We understand the MoH of *(country name)* has utilized SEARHEF fund *(number of times)* times in the last 10 years. Overall, how was your experience of requesting, managing and utilizing the fund	*Efficiency*	• *In how many cases was the requested amount disbursed*
			  ○ *In cases when the requested amount was not granted, what was the reason and how was the situation tackled; were any changes made in the activity plan.*
			• *In how many cases was the fund amount (i.e. one tranche of US$ 175 000) insufficient for undertaking planned activities*
			  ○ *Were additional funds arranged? If yes, what was the funding source?*
			• *In how many cases, was the fund amount under-utilized?*	

9.	What is your opinion on the response rate of WCO staff in approving and disbursing the amount?	*Efficiency*	• *How accessible and prompt have the WCO staff been when a request has been raised*
			  ○ *Number of cases when there was prompt response*
			  ○ *What were the reasons for delayed response*	

10.	Usually, what is the support provided by WCO for using SEARHEF funds		• *Support in preparation of Proposal* • *Support in Procurement of supplies and medical equipment* • *Distribution of procured material at the affected sites*	
11.	Are there mechanisms in place for monitoring fund disbursement	*Efficiency*	• *What was the process followed for monitoring the fund utilised* • *What aspects were covered as part of monitoring* • *Who conducted monitoring and at what all levels* • *What formats or templates were used for monitoring*	
12.	As per SEARHEF guidelines, fund utilization report should be sent within 3 months. Usually, are the reports sent in the stipulated	*Efficiency*	• *How do you perceive the reporting template, Is it easy difficult* • *In case reporting is not done timely, what are the reasons for the same* • *Who is responsible for preparing the utilization reports* • *Are there any reporting formats that MoH internally follows*	

	time? Why or why not			

13.	What type challenges did you face in managing the fund
	
	(record the information in an event specific manner)
		Efficiency	• *Different types of challenges could be*
			  ○ *Delays in fund requisition and approval;*
			  ○ *Delays in fund disbursement;*
			  ○ *coordination between multiple stakeholders*
			  ○ *monitoring and reporting*
			  ○ *utilization of funds as per the planned activities*
			• *Which among the above challenges were most common, across various events.*	

14.	What are your roles and responsibilities with regard to SEARHEF	*Efficiency*	• *Some of the key activities undertaken by the WG member includes-review fund disbursement and utilization, review country-level programme for prioritizing the budgets,* ***Validate*** *if these are the only activities that the WG is involved in or if there are any other responsibilities that he/she undertakes*
			• *With regard to SEARHEF, do you face any issues, while coordinating between WCO and SEARO?*
			  ○ *If yes, what type of issues do you face*
			  ○ *How do you tackle them*	

15.	With regard to SEARHEF, what are the various types of support provided to MoH by the WCO	*Efficiency*	• *Provide details on the nature of support provided by WCO to the MoH*
			  ○ *Proposal development*
			  ○ *Fund management – operational aspects such as purchase and distribution of material*
			  ○ *Monitoring and reporting*	

16.	What efforts have been made for resource mobilization of the VC component under SEARHEF	*Sustainability*	• *Has MoH approached additional donors or proposals sent to the country government for VC. If yes , please provide details*
			  ○ *What has been the response of prospective funding agencies*
			  ○ *Reasons for no increase in VC contribution*
			• *What challenges do you face for resource mobilization*	

17.	What changes have occurred in the response capacity of staff (at field levels) to tackle emergency situations	*Sustainability*	•	
18.	How has SEARHEF affected agencies' abilities to respond to emergencies at country level and field level	*Sustainability*	•	
19.	Please provide suggestions for improving the efficiency for fund management process		• *Specifically seek suggestions regarding the*	

Event specific information

S.N	Question	Evaluation parameter	Probe area	Response
20.	With regard to the event ___, what activities were undertaken using SEARHEF	*Relevance*	• *Nature and type of components/aspects for which the fund could be uses V/s Nature and type of components/aspects for which the fund was actually used* •	
21.	To what extent was the SEARHEF able to address the health emergency requirement during the event_____	*Effectiveness*	• *What was the proportion of affected population who were supported using SEARHEF?* ○ *In case a small proportion was supported, what was the reason? (Inadequate funds, restrictions imposed during emergency situations, etc.)* • *Was the support provided through SEARHEF adequate for the overall emergency response of the country* ○ *If yes, what has been the value addition of the fund?* ○ *If not, were additional fund sought from other emergency funds. How much was the amount of additional funds.*	
22.	How easy or difficult was the	*Efficiency*	• *Did you receive all approvals with 24 hrs of raising the request?*	

	fund management during the event ___		○ *If there was delay, enquire about why there was a delay and what actions were undertaken to deal with it.* • *Was the amount of fund released same as the amount of requested* ○ *If not, any specific reason for not allocating the required amount?* • *Did you receive support from WCO for the activities (refer to specific activities from Event Utilization sheet)* ○ *If yes, what type of support was provided? Please elaborate* ○ *If no, what type of support would have helped*	
23.	In case there were any deviations in the implemented activities (from what was planned) what changes occurred in the funding process	*Efficiency*	• *How were the changes in the implemented activities accounted in the SEARHEF utilization* • *Were any additional approvals required? If yes, what was it*	
24.	Please provide details of the monitoring and reporting undertaken	*Effectiveness*	• *How was the fund utilisation monitored?* • *At what levels did monitoring take place* • *Frequency of monitoring* • *What formats or templates were used during monitoring* • *When was the utilisation report submitted? Was there a delay in submission? If yes, what were the reasons?* • *How effective was the monitoring mechanism. How did it support in better fund utilisation?*	
25.	What type challenges did you face in managing the fund in case of this event	*Efficiency*	• *Different types of challenges could be* ○ *Delays in fund requisition and approval;* ○ *Delays in fund disbursement;* ○ *Coordination between multiple stakeholders;* ○ *Monitoring and reporting;* ○ *Utilization of funds as per the planned activities.*	

A.4. Interviews conducted

WCO/MoH				
Country	**Name**	**Designation**	**Email Id**	**MoH/WCO**
Bangladesh	Dr Raihan-e-Jannat	Programme Manager, BAN EHA, Directorate General of Health Services (DGHS),Ministry of Health and Family Welfare, Bangladesh	drzannat61@gmail.com	MoH
Bangladesh	Dr Sarowar Uddin Milon	Deputy Programme Manager, Emergency Preparedness and Response Programme, Directorate General of Health Services (DGHS),Ministry of Health and Family Welfare, Bangladesh	Milon_sarowar@yahoo.com	MoH
Bangladesh	Dr Muhammad (Zahid) Rahim	National Professional Officer	rahimm@who.int	WCO
Bangladesh		PME Officer		WCO
Myanmar	Dr Allison Gocotano	Technical Officer, Emergency Risk Management Team World Health Organization, Myanmar	gocotanoa@who.int	WCO
Myanmar	Dr Win Bo		bow@who.int	WCO
Nepal	Dr Reuben Samuel	Technical Officer (Emergency Preparedness)	samuelr@who.int	WCO
Nepal	Mr Damodar Adhikari	National Professional Officer	adhikarid@who.int	WCO
Nepal	Mr Prahlad Dahal	Team Assistant, Logistics	dahalp@who.int	WCO
DPR Korea	Dr Pushpa Wijesinghe	Medical Officer	wijesinghep@who.int	WCO

WCO/MoH				
Country	**Name**	**Designation**	**Email Id**	**MoH/WCO**
Thailand	Dr Phusit Prakongsai	Senior Advisor, Health Promotion, Office of Permanent Secretary, MoPH	phusit@ihpp.thaigov.net	MoH

SEARO		
Name	**Designation**	**Email Id**
Dr Pem Namgyal	Director, Programme Management, WHO SEARO	namgyalpe@who.int
Dr Roderico Ofrin	Regional Emergency Director (RED) WHO Health Emergencies Programme	ofrinr@who.int
Mr. Manjit Singh	Budget and Finance Officer Department of Administration and Finance, WHO SEARO	singhm@who.int
Dr Arturo Pesigan	Programme Area Manager Emergency Operations WHO Health Emergencies Programme	pesigana@who.int
Dr Miftahul Fahmi Sembiring	Ag. Programme Area Manager Management and Administration (MGA) WHO Health Emergencies Programme	sembiringm@who.int
Ms Purvi Paliwal	Technical Officer, Grant Renewal WHO Health Emergencies Programme	paliwal@who.int
Mr Sunil Bhambri	National Professional Officer WHO Health Emergencies Programme	bhambris@who.int
Ms Marina Maybel Benjamin	Associate - Emergency Operations (EMO) WHO Health Emergencies Programme	maybelm@who.int

A.5. Data collection template for capturing event-specific information about SEARHEF

Event number	Project name	Country	Month	Year	Biennium	Nature of emergency	Details of emergency	Whether DFC or WCO		# of people affected	# of people reached out	# of deaths	Details of affected population	Level of emergency

Event number	Amount requested by Govt. (US$)	Amount requested by WCO (in US$)	Amount received (in US$)	Amount used/spent (in US$)	Amount unused (in US$)	Amount returned (if unused)	Activities planned	Asked (US$)	Implemented Activities	Used (US$)	Output(s)	Results/ Outcomes

Event number	Date and time (proposal received) from Govt.	Date and time (proposal approved) final (RO)	Date and time fund released on	Fund approved within 24 hours	If approval not done within 24 hours, reason	Was it a holiday for CO	Was it a holiday for RO	Was the report submitted in 3 months	Other funds received to support this emergency (fund name)	Amount of fund received (US$)

A.6. Indicative list of indicators for measuring the impact of SEARHEF

Given below is a **list of indicators that recognize the minimum standards** to be maintained as part of the disaster response and ensure long-term sustainable impact. Based on the Emergency Handbook of UNHCR, some of the key emergency indicators are as follows

Indicators	**Indicator performance** (Minimum standards)			
Mortality related				
Crude Mortality Rate (CMR)	Normal rate among settled population	0.3 to 0.5/10 000/day	Emergency programme under control	<1/10 000/day
			Emergency programme in serious trouble	>1/10 000/day
			Emergency: out of control	>2/10 000/day
			Major catastrophe	>5/10 000/day
Under 5 mortality rate (U5MR)	Normal rate among a settled population	1.0/10 000/day	Emergency programme under control	<2.0/10 000/day
			Emergency programme in serious trouble	>2.0/10 000/day
			Emergency: out of control	>4.0/10 000/day
Food assistance and nutrition related				
Food intake	Minimum food energy requirement for a population totally dependent on food aid:			2100 kcal/person/day
Nutrition	Global Acute Malnutrition (GAM) in refugee settings	High:		10-14%
		Medium:		5-9%
		Low		<5%
	Supplementary Feeding Programme (SFP) for moderate acute malnutrition (MAM) management	Recovered	Proportion of beneficiaries who have reached the discharge criteria of success defined by the programme.	>75%
		Defaulted	Proportion of beneficiaries who are absent for three consecutive weeks (two consecutive weighing).	<15%
		Death	Proportion of beneficiaries who died from any cause while registered in the programme.	<3%
	Therapeutic Feeding Programme (SFP) for severe acute malnutrition (SAM) management	Recovered	Proportion of beneficiaries who have reached the discharge criteria of success defined By the programme.	>75%

		Defaulted	Proportion of beneficiaries who are absent for three consecutive weeks (two consecutive weighing).	<15%
		Death	Proportion of beneficiaries who died from any cause while registered in the programme.	<10%
Water and Sanitation				
Clean water	Minimum survival allocation			15-20 litres/person/day
	Minimum maintenance allocation			15-20 litres/person/day
Sanitation *(in refugee settings)*	Maximum number of persons per communal toilet/latrines			50
	Minimum percentage of households reporting defecating in toilets			60%
	Minimum percentage of households with access to toilets			60%

Note: This is not an exhaustive list of indicators. Complete list of indicators can be accessed at UNHCR Emergency Handbook

A.7. References

Name of the document	Source	Author(s)	Link
About SEARHEF	World Health Organization regional office for South East Asia		http://www.searo.who.int/entity/searhef/en/
First Working Group Meeting for Governance of the South-East Asia Regional Health Emergency Fund (SEARHEF)	World Health Organization regional office for South East Asia		http://www.searo.who.int/entity/searhef/en/
Second Working Group Meeting for Governance of the South-East Asia Regional Health Emergency Fund (SEARHEF)	World Health Organization regional office for South East Asia		http://www.searo.who.int/entity/searhef/en/
Third Meeting of SEARHEF Working Group through Video Conference	World Health Organization regional office for South East Asia -		http://www.searo.who.int/entity/searhef/en/
Sixth meeting of the working group for governance of the South-East Asia Regional Health Emergency Fund (SEARHEF)	World Health Organization regional office for South East Asia		http://www.searo.who.int/entity/searhef/en/
Expanding the Scope of the South-East Asia Regional Health Emergency Fund (SEARHEF)	World Health Organization regional office for South East Asia		http://www.searo.who.int/entity/searhef/en/
Annex to resolution SEA/RC69/R6: South-East Asia Regional Health Emergency Fund (SEARHEF) - Preparedness Funding Stream	World Health Organization regional office for South East Asia		http://www.searo.who.int/entity/searhef/en/
Follow-up action on pending issues and selected Regional Committee resolutions: Utilization of South-East Asia Regional Health Emergency Fund (SEA/RC60/R7)	World Health Organization regional office for South East Asia		https://apps.who.int/iris/bitstream/handle/10665/128347/RC-64-15-Utilization%20of%20SEARHEF.pdf;jsessionid=F203FE6450DB81E0E83188C97A545E1A?sequence=1
Annual Disaster Statistical Review 2008 : The numbers and trends	Centre for Research on the Epidemiology of Disasters (CRED)	Jose Rodriguez, Femke Vos, Regina Below, D. Guha-Sapir	http://environmentportal.in/files/annual-disaster.pdf
Disaster Resilience for Sustainable Development: Asia-Pacific Disaster Report 2017	United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) -		https://www.unescap.org/publications/asia-pacific-disaster-report-2017-leave-no-one-behind
Global Humanitarian Assistance 2007-08	Development Initiatives		http://devinit.org/wp-content/uploads/2010/07/2007-GHA-report.pdf

Name of the document	Source	Author(s)	Link
Global Humanitarian Assistance 2018	Development Initiatives		http://devinit.org/wp-content/uploads/2018/06/GHA-Report-2018.pdf
World Disasters Report 2008	The International Federation of Red Cross and Red Crescent Societies		http://www.ifrc.org/en/publications-and-reports/world-disasters-report/wdr2008/
World Disasters Report 2016	The International Federation of Red Cross and Red Crescent Societies		https://www.ifrc.org/Global/Documents/Secretariat/201610/WDR%202016-FINAL_web.pdf
World Development Indicators 2018	World Bank		http://wdi.worldbank.org/
EM-DAT data on disasters in South and South East Asia	EM-DAT		https://www.emdat.be/
Data on disasters in Bhutan • Composition of disasters • Spatial distribution • Temporal behavior	World Health Organization country office for Bhutan		Internal Information
Data on CERF	World Health Organization regional office for South East Asia		
SEARHEF, Making a Differencw	World Health Organization regional office for South East Asia		http://apps.searo.who.int/PDS_DOCS/B4858.pdf
Event no. 1 - Myanmar Cyclone Nargis	Financial Tracking Service – OCHA		https://fts.unocha.org/appeals/281/summary
Event no. 23 – Nepal Earthquake	Financial Tracking Service – OCHA		https://fts.unocha.org/appeals/486/summary
Event no. 36 – Myanmar Rohingya crisis	Financial Tracking Service – OCHA		https://www.unocha.org/rohingya-refugee-crisis
Event no. 37 – Bangladesh Cox's Bazar	Financial Tracking Service – OCHA		https://www.unocha.org/rohingya-refugee-crisis

Please note: *Apart from the above mentioned references, internal WHO SEARHEF disbursement, utilization, and country reports were used. To maintain confidentiality of the evaluation process, the reports have not been cited here.*

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