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14

REAL-TIME EVALUATION OF IOM's HUMANITARIAN RESPONSE TO THE SOUTH SUDAN CRISIS – FINAL REPORT

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ACRONYMS AND ABBREVIATIONS

AAP	Accountability to Affected Populations
ACTED	Agency for Technical Cooperation and Development
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund
CO	Country Office
COM	Chief of the Mission
CwC	Communications with Communities
CPR	Crisis Response Plan
CTS	Common Transport Service
DG	IOM Director General
DOE	IOM Department of Operations and Emergencies
DMM	IOM Department of Migration Management
DRM	IOM Department of Resource Management
DTM	IOM Displacement Tracking Matrix
DRC	Danish Refugee Council
EAP	IOM Emergency Activation Procedure
ER	Early Recovery
FGD	Focus Group Discussion
FP	Focal Point
GBV	Gender-Based Violence
GCC	Global Cluster Coordinator
GRSS	Government of Republic of South Sudan
HAP	Humanitarian Accountability Partnership
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HQ	Headquarters
IASC	Inter-Agency Standing Committee
ICWG	inter-Cluster Working Group
IDP	Internally Displaced Person
IOM	International Organization for Migration
ITA	Inter-Agency Standing Committee Transformative Agenda
KII	Key Individual Interview
L3	Level 3
MAC	IOM Manila Administrative Center
MHD	IOM Migration Health Division
MCOF	Migration Crisis Operational Framework
MCMT	Migration Crisis Management Training
NFI	Non-Food Item

OCHA	Office for Coordination of Humanitarian Affairs
OPOUN	IOM Office of the Permanent Observer to the United Nations in New York
OPR	IASC Operational Peer Review
PAC	IOM Panama Administrative Center
POC	Protection of Civilians
POLR	Provider of Last Resort
PRD	IOM Preparedness and Response Division
PSEA	Protection from Sexual Exploitation and Abuse
PSU	IOM Programme Support Unit South Sudan
RG	Reference Group
RO	IOM Regional Office
RMO	IOM Resource Management Officer
RRF	Rapid Response Fund
RRO	IOM Rapid Response Officer
RTE	Real-Time Evaluation
RRT	IOM Rapid Response Team
SFP	State Focal Point
SOP	Standard Operating Procedure
SPLA	Sudan People’s Liberation Army
SPLMiO	Sudan People’s Liberation Movement in Opposition
STA	Short-Term Assignment
TA	Transformative Agenda
TDY	Temporary Duty
TRD	IOM Transition and Recovery Division
UNHCR	United Nations High Commissioner for Refugees
UNMISS	United Nations Mission to South Sudan
WVI	World Vision International

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EXECUTIVE SUMMARY

Purpose and Focus of the Evaluation

This formative real-time evaluation (RTE) was commissioned by the International Organization for Migration (IOM) to review its humanitarian response to the latest crisis in South Sudan as it continues to strengthen and expand programming and operations. The RTE covers a period of 9 months: January through October 2014. The evaluation not only supports critical real-time learning but also demonstrates accountability by IOM towards partners, donors and recipients of the assistance.

This RTE has two Focus Areas: (1) Implementation of IOM's internal Level 3 (L3) procedures supporting IOM South Sudan crisis response at the headquarters (HQ), Regional Office (RO) and Country Office (CO) level, and (2) IOM South Sudan coordination and management of the Camp Coordination and Camp Management (CCCM) and Emergency Shelter (ES) / Non-Food Items (NFI) clusters since January 2014.

Background and Context

Fighting between the two main ethnic groups of the South Sudan armed forces started in the capital Juba on 15 December 2013. The fighting spread quickly affecting six of the country's ten states, particularly Jonglei (Bor) and Upper Nile (Malakal). As a result civilians sought protection at the United Nations Mission to South Sudan (UNMISS) bases in Juba, Bor and Malakal. UNMISS opened gates and Protection of Civilians (PoC) sites were established. Since the conflict broke out approximately 1.7 million have fled their homes. Many have crossed into neighboring countries in Kenya, Uganda, Ethiopia and Sudan. Approximately, 1.3 million individuals remain internally displaced and most are seeking shelter in remote rural areas across the country.¹ UNMISS continues to house almost 100,000 internally displaced persons (IDPs) who fled the violence in December 2013². The humanitarian community, including IOM, currently supports the PoC sites across the country.

The South Sudan crisis continues to deteriorate. In fact, since the inception of this evaluation more people have become displaced due to renewed fighting and heavy flooding that has hampered the operations. Violence against civilians continues throughout the country including attacks on women and girls and other gender-based violence. Food security experts warn that the risk of famine is high. The crisis puts more than seven million people at risk, which totals to approximately 62 % of the entire population (estimated 11.3 million) of South Sudan³.

¹ Source: UNOCHA as per IOM Internal Situation Report No. 17 1 September 2014

² Due to the deteriorating security situation in Unity State, number of IDPs at the PoC in Bentiu increased from 11,000 in March to 49,000 by the end of October 2014 (source: IOM South Sudan)

³ Source: Crisis Response Plan for South Sudan revised June 2014 UNOCHA

IOM in South Sudan

IOM had a well-established and functioning office in South Sudan prior to December 2013 conflict and system-wide L3 emergency activation. As a result IOM was able to quickly convert existing capacity into emergency programming. Prior to the conflict IOM was already very active in several clusters and has been the lead agency and the core pipeline manager for the Emergency Shelter (ES) and non-food items (NFI) cluster supported by World Vision International (WVI)⁴ as the co-lead. The long presence in the country has enabled IOM to gain a good understanding of the local context and needs.

At the height of the crisis in December 2013 many agencies evacuated during the critical time. IOM maintained a strong presence in Juba and its sub-offices. Partners, donors and the beneficiaries could rely on IOM to provide essential services during the beginning of the crisis. This allowed for IOM to scale-up presence and capacity. IOM has gained recognition as an agency with the ability to take the lead in the management and coordination of a large-scale multi-sectorial humanitarian operation, which provided the opportunity for IOM to assume the co-lead role of the CCCM cluster.

IOM's extensive multi-sector programme in South Sudan is currently one of the largest IOM operations⁵ with a budget of USD 86.6 million for 2014 averaging USD 8 million in monthly expenditures covering 36 ongoing projects⁶. Total funds received towards the IOM appeal as of 30 October 2014 stands at approximately USD 70,440,891 million (72% of the total appeal of USD 97,184,049⁷. IOM South Sudan has eight field offices in addition to the office in Juba and has over 300 staff (both international and national).

Key Evaluation Questions and Criteria

The RTE centers around two overarching evaluation questions:

- (1) Are IOM's L3 procedures in line with the IASC Transformative Agenda (ITA) and to what extent have the L3 procedures been implemented? What, if any, changes are required to improve the activation, coordination and management of L3 procedures?
- (2) Has IOM met its commitments as a Cluster Coordinator and Cluster Lead Agency against the IASC Generic Terms of Reference (TOR) for Cluster Coordinators at Country Level?

⁴ NGO co-lead

⁵ Top 8: Central African Republic, Haiti, Iraq, Philippines, Somalia, South Sudan, Syrian Arab Republic and Yemen (IOM Snapshot, July 2014)

⁶ Source: interview with IOM Chief of the Mission South Sudan

⁷ Current donors of IOM South Sudan response: Canada (Department of Foreign Affairs, Trade and Development), Common Humanitarian Fund (CHF), United Kingdom Department for International Development (DFID), Japan International Cooperation Agency (JICA), European Commission Humanitarian Aid (ECHO), United States Agency for International Development (USAID) and UN Central Emergency Response Fund (CERF) (source: IOM updates)

What, if any, changes are required to improve coordination, management and implementation of Cluster Coordinator/Cluster Lead Agency commitments?

In addition to the overarching evaluation questions, five evaluation criteria were selected to assess (1) relevance and appropriateness, (2) effectiveness, (3) coverage, (4) coordination, and (5) connectedness of IOM's operational response related to the activities of the CCCM and ES/NFI sectors as a Provider of Last Resort (POLR), including utilization of IOM Rapid Response Teams (RRTs).

Methodology

The RTE followed a phased approach and employed mixed-methods to triangulate qualitative and quantitative data. Extensive data collection, review and analysis took place over the period of September through November 2014 including fieldwork (October) in South Sudan. The findings and recommendations in this evaluation report are based on the information gained from the 70 Key Individual Interviews (KIIs), meetings attended, direct observations and the online survey participated by the partner organizations and IOM staff.

Key Findings – Overall

Overall, the evaluation found that IOM's humanitarian leadership and coordination efforts are highly regarded. IOM's humanitarian response in South Sudan is relevant and extensive. Despite the challenging circumstances, activities and coverage are adapted based on the changing conditions and priorities. IOM is perceived as an effective responder and partner. However, transition and accountability to the affected populations are areas that require more attention to ensure appropriate local ownership and support to sustainable post-crisis recovery.

IOM's institutional ITA commitments are visible in many formal inter-agency agreements. The current internal L3 protocols demonstrate alignment with the ITA to ensure an effective and a coordinated humanitarian response. The present L3 protocols can be further improved and specific recommendations are included in this report.

In addition to a well-established CO, the following key factors have contributed to the success of the IOM humanitarian response overall in South Sudan and the two Focus Areas, and should be considered best practices:

- Profile of the Chief of the Mission (COM) in country: a former Senior Humanitarian Advisor for IOM and a Focal Point (FP) for the ITA process – sharp analyst with understanding of the political dynamics. Strategic leadership, proactive and collaborative inter-agency engagement in Humanitarian Country Team (HCT) and with partners

- Direct coordination line between the CO and HQ after the L3 was activated enabled timely and effective response
- Close communication with the Regional Office (RO) in support of the South Sudan response and regional refugee response
- Internal RRT capacity at the HQs – dedicated Rapid Response Officers (RROs) for both clusters (ES/NFI and CCCM) supported by Temporary Duty (TDY) staff from other missions. The surge of senior/technical/leadership staff and resource mobilization was in line with supporting an L3 response and visible to partners and donors
- Advance pre-positioning of critical humanitarian supplies and forward planning
- Displacement Tracking Matrix (DTM) capability to support not only internal but inter-agency assessments, analysis of trends and targeting of the response
- Internal Situational Reports (SitReps) to assist HQs and various supporting departments’ understanding of the context, issues and challenges the CO faces
- Close coordination between the IOM Office of the Permanent Observer to the United Nations (OPOUN) in New York (NY), IOM HQ and IOM CO. Weekly phone calls between the CO COM and OPOUN to exchange information and to support advocacy on critical issues
- High-level HQ Department of Operations and Emergencies (DOE) (including Preparedness and Response Division) attention and support
- Cluster coordinators reporting to COM who in turn reports to HCT
- Emerging Accountability to Affected Populations (AAP) efforts such as collaborative initiatives with Internews in South Sudan to support Communication with Communities (CwC) efforts
- ES/NFI cluster has been in the country for several years with IOM as a co-lead and core pipeline manager that has allowed for rapid response of supplies and ability to effectively support partner requests
- Global CCCM capacity with strong HQ protocols and guidelines in place that provide essential technical support to the field

Additional positive lessons learned for both Focus Areas are incorporated into the main body of this report under the *leadership and management, coordination and AAP* sub-headings selected for the report to reflect the three core pillars of the ITA.

Key Recommendations by Focus Areas

The following key recommendations are suggested to continue to strengthen and enhance the existing internal L3 protocols, ongoing cluster coordination and overall response in South Sudan. Further recommendations specific to the human resources, security, logistics and procurement, management of humanitarian hubs, AAP, cluster coordination and other related issues are listed under the two Focus Areas of this report.

Focus Area 1: Implementation of IOM L3 procedures

- **HQ:** align and harmonize the current Emergency Response Guidelines (ERG) and specific L3 Standard Operating Procedures (SOP) to ensure consistent guidance. Breakdown the information with diagrammatic visuals i.e. to illustrate expected and required actions, performance standards and indicators on a timeframe aligned with ITA protocols
- **HQ:** current L3 SOP is vague and should be translated into practical, streamlined and specific guidelines/check lists for different functional areas: Human Resources (HR), Resource Management (DRM), Procurement/Logistics, Legal (LEG), ITC, Security etc. Staff needs to understand how the usual rules and regulations will be different in L3 emergencies (i.e. any waivers of rules) to enable fast and effective response
- **HQ:** create L3 specific FPs at HQ / Manila Administrative Center (MAC) / Panama Administrative Center (PAC) for functional areas to facilitate guidance/coordination/technical assistance and support
- **HQ/RO/CO:** make L3 SOPs more widely available and increase staff knowledge (including training) of L3 procedures and guidelines
- **HQ:** improve and expand capacity of the internal expert roster (including AAP, protection, WASH, logistics, security, cluster staff etc.). Ensure that IOM has adequate senior, experienced and trained L3 capable and deployable staff to also support the Inter-Agency Rapid Response Mechanism (IARRM)
- **HQ/CO:** strengthen the linkages, collaboration and integration of the Transition and Recovery considerations at the global level into the L3 SOPs and at the country level into the programming and L3 deactivation
- **CO:** define strategy, vision and focus for the mission beyond L3 including transition and recovery
- **HQ/CO:** increase training, mainstreaming (programming) and staffing of AAP (not just CwC) and protection beyond clusters both at the global and country level. Increase monitoring of programming, including collection of feedback in order to adjust assistance as needed
- **HQ:** incorporate specific guidance on AAP mainstreaming into the internal L3 SOPs to ensure compliance with the existing IASC AAP operational framework
- **HQ:** avoid deployment of inexperienced TDY and surge staff which can become a liability rather than a productive asset for COs
- **HQ/CO:** incorporate IASC protection mainstreaming and key humanitarian cross-cutting considerations into the L3 protocols

Focus Area 2: IOM South Sudan Coordination and Management of CCCM and ES/NFI clusters

- **CCCM and ES/NFI:** Cluster Coordinators should be 100 % dedicated with relevant experience – but at the same time must have good situational awareness and linkages to IOM's operational capacity for cluster and POLR support

- **CCCM and ES/NFI:** ensure there is a depository maintained for cluster guidelines, policy, standards and documents with easy access to all partners. Ensure documents are posted and shared in timely manner on the humanitarian response website
- **CCCM and ES/NFI:** at the onset of a crisis, incorporate strategic thinking and planning on transition and recovery
- **CCCM and ES/NFI:** ensure quality of ES/NFIs and CCCM standards - aspire to meet the SPHERE standards
- **CCCM and ES/NFI:** enhance training for partners (local, NGOs, UNMISS, IDP communities)
- **ES/NFI:** improve IM capacity particularly for the cluster to serve partners and the HCT (analytical products)
- **CCCM:** improve cluster sharing of information (i.e. meeting minutes, guidelines, policies between national-SFP-field partners)
- **CCCM and ES/NFI:** engage and strengthen the capacity of national NGOs. Increase outreach and coordination of national NGOs in the clusters
- **CO/clusters:** recruit AAP and Protection Advisors and mainstream to all cluster activities and IOM programming
- **CO/clusters:** improve Monitoring and Evaluation (M&E) capacity including protection
- **CO/clusters:** strengthen, within AAP, the ability to receive/provide feedback and to address grievances. AAP must be incorporated from the onset
- **CCCM:** ensure implementation of guidelines on community engagement (i.e. community leadership structures – democratic representation, inclusion of women, youth etc.)⁸
- **CCCM and ES/NFI:** engage national NGOs and partners in advancing AAP
- **CCCM:** implement and monitor Gender-Based Violence (GBV) Indicators⁹ for site management that can assist site managers and other actors to integrate GBV mechanisms in implementing their activities.

Other Recommendations:

- **CO:** improve understanding of the operational environment – invest in analytical capacity to increase situation awareness on humanitarian, socio-economic, political and security dynamics to guide programming and to protect staff and beneficiaries
- **HQ/CO:** ensure that the current expansion of the mission is managed properly i.e. sufficient support structures must be in place to sustain growth (HR, admin/finance, security, ITC, logistics/procurement)

⁸ Caveat: creating committees and providing space for democratic elections is a core mandate of CCCM with guidelines by UNHCR to NRC in South Sudan (source: IOM South Sudan)

⁹ GBV indicators incorporated in the DTM (source: IOM)

1.0 BACKGROUND AND CONTEXT

IOM had a well established and functioning CO in South Sudan prior to the December 2013 conflict and L3 activation. As a result IOM was able to quickly convert existing capacity into emergency programming. IOM's leadership is proactive, collaborative and highly regarded within the UN HCT and IOM has a core internal management team with clear roles and responsibilities in place. At the height of the crisis in December 2013 many agencies evacuated during the critical time. IOM maintained a strong presence in Juba and its sub offices, and did not evacuate key staff. Partners, donors and beneficiaries could rely on IOM to provide essential services during the beginning of the crisis. This allowed IOM to scale up presence and capacity. It gained recognition as an agency with the ability to take the lead in the management and coordination of a large-scale multi-sectorial humanitarian operation.

IOM plays a significant role in several clusters. The existing operational capacity on the ground also led to the CCCM cluster co-lead role. The CCCM cluster in South Sudan was activated 25 December 2013 and is currently supported and led by three co-coordinators: IOM, UNHCR and ACTED¹⁰. Prior to the conflict IOM was already the lead agency and the core pipeline manager for the ES/NFI cluster supported by WVI¹¹ as the co-lead. The ES/NFI cluster has been in the country for several years and has a good understanding of the local context, needs and assessments. IOM is also the co-lead for the emergency returns part of the Multi-Sector cluster, which addresses humanitarian needs of refugees and returnees¹². Further, IOM is a core member of the Logistics Cluster, operating the Common Transport Service (CTS) in support of the humanitarian responses since 2010. Additionally, IOM is also active in the Health and Water, Sanitation and Hygiene (WASH) cluster and provides significant emergency health and WASH services in priority locations, with emphasis on communities affected by influxes of returnees and IDPs as well as returnee transit sites.

Due to its extensive programming capacity, IOM is able to operate multi-sector Rapid Response Teams (RRTs) to support the WASH, Health and ES/NFI clusters. In addition to the RRTs, IOM operates a flexible Rapid Response Fund (RRF) providing quick disbursement of grants for non-governmental and community based organizations (NGOs/CBOs) to support timely and responsive emergency interventions, and to boost the capacity of the clusters. IOM provides direct assistance to the IDPs in the PoC sites, collective centers and spontaneous settlements throughout the country.

Finally, as part of IOM's institutional displacement monitoring system and operational tools, IOM implements the DTM to support the humanitarian community by providing regularly collected critical information on displacement trends, locations, vulnerabilities and needs of the affected population. IOM South Sudan has collected information in over 80 IDP locations. Since

¹⁰ Non-Governmental Organization (NGO) co-coordinator

¹¹ NGO co-lead

¹² UNHCR supported by DRC leads the refugee's area of the response for the Multi-Sector cluster.

May¹³ 2014 IOM started using a biometric registration system to improve the quality and reliability of the information and timeliness of the registration process. The DTM data is used widely by the humanitarian organizations to inform the humanitarian response in South Sudan.

In response to the latest crisis IOM expanded its presence to nine field locations in South Sudan. These offices include: Malakal, Bentiu, Bor, Wau, Malualkon, Turalei, Maban and Renk, with the main office located in Juba. Current IOM staffing figures include over 100 international staff and over 200 national staff¹⁴. IOM, at the request of the humanitarian partners and in collaboration with UNMISS, has established and manages Humanitarian Hubs providing a common office and accommodation space for hundreds of aid workers in Bentiu, Malakal and Bor.

IOM's extensive multi-sector programme in South Sudan is currently one of the largest IOM operations¹⁵ with a budget of USD 86.6 million for 2014 averaging USD 8 million in monthly expenditures covering 36 ongoing projects¹⁶. Total funds received towards the IOM appeal as of 30 October 2014 stands at approximately USD 70,440,891 million (72% of the total appeal of USD 97,184,049¹⁷).

¹³ First biometrics pilot registration started in May at the UN House PoC site (source: IOM HQs). As of August biometric registration has expanded to more sites

¹⁴ Source: IOM Internal Situation Report No. 17 1 September 2014

¹⁵ Top 8: Central African Republic, Haiti, Iraq, Philippines, Somalia, South Sudan, Syrian Arab Republic and Yemen (IOM Snapshot, July 2014)

¹⁶ Source: interview with IOM Chief of the Mission South Sudan

¹⁷ Current donors of IOM South Sudan response: Canada (Department of Foreign Affairs, Trade and Development), Common Humanitarian Fund (CHF), United Kingdom Department for International Development (DFID), Japan International Cooperation Agency (JICA), European Commission Humanitarian Aid (ECHO), United States Agency for International Development (USAID) and UN Central Emergency Response Fund (CERF) (source: IOM updates)

1.1 The Evaluation Purpose and Components

This formative RTE was commissioned by IOM to review its humanitarian response to the latest crisis in South Sudan as it continues to strengthen and expand programming and operations. The evaluation not only supports critical real-time learning but also demonstrates accountability by IOM towards partners, donors, and recipients of the assistance.

The RTE focused on the two following areas: (1) Implementation of IOM’s internal L3 procedures supporting IOM South Sudan crisis response at the HQ, RO and CO level, and (2) IOM South Sudan coordination and management of the CCCM and ES/NFI clusters since January 2014.

This RTE is limited to looking at IOM’s operational response related to the activities of the CCCM and ES/NFI sectors as a POLR¹⁸ for the clusters, including utilization of South Sudan specific RRTs.

1.2 Context and Chronology of the Crisis and Response

Date	Event
15 – 17 December 2013	Violence erupts between Dinka and Nuer Sudan People’s Liberation Army (SPLA) Presidential Guards in Juba. Fighting in Juba ends on 17 December. Government of Republic of South Sudan (GRSS) calls it a coup attempt, opposition denies this, but former Vice President Machar organizes Nuer SPLA to fight back.
17 – 31 December 2013	Fighting quickly spreads affecting six of the country’s ten states, particularly Jonglei (Bor) and Upper Nile (Malakal). Civilians seek protection at UNMISS bases in Juba, Bor and Malakal. UNMISS opens gates, PoCs are established.
18 – 21 December 2013	IOM evacuates non-essential international staff. Many had departed for end of year holiday prior to the crisis. By 21 December, approximately 15 of 50 international staff remained. Mission lacked sufficient accounting for 400 national staff. ¹⁹
25 December 2013	The CCCM cluster is activated. The cluster works to facilitate the effective and targeted delivery of lifesaving services to IDPs in displacement sites, while also building the foundations for voluntary return and recovery interventions. IOM, ACTED and UNHCR co-lead the

¹⁸ IASC (PR/1212/4223/7) Reference Module for Cluster Coordination at the Country Level (November 2012): The 2008 definition of Provider of Last Resort (POLR) was revised by the IASC Principles in December 2011 to read: “ Where necessary, and depending on access, security and availability of funding, the cluster lead, as POLR, must be ready to ensure the provision of services required to fulfill critical gaps identified by the cluster and reflected in the HC-led HCT Strategic Response Plan (SRP)”

¹⁹ Source: IOM South Sudan Chief of the Mission and human resources department

	CCCM Cluster. All other clusters were already established, CCCM was the only new cluster established following this crisis.
25 December 2013 – 12 February 2014	18 surge staff deployments prior to L3 declaration, primarily with expertise in CCCM/DTM and NFI/ES.
30 December 2013	New IOM Head of Operations arrives (selected in October 2013).
31 December 2013	Crisis Response Plan (CRP) issued by the HCT for a request of USD 166 million targeting 628,000 people addressing the top priorities including: camp management, food and livelihoods, health, shelter, protection, WASH, and on-going response to refugees currently living in South Sudan. Target areas include: Bentiu, Bor, Juba and Malakal. ²⁰
1- 31 January 2014	<p>Mid-January IOM issues 1st emergency appeal for South Sudan crisis for the period of January through March 2014. IOM total requirements are USD 23.2 million including CCCM USD 8.9 million; ES/NFI USD 12 million; WASH USD 1.7 million; and Health USD 0.6 million.²¹</p> <p>IOM’s appeal highlights that IOM serves as the lead of the ES/NFI cluster, co-lead of CCCM cluster and a key stakeholder in the WASH and Health clusters.</p> <p>IOM receives significant funding from the UN Central Emergency Response Fund (CERF) and Common Humanitarian Fund (CHF) for CCCM. IOM also receives significant funding for WASH in Malakal.</p> <p>IOM South Sudan restructures and bolsters offices in Juba and Malakal. A new office in Bor is opened – while offices in Wau, Turelei, Maluakon, Abeyei, Bentiu, Renk and Maban were temporary reduced/“hibernated”.</p>
5 – 6 January 2014	IOM Director General (DG) visits South Sudan.
23 January 2014	Cessation of hostilities agreement signed by the GRSS and Opposition in Addis.
3 February 2014	CRP prepared by HCT covering the period of January - June 2014 with a target of assisting 3.2 million people out of 7 million that were estimated to be at risk. The funding request increases to USD 1.27 billion. ²²
5 February 2014	IOM issues 2 nd (revised) emergency appeal for the period of January-June 2014 for a target number of 650,000 IDPs countrywide to be reached in six months. Funding request for a total of USD 63 million including CCCM USD 18.1 million; ES/NFI USD 25.9 million; WASH USD 8.4 million; Health USD 1 million; Logistics (CTS) USD 0.6 million; and

²⁰ Source: Crisis Response Plan South Sudan 31 December 2013

²¹ Source: IOM Emergency Appeal South Sudan January 2014

²² Source: Crisis Response Plan South Sudan 3 February 2014

	Multi-Sector USD 9.1 million. This IOM appeal is developed in line with the CRP and within the framework of the cluster system, and highlights emergency humanitarian assistance that IOM provides, as a cluster lead for the ES/NFI and CCCM and Multi-Sector clusters, and as a key stakeholder in the WASH, Health and Logistics clusters. ²³
11 February 2014	IOM declares L3 in South Sudan.
12 February 2014	System-wide L3 declared.
12 February 2014	IOM South Sudan seeks additional HR support from HQs and MAC. Identified candidate was not available for the next 8 months. CO increases capacity of HR unit through Short-Term Assignments (STAs).
14 – 20 February 2014	Discussions with DOE/HQ regarding the need for senior staff with emergency experience. It was decided that senior staff was not required due to existing capacity.
12 February to present 2014	International staff increased to over 100 consisting of STAs, consultants, secondments, TDY assignments (most were short-term) from other missions and DOE-HQ. In December 2013, there were 53 international staff at IOM South Sudan - by the 1 st of October 2014 there are 103. Identifying and hiring seasoned humanitarian and technical staff remains the biggest challenge of the mission.
March – April 2014	IASC Emergency Directors from Geneva including IOM Director of DOE visit South Sudan.
12 April 2014	Washington “Call for Action” Conference on South Sudan Crisis (precursor to Oslo conference in May 2014). USD 80 million raised.
9 May 2014	GRSS and Opposition reaffirm Cessation of Hostilities Agreement.
12 May 2014	L3 extended for 6 months (until 11 November 2014)
19 – 20 May 2014	Oslo Conference on South Sudan (over 300 representatives from GRSS, Sudan People’s Liberation Movement in Opposition (SPLMiO), donors, UN agencies, national and international NGOs hosted by the Norwegian MFA and OCHA. Aid agencies sought USD 1.8 billion – as of 12 May USD 536 million had been mobilized. In Oslo, donors pledged more than USD 610 million.
June 2014	HCT issues revised CRP for 1.8 billion. USD 738 million was secured as of May 2014 - a further USD 1 billion is needed to continue humanitarian operations in 2014 including prepositioning of supplies for the first quarter of 2015. Planning figures for Dec 2014 per OCHA include: 7.3 million people at risk 3.9 million people face alarming food insecurity

²³ Source: IOM revised Emergency Appeal South Sudan 5 February 2014

	1.5 million people displaced internally 270,000 Refugees remain in South Sudan ²⁴
June 2014	IOM issues 3 rd (revised) crisis appeal ²⁵ for the period of January - December 2014 for a total USD 97,298,487. Total funding received as of May 2014 is USD 43,858,790 (45%). IOM's interventions are focused within CCCM, ES/NFI, Health, WASH, Protection and Logistics clusters. ²⁶
July 2014	IASC Operational Peer Review (OPR) on South Sudan – IOM engaged.
August 2014	IOM DTM launches use of biometric registration, which was first piloted in May 2014. Global CCCM coordinators, including IOM, visit South Sudan.
October 2014	IOM heavily involved in the new Humanitarian Programme Cycle (HPC) planning process and development of Strategic Response Plan (SRP) for South Sudan.

2.0 APPROACH AND METHODOLOGY

2.1 Key Evaluation Questions and Criteria

Overarching evaluation questions:

- (1) Are IOM's L3 procedures in line with the IASC ITA and to what extent have the L3 procedures been implemented? What, if any, changes are required to improve the activation, coordination and management of L3 procedures?
- (2) Has IOM met its commitments as a Cluster Coordinator and Cluster Lead Agency against the IASC Generic TOR for Cluster Coordinators at Country Level (September 2010)? What, if any, changes are required to improve coordination, management and implementation of Cluster Coordinator/Cluster Lead Agency commitments?

Five evaluation criteria have been selected to assess (1) relevance and appropriateness²⁷, (2) effectiveness²⁸, (3) coverage²⁹, (4) coordination³⁰, and (5) connectedness³¹ of IOM's operational

²⁴ Source: Crisis Response Plan South Sudan June 2014

²⁵ Revised and updated January 2014 appeal (source: IOM HQ)

²⁶ IOM South Sudan Crisis Appeal June 2014

²⁷ ALNAP RTE guide (2009) definition: Relevance is concerned with assessing whether the project is in line with local needs and priorities (as well as donor policy). Appropriateness is the tailoring of humanitarian activities to local needs, increasing ownership, accountability and cost-effectiveness accordingly

²⁸ ALNAP RTE guide (2009) definition: Effectiveness measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs

²⁹ ALNAP RTE guide (2009) definition: Coverage is the need to reach major population groups facing life-threatening suffering, wherever they are.

response related to the activities of the CCCM and ES/NFI sectors as a POLR for the clusters, including utilization of RRTs.

2.2 Approach and Methodology

The RTE followed a phased approach and employed mixed-methods to triangulate qualitative and quantitative data.

Initial data review was completed prior to the fieldwork during which 70 individuals were consulted through key individual interviews (KII) and by Skype and email in 7 locations (Geneva, New York, Nairobi and Juba, Malakal, Bentiu and Bor in South Sudan). A total of 15 different organizations and 2 donors were consulted and one Focus Group Discussion (FGD) with a group of IDP women was conducted in the Malakal PoC site.

The evaluation team members also attended various meetings in Juba and Malakal including Cluster Coordination meetings, Inter-Agency Coordination meeting, and the “Peace and Security Council” meeting with IDP community leaders of Malakal PoC.

Additionally, an online survey was deployed (29 September – 12 October 2014) to gather information on how well IOM fulfilled its cluster leadership and coordination obligations against the “IASC Generic ToR for Cluster Coordinators at the Country Level”. The IOM Juba office shared a link to the survey and a total of 33 people (12 IOM staff, 20 cluster partners, 1 person did not specify affiliation) participated in the survey providing valuable inputs.

A brief participatory roundtable debriefing with the field mission in South Sudan was held using a power-point presentation summarizing preliminary findings for validation, feedback and real-time learning.

2.3 Limitations

Focus Group Discussions: due to the very challenging operational environment and current group dynamics at the PoC sites only one FGD was possible in Malakal.

Access: the rainy season, security situation and associated logistical challenges (flight cancellations) in South Sudan hampered external evaluation team’s ability to reach field sites in

³⁰ ALNAP RTE guide (2009) definition: Coordination is the systematic use of policy instruments to deliver humanitarian assistance in a cohesive and effective manner. Such instruments include strategic planning, gathering data and managing information, mobilizing resources and ensuring accountability, orchestrating a functional division of labor, negotiating and maintaining a serviceable framework with host political authorities and providing leadership.

³¹ ALNAP RTE guide (2009) definition: Connectedness refers to the need to ensure that activities of a short-term emergency nature are carried out in a context that takes longer-term and interconnected problems into account.

Bentiu and Bor. Also, due to the lack of cell phone coverage and limited Internet bandwidth in Bentiu only a limited number of interviews over Skype were possible.

Meetings with the government: the crisis in December 2013 changed the relationships with the Government of South Sudan and as a result, and in consultation with the IOM Country Office, the evaluation team was unable to meet government representatives.

3.0 KEY FINDINGS AND RECOMMENDATIONS

Overall, IOM's response in South Sudan is impressive and we commend the bravery, commitment, capacity and professionalism of the staff. Evaluation research, interviews and discussions confirmed that IOM is observed to be one of the top organizations in the country and has shouldered an exceptional amount of the workload related to the crisis response. IOM is willing to learn and able to adjust course when and if required. IOM's operational and organizational flexibility and ability to mobilize resources and deliver quickly has been critical and appreciated by the partners. As a result, IOM is perceived as a reliable and consistent partner and leader. Also, IOM's internal organizational and dynamic leadership culture of "let's get it done" and its reputation in South Sudan appears to attract competent staff highly dedicated towards quality humanitarian service.

It is worth highlighting that at the global/HQ level it is clear that IOM³² is taking its ITA protocol³³ commitments seriously. IOM is part of the global level TA Implementation Action Plan. It is actively working on refining its own internal L3 procedures and humanitarian policy and capacity to ensure strong humanitarian leadership and partnerships, effective coordination, and improved accountability for performance and to the people affected by the disasters. IOM has a dedicated Global Cluster Coordinator (GCC) and technical team for the CCCM cluster at the HQs. Similarly it also has a Global Shelter Cluster team. The dedicated cluster staff at the HQ has enabled substantial support for the CO and the cluster coordination and leadership efforts at the country level in South Sudan. IOM contribute to the training efforts for both clusters at the global and country level. It is actively engaged in the IASC Common Framework for Preparedness Framework³⁴ and the AAP and Protection from Sexual Exploitation and Abuse (PSEA) Task Force (TF). It also has one Humanitarian Coordinator (HC) candidate in the HC roster pool and has supported the IARRM to increase system-wide capacity in L3s.³⁵ Based on the data collected, IOM's engagements in the ITA policy forum and close coordination between the IOM HQ and CO support the implementation of the ITA L3 protocols

³² IOM is a Standing Invitee to the IASC (source: IASC website)

³³ Empowered leadership, system-wide emergency activation procedures, cluster coordination, humanitarian programme cycle, accountability to affected populations, inter-agency rapid response mechanism and common framework for preparedness (source: IASC website)

³⁴ For example, IOM is part of the IASC Preparedness and Resilience Task Force supporting specific tasks within the 2014 – 2015 work plan (source: IASC website)

³⁵ IOM has submitted 20 names to the candidate roster (source: IOM HQ KII)

at the country level. This includes the ongoing proactive participation in the HCT and HPC planning process and development of the SRP for South Sudan.

Despite the overwhelmingly positive track record both at the HQs and at the country level there are areas that IOM can continue to strengthen and improve – and many of the same challenges are also shared across the humanitarian sector in South Sudan. The following sections highlight the key findings including areas to sustain and recommendations for the two Focus Areas of the RTE.

Given that the L3 protocols and cluster coordination are some of the key features of the ITA the sections (3.1 and 3.2) below are linked and correspond to the three pillars of the TA: Leadership, Coordination, and AAP³⁶.

It should be noted that critical humanitarian issues such as protection (gender-based violence, housing, land and property, human rights, child protection, protection of civilians, mine action etc.) and integration of cross-cutting issues (age, gender, diversity, environment, HIV/AIDS, mental health and psycho-social support) are important and key priorities for the humanitarian community. However, the focus of this report is responding to the requirements set forth by the RTE TOR. It is organized around the two Focus Areas (IOM's L3 procedures and IOM's role in CCCM and ES/NFI clusters). Protection mainstreaming and cross-cutting considerations are integrated into the report to the extent possible.

3.1 IMPLEMENTATION OF IOM L3 PROCEDURES

This section addresses Focus Area 1 to assess if IOM's current internal L3 procedures are in line with the ITA, and to what extent the L3 procedures have been implemented. What, if any, changes are required to improve the activation, coordination and management of the L3 procedures?

All the recommendations and positive key findings considered as best practices (referred to as "sustain") are listed in the sections below. These include also the ones not listed in the Executive Summary.

³⁶ Accountability to Affected Populations is the ultimate objective of the IASC Transformative Agenda. In December 2011, the IASC Principles agreed to integrate commitments to AAP into their individual agencies' policies and operational guidelines.

3.1.1 Leadership and Management

IOM DG launched internal Emergency Activation Procedures (EAP) in 2011 to “*complement and institutionalize the Inter-Agency Standing Committee (IASC) Transformative Agenda*”.³⁷ As a result, it has developed Emergency Response Guidelines (ERG), which includes Migration Crisis Operational Framework (MCOF) outlining its (15) core competencies to ensure holistic response³⁸ in migration emergencies endorsed by its Member States. The level of crisis determination is parallel to the ITA levels 1 – 3. As part of the ERG, IOM has also developed L3 specific SOPs. The current L3 SOPs have been incorporated into the IOM Chiefs of Mission Handbook. The existing guidelines are available at the IOM internal intranet site.

It is worth mentioning that since 2011, IOM also has a Migration Emergency Funding Mechanism (MEFM) in place approved by the IOM Council members to support IOM’s ability to respond to emergencies. MEFM is to compliment the UN CERF by providing rapid funding in situations such as emergencies involving international migration. It should be noted though that the MEFM is a loan mechanism and funds received must be reimbursed once other funding has been secured. The intended target balance is to stand around \$ 30 million (currently at around \$ 10 million based on Member State contributions) to cover activities up to 30 days until the donor funding has been secured. In the case of South Sudan L3 crisis the mission requested a USD 1 million loan, which in the end was not needed.

With regards to the implementation of the L3 protocols in South Sudan, the information obtained during the consultations with the HQ staff and IOM COM in South Sudan confirmed that the current L3 protocols were closely followed. IOM CO/COM provided the necessary leadership and inter-agency coordination and kept the IOM HQ abreast of the developments through daily consultations as of 15 December 2013³⁹. IOM activated its internal L3 protocols a day before (which was communicated to the IASC members) the system-wide L3 was activated on 12 February 2014. After the activation of L3 attention to the crisis in South Sudan was reinforced by high-level institutional support and commitment from IOM. The IOM DG traveled to South Sudan during the first week of January to meet with partners, the SRSG, and government officials. Also, the agency Emergency Directors, including IOM’s Director of DOE visited Juba in March/April 2014. The GCCs, including IOM’s CCCM GCC, visited South Sudan in August 2014.

³⁷ IOM Chiefs of Mission Handbook, section 11.4 “Level 3 management and procedure”

³⁸ Transport Assistance to Affected Populations, Health, Psychosocial, (Re) integration Assistance, Community Stabilization and Transition, Disaster Risk Reduction, Land and Property, Counter-Trafficking and Protection, Humanitarian Border Management, Emergency Consular Assistance, Diaspora and Human Resources Mobilization, Migration Policy and Legislation Support, Humanitarian Communications, Camp Management and Displacement Tracking, Shelter and Non-food items (source: IOM ERG)

³⁹ Evacuated staff felt that they should have been kept better informed about the developments (source: IOM South Sudan staff)

IOM appointed a Migration Emergency Coordinator (MEC)⁴⁰ who reports directly to the IOM DG. The IOM HQ PRD supports the MEC in a L3 crisis, as was the case in South Sudan. The MEC has the overall responsibility for managing and overseeing the implementation of IOM's response including coordination of the Human Resources Management Division (HRMD) and deployment of PRD technical and support staff including internal RRT up to 3 months.

Normally the MEC is also responsible for the development of a work plan for the first four weeks of sudden onset emergencies. However this did not happen for South Sudan as a strong CO was already in place and South Sudan was considered as a "slow-emerging conflict".

Due to similar reasons IOM did not set up a specific Migration Emergency Management Task Force (MEMTF)⁴¹, which is part of the current SOPs to ensure a fully coordinated and speedy response. This decision was made in light of the CO's capacity to manage the emergency supported by the MEC and PRD from the HQ. Also, no formal HQ RRT⁴² was appointed or deployed. The DOE and PRD assisted the CO through deployment of specific technical RRO to support surge capacity needs and the establishment of the CCCM cluster.

The present internal L3 procedures are expected to be streamlined to enable *"effective response, especially with regard to human resources, resource mobilization, procurement, supply and logistics, financial management, information/telecommunications, security and humanitarian policy development"*.⁴³ This is where IOM's current L3 SOPs falls short (see specific recommendations below) in addition to the fact that mostly only senior staffs at the HQ and CO level are aware of the L3 SOPs. According to the interviews most staff were not aware or had knowledge of the current L3 SOPs. The flexible organizational structure, culture and positive personal relationships enabled a coordinated and effective response. However, the organization needs to continue to work on formalizing and mainstreaming the protocols for future emergencies. Robust and mainstreamed L3 procedures are required particularly to support COs that do not have strong existing structures and programmes.

In terms of the deactivation of L3 procedures, the MEC in coordination with the DOE, PRD and CO has the authority to recommend deactivation for the DG's approval. The crisis management team is expected to develop a phased transition strategy in the weeks prior to the deactivation. IOM does have a Transition and Recovery Division (TRD) that is part of the DOE and MCOF since 2012.⁴⁴ The TRD has a role in L3 developing the link between humanitarian, transition and early

⁴⁰ Director of DOE supported by the Head of PRD who happened to be the previous IOM South Sudan Chief of the Mission

⁴¹ MEMTF consists of IOM's DG, deputy DG, Office of the DG, HQ Division Heads (and technical staff), relevant Regional Directors and CO COM (and key staff) and MAC and/or Panama Administrative Center (PAC)

⁴² IOM L3 SOP: IOM HQs RRT should be appointed within 48 hrs. From the declaration of the global emergency for a duration of up to 3 months and is drawn from DOE Emergencies Expert Roster. As a minimum RRT consist of: RRT Team Leader and staff with technical expertise for needs assessments, operations, logistics, procurement, ITC, resource management, security, reporting and information management, project development, external relations and liaison and media and communication.

⁴³ IOM Chiefs of Mission Handbook, section 11.4 "Level 3 management and procedure"

⁴⁴ TRD is part of the multitude of other areas (15) of core competencies listed in MCOF that can support post-crisis / L3 efforts

recovery programming. On a positive note, IOM CO in South Sudan also has a Transition and Recovery unit. Given that the system-wide L3 has been extended from 11 November 2014 for another 6 months, it remains to be seen how well IOM is able to support and develop a transition and recovery strategy for its activities in country and through the HCT.

Overall, IOM staff (outside the key leadership positions) lack awareness and understanding of the implications of L3 activation and associated internal procedures and changes to the regular rules and regulations.⁴⁵ However, at the same time it was clear during the consultations at the IOM HQs (including MAC) that work has begun to improve and mainstream the L3 procedures. An example includes the HR, LEG, RMO and procurement procedures and regulations to allow for a more effective response in L3s. More senior staff has been hired to support development of specific guidelines and check lists for critical functional areas such as human and resource management.

Sustain:

- Profile of the COM in the country: a former Senior Humanitarian Advisor for IOM and a FP for the ITA process – sharp analyst with understanding of the political dynamics. Strategic leadership and proactive, collaborative inter-agency engagement in HCT and with partners
- Internal RRT capacity at the HQs – dedicated RROs for both clusters (ES/NFI and CCCM) supported by the TDY staff from other missions. The surge of senior/technical/leadership staff and resource mobilization was in line with supporting an L3 response and visible to partners and donors
- Advance pre-positioning of critical humanitarian supplies and forward planning
- Transition and Recovery and PRD units⁴⁶ both at HQs and CO level
- DTM capability to support not only internal but inter-agency assessments, analysis of trends and targeting of the response
- Existing regional roster for L3 emergencies to provide technical, administrative and logistical support

Recommendations:

Based on the information gathered and analyzed from the KIIs the following recommendations and adjustments are required to continue to strengthen IOM's ability to effectively respond to L3 emergencies. Some of the recommendations below are not only South Sudan specific but also apply to future L3 responses as lessons learned particularly in countries where IOM does not have a strong existing CO.

⁴⁵ Or rather "exceptions to the rules" as one staff member put it

⁴⁶ IOM South Sudan has its own version of the PRD under DMM (source: IOM South Sudan PSU)

- **HQ:** align and harmonize the current ERG and specific L3 SOPs to ensure consistent guidance. Breakdown the information with visuals i.e. to illustrate expected and required actions, performance standards and indicators on a timeframe aligned with ITA protocols
- **HQ:** enhance management and leadership training to mentor international and national staff at junior and mid-level to continue to build internal capacity for L3s
- **RO:** increase ROs emergency support capacity. For example, in case of South Sudan only one senior expert was available (who played a critical role and was used extensively to support the CO) based in RO in Nairobi, Kenya
- **HQ:** current L3 SOP is vague and should be translated into practical and specific guidelines/check lists for the different functional areas: HR, DRM, Procurement/Logistics, LEG, ITC, and Security etc. Staff need to understand how regular rules and regulations will be different in L3 emergencies (i.e. any waivers of rules) to enable fast and effective response
- **HQ:** create L3 specific FPs at HQ/MAC/PAC for functional areas to facilitate guidance/coordination/technical assistance and support
- **HQ/RO/CO:** make L3 SOPs more widely available and increase staff knowledge (including training) of L3 procedures
- **HQ:** plan and develop guidance for different scenarios: short-term (onset) vs. long-term (protracted crisis)
- **HQ:** improve and expand internal expert roster for capacity (including AAP, protection, WASH, logistics, security, cluster staff etc.). Ensure that IOM has sufficient senior, experienced and trained L3 capable and deployable staff to also support the IARRM
- **HQ:** re-institute the Migration Crisis Management Training (MCMT), including L3 protocols and consider online training options to expand coverage and availability, including for national staff
- **HQ/CO:** strengthen the linkages, collaboration and integration of the Transition and Recovery considerations at the global level into the L3 SOPs and at the country level into the programming and L3 deactivation
- **CO:** define strategy, vision and focus for the mission beyond L3 including transition and recovery – mission at critical junction right now

HR Specific Recommendations:

- **HQ:** streamline procedures to allow speedy recruitment (special contracts for L3?)
- **HQ/CO:** allow CO to drive staffing needs with support of HQ
- **HQ:** avoid deployment of inexperienced TDY and surge staff which can become a liability rather than a productive asset for COs
- **HQ:** develop standard ToRs for key positions easy to adapt by CO for local context
- **CO:** increase length of contracts for national staff
- **CO:** increase length of contracts for key positions

- **HQ/CO:** ensure that the CO has sufficient HR staff to manage and support the surge staff in L3s

Security Specific Recommendations:

- **HQ:** support the CO with adequate resources to ensure security of the staff and assets
- **HQ:** ensure that the IOM Staff Security Unit (SSU) provides the sufficient support for the COs including competent Field Security Officers (FSOs)
- **CO:** improve protocols (i.e. evaluation plans, staff tracking etc.)
- **CO:** improve physical security (infrastructure, MOSS compliance) including equipment (PPE, vehicles etc.)
- **CO:** increase staffing (competent security officers including national staff at each office)
- **HQ/CO:** Increase training and information sharing/analysis, regular briefings and updates
- **CO:** ensure staff compliance

Procurement/Logistics Specific Recommendations:

- **HQ:** increase internal roster for logistics staff for L3 for increased capacity
- **HQ/CO:** increase local and global strategic pre-positioning capacity
- **CO:** hire a dedicated fleet manager
- **CO:** hire additional procurement staff and set up proper inventory system and warehouse management (i.e. must be able to provide accurate data/projections on available stock and locations for planning purposes)
- **CO:** increase transportation capacity for staff

Humanitarian Hubs Specific Recommendations:

- **HQ:** establish design/set-up/management (including security arrangements) guidelines if taken on as a role in the future (i.e. consult International Humanitarian Partnership members for expertise and support)
- **CO:** increase engineering capacity to ensure appropriate design for the hubs
- **CO:** separate the IOM Hub Manager role from IOM Head of Sub-Office role

3.1.2 Coordination

Externally, and in the context of L3, IOM is perceived as a collaborative, consultative, forward thinking and dedicated humanitarian partner at the global and country levels. Interviewees highlighted the fact that the IOM's senior management is very open for humanitarian debate, discussion and willing to take on responsibilities to benefit the greater humanitarian community. IOM's OPOUN⁴⁷ representation at the UN HQs in NY also featured positively several times during the interviews. The OPOUN in NY attends relevant strategy development and policy meetings, such as the Integrated Mission Task Force (IMTF) meeting⁴⁸, to support the CO coordinate strategic issues between the UN Department of Peacekeeping Operations (DPKO), the Department of Political Affairs (DPA) and UNMISS. All these support IOM's programming, partners and protection of the IDPs at the PoC sites. The IOM South Sudan COM has also provided briefings to the DPKO and the Secretariat (OCHA), particularly on the status of the PoCs, which has supported the inter-agency coordination and advocacy efforts.

Internally, IOM staff interviewed appreciated the accessibility of the senior staff when support, guidance and consultations were needed.

IOM's cluster specific coordination role is discussed in the section 3.2.

Sustain:

- Internal SitReps to assist HQs and various supporting departments' understanding of the context, issues and challenges the CO faces
- Direct coordination line between the CO and HQ after the L3 was activated enabled timely and effective response
- Communication between CO and RO regarding L3 support within South Sudan and for regional refugee response and repatriation
- Close coordination between IOM OPOUN, IOM HQ and IOM CO. Weekly phone calls between the CO COM and OPOUN to coordinate information and to support advocacy on critical issues
- High-level HQ DOE (including PRD) attention and support
- IOM South Sudan strategic leadership and collaborative engagement in HCT and partners
- Cluster coordinators report to COM who in turn reports to HCT

⁴⁷ The office's function is to foster productive cooperation between IOM and the United Nations system focusing on relations with the principal organs of the United Nations, the United Nations Secretariat, and the United Nations funds and programs based in New York through regular liaison with United Nations offices, Permanent Missions, and relevant interlocutors in the non-governmental sector. (source: <http://unobserver.iom.int/index.php/mission-function>)

⁴⁸ Chaired by the UNDPKO – UN only but IOM invited

Recommendations:

- **HQ:** issue guidance to ROs and COs regarding the roles and responsibilities in L3, including the changed lines of coordination (CO-HQ vs. regular CO-RO-HQ reporting and coordination lines) to mitigate confusion and friction
- **HQ/CO:** continue to improve internal information sharing to work both ways HQ-CO-HQ to increase understanding of the latest policies and procedures and to improve HQ understanding of COs perspective and requirements
- **HQ:** maintain consistent high-level strategic inter-agency dialogue at most senior (Principals) level with the UN in Geneva and New York

3.1.3 Accountability to Affected Population (AAP)

AAP is the ultimate objective of the ITA and in December 2011, the IASC Principles agreed to integrate commitments to AAP into their individual agency policies and operational guidelines. At the country level the IASC South Sudan Operational Peer Review (OPR) also highlighted the need for support and guidance on establishment of the AAP framework at the country level.

IOM is part of the IASC TF at the global level on AAP and PSEA. At the global level IOM has contributed to the current draft of the IASC Principals Update on AAP, which also references emerging CwC efforts in South Sudan. Overall, in the context of the internal L3 SOPs and in country, more work is required to ensure adequate implementation and integration of AAP considerations similarly to the existing efforts on protection and cross-cutting issues such as gender.

Given the situation and ongoing dynamics at the PoCs observed during the field visits, it is critical that more is done to ensure that the recipients of the assistance have access to transparent information, have mechanisms for feedback and complaints, and have opportunities to participate in decision-making processes affecting their lives and conditions at the IDP sites. Interviews with staff and partners indicate that some of the tensions and frictions at the PoC sites are a result of a lack of adequate incorporation of AAP considerations into the current programming. Additional specific details are discussed in the section related to IOM's coordination role for the CCCM and ES/NFI clusters.

Sustain:

- Emerging AAP efforts such as collaborative initiatives with Internews in South Sudan to support CwC
- Global efforts such as the recently published joint IOM publication with Humanitarian Accountability Partnership (HAP) on “Communicating with Communities: A Case Study and Guide from Pakistan and Elsewhere”, October 2014

- Active participation through IASC TF on AAP and PSEA. Incorporation of PSEA into IOM Vacancy Notices as part of the required competencies for positions

Recommendations:

- **HQ/CO:** increase training, mainstreaming (programming) and staffing of AAP (not just CwC) and protection beyond clusters both at the global and country level
- **HQ:** consider becoming a HAP member and certified organization
- **HQ:** incorporate specific guidance on AAP mainstreaming into the internal L3 SOPs to ensure compliance with the existing IASC AAP operational framework
- **CO:** given IOM’s extensive presence in the country advocate through the clusters and the HCT for establishment of an operational and pragmatic AAP framework applicable to the local context
- **CO:** increase monitoring of programming, including collection of feedback in order to adjust assistance as needed
- **HQ/CO:** incorporate IASC protection mainstreaming and key humanitarian cross-cutting considerations into the L3 protocols

3.2 COORDINATION AND MANAGEMENT OF CCCM AND ES/NFI CLUSTERS

This section addresses Focus Area 2 to evaluate if IOM met its commitments as a Cluster Coordinator and Cluster Lead Agency against the IASC Generic TOR for Cluster Coordinators and what changes are required to improve coordination, management and implementation of Cluster Coordinator/Cluster Lead Agency commitments.

According to the IASC Operational Guidance of the Cluster Coordinators TOR the following key role is highlighted: *“The Cluster Coordinator provides leadership and works on behalf of the cluster as a whole, facilitating all cluster activities and developing and maintaining a strategic vision and operational response plan. He/she also ensures coordination with other clusters in relation to inter-cluster activities and cross-cutting issues.”*⁴⁹ This section will provide specific Recommendations relating to IOM’s coordination and co-leadership of the CCCM and ES/NFI clusters. Also it includes positive key findings considered as best practices that are referred to below as Sustain.

3.2.1 Leadership and management

IOM’s capacity to co-lead the ES/NFI and CCCM clusters in South Sudan is a significant undertaking in response to the South Sudan crisis. This leadership capacity has allowed for

⁴⁹ IASC Operational Guidance Generic Terms of Reference for Cluster Coordinators at the Country Level, 2010

increased visibility and credibility as a lead agency to the humanitarian response. IOM as a cluster co-lead, is perceived as an active and engaged negotiator and advocator for PoC issues between UNMISS and partners. The ES/NFI cluster has been operational for several years and has excellent coordination and guidelines in place. The ES/NFI cluster also has a good understanding of the local context, needs and assessments. The ES/NFI cluster is co-lead by IOM and WV. The CCCM cluster in South Sudan was activated on 25 December 2013. The CCCM cluster co-leadership involves three agencies: UNHCR, IOM, and ACTED (NGO co-coordinator). Due to IOM having a well-established and functioning office in South Sudan prior to the December conflict and IOM's global capacity in CCCM, IOM was able to quickly respond to take on the leadership role for the CCCM cluster. Since the CCCM cluster is the newest cluster to be activated, country specific guidelines and procedures are being strengthened. According to the online survey both CCCM and ES/NFI scored very high for leadership and decision-making.

Since the beginning period of the L3 activation, the humanitarian community has been in discussions relating to the planning and strategy for transition from a crisis stage to Early Recovery (ER). It is important as a Cluster Coordinator to take the lead and the responsibility for integrating ER from the outset of the humanitarian response. According to the IASC Cluster Coordination Reference Module⁵⁰ each cluster is responsible to take the lead on ER and ensure mainstreaming of early recovery across cluster programming. This is also highlighted in the IASC Cluster Coordinator TOR that requires the Coordinator to *“lead the design of appropriate transition strategies for the cluster to ensure continuity between the humanitarian response, recovery and development phases.”*⁵¹ However the integration of ER has been challenging for South Sudan due to the on-going conflict. South Sudan became the most fragile state worldwide this year. According to the Fund for Peace, *“Chronic instability, fractured leadership and growing ethnic conflict made it the most fragile state.”*⁵²

South Sudan is considered a protracted crisis situation and the emergency phase is anticipated to continue into next year making it difficult to incorporate transition planning at this time. Discussions relating to ER should continue and as soon as conditions allow for ER activities, they should be implemented as a common integrated approach within the cluster system. Support to host communities should be increased and special attention should be given to the land, property and housing issues. Peace-building, political solutions and conflict resolution efforts at the community level to support a transition are encouraged. Also sustainable livelihoods strategies should be developed and implemented.

Another important element for a Cluster Coordinator is to be able to serve full time. According to the IASC Cluster Coordinator TOR, the Cluster Coordinator should be a dedicated full-time position with no other program responsibilities. It states in the TOR, *“Having a dedicated*

⁵⁰ IASC Transformative Agenda Reference Document, Reference Model for Cluster Coordination at the Country Level, 2012

⁵¹ IASC Operational Guidance Generic Terms of Reference for Cluster Coordinators at the Country Level, 2010

⁵² The Fund for Peace, <http://ffp.statesindex.org/rankings-2014>

Cluster Coordinator also helps to avoid any perceptions (real or perceived) of agency bias".⁵³ Currently the IOM CCCM and ES/NFI Cluster Coordinators have other duties in addition to serving as the Cluster Coordinator. It is recommended that the Cluster Coordinators serve as full time dedicated staff to their respective clusters. Based on KII and online results it was expressed that IOM is occasionally perceived to be acting more on behalf of IOM's operational role rather than on behalf of the cluster coordination role⁵⁴. This is in relation to the CCCM cluster. However, according to the online survey, 64% of CCCM respondents and 61% of ES/NFI respondents stated that the representation of interests of clusters was good/very good.

During the KIIs it was recommended there should be only two cluster co-leads. Currently for the CCCM cluster there are three co-coordinators. Feedback received from the partners was that this can cause confusion of roles and responsibilities. The partners also felt that the existing arrangement was not necessarily conducive to effective coordination and there appears to be a duplication of roles.

IOM's leadership in the DTM provides essential data for humanitarian actors in regularly tracking displaced population, identifying needs and service gaps, and conducting and verifying registration. It is highly appreciated by partners that IOM is instituting biometrics registration to increase the effectiveness and impact of its services. It is recommended the DTM also focus more on host communities, collective and temporary settlements and not only on PoCs. From the online survey findings, it is recommended that the ES/NFI Cluster to increase utilization of the DTM.

IOM has also taken a strong leadership role in serving as the Provider of Last Resort (POLR) for the clusters. Due to IOM's high-level capacity in country, IOM has not only been "POLR" but rather the "First Provider". IOM has been able to provide essential services and equipment through, for example, the complimentary Rapid Response Fund (RFF) and Rapid Response Teams (RTT), to improve the conditions at the PoC sites and assist partners in their response. Due to IOM's pre-positioned assistance and logistical capacity, IOM is able to quickly respond to partner requests. In addition IOM has provided vital advocacy services including taking the lead in negotiations with UNMISS to protect the PoC sites.

The recommendations below provide specific guidance to help sustain the positive growth of IOM's programming and operations and increase performance and impact.

⁵³ IASC Operational Guidance Generic Terms of Reference for Cluster Coordinators at the Country Level, 2010

⁵⁴ Source: Annex 3 (online data) and KIIs

Sustain:

- Consultative and collaborative leadership style. Strategic information sharing i.e. ICWG coordination and advocacy supported by IOM OPOUN and COM and IOM Head of Operations at the HCT level
- Effective cluster leadership which has had direct implications to clusters ability to receive funding which in turn has increased capacity of the partners
- Senior and qualified Cluster Coordinators
- NGO co-leads located at IOM office
- Management and coordination of ES/NFI core pipeline to identify/verify gaps and needs, provide coverage and rapid assistance to the most vulnerable
- The incorporation of biometrics in DTM
- Holistic and integrated programming (i.e. WASH, Health, CTS, RRF, RRTs, ES/NFI-caveat see recommendations for areas of improvement for cross-cutting issues in the context of clusters)
- Humanitarian Hubs (caveat: see recommendations)
- CCCM and ES/NFI global cluster capacity and support to CO(s)
- IOM's POLR capacity

Recommendations:

- **CCCM:** cluster coordinators must be 100 % dedicated with relevant experience – but at the same time must have good situational awareness and linkages to IOM's operational capacity for cluster and POLR support
- **CCCM:** avoid situations with three co-leads/coordinators; must define clear roles and responsibilities between the co-leads/coordinators
- **CCCM and ES/NFI:** ensure there is a depository maintained for cluster guidelines, policy, standards and documents with easy access to all partners. Ensure documents are posted and shared in timely manner on the humanitarian response website
- **CCCM and ES/NFI:** at the onset of a crisis, incorporate strategic thinking and planning on transition and recovery
- **CCCM and ES/NFI:** assess the in-country RRT mechanism' effectiveness supporting the clusters in the coming months
- **CCCM and ES/NFI:** ensure quality of ES/NFIs and CCCM standards - aspire to meet the SPHERE standards
- **ES/NFI:** increase engagement with and utilization of the DTM

3.2.2 Coordination

IOM is highly regarded specifically in terms of active engagement and inclusion of cluster partners in decision making of cluster standards, protocols and response. Partners feel that IOM provides the necessary advocacy and resource mobilization.

The need to improve internal communication and information flow from national Cluster Coordinators to state level Cluster Focal Points was expressed. There is a need to implement a more systematic approach to support a two-way information flow. According to the IASC Cluster Module there must be a clear link between corresponding sub-national and national clusters in order to facilitate reporting, information sharing, and collaboration.⁵⁵ Although the online survey show good/very good information and coordination results for both clusters, several partners and IOM staff in the field via KIIs (particularly related to the CCCM cluster) stated they do not receive the meeting minutes in a timely manner. This lack of communication also impedes the information flow to the state level. Partners are not always aware of decisions and actions being taken. Information products for the ES/NFI cluster scored poorly hence the recommendations below to increase capacity.

The online survey highlighted training and capacity building as an area for improvement for both the CCCM and ES/NFI clusters, an issue, which was also raised during interviews. Partners, UN, NGOs, and IDP community leaders are seeking additional training. Training has been provided by IOM and the Norwegian Refugee Council (NRC), however many agencies and staff have not been able to attend. The CCCM cluster is planning to provide additional training through NRC in the coming months.⁵⁶ This should be supported to ensure quality outreach to all respective actors in order to participate fully in the training. There will also be a pilot training with UNHCR and NRC on “Strengthening Communities for IDP centers in Unity”.⁵⁷ It is recommended to assess this project in the Unity state and opportunities for expansion in other states.

Another key area for improvement is increasing outreach and inclusion of national NGOs in the clusters to encourage sustainability and ownership. This recommendation came from various KIIs with partners and IOM staff who feel that it is critical to have a stronger engagement and coordination with national NGOs. It is also known to be part of best practices to ensure successful transition, early recovery and sustainability of any type of programming post-crisis. It was also one of the lowest scoring areas (over 60% "average") for both clusters in the online survey⁵⁸. Additional leadership is required to focus on capacity building for national NGOs in providing services and active engagement in the response.

⁵⁵ IASC Transformative Agenda Reference Document, Reference Model for Cluster Coordination at the Country Level, 2012, p.

⁵⁶ CCCM Cluster Meeting Minutes August 13 2014

⁵⁷ CCCM Cluster Meeting Minutes August 13 2014

⁵⁸ Online survey question number 14: “Training and capacity building (staff, partners, national authorities, civil-society)?”

Sustain:

- CCCM Information Managers (IM) from co-leads meet regularly at IOM to coordinate and synchronize analysis and products
- ES/NFI cluster capacity building and training efforts (for example recent training conducted in Bor that included topics of ES/NFI response cycle, cluster policies, guidelines and tools, assessment, verification, distribution and monitoring)
- CCCM and ES/NFI lead/co-leads (ACTED and WV) co-located at IOM Juba office. Consider best practice

Recommendations:

- **CCCM and ES/NFI:** increase training for partners (local, NGOs, UNMISS, IDP communities)
- **ES/NFI:** improve IM capacity particularly for the cluster to serve partners and the HCT (analytical products)
- **CCCM and ES/NFI:** continue to improve cluster sharing of information (i.e. meeting minutes, guidelines, policies between national-SFP-field partners)
- **CCCM and ES/NFI:** provide additional support to NGO co-leads to build capacity for cluster coordination role
- **CCCM and ES/NFI:** improve internal (CO) coordination between the two clusters to maximize efforts and for lessons learned
- **CCCM and ES/NFI:** engage and strengthen the capacity of national NGOs. Increase outreach and coordination of national NGOs in the clusters
- **CCCM:** IOM HQ secondment of staff to OCHA Geneva to coordinate CCCM issues/linkages at strategic and camp levels

3.2.3 Accountability to Affected Populations (AAP)

Incorporation of AAP throughout the response in South Sudan is an area for improvement shared among the humanitarian community. During the interviews in Juba and field it was stated by cluster partners and IOM staff that their initial focus has been on providing life-saving assistance and they lacked the time and commitment to consider and institute ways to include the affected population in program design, prioritization of needs, implementation and monitoring. However, emerging efforts are ongoing to address AAP considerations. Nevertheless, there is a need for greater outreach and communication to the community leaders, women's groups and youth groups at all IDP sites (PoCs, collective and temporary sites) and in the host communities.

The IASC Cluster Coordinator's TOR ⁵⁹ highlights the importance of ensuring there are participatory and community based approaches in the planning and implementation of projects. Improvement is needed to promote measures, which increase AAP and the identification of durable solutions. There is a need to ensure that accountability is included in all key organizational documents and processes including assessments, strategies, monitoring and evaluation, and trainings.

Various interviewees expressed the recommendation of deploying a Protection Advisor and AAP Advisor to the IOM South Sudan Mission. This should also include AAP and Protection focal points for each sub-office. The Advisors can assist the mission in preparation of a Protection and AAP strategy/frameworks to be mainstreamed throughout all sectors.

There is a need to increase the monitoring of activities. According to the online survey monitoring and reporting scored low (46% average score), particularly for the CCCM cluster. Scaling up protection monitoring is also critical to better guide programming and address concerns. The integration of priority cross-cutting issues (i.e. gender mainstreaming) was also highlighted in the online survey as an area for improvement. The strategies should also include specific elements relating to gender mainstreaming to increase understanding of the specific threats, particularly to women and girls and to develop mechanisms for protection throughout all programming.

Also, an issue was raised among many of the interviewees regarding the lack of formal feedback and grievance mechanisms with the affected population. This should be incorporated at the onset of programming. There are some measures currently being undertaken at the PoCs by NGOs, for example, the collaboration with Internews to support CwC efforts. Cluster partners should ensure that the IDPs have ability to contact staff to voice their grievances and express any gaps in needs and quality of response. These should be enhanced, monitored more and supported by the CCCM cluster. AAP through effective and inclusive consultative and feedback mechanisms is a core component of the IASC Cluster Coordination Reference Module.⁶⁰

Increased attention and awareness is also required to support representative community leadership structures. There is a reliance on community leadership structures that were put in place by UNMISS however there appears to be a misunderstanding that leaders are the only representatives within the community. Further assessment and analysis is needed. Also an increase of communication to other community groups including women and youth is recommended. Recent initiatives including youth engagement and support to training on conflict mitigation have been successful. It is recommended to expand and support these initiatives in mitigating conflict within the PoCs. Where possible, it is recommended to identify, document and share best practices of incorporation of successful AAP initiatives with all partners. It was suggested that each cluster identify a focal point on AAP mainstreaming.

⁵⁹ IASC Operational Guidance Generic Terms of Reference for Cluster Coordinators at the Country Level, 2010

⁶⁰ IASC Transformative Agenda Reference Document, Reference Model for Cluster Coordination at the Country Level, 2012

IOM recently started initiatives relating to psychosocial outreach in the Bor PoC. The development of guidelines for the CCCM cluster is under discussion. It was highlighted that it is vital to recognize the importance of psychosocial outreach at the beginning of the response and to integrate into CCCM planning and program. IOM is applauded for its efforts in the Bor PoC to address the needs of IDPs suffering from trauma. There are currently no agencies providing these essential services in the Bor PoC. It is recommended to assess opportunities to expand program to other PoCs and host communities.

Sustain:

- Emerging AAP efforts such as collaborative initiatives with Internews in South Sudan to support CwC and ES/NFI cluster integration of community consultations in assessments and response.
- Incorporation of psycho-social interventions (as in Bor) and expand/build upon existing health programming

Recommendations:

- **CO/clusters:** recruit AAP and Protection Advisors and mainstream to all cluster activities and IOM programming
- **CO/clusters:** improve Monitoring and Evaluation (M&E) capacity including protection considerations
- **CO/CCCM:** expand attention beyond PoC sites (only 8 % of IDP caseload) and service provision for host communities
- **CO/clusters:** strengthen, within AAP, the ability to receive/provide feedback and to address grievances. AAP needs to be incorporated from the onset
- **CCCM:** ensure implementation of guidelines on community engagement (i.e. community leadership structures – democratic representation, inclusion of women, youth etc.)
Caveat: creating committees and providing space for democratic elections is a core mandate of CCCM with guidelines by UNHCR to NRC in South Sudan
- **CCCM:** continue oversight and coordination efforts to encourage activities for youth in the camps and support implementation of conflict resolution initiatives supported by UNMISS
- **CCCM:** improve site-planning where possible to minimize protection concerns (i.e. lighting, water points, two families in one tent, separate WASH, common areas, sufficient shade etc.) Ensure strong coordination with protection actors to address any concerns
- **CCCM and ES/NFI:** continue to strengthen engagement of national NGOs and partners in advancing AAP

- **CCCM and ES/NFI:** Incorporate a Protection and AAP framework for the clusters to guide the various initiatives
- **CCCM:** implement and monitor GBV Indicators for site management that can assist site managers and other actors to integrate GBV mechanisms in implementing their activities. For example, complete and functional lighting structures, locks for latrines, etc. This will support proper responses to be in place and serve as guidance to all site managers to ensure GBV prevention measures are taken into consideration in camp activities.⁶¹

3.3 Online Survey

The IASC Generic Terms TOR for Cluster Coordinators at the Country Level (September 2010) was used as a baseline to guide the online survey questions. Detailed findings from the survey are included in Annex 2 and Annex 3 of this report. The survey was sent out by IOM to partner agencies and IOM staff prior to the start of the field collection data phase of the RTE. The survey was conducted through the online tool Survey Monkey. A time frame of two weeks was provided to the participants to complete the survey. A total of 33 persons completed the survey of which 12 were IOM staff (37.50%) and 20 were cluster partners (62.50%), 1 person skipped the question relating to *“if you are an IOM staff or a cluster partner.”* Within the cluster partner category, there were 11 participants (37.93%) from the CCCM cluster and 18 participants (62.07%) from the ES/NFI cluster, 4 participants skipped the question.

The areas analyzed that related to IOM’s performance as a Cluster Coordinator included: Leadership; Coordination; Information Management and Communication; Technical Expertise and Technical Support; Needs Assessments and Response; Planning and Strategy Development; Application of Standards; Resource Mobilization; Advocacy; Provision of Assistance or Services as Last Resort; Monitoring and Reporting; Separation of IOM’s Operational Role and Cluster Coordination; Training and Capacity Building; Attention to and Integration of Priority Cross Cutting Issues; and Any other Feedback/Comments. The scoring included 1= very poor, 2= poor, 3=average, 4= good and 5= very good. There was also space provided for written feedback and comments, which many of the participants did take the time to complete.

The ES/NFI cluster scored slightly higher than the CCCM cluster. However the CCCM cluster is a newer cluster and the ES/NFI cluster has existed for a longer period. Overall both clusters are doing well with some areas needed for improvement. In addition to the recommendations verified by the online survey included in the previous sections (3.2.1 and 3.2.2), there are two specific areas that scored the lowest: Training and Capacity Building and Integration of Cross-Cutting Issues. In relation to Training and Capacity Building the comments spoke more towards the CCCM cluster regarding a need to provide more on-going training on CCCM processes especially since it is a newer cluster. However there is also a need for ES/NFI cluster to prioritize

⁶¹ CCCM Cluster Meeting Minutes August 13 2014. GBV indicators incorporated in the DTM (source: IOM)

training needs to their partners. In regards to the area of Integration of Cross-cutting Issues, the areas highlighted for improvement include incorporating protection and gender mainstreaming across the clusters. These recommendations are included above in section 3.2.3 (AAP). The areas that IOM scored the highest included Leadership and Coordination.

3.4 Other Findings and Recommendations

- **CO:** strengthen relationship between national and international staff – ensure welfare and safety of staff
- **CO and clusters:** focus on national staff and local partner capacity building
- **HQ/CO:** ensure that the current expansion of the mission is managed properly i.e. sufficient support structures must be in place to sustain growth (HR, admin/finance, security, ITC, logistics/procurement)
- **CO:** improve understanding of the operational environment – invest in analytical capacity to increase situation awareness on humanitarian, socio-economic, political and security dynamics to guide programming and to protect staff and beneficiaries
- **CO/HQ:** systematically record institutional memory for best practices including how to reduce learning curve during similar operations if i.e. PoC become a new modus operandi
- **CO/HQ:** protection: develop internal (at global and country level) protection strategy and at the country level coordinate and work with the protection cluster
- **CO/HQ:** Humanitarian Hubs: IOM was requested to take that role on by OCHA. There were many difficulties in the beginning but IOM is improving conditions and set up (also one of the OPR recommendations)
- **CO:** cross-cutting issues: develop a stronger gender mainstreaming strategy within the clusters and programs. This RTE did not include a focus on cross-cutting issues including gender; however it is recommended to include this in future evaluations.
- **HQ:** establish institutional/global agreements outlining collaboration and partnerships between NGOs and IOM to allow speedy joint efforts on the ground.

4.0 CONCLUSIONS

4.1 Summary of Findings and Lessons Learned

Recent analysis determines that South Sudan will continue as a protracted conflict with a heightened increase of violence on the horizon and will require on-going humanitarian assistance. IOM is considered one of the top agencies in responding to the overwhelming humanitarian needs in South Sudan. IOM is perceived to shoulder exceptional amount of the workload, including as a POLR for the clusters. IOM's leadership is proactive, collaborative and highly regarded within the UN HCT and by partners. IOM's humanitarian activities and policies, including L3 protocols are on track and working towards fully supporting the ITA policies.

Overall the findings conclude that IOM performs in a highly effective, relevant, and appropriate manner. Collaborating with partners, IOM continues to tailor activities to the needs and priorities of the local population. IOM is highly rated for the coordination and management role as a cluster lead agency. Its inclusion of partners in decision making of cluster standards, protocols and response is valued. Its operational and organizational flexibility and ability to mobilize resources and deliver quickly has been critical and appreciated by the partners. Despite the instability and access challenges, IOM provides wide coverage across the country in responding to the humanitarian needs of the population based on the cooperative assessments and disaggregated data collected using DTM.

Some adjustments, however, are required to improve the L3 protocols, coverage and connectedness of the programming, cluster coordination, cross-cutting, AAP and protection considerations.

The existing ERG and specific L3 SOPs require further alignment and harmonization to ensure consistent guidance in emergencies. The present L3 SOPs should be translated into practical, streamlined and specific guidelines and check lists for different functional areas (HR, DRM, Procurement, Logistics, LEG, ITC, Security) to ensure understanding of how the usual rules and regulations will be different in L3 emergencies to enable a timely and effective response.

AAP and protection principles should be incorporated into programming, policies and procedures to ensure compliance with the existing IASC protection and AAP operational frameworks. Accountability and protection considerations should be included in all key organizational documents and processes including assessments, strategies, monitoring and evaluation, and trainings. There is also a need for greater outreach and communication to the community leaders, women's groups and youth groups at all IDP sites (PoCs, collective and temporary sites) and host communities. The strategies should also include specific elements relating to gender mainstreaming to increase understanding of the specific threats, particularly to women and girls and to develop mechanisms for protection throughout all programming. There is a need to improve communication and information flow from national to state level

within the clusters. Another key area for improvement is increasing outreach and inclusion of national NGOs in the clusters to encourage sustainability and ownership. Additional leadership is required to focus on capacity building for national NGOs in providing services and active engagement in the response.

In regards to transition and early recovery, with increased levels of violence and displacement throughout the country, the L3 phase is anticipated to continue into next year making it difficult to incorporate transition planning at this time. Nevertheless, discussions relating to the ER should continue and as soon as conditions allow for ER activities, they should be implemented as a common integrated approach within the cluster system. Support to host communities should be increased and special attention should be given to the land, property and housing issues. Peace-building, political solutions and conflict resolution efforts at the community level to support a transition are encouraged.

ANNEX 1: INDIVIDUALS AND ORGANIZATIONS CONSULTED

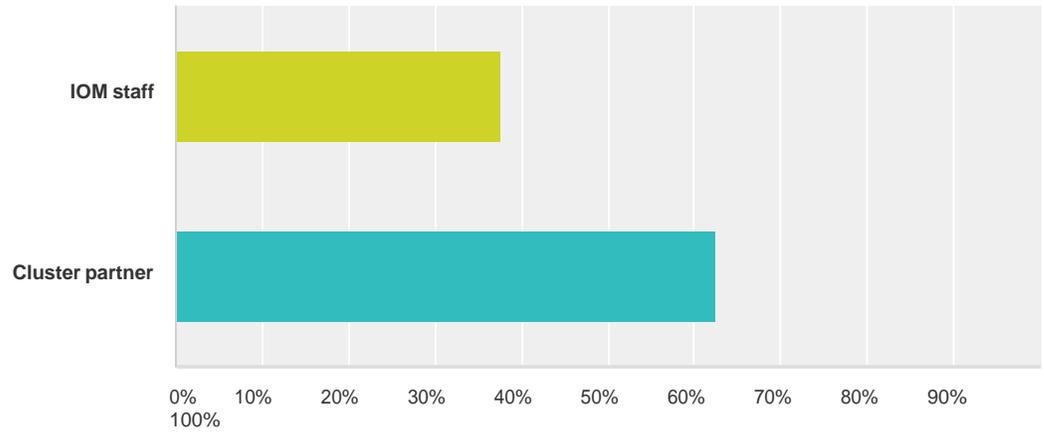
ABDIKER, Mohammed	IOM	Director, DOE, HQ
ADKINS, Aaron	IOM	RRT Coordinator South Sudan
ASERU, Harriet	IOM	M&R Assistant ES/NFI cluster
ASHMORE, Joseph	IOM	Global Shelter Coordination FP, DOE, HQ
AVRAMOVSKI, Vlatko	IOM	Human Mobility Tracking Expert, DOE, HQ
AWANDO, Tito	UNMISS	RCO-RRP, Team Leader Malakal South Sudan
BAKER, Karl	IOM	CCCM (co) Coordinator South Sudan
BAYAK, Keat	MEDAIR	ES/NFI State Focal Point, Malakal South Sudan
BROUWER, Sander	MEDAIR	Head of Shelter/NFI South Sudan
BURWELL, Christina	IOM	RRF Manager, South Sudan
CARTER, Rebecca	DRC	Emergency Response Coordinator
DABAO, Joanna	IOM	Programme Coordinator, PSU South Sudan
DANILA, Bogdan	IOM	Senior Emergency and Post-Crisis Specialist, Nairobi, Kenya
DE LEEUW, Greet	IOM	Director, Human Resources Management, HQ
DERTHICK, David	IOM	Chief of the Mission South Sudan
DOBBIN, Tom	CONCERN	ES/NFI Bentiu South Sudan
DONATI, Henry	DFID	Humanitarian Specialist South Sudan
EL KHAWAD, Selma	IOM	Rapid Response Officer, PRD, DOE, HQ
EMILIO, Catherine	IOM	Health Officer Malakal South Sudan
ENGBRETSON, Jess	INTERNEWS	Community Officer Malakal South Sudan
FALCAO, Viren	MEDAIR	Emergency Response Team Coordinator South Sudan
FAVIER, Clementine	ACTED	CCCM (co) Cluster Coordinator
FLAHERTY, Emma	Concern	Area Coordinator ES/NFI FP Bentiu, Unity South Sudan
GALARAGA, Charis	IOM	CCCM Support Officer South Sudan
GARRETT, Taylor	USAID/OFDA	Disaster Assistance Response Team South Sudan
GASHI, Burim	IOM	Resource Management Officer, DOE, HQ
GATLUAK, Joseph	WV	Mobile Response Team member
GAYER, Michelle	WHO	Surge and Crisis Support Team / ERM Coordinator, HQ
GBEHO, Kiki	OCHA	Chief, Africa (Sudan, South Sudan, Horn and Southern Africa)
HIEBER-GIRARDET, Loretta	OCHA	Chief, Inter-Cluster Coordination, Geneva
HOFFMANN, Louis	IOM	Head, Transition and Recovery Division, DOE, HQ
HOUVER, Vincent	IOM	Head, PRD, DOE, HQ
HUBER, Matt	IOM	Programme Manager Transition and Recovery South Sudan
JACOBS, Kellee	IOM	ES/NFI Cluster Monitoring and Reporting South Sudan
JADA, Charles	IOM	Security Assistant South Sudan
JAKANI, Driuni	LCED	Director, Lacha Community and Economic Development
JOHN, Christine	IOM	WASH Officer Malakal South Sudan
JONES, Laura	IOM	ES/NFI Cluster Coordinator (a.i.) South Sudan
KLEMM, Johanna	IOM	Senior Resource Management Officer South Sudan

KOEN, Jacobus	WV	Programme Development Director South Sudan
KURC, Jacob	IOM	Associate Legal Officer, Legal Division, MAC
LANG, Januef	WV	Mobile Response Team
LAUTZE, Sue	FAO	Country Representation / Deputy HC South Sudan
LELEI, Vincent	OCHA	Head of OCHA South Sudan
MASKUN, Izora Mutya	IOM	Rapid Response Officer, Global CCCM cluster, DOE, HQ
MATHESON, Lea	IOM	Deputy Permanent Observer to the UN in NY
MCCUE, John	IOM	Head of Operations South Sudan
MCLELLAN, Iain	IOM	Programme Support Unit South Sudan
MORGEN, AJ	IOM	Programme Officer Abuyei South Sudan
MOTUS, Maria Nnette	IOM	Senior Migration Health Policy Advisor, MHD/DMM, HQ
MOUMTZIS, Panos	IASC	Director, Transformative Agenda Implementation Team
MUEDIN, Amy	IOM	Programme Specialist, OPOUN in NY
MUKHWANA, Richard	OCHA	Humanitarian Affairs Officer Malakal South Sudan
NAIDOO, Donovan	IOM	Logistics and Procurement Officer Malakal South Sudan
NAKAHARA, Taka	INTERSOS	ES/NFI Project Manager South Sudan
NDAULA, Richard	UNHCR	CCCM (co) Cluster Coordinator South Sudan
NUNES, Nuno	IOM	CCCM Global Cluster Coordinator, DOE, HQ
OLIVER, Justin	IOM	Admin/Finance Officer Malakal South Sudan
ONIAS, Linda	IOM	Head of Office, Bor South Sudan
PAZVAKAVAMBWA, Shorayi	IOM	Human Resources Officer South Sudan
PAIATO, Andrea	IOM	Emergency Operations Officer South Sudan
PRO, Jennifer	IOM	Programme Support Unit South Sudan
RANCATI, Francesco	DRC	Camp Manager Malakal South Sudan
REED, Bruce	IOM	Director, Department of Resources Management
RUIZ de AZUA, Ester	IOM	DTM Coordinator South Sudan
SIRAK, Yadel	IOM	DTM Officer Malakal South Sudan
STENSON, Patrick	IOM	Resource Management Officer, MAC
THACH, Thuy	IOM	CCCM SFP Upper Nile State Malakal South Sudan
TOUANES, Thor	WV	Mobile Team Member
YIEP, Chol	IOM	WASH Programme Assistant Malakal South Sudan

ANNEX 2: ONLINE SURVEY RESULTS

Q1 Please identify (dropdown menu) if you are an IOM staff member or a cluster partner

Answered: 32 Skipped: 1

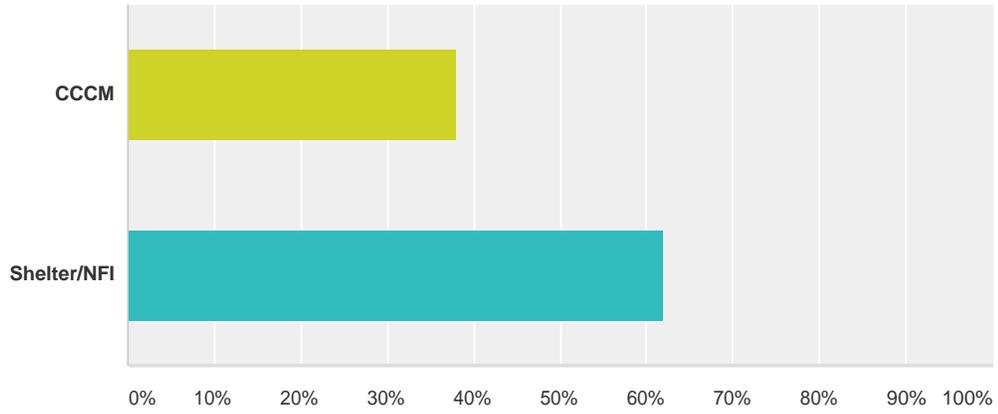


Answer Choices	Responses
IOM staff	37.50% 12
Cluster partner	62.50% 20
Total	32

#	Other (please specify)	Date
1	IOM / Global shelter cluster supportteam	9/29/2014 7:16 AM

Q2 Please identify (dropdown menu) which cluster you are affiliated with?

Answered: 29 Skipped: 4

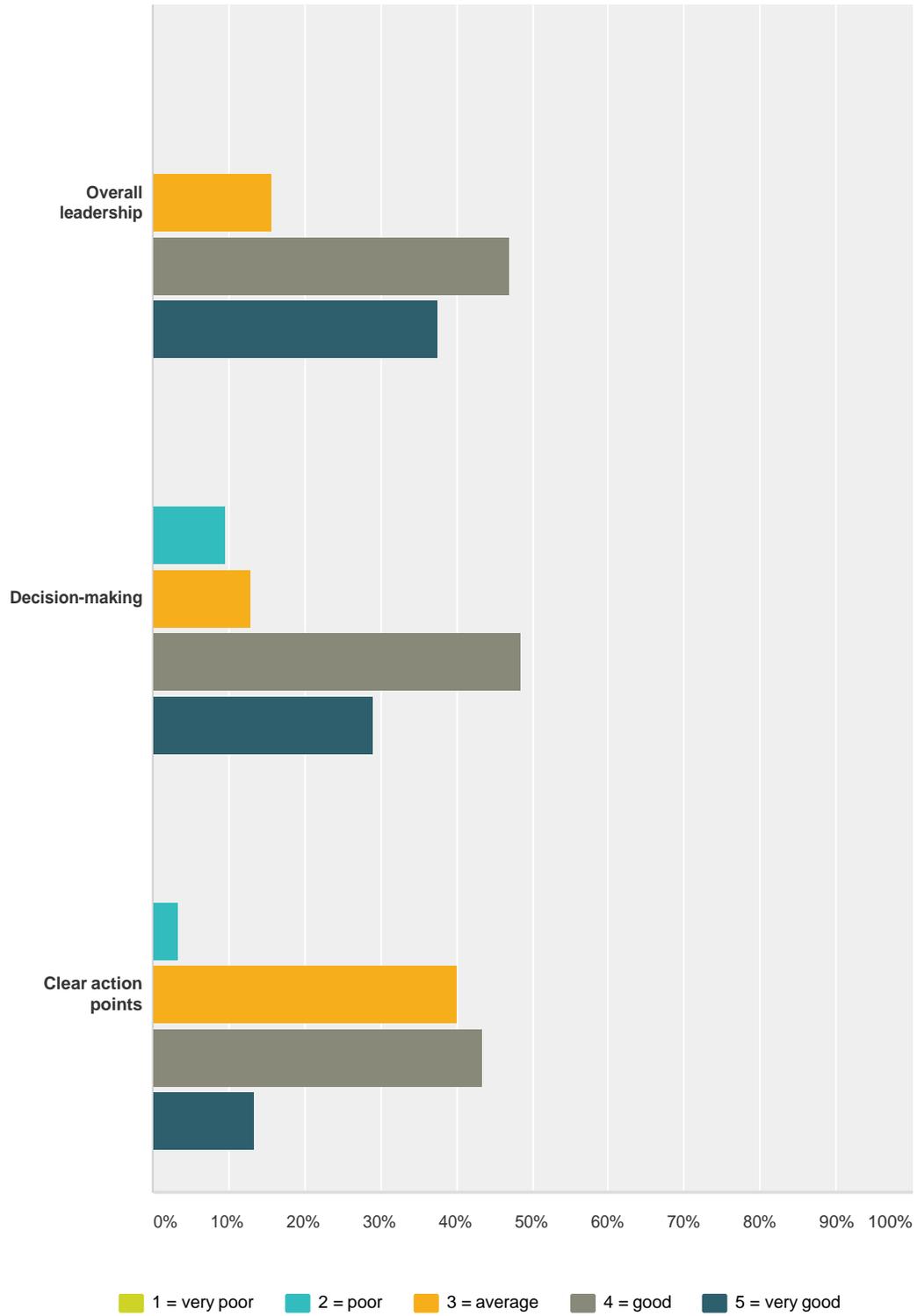


Answer Choices	Responses
CCCM	37.93% 11
Shelter/NFI	62.07% 18
Total	29

#	Other (please specify)	Date
1	Also shelter/NFI	10/7/2014 3:35 AM
2	Protection Cluster	9/29/2014 5:32 AM

Q3 Leadership

Answered: 32 Skipped: 1

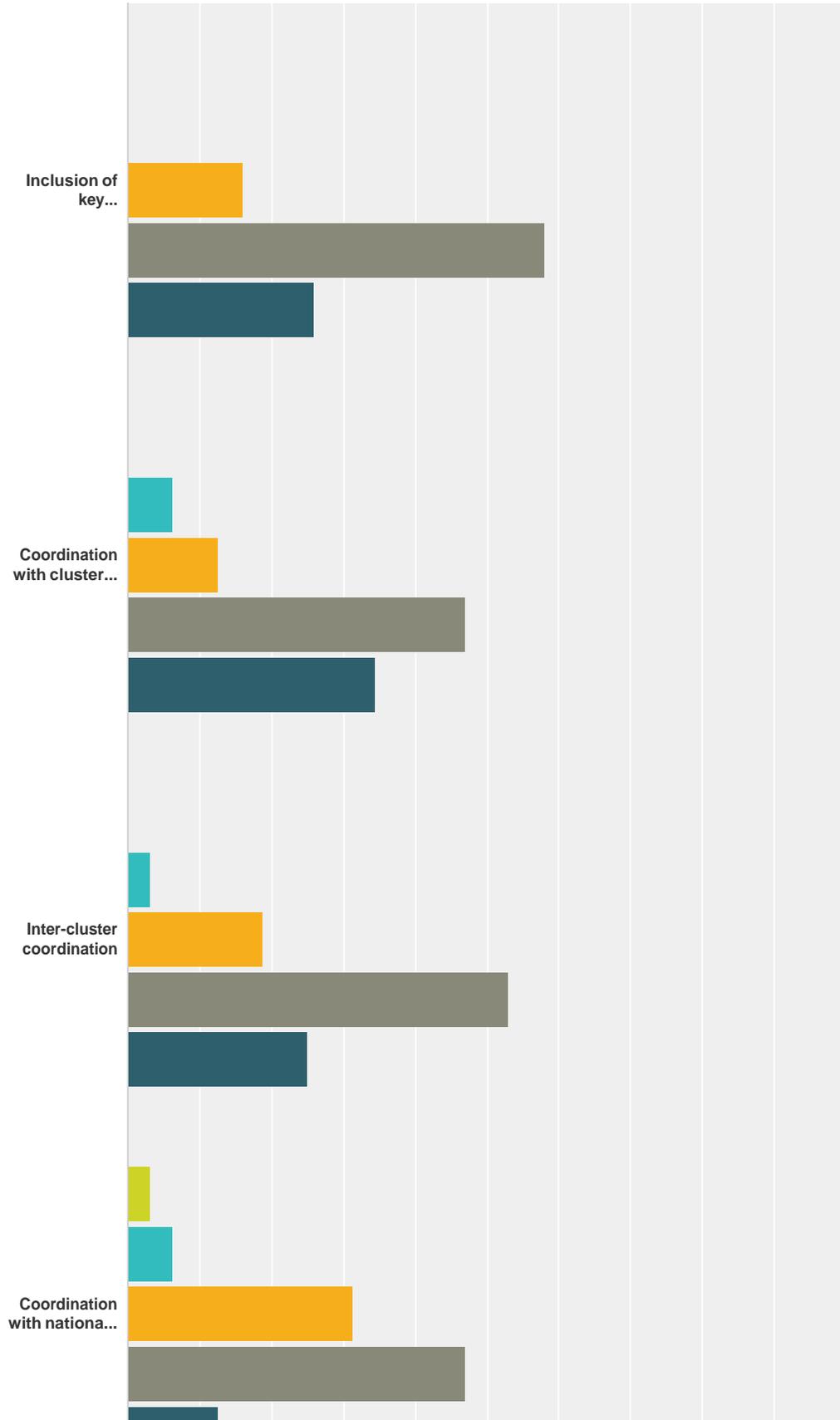


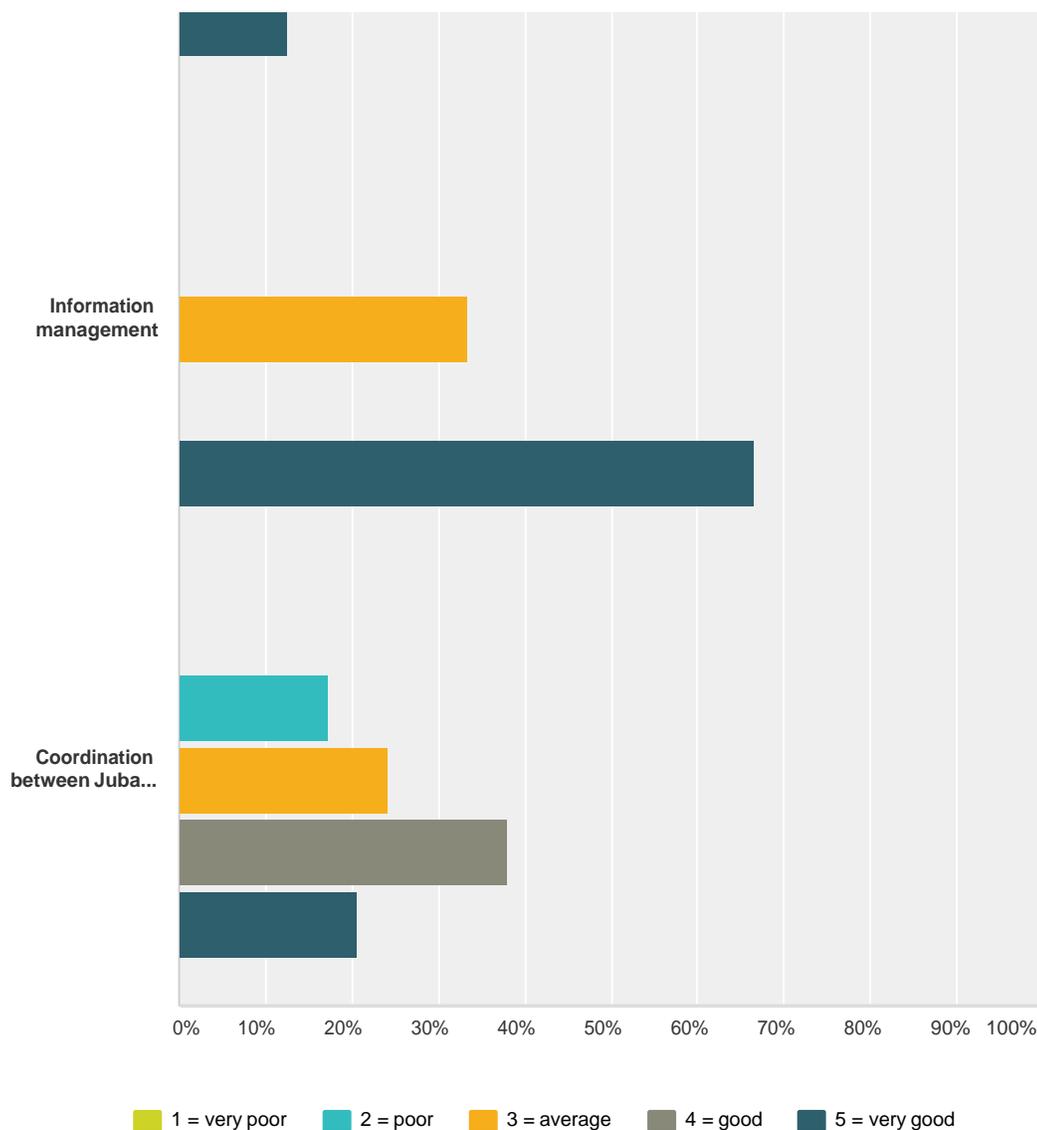
	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total
Overall leadership	0.00% 0	0.00% 0	15.63% 5	46.88% 15	37.50% 12	32
Decision-making	0.00% 0	9.68% 3	12.90% 4	48.39% 15	29.03% 9	31
Clear action points and follow up	0.00% 0	3.33% 1	40.00% 12	43.33% 13	13.33% 4	30

#	Additional feedback/comments	Date
1	N/A	10/8/2014 6:44 PM
2	The NFI/ES Cluster was well organized with less complicated steps, the cluster at all times puts more focus timely life-serving emergency shelter and Non food items rather than sitting all the time in meetings at Juba level	10/8/2014 11:03 AM
3	While consensus making is good, there has to be a limit and at some point decisions need to be taken	10/7/2014 3:59 AM
4	Very strong leadership from the Cluster the national level but very poor at the Hub level, likely due to inexperienced staff member taking on the FP role	9/29/2014 10:07 AM
5	Although the cluster has his own pipeline, but it's also depending on it's operation on the Logistic cluster where the priority of delivery will be give to Food, Heath... etc. so some time the response will not be on the time of need. Due to logistic issue because of the air asset. Action: need more support to improve the cluster pipeline in terms of capacity to deliver items.	9/29/2014 8:20 AM
6	Is this for leadership of the cluster of IOM OPS? Filled in for cluster.	9/29/2014 7:16 AM
7	IOM is the lead in the State for NFIs\ES, taking decision but with consulting with other actors, Government and RRC and RRP sometimes.	9/29/2014 7:07 AM
8	Leadership just changed and this/ad interim direction could affect the overall operations.	9/29/2014 5:04 AM
9	All Cluster meetings at Juba level have been well coordinated. The Coordination team also worked closely with State representatives to ensure information sharing, reporting was timely and coordination of partners in the field in terms of PMD, Assessments, Distributions etc.	9/29/2014 4:47 AM
10	Decision-making is poor because, more often than note, IOM disregards partner cooperation.	9/29/2014 4:44 AM

Q4 Coordination

Answered: 32 Skipped: 1



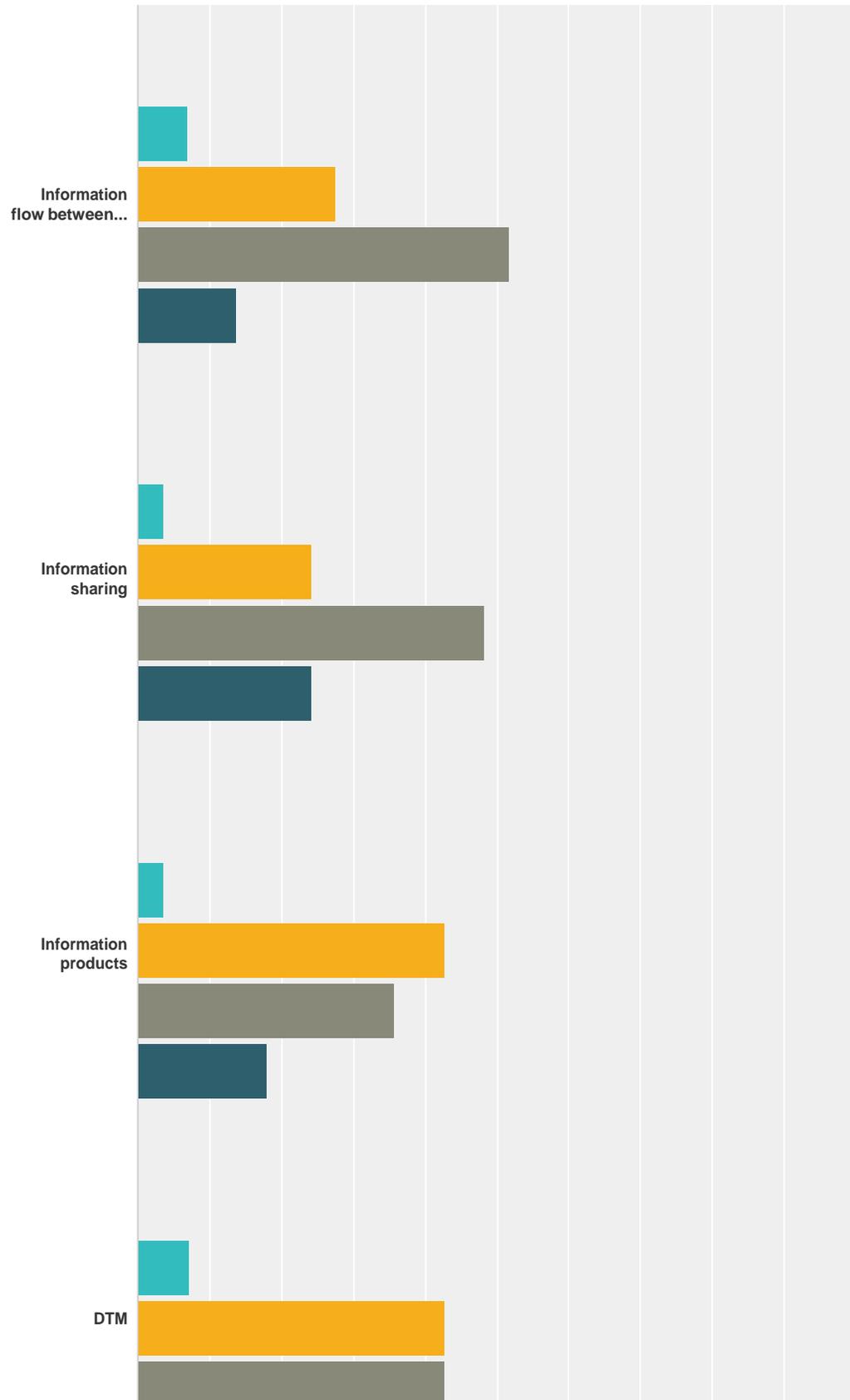


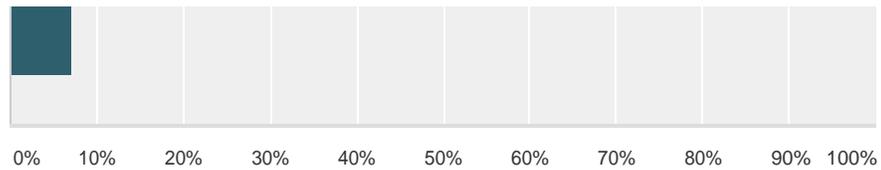
	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total
Inclusion of key humanitarian partners	0.00% 0	0.00% 0	16.13% 5	58.06% 18	25.81% 8	31
Coordination with cluster partners	0.00% 0	6.25% 2	12.50% 4	46.88% 15	34.38% 11	32
Inter-cluster coordination	0.00% 0	3.13% 1	18.75% 6	53.13% 17	25.00% 8	32
Coordination with national authorities	3.13% 1	6.25% 2	31.25% 10	46.88% 15	12.50% 4	32
Information management	0.00% 0	0.00% 0	33.33% 1	0.00% 0	66.67% 2	3
Coordination between Juba and field	0.00% 0	17.24% 5	24.14% 7	37.93% 11	20.69% 6	29

#	Additional feedback/comments	Date
1	Feedback from national level sometimes takes several months while field level staff are under great pressure	10/10/2014 9:23 PM
2	IOM needs to program CCCM activities in collaboration with other shelter or NFI cluster partners; for this will promote greater partnership strong team membership working relation.	10/8/2014 6:44 PM
3	The cluster have at all time the representation of national NGO at decision making level and their voice are always considered, however it is pretty difficult for ES/NFI cluster to maintain soft coordination with local authorities because they keep complicating actual needs of vulnerable people with their personally or political views	10/8/2014 11:03 AM
4	Unfortunately the context does is not very conducive for engagement with national authorities or authorities like entities	10/7/2014 3:59 AM
5	Given context and access requirements, coordination with authorities a challenge. Coordination with unhr also a challenge- but this is not necessarily an issue with the coordinator	9/29/2014 7:16 AM
6	We do have a very good coordination as NFI's/ES Inter-Cluster with other humanitarian agencies, government, community leaders and social development Dept and Juba as well.	9/29/2014 7:07 AM
7	The Shelter/NFI Cluster has always shown commitments to key humanitarian partners and national authorities. The Cluster has also supported where partner agencies have identified gaps that other partners, or the Cluster can fill, or with additional teams from IOM to provide support.	9/29/2014 4:47 AM

Q5 Information management and communication

Answered: 29 Skipped: 4





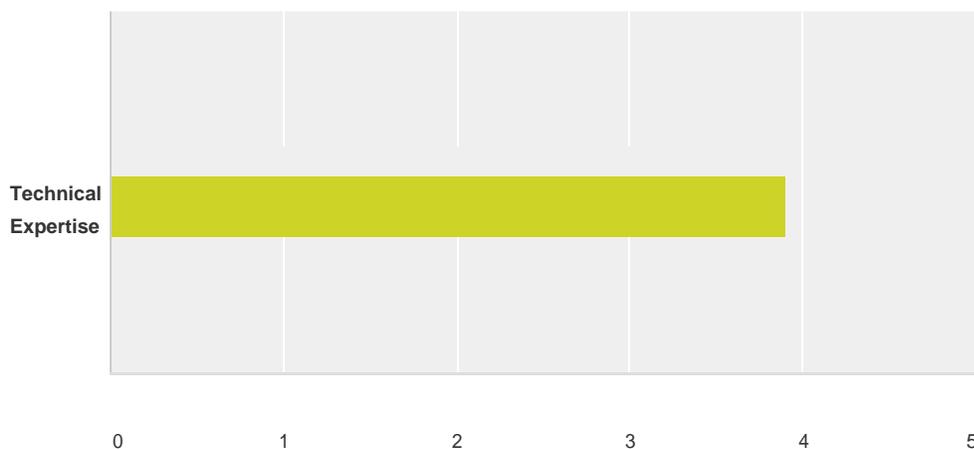
■ 1 = very poor
 ■ 2 = poor
 ■ 3 = average
 ■ 4 = good
 ■ 5 = very good

	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total
Information flow between field and Juba	0.00% 0	6.90% 2	27.59% 8	51.72% 15	13.79% 4	29
Information sharing	0.00% 0	3.45% 1	24.14% 7	48.28% 14	24.14% 7	29
Information products	0.00% 0	3.57% 1	42.86% 12	35.71% 10	17.86% 5	28
Displacement Tracking Matrix (DTM)	0.00% 0	7.14% 2	42.86% 12	42.86% 12	7.14% 2	28

#	Additional feedback/comments	Date
1	DTM national level should take time to visit field in order to get understanding of challenges faced and not to be unrealistic in their expectations	10/10/2014 9:23 PM
2	It is sometime hard for cluster partners to get the latest updates especially the DTM data. This needs to be strengthened and more focus to be made in place.	10/8/2014 6:44 PM
3	The information sharing between Juba and the field was quite good but mostly is done through State focal points in which some State was not doing very well and other dose well, this is due to the insufficient communication facilities across the country and the issue of prioritizing some specific geographical States as a priority for humanitarian funding and other areas are not, as result those less priority State have no money to actively engage in the cluster coordination or maintain active cluster activities, but at the same time IOM also maintains direct contact with the individual partners which helps very much	10/8/2014 11:03 AM
4	Again, strong at national level, weak at hub level	9/29/2014 10:07 AM
5	Difficult to assess from perspective of Geneva with regular field visits, but shelter coordination seemed to have better relations with field that expected	9/29/2014 7:16 AM
6	The information between the field and Juba is good and base on the activities that taking place in the field. All partners are in one page in term of changing information; the DTM unit and NFI's are working closely so they share the same information.	9/29/2014 7:07 AM
7	The DTM was challenging due to the fluid movement of IDPs. However, there was constant engagement of partners to ensure that through reporting, or reported incidents of movement populations were able to be tracked and assessments, distributions, PDMs were able to go ahead as planned. Also in terms of tracking the 5Ws needs to be updated because it was difficult for partners, to demonstrate to donors, or other partners who was working where - especially when CHF funding was announced and CHF used the mechanism to map where partners where located, when the information itself had not been updated for some time.	9/29/2014 4:47 AM
8	Information flow is poor due to one-way communication. Information mainly comes from the field but without feedback to the field after receipt.	9/29/2014 4:44 AM

Q6 Technical expertise and technical support

Answered: 32 Skipped: 1

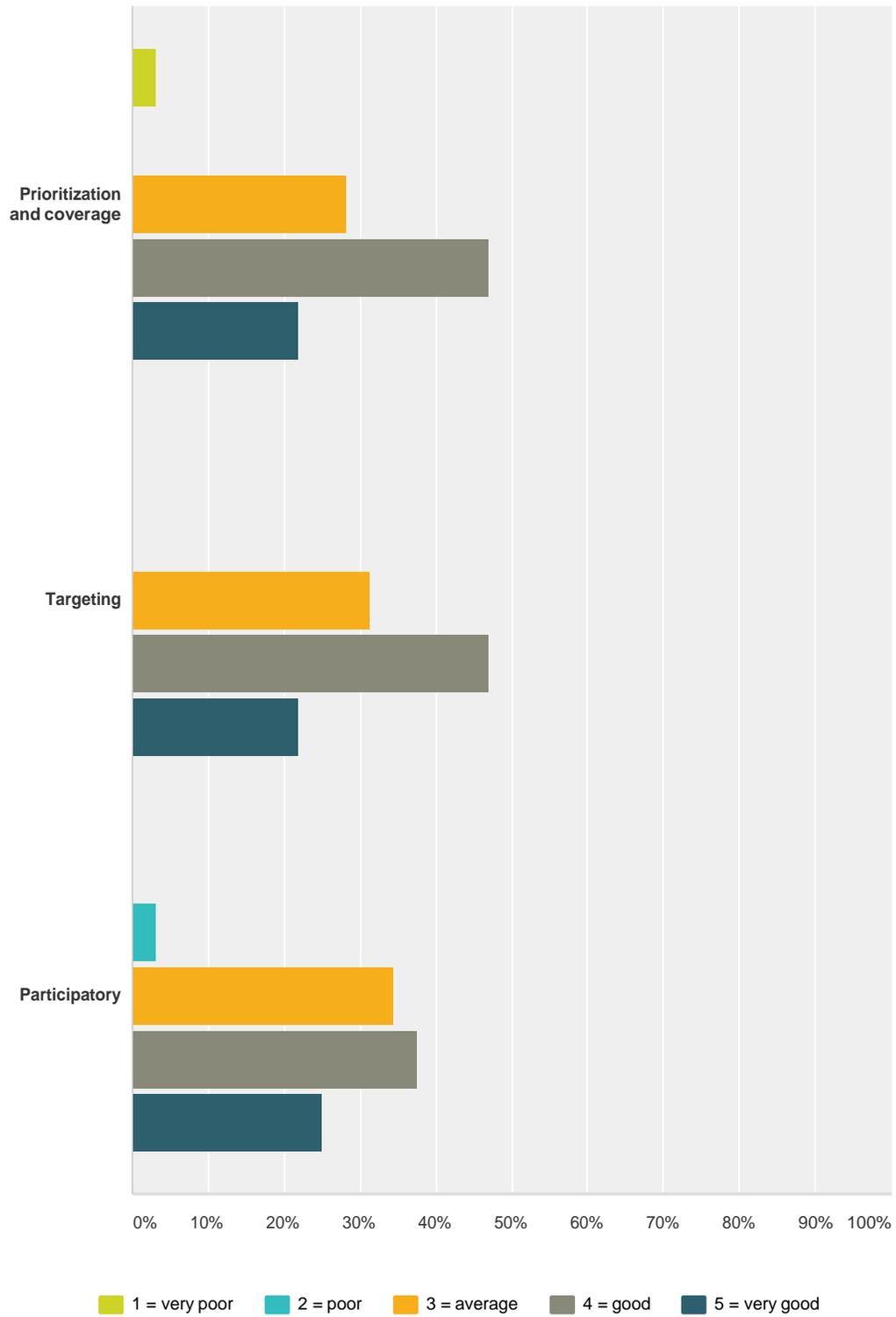


	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total	Average Rating
(no label)	0.00%	0.00%	25.00%	59.38%	15.63%	32	3.91
	0	0	8	19	5		

#	Additional feedback/comments	Date
1	Lots of expertise but high staffturnover	10/10/2014 9:23 PM
2	N/A	10/8/2014 6:44 PM
3	The cluster has very good technical experts at national level but at field it still likes capacity	10/8/2014 11:03 AM
4	good at national level, occasionally non existent at the hub level	9/29/2014 10:07 AM
5	The current expertise member we have in Shelter and NFI cluster they are strong, and they have added a lot of technical support specially improving the cluster policy from time to another so in the past two years the cluster has develop "shelter and NFI cluster gaudiness"	9/29/2014 8:20 AM
6	Excellent engagement particularly in relation to design, and correct items to be procured as per standards. The Cluster was very strong on ensuring the standards were acknowledged by partners, so that when agencies had to distribute kits in multiple areas, the communities, local authorities could be engaged to understand any variance in the make up of kits/ loose items or improvements to shelter designs. This process was very well articulated and supported by the Cluster Coordination including workshops and participation by partners.	9/29/2014 4:47 AM
7	It appears some staff has no room for convincing explanation but defend everything.	9/29/2014 4:44 AM
8	Only one out of the IOM-CCCM team has prior experience with CCCM and has worked in emergencies	9/25/2014 9:00 AM

Q7 Needs assessments and response

Answered: 32 Skipped: 1

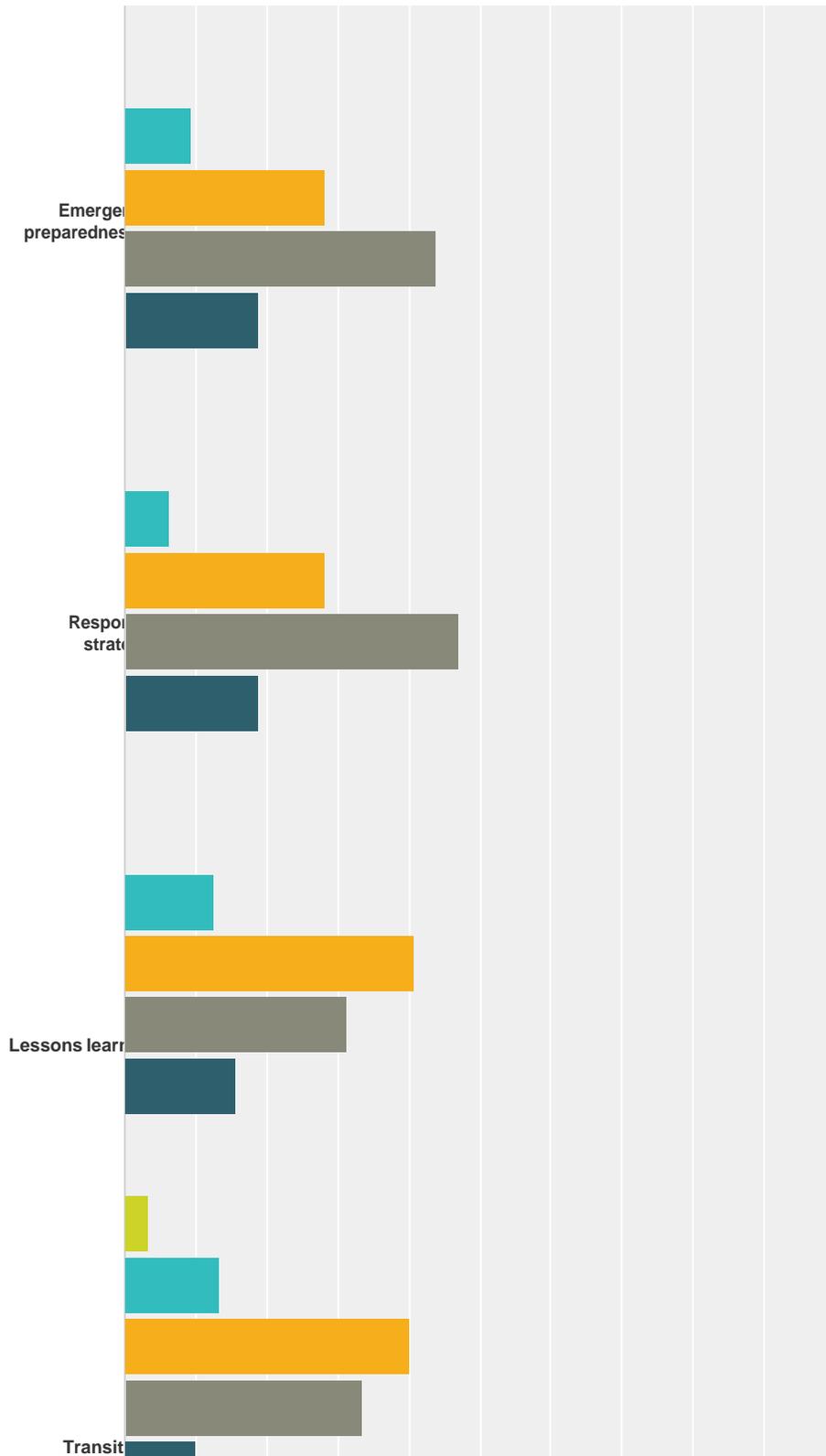


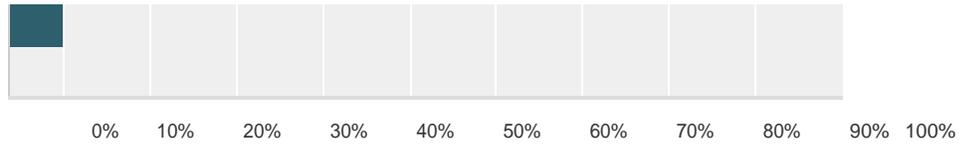
	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total
Prioritization and coverage	3.13% 1	0.00% 0	28.13% 9	46.88% 15	21.88% 7	32
Targeting	0.00% 0	0.00% 0	31.25% 10	46.88% 15	21.88% 7	32
Participatory	0.00% 0	3.13% 1	34.38% 11	37.50% 12	25.00% 8	32

#	Additional feedback/comments	Date
1	The assessment tools have not had a dedicated cccm section until very recently	10/10/2014 9:23 PM
2	IOM does not actively involve the cluster partners (NFI-Shelter partners) Instead; they work closely with WFP who mainly provide food.	10/8/2014 6:44 PM
3	The prioritization was not well balanced; all Equatoria States are considered as less priority area even if critical humanitarian emerges it is always difficulty for cluster to respond because of geographical location, but this is something to be addressed at Humanitarian Country Team Level not at cluster level	10/8/2014 11:03 AM
4	Has improved but can be better. Need to expand more outside of the POCs	10/7/2014 3:59 AM
5	The cluster work base on the UNOCHA priority, and response will be base on need according to the shelter and NFI gaudiness.	9/29/2014 8:20 AM
6	Very strong on proesses for targeting - documentation on this should be adopted globally as good practice.	9/29/2014 7:16 AM
7	Always assessments is the only tool of finding out or identifying the needs on which responses can be done accordingly, but when coming to targeting then this is where challenges come, the whole NFI's\ES actor in the Sate are very active, cooperative and reliable.	9/29/2014 7:07 AM
8	Excellent participation and feedback from Cluster Coordination team on assessments, distribution and PDM reports, this helped analyze the context and planning for additional and follow up assessments, or movement of IDPs as the conflict spread/stabilized.	9/29/2014 4:47 AM

Q8 Planning and strategy development

Answered: 32 Skipped: 1





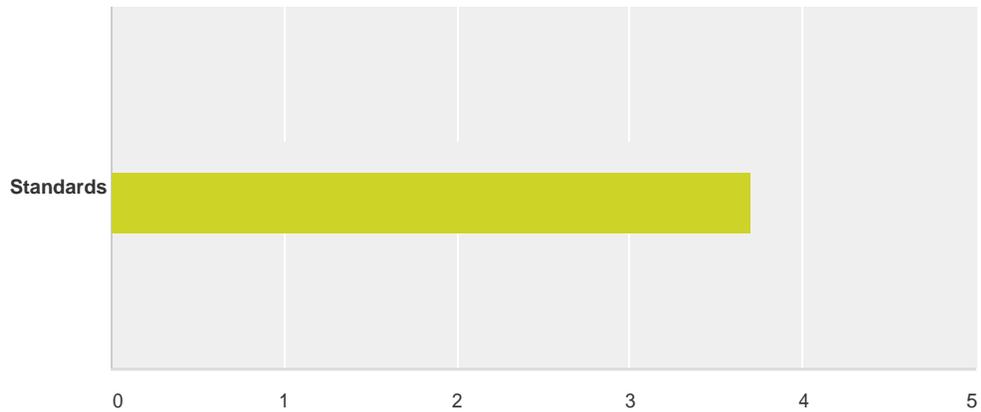
■ 1 = very poor
 ■ 2 = poor
 ■ 3 = average
 ■ 4 = good
 ■ 5 = very good

	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total
Emergency preparedness and contingency planning	0.00% 0	9.38% 3	28.13% 9	43.75% 14	18.75% 6	32
Response strategy	0.00% 0	6.25% 2	28.13% 9	46.88% 15	18.75% 6	32
Lessons learned	0.00% 0	12.50% 4	40.63% 13	31.25% 10	15.63% 5	32
Transition and exit strategy	3.33% 1	13.33% 4	40.00% 12	33.33% 10	10.00% 3	30

#	Additional feedback/comments	Date
1	Many lessons to be learned and the rapidly changing and unpredictable situation makes transition and exit strategy difficult	10/10/2014 9:23 PM
2	Develop of emergency preparedness and contingency planning needs to be done in collaboration with state focal point and OCHA id need be.	10/8/2014 6:44 PM
3	It is again depends on the resources	10/8/2014 11:03 AM
4	N/A	9/29/2014 8:20 AM
5	Transition and exit difficult given the context, and ongoing crisis.	9/29/2014 7:16 AM
6	Our strategy in term of planning is based on where crisis are often happening with consideration to road situation, warehouse capacity, which	9/29/2014 7:07 AM
7	The Cluster Coordination team has created an open dialogue both at Juba and filed level that there is openness about ' what is working well' and what isn't and what needs to be improved i.e. the lessons learnt'. The Cluster was very fast at responding to the current crisis, despite the fact that budget revisions had to be made and some of the original priorities were changed in order to meet immediate life saving needs, these were all factored intot he EPR/ Contingency Planning and Transition and Exit Strategies. There was excellent interaction with partners, and the partners, from our perspective feld engaged and participated in the process. The Exit strategy is still a little unclear but if does exist and needs re-engagement by all partners again, and possibly some leadership from IOM to move forwards before the end of 2014.	9/29/2014 4:47 AM
8	Preparedness is perfect due to the fact that staff and resources are always available to deploy in short term. I am not experienced transition yet, can only say average.	9/29/2014 4:44 AM

Q9 Application of standards (relevant policy guidelines, technical standards, legal framework)

Answered: 32 Skipped: 1

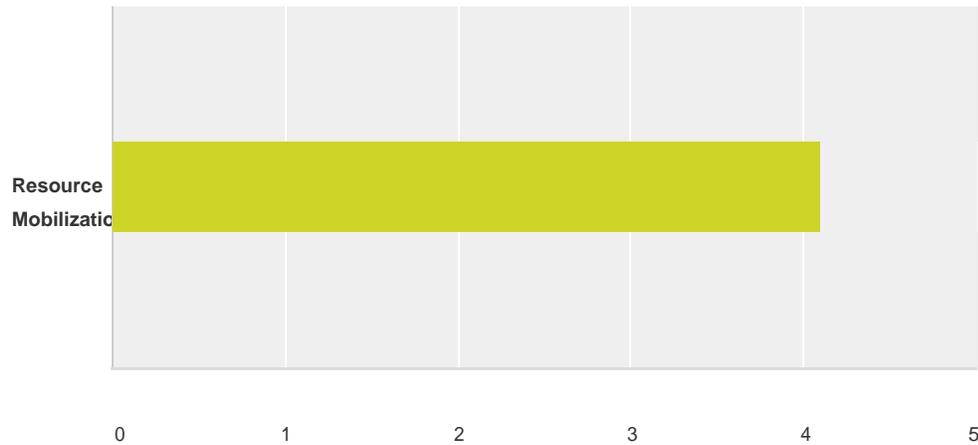


	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total	Average Rating
(no label)	0.00% 0	0.00% 0	43.75% 14	43.75% 14	12.50% 4	32	3.69

#	Additional feedback/comments	Date
1	Needs more monitoring and accountability to improve implementation.	10/10/2014 9:23 PM
2	N/A	10/8/2014 6:44 PM
3	Yes so many achievement have been done on the standard policies such as standard pipeline request form, monthly stock distribution report form, data verification and distribution report form and signing of annual memorandum of understanding between IOM and the cluster partners	10/8/2014 11:03 AM
4	N/A	9/29/2014 8:20 AM
5	Given context limited standard that can be adopted...	9/29/2014 7:16 AM
6	NFI's\ES Cluster guidelines is in place with some slight changes when/where necessary.	9/29/2014 7:07 AM
7	All standards were clearly communicated, despite the fact that agencies still procure from their own pipelines, I think it was a reminder to all agencies of the importance of sticking to the prioritized kits, standard items, shelter items to ensure coverage was the same for all beneficiaries, depending on the displacement patterns and numbers reached, especially where multiple agencies were responding in the same areas.	9/29/2014 4:47 AM

Q10 Resource mobilization

Answered: 32 Skipped: 1

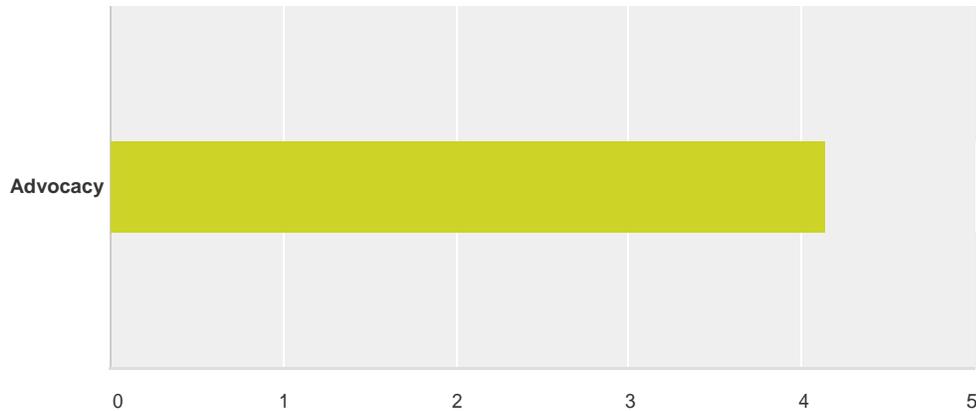


	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total	Average Rating
(no label)	0.00%	3.13%	18.75%	43.75%	34.38%	32	4.09
	0	1	6	14	11		

#	Additional feedback/comments	Date
1	So far so good but more resources required	10/10/2014 9:23 PM
2	N/A	10/8/2014 6:44 PM
3	Resources mobilization was very good and IOM was very good on that	10/8/2014 11:03 AM
4	The cluster are always in touch with its partners where in case of any gap in the area cluster partners will intervene immediately.	9/29/2014 8:20 AM
5	Good resource mobilization on behalf of partners as well as IOM	9/29/2014 7:16 AM
6	As the cluster lead we have developed mechanism to mobilized recourse form different agencies, but only one actor to do the response in a certain area/camps or site	9/29/2014 7:07 AM
7	The Shelter/NFI Cluster through IOMs leadership were well prepared in terms of resource mobilization, despite the delays in procurement, transportation of items, and challenges in pre positioning or storing in locations the resource mobilization was excellent.	9/29/2014 4:47 AM

Q11 Advocacy on behalf of the cluster and partners

Answered: 29 Skipped: 4

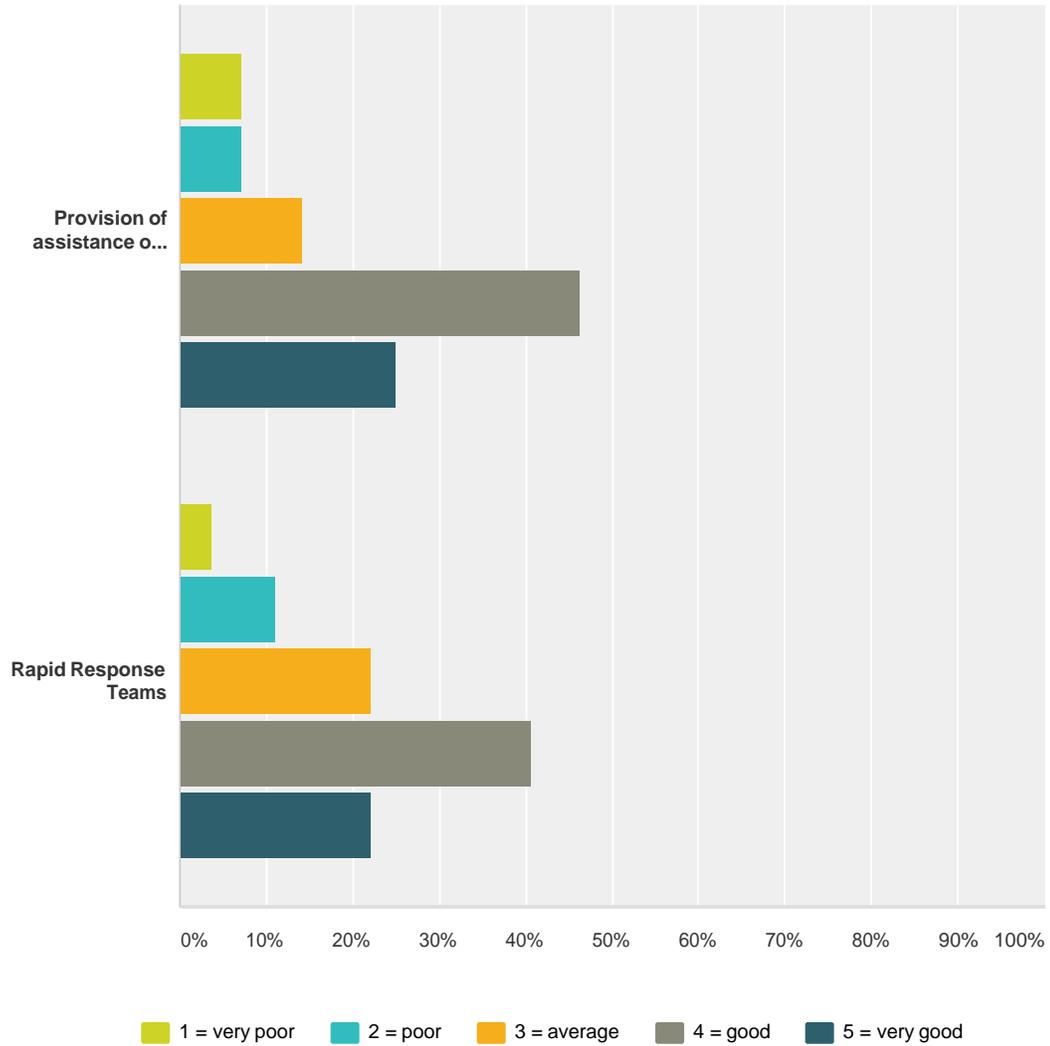


	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total	Average Rating
(no label)	0.00%	3.45%	6.90%	62.07%	27.59%	29	4.14
	0	1	2	18	8		

#	Additional feedback/comments	Date
1	Always room for improvement	10/10/2014 9:23 PM
2	N/A	10/8/2014 6:44 PM
3	Advocacy was very good especially the Cluster Coordinator Margo at her capacity with support of Kellee the reporting and monitoring resources person cluster was always very helpful	10/8/2014 11:03 AM
4	N/A	9/29/2014 8:20 AM
5	This is what IOM doing, but with the NFI's\ES Cluster guidelines policy.	9/29/2014 7:07 AM
6	Advocacy was well communicated both at Cluster meetings in Juba and at State Level (specifically referring to Jonglei); at field level there might have been better coordination and feedback through the National level clusters to Juba, to have a better understanding of planned assessments, distributions PDM as they were carried out to provide all partners and opportunity to participate or guide based on resources, experience in certain locations etc.	9/29/2014 4:47 AM
7	IOM advocates for itself more often than for cluster.	9/29/2014 4:44 AM

Q12 Provision of assistance or services as a last resort

Answered: 29 Skipped: 4

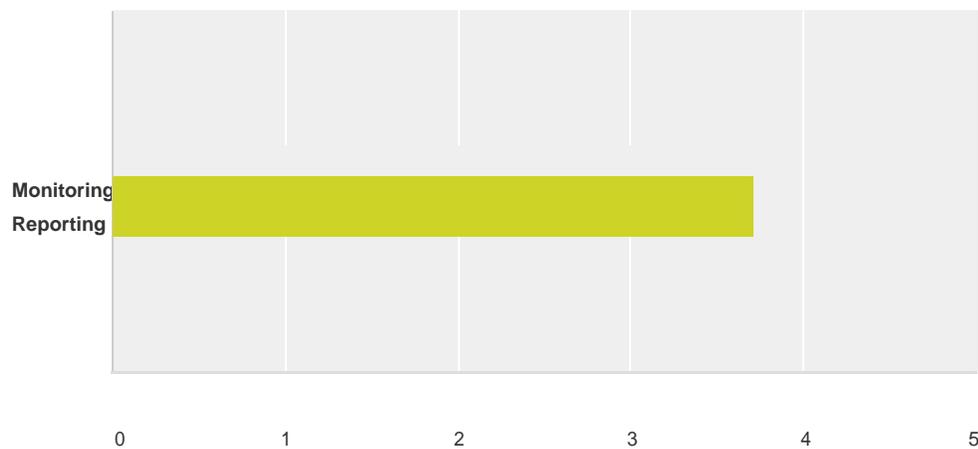


	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total
Provision of assistance or services as a last resort	7.14% 2	7.14% 2	14.29% 4	46.43% 13	25.00% 7	28
Rapid Response Teams	3.70% 1	11.11% 3	22.22% 6	40.74% 11	22.22% 6	27

#	Additional feedback/comments	Date
1	Only national level receive information on RRR missions	10/10/2014 9:23 PM
2	N/A	10/8/2014 6:44 PM
3	IOM has its own logistic capacity that makes it possibly to deliver the ES/NFI kit to partner warehouses always on time, however I have no idea about rapid response activity this done mostly in the three States of Jonglie Unity and Upper Nile and my organization was not part of it	10/8/2014 11:03 AM
4	N/A	9/29/2014 8:20 AM
5	From our perspective the management/ coordination team was always available for guidance and support, provided additional staff from their rapid response teams, or encouraged other partner teams to work with us and support us when there were gaps.	9/29/2014 4:47 AM

Q13 Monitoring and reporting

Answered: 32 Skipped: 1

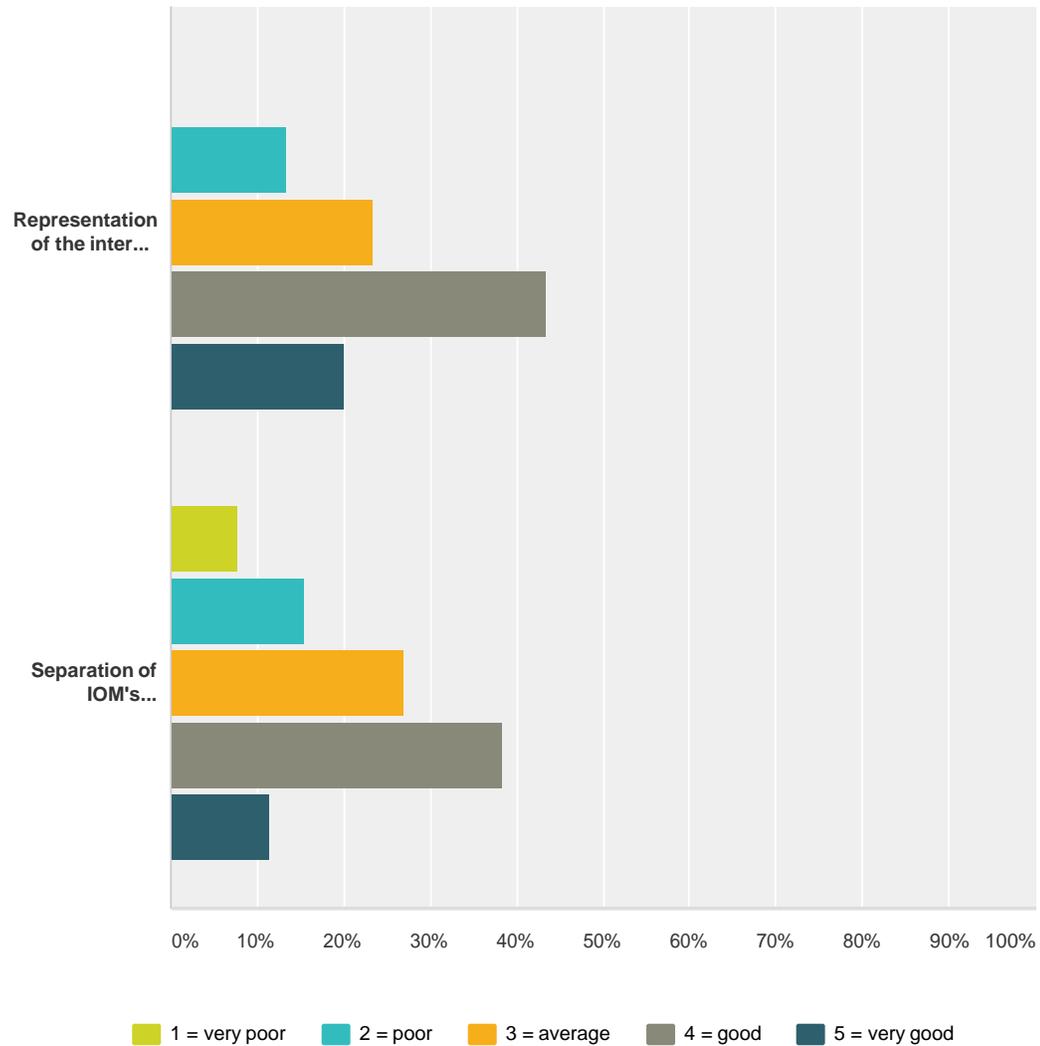


	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total	Average Rating
(no label)	0.00% 0	9.38% 3	31.25% 10	37.50% 12	21.88% 7	32	3.72

#	Additional feedback/comments	Date
1	Needs improvement	10/10/2014 9:23 PM
2	This is still not functioning well. This is because sometimes, you find the government is the one updating the partners about departure and the arrival of the news persons in the camps.	10/8/2014 6:44 PM
3	Monitoring is something which needs to be improved but this will need addition technical capacity in the cluster	10/8/2014 11:03 AM
4	Reporting is good but monitoring can certainly be improved	10/7/2014 3:59 AM
5	Also after some months from the distribution there will be Post distribution monitoring to evaluate the past distribution and to know the lesson learn.	9/29/2014 8:20 AM
6	Additional support could be provided for monitoring and learning in terms of resources and capacity and mapping.	9/29/2014 4:47 AM

Q14 Separation of IOM's operational role and the cluster coordination

Answered: 32 Skipped: 1



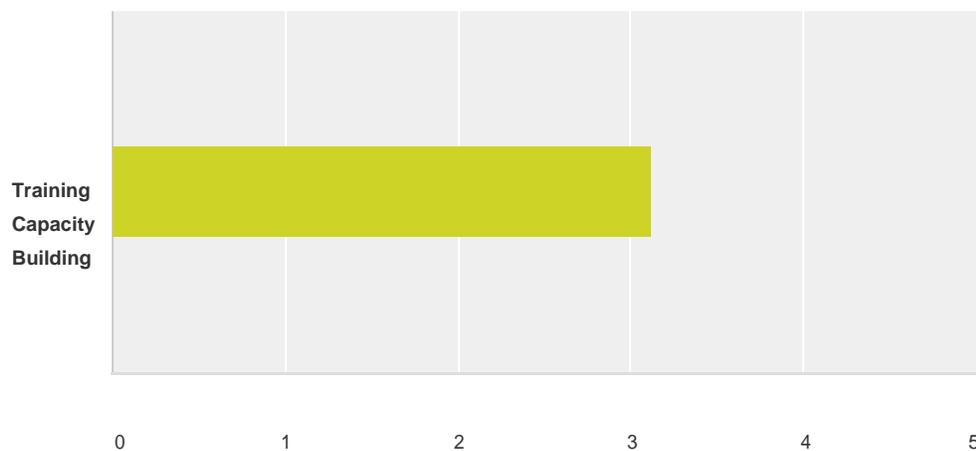
	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total
Representation of the interest of the cluster	0.00% 0	13.33% 4	23.33% 7	43.33% 13	20.00% 6	30
Separation of IOM's operational role and the cluster coordination	7.69% 2	15.38% 4	26.92% 7	38.46% 10	11.54% 3	26

#	Additional feedback/comments	Date
1	More support required from national level to ensure this happens	10/10/2014 9:23 PM
2	There is an inherent tension between IOM growing the scale of its operational team in some clusters (eg. ES/NFI) and its role as a cluster lead - which needs to represent collective needs/issues and act on behalf of the collective. It could potentially complicate processes such as accessing funding from sources like the CHF, prioritization of issues, recruitment of staff etc.	10/9/2014 8:30 AM
3	N/A	10/8/2014 6:44 PM

4	ES/NFI cluster is a complete unit in IOM, it is co-chaired by World Vision however I am not aware of any conflict of interested between IOM operations and the cluster activities from my observation partner are always free to interact with the cluster team without interferences from other IOM operations	10/8/2014 11:03 AM
5	N/A	9/29/2014 8:20 AM
6	Very good independence of cluster due to role of the coordinator, but also strong use of IOM operations to reinforce the cluster	9/29/2014 7:16 AM
7	The separation was clear, and the resources were well allocated and shared within both the operational and coordination teams from a partner perspective	9/29/2014 4:47 AM
8	The line is often confused and it has confused everybody. You will often hear IOMs DTM.	9/29/2014 4:44 AM

Q15 Training and capacity building (staff, partners, national authorities etc.)

Answered: 32 Skipped: 1

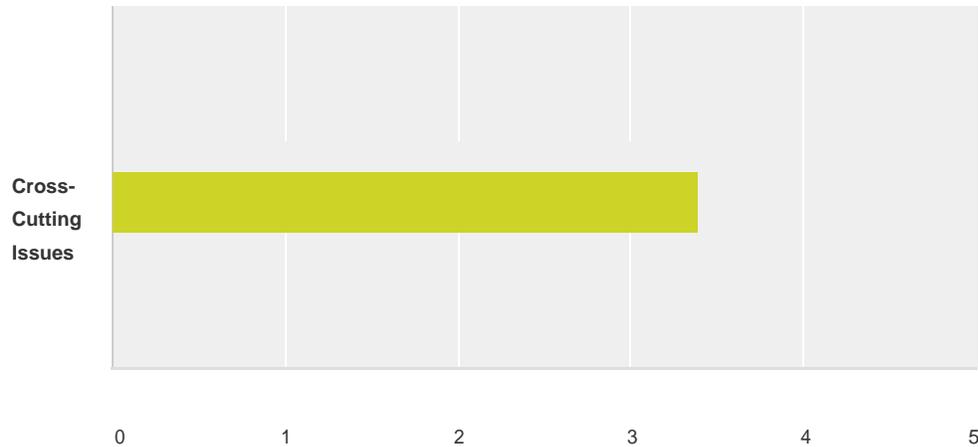


	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total	Average Rating
(no label)	0.00%	18.75%	59.38%	12.50%	9.38%	32	3.13
	0	6	19	4	3		

#	Additional feedback/comments	Date
1	Needs to be done more often as cluster is still new in South Sudan	10/10/2014 9:23 PM
2	Trainings are not fairly conducted, as a result, you find that only CCCM management committees are the one to be trained. And this need to be administered to all relevant partners including government representatives.	10/8/2014 6:44 PM
3	This again resource limits because the cluster puts more resources on critical needs of the affected population and less focus on the capacity building though it is very important	10/8/2014 11:03 AM
4	CCCM training should be rolled out in all sites, as staff turn over high plus some sites never received it in the first round.	10/7/2014 3:35 AM
5	Need improvement specially build the capacity of the staff.	9/29/2014 8:20 AM
6	There was ongoing offer of support and guidance which our agency much appreciated, not matter the query.	9/29/2014 4:47 AM
7	I am a partner but not participated in any training yet. Not sure if such was organized.	9/29/2014 4:44 AM

Q16 Attention to and integration of priority cross-cutting issues

Answered: 32 Skipped: 1



	1 = very poor	2 = poor	3 = average	4 = good	5 = very good	Total	Average Rating
(no label)	0.00%	6.25%	56.25%	31.25%	6.25%	32	3.38
	0	2	18	10	2		

#	Additional feedback/comments	Date
1	More work ahead especially in the area of protection mainstreaming	10/10/2014 9:23 PM
2	N/A	10/8/2014 6:44 PM
3	Again this is due to the resource limit and the humanitarian county team entire policy of funding ES/NFI was very limited	10/8/2014 11:03 AM
4	Protection and gender mainstreaming could be strengthened	10/7/2014 3:35 AM
5	N/A	9/29/2014 8:20 AM
6	Good engagement on issues of humanitarian space and access	9/29/2014 7:16 AM
7	Efforts were made throughout 2014 as the crisis unfolded to address priority cross-cutting issues. This improved after June 2014m as access to heard to reach areas opened up and coordination at state levels improved the coordination of agencies present.	9/29/2014 4:47 AM

Q17 Any other feedback/comments (i.e. challenges experienced, potential solutions etc.)

Answered: 9 Skipped: 24

#	Responses	Date
1	Get more Juba based staff on the ground to support and motivate field staff but for a new cluster in South Sudan a lot has been achieved so far	10/10/2014 9:23 PM
2	Just as previous suggested.	10/8/2014 6:44 PM
3	Challenges flood victims in Equatoria are not put in priority as compared to Bahr El Ghazal and Upper Nile. _ Need to consider all states with the Republic of Sudan Sudan as equal. -Noted: River Nile flows from South to Northward not flowing from East to West or Vice Versa.	10/8/2014 11:31 AM
4	• Issue of the specific geographical location be addressed • Capacity building for national NGO is very essential • Integration of cross-cutting issues is very essential	10/8/2014 11:03 AM
5	The three leads is confusing, particularly when agencies does not seems to agree on things	10/7/2014 3:59 AM
6	Propositioning in term of logistic and resources.	9/29/2014 10:02 AM
7	N/A	9/29/2014 8:20 AM
8	The Coordination of IOM/ Shelter NFI Cluster leadership/ Management and Staff has always been very strong, the team clearly values and consults there partners and as a result a strong partnership has evolved which the Cluster should be very proud of and hopefully maintain.	9/29/2014 4:47 AM
9	no	9/29/2014 4:44 AM

ANNEX 3: ONLINE SURVEY ANALYSIS – CLUSTER LEADERSHIP and COORDINATION⁶²

Scale: 1=very poor, 2=poor, 3=average, 4=good, 5=very good

QUESTIONS:	ES/NFI CLUSTER SCORE	CCCM CLUSTER SCORE
1. Please identify (dropdown menu) if you are an IOM staff member or a cluster partner	IOM: 5 / Partner: 13	IOM: 5 / Partner: 6
2. Leadership – please rate overall in addition to the sub-questions	Good (50%) , Very Good (44%), Average (6%)	Good (46%) ,_Very Good (36%), Average (18%)
a. <i>Decision-making</i>	Very Good (39%) , Good (39%) , Average (22%)	Good (64%) ,_Very Good (18%), Poor (9%), No Answer (9%)
b. <i>Clear action points and follow up</i>	Good (50%) , Average (33 %), Very Good (17 %)	Average (36%) , Good (27%), No Answer (18%), Very Good (9.5%) Poor (9.5%)
3. Coordination		
a. <i>Inclusion of key humanitarian partners</i>	Good (61%) , Very Good (22 %), Average (17%)	Good (55%) , Very Good (27%), Average (9%), No Answer (9%)
b. <i>Coordination with cluster partners</i>	Very Good (39%) , Good (39%) , Average (17%), Poor (5 %)	Good (46%) ,_Very Good (36%), Average (9%), Poor (9%)
c. <i>Inter-cluster coordination</i>	Good (56%) ,_Very Good (28%), Average (11%), Poor (5%)	Good (36%) , Average (36%) , Very Good (28%)
d. <i>Coordination with national authorities</i>	Good (50%) , Average (28%), Very Good	Good (46%) ,_Average (36%), Very Good (9%),

⁶² Inter-Agency Standing Committee (IASC) Generic Terms of Reference for Cluster Coordinators at Country Level (September 2010) were used as a baseline to guide the online survey questions

		(17%), Poor (5 %)	Very Poor (9%)
e.	<i>Coordination between Juba and field</i>	Good (44%) ,_Poor (22 %), Very Good (17%), Average (17%)	Average (36.5%) , Very Good (27.%), Good (27%), Poor (9.5%)
4.	Information management and communication		
a.	<i>Information flow between field and Juba</i>	Good (61 %) , Average (22%), Very Good (11%), Poor (6 %)	Good (36.5%) , Average (36.5%) , Very Good (18%), Poor (9%)
b.	<i>Information sharing</i>	Good (50%) , Very Good (22%), Average (22 %), Poor (6 %)	Good (46%) , Very Good (27%), Average (27%)
c.	<i>Information products</i>	Average (50%) , Good (28 %), Very Good (17%), Poor (5 %)	Good (46%) , Very Good (18%), Average (27%), No Answer (9%)
d.	<i>Displacement Tracking Matrix (DTM)</i>	Average (56%) , Good (33%), Poor (5.5%), No Answer (5.5%)	Good (55%) ,_Very Good (18%), Average (18%), Poor (9%)
5.	Technical expertise and technical support	Good (50%) , Average (28%), Very Good (22%)	Good (82%) , Very Good (9%), Average (9%)
6.	Needs assessments and response		
a.	<i>Prioritization and coverage</i>	Good (44%) ,_Very Good (28 %), Average (22%), Very Poor (6 %)	Good (55%) , Average (27%), Very Good (18%)
b.	<i>Targeting</i>	Good (39%) , Average (39%) ,_Very Good (22%)	Good (46%) ,_Very Good (27%) Average (27%)
c.	<i>Participatory</i>	Average (39%) , Good (33%), Very Good (22%), Poor (6%)	Good (36.5%) , Very Good (36.5%) ,_Average (27%)
7.	Planning and strategy development		
a.	<i>Emergency preparedness and contingency planning</i>	Good (44 %) , Average (28%), Very Good (17%), Poor (11 %)	Good (46%) , Very Good (27%), Average (27%)

b.	<i>Response strategy</i>	Good (39%) , Average (28%), Very Good (22%) Poor (11%)	Good (55%) , Average (27%), Very Good (18%)
c.	<i>Lessons learned</i>	Average (39%) , Very Good (22%) Good (28%), Poor (11%)	Good (36.5%) , Average (36.5%), Poor (18%), Very Good (9%)
d.	<i>Transition/exit strategy</i>	Average (33.5%) , Good (33.5%) , Poor (11%), Very Good (11%), No Answer (11%)	Average (46%) , Good (27%), Very Good (9%), Poor (9%), Very Poor (9%)
8.	Application of standards (relevant policy guidelines, technical standards, legal framework)	Good (44.5%) , Average (44.5%) , Very Good (11%)	Average (46%) , Good (36%), Very Good (18%)
9.	Resource mobilization	Very Good (39%) , Good (39%) , Average (17%), Poor (5%)	Good (46%) , Very Good (36%), Average (18%)
10.	Advocacy on behalf of the cluster and partners	Good (78%) , Very Good (22%)	Very Good (36.5%) , Good (36.5%) , Average (18%), Poor (9%)
11.	Provision of assistance or services as a last resort?		
a.	<i>Provision of assistance or services as a last resort</i>	Good (50%) , Very Good (28%), Average (5.5%), Poor (5.5%), Very Poor (5.5%), No Answer (5.5%)	Good (36%) , Very Good (27.5%), Average (27.5%), Very Poor (9%)
b.	<i>Rapid Response Teams</i>	Good (39%) , Very Good (29%), Average (17%), Poor (11%), Very Poor (4%)	Good (36%) , Average (27%), No Answer (18%), Very Good (9.5%), Poor (9.5%)
12.	Monitoring and reporting	Good (50%) , Average (22%), Very Good (17%) Poor (11%)	Average (46%) , Very Good (27%), Good (18%), Poor (9%)
13.	Separation of IOM operational role and the cluster coordination role		

a. <i>Representation of the interests of the cluster</i>	Good (39%) , Very Good (22%), Average (22%), Poor (17%)	Good (46%) , Average (27%), Very Good (18%), Poor (9%)
b. <i>Separation of IOM's operational role and the cluster coordination</i>	Good (33%) , Average (17%), Poor (17%), No Answer (17%), Very Good (11%), Very Poor (5%)	Average (27.5%) , No Answer (27.5%), Good (18%), Very Good (9%), Poor (9%), Very Poor (9%)
14. Training and capacity building (staff, partners, national authorities, civil-society)?	Average (61%) , Poor (22 %), Good (11%), Very Good (6%)	Average (63%) , Very Good (18.5%), Good (18.5%)
15. Attention to and integration of priority cross-cutting issues	Average (50%) , Good (44%), Poor (6%)	Average (63%) , Very Good (18.5%), Good (18.5%)
16. Any other feedback/comments (i.e. challenges experienced, potential solutions etc.) ⁶³		

⁶³ Reported in Annex 2 providing full details / summary of the online data

ANNEX 4: EVALUATION TOOLS

I. PROTOCOL AND INTERVIEW GUIDELINE

During the engagements participants will be introduced to the evaluators (brief background) and evaluation by explaining its purpose, and the team member will introduce key questions. Warm up questions will be asked as necessary.

It is estimated that most interviews will last up to one hour, and where focus group sessions are possible, these will include 6-10 individuals and will last about 1½ hour. It is anticipated that most interviews will be conducted in English supported by local translation assistance if required.

A permission for any recording of the interviews will be requested prior to the start of the interviews. Interviewees have right to terminate the interview at any time and have the right not to answer any questions. Interviewees will be informed that nothing that they will say will be directly or indirectly attributed to them without permission (Chatham House Rules). Interviewees will be given contact details of the evaluation team for any comments, feedback etc. after the interview. Notes of the interviews will not be shared outside the evaluation team. Names of the interviewees (beneficiaries) will not be reported.

If and when possible, relevant interview questions will be shared in advance with a standard introductory email message (where and when appropriate) to allow partners, donors, government officials etc. to be prepared for the meetings and interviews.

Open-ended questions will be used to collect information. Note that the suggested questions below will be used selectively based on the role and responsibility of the interviewee.

Concluding and closing questions will be asked at the end of the interviews and discussions. Interviewees will be thanked for their participation and relevant details (name, role, organization, contact details etc.) of the participants will be collected. Evaluators will collect data for location, date and time and any other relevant details. Finally, the participants will be reminded and encouraged to take the online survey reviewing IOM's cluster coordination and lead agency role as well.

II. SUGGESTED EVALUATION INTERVIEW QUESTIONS for KEY INDIVIDUAL INTERVIEWS (KII)

Overarching evaluation questions:

- (1) Has IOM met its commitments as a Cluster Coordinator and Cluster Lead Agency against the IASC Generic Terms of Reference for Cluster Coordinators at Country Level (September 2010)? What, if any, changes are required to improve coordination, management and implementation of Cluster Coordinator/Cluster Lead Agency commitments?
- (2) Are IOM's L3 procedures in line with the IASC Transformative Agenda (TA) and to what extent have the L3 procedures been implemented? What, if any, changes are required to improve the activation, coordination and management of L3 procedures?

Interview questions:

FOCUS 1: IOM's implementation of the IOM L3 procedures in supporting IOM's response at HQ, RO, and country level since its activation in January/February - September 2014. Start by asking, "it would be helpful if you could describe what the IOM L3 procedures are"....questions to follow:

1. When and how were the L3 procedures activated for South Sudan?
2. What support has been provided from IOM HQ (or MAC) related to the L3 emergency?
 - a. What support was provided to RO Nairobi related to the L3 emergency?
 - b. What support was provided to Juba?
3. What L3 procedures were implemented? What L3 procedures were not implemented? And why? What were the L3 implementation challenges?
4. How have the L3 procedures been shared with staff (and at what level)? How do you think staff's awareness and understanding of the L3 procedures can be improved?
5. Does IOM provide any specific guidance on AAP? For example, does IOM have internal AAP guidelines?
6. Has IOM mapped the senior leadership requirements, and how are the requirements strengthened?
7. How are the cluster coordinators selected and how are they prepared for their responsibilities?
8. Does IOM have any candidates in the L3 Humanitarian Coordinator (HC) roster?
9. What, if any, changes are required to improve IOM's L3 procedures?
10. How has IOM used lessons learned from previous L3 responses to ensure better coordination on the L3 response in South Sudan?
11. What, if any, changes are needed to improve internal coordination and management of IOM L3 procedures?

- a. Do you feel that the current L3 procedures (SOP) are relevant and appropriate?

SOP specific questions:

1. Was the Migration Emergency Management Task Force (MEMTF) established, if so, when and who is part of that? What is their role?
2. Was Migration Emergency Coordinator (MEC) appointed, and when, if not, why and who serves in that role?
3. Were the Rapid Response Teams (RRT) set up and deployed, when and what was the process? What sectors/positions were covered? Were the positions well defined? What were the problems?
4. How are the RRT's trained before they are deployed and what is the size of the roster?
5. How many surge staff was deployed on a "no regret" basis?
6. Have the sector specific key task lists at HQs, RO and country level been completed?
7. Is there a specific SOP checklist to assist staff to follow the required steps?
8. When was the work plan designed?
9. How was the initial funding released (and through which mechanisms) and how much (and when) was released?
10. Is a transit/exit strategy developed for South Sudan as part of the L3 procedures?

Closing questions – lessons learned

1. When you look back on the response, what is the biggest lesson that you have learned, or had reinforced, by this experience?
2. What have you personally learned from this experience?
3. What was the thing that most surprised you in this operation?
4. What examples of innovative good practice can be seen?
5. If you were back at the start of the operation with the knowledge you have now, what would you do differently?
6. Is there any question that you were expecting which I have not asked?

FOCUS 2: IOM-Country Office South Sudan coordination and implementation of two clusters, CCCM and Shelter/NFI since January 2014 current.

Relevance/Appropriateness:

Definition: relevance is concerned assessing whether the project is aligned with local needs and priorities. Appropriateness is the tailoring of the humanitarian activities to local needs, increasing ownership, accountability and cost-effectiveness accordingly

1. How does IOM ensure that the CCCM and Shelter/NFI cluster activities are in line with local needs and priorities?
2. How does IOM as the cluster lead (or co-lead) for CCCM and Shelter/NFI is ensuring that the cluster targets for the Crisis Response Plans are met?
3. How does IOM's coordination and support align with cluster standards on CCCM and Shelter/NFI?
4. How has IOM as a cluster lead ensured that the affected population has been involved in the design, implementation and monitoring of the CCCM and Shelter/NFI programming?
5. What, if any, changes could be made to improve the relevancy and appropriateness of IOM's cluster guidance?

Effectiveness:

Definition: effectiveness measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs

1. How has IOM improved the effectiveness of the Cluster?
2. How has IOM included partners in key cluster decision-making processes?
3. How has IOM's cluster leadership role supported effectiveness of partner response?
4. How did IOM prepare the Cluster Coordinators and support staff?
5. What, if any, changes could be made to improve the effectiveness of IOM's performance as a cluster lead?

Coverage:

Definition: coverage is the need to reach the major population groups facing life-threatening suffering wherever they are.

1. How has IOM as a cluster lead ensured that the partners target the needs of the most affected, including vulnerable populations?
2. What did IOM provide as a Provider of a Last Resort (POLR)?
 - a. How was the need for POLR determined?
 - b. Was IOM able to meet the requirement? If not, what were the challenges?

3. What, if any, changes could IOM make to the program to improve coverage for key populations to be reached through its coordination?

Coordination:

Definition: coordination is the systematic use of policy instruments to deliver humanitarian assistance in a cohesive and effective manner

1. How effectively has IOM coordinated the clusters during the response, including inclusion of key humanitarian partners, coordination with cluster partners, inter-cluster coordination, coordination with national authorities and information management?
2. What, if any, changes could be made to improve IOM's cluster coordination of the overall response?

Connectedness

Definition: refers to the need to ensure that the activities of a short-term emergency nature are carried out in the context that takes longer-term and interconnected problems into account

1. What, if any, changes could be made to IOM's cluster coordination and leadership in CCCM and Shelter/NFI to support longer term needs?

Closing questions – lessons learned

1. When you look back on the response, what is the biggest lesson that you have learned, or had reinforced, by this experience?
2. What have you personally learned from this experience?
3. What was the thing that most surprised you in this operation?
4. What examples of innovative good practice can be seen?
5. If you were back at the start of the operation with the knowledge you have now, what would you do differently?
6. Is there any question that you were expecting which I have not asked?

III. ONLINE SURVEY – CLUSTER LEADERSHIP and COORDINATION (IOM staff and partners)

Inter-Agency Standing Committee (IASC) Generic Terms of Reference for Cluster Coordinators at Country Level (September 2010) have been used as a baseline to guide the questions below. The ToR will be attached/hyperlinked to the online survey for guidance and to serve as a reference document to assist the participants to rate their perception of IOM's performance.

The following introductory message has been included in the survey using Survey Monkey (web link: <https://www.surveymonkey.com/s/IOMRTE>)

"The purpose of this online survey is to assess IOM's cluster coordination performance in South Sudan against the "Inter-Agency Standing Committee Generic Terms of Reference for Cluster Coordinators at the Country Level ([IASC Terms of Reference](#))". The data collected from this survey will be used for the Real-Time Evaluation of IOM's Humanitarian Response to the South Sudan crises since January 2014.

At the beginning of the survey please identify if you are an IOM staff member or a cluster partner and which cluster you are affiliated with. You do not need to provide your personal or agency details.

You might also be interviewed in person by the evaluation team in October 2014. However, we think it is important that you also participate in this survey to enable the evaluation team to collect comprehensive feedback.

Thank you for participating in this survey. Your feedback is important!"

The participants will be asked to rate (scale: 1=very poor, 2=poor, 3=average, 4=good, 5=very good) the following online survey questions. The survey will take approximately 10 – 15 minutes "clicking the answers" – comment boxes have been incorporated after each question to allow specific/additional feedback (optional).

Questions:

1. Please identify (dropdown menu) if you are an IOM staff member or a cluster partner
2. Please identify (dropdown menu) which cluster you are affiliated with?
3. Leadership – please rate overall in addition to the sub-questions
 - a. Decision-making
 - b. Clear action points and follow up
4. Coordination
 - e. Inclusion of key humanitarian partners
 - f. Coordination with cluster partners
 - g. Inter-cluster coordination
 - h. Coordination with national authorities

5. Information management and communication
 - a. Information flow between field and Juba
 - b. Information sharing
 - c. Information products
 - d. Displacement Tracking Matrix (DTM)
6. Technical expertise and technical support
7. Needs assessments and response
 - a. Prioritization and coverage
 - b. Targeting
 - c. Participatory
8. Planning and strategy development
 - a. Emergency preparedness and contingency planning
 - b. Response strategy
 - c. Lessons learned
 - d. Transition/exit strategy
9. Application of standards (relevant policy guidelines, technical standards, legal framework)
10. Resource mobilization
11. Advocacy on behalf of the cluster and partners
12. Provision of assistance or services as a last resort?
 - a. Provision of assistance or services as a last resort
 - b. Rapid Response Teams
13. Monitoring and reporting
14. Separation of IOM operational role and the cluster coordination role
 - a. Representation of the interests of the cluster
 - b. Separation of IOM's operational role and the cluster coordination
15. Training and capacity building (staff, partners, national authorities, civil-society)?
16. Attention to and integration of priority cross-cutting issues
17. Any other feedback/comments (i.e. challenges experienced, potential solutions etc.)

ANNEX 5: REVIEWED DOCUMENTATION

I. IOM SOUTH SUDAN

1. Crisis Response Plan

- a. January – March 2014, issued in December 2013
<http://www.unocha.org/cap/appeals/crisis-response-plan-south-sudan-january-march-2014>
- b. January – June 2014, issued in February 2014
<http://www.unocha.org/cap/appeals/revision-crisis-response-plan-south-sudan-january-june-2014>
- c. January –December 2014, issued in June 2014
<http://www.unocha.org/cap/appeals/revision-crisis-response-plan-south-sudan-2014-june-2014>

2. IOM South Sudan Appeals

- a. First appeal issued in January 2014 <http://bit.ly/1cHAzG7>
- b. Second appeal issued in February 2014 <http://southsudan.iom.int/wp-content/uploads/2014/02/IOM-South-Sudan-Revised-Funding-Appeal-5-February-2014.pdf>
- c. Third appeal issued in June
<http://southsudan.iom.int/2014/06/12/iom-south-sudan-crisis-appeal-january-to-december-2014/>
- d. UNOCHA FTS
<http://fts.unocha.org/pagelader.aspx?page=emerg-emergencyDetails&appealID=1058>

3. Cluster strategy, policy, reports and updates

- a. CCCM Cluster
<https://southsudan.humanitarianresponse.info/search/type/document/clusters/484>
- b. Shelter/NFI Cluster <https://www.sheltercluster.org/Pages/default.aspx>
- c. Logistics Cluster <http://www.logcluster.org/>
- d. WASH Cluster <https://sites.google.com/site/washclustersouthsudan/>
- e. South Sudan CCCM Cluster Revised Strategy – July – December 2014
- f. South Sudan Shelter and Non-Food Items Cluster – Strategy and Guidance (March 2014)

4. IOM South Sudan reports:

- a. External Situation Reports/Humanitarian Updates (26): January 2013 – August 2014
- b. Displacement Tracking Matrix (DTM) reports (4): February, March to April, May to June, and July 2014
- c. Press Notes: <http://southsudan.iom.int/>

5. IOM South Sudan website and social media sites

- a. IOM South Sudan website <http://southsudan.iom.int/>
- b. IOM South Sudan Facebook www.facebook.com/iomsouthsudan
- c. IOM South Sudan Twitter account <https://twitter.com/IOMSouthSudan>

6. IOM South Sudan Internal SitReps (17): 23 April - 1 September 2014

7. A summary table of IOM projects: PSU Matrix

8. IOM CRP project documents:

- a. IOM South Sudan CRP MYR Proposals (13) 2014: CCCM (4), Health (1), Logistics (1), Multisector – refugees (2), Protection (1), Shelter/NFI (2) and WASH (2) clusters
- b. UNOCHA FTS:
[http://fts.unocha.org/reports/daily/ocha_R32_A1058_8_September_2014_\(03_03\).pdf](http://fts.unocha.org/reports/daily/ocha_R32_A1058_8_September_2014_(03_03).pdf)
- c. UNOCHA FTS: <http://fts.unocha.org/pageloader.aspx?page=emergencyDetails&appealID=1024>

II. IOM INSTITUTIONAL/HEADQUARTERS

9. L3 related documentation:

- a. IOM corporate emergency activation standard operating procedures
- b. IOM Emergency Response Guidelines (draft)
- c. IOM Chief of the Mission Handbook: Chapter 11.4 Level 3 Management and Procedure including a case study for the L3 response in the Philippines
- d. IASC Principles Update on Accountability to Affected Populations (AAP) - IOM, 30 September 2014 Global Approach (draft)

10. Other:

- a. IOM Snapshot, July 2014
- b. Establishment of a Migration Emergency Funding Mechanism, 100th session, MC/2335, 14 November 2011

III. TRANSFORMATIVE AGENDA

Inter-Agency Standing Committee Transformative Agenda Reference Documents:

- a. Concept Paper on “Empowered Leadership”, March 2014
- b. Responding to Level 3 Emergencies: What “Empowered Leadership” looks like in practice, November 2012

- c. Humanitarian System-Wide Emergency Activation: definition and procedures, April 2012
- d. Reference Module for Cluster Coordination at the Country Level, November 2012
- e. Reference Module for the Implementation of the Humanitarian Programme Cycle, December 2013
- f. Accountability to the Affected Populations – The Operational Framework, March 2013
- g. Inter-Agency Rapid Response Mechanism (IARRM), December 2013
- h. Common Framework for Preparedness, October 2013

Other:

- a. Accountability to Affected Populations in Limited to No-Access Zones, Marta Persiani, TCER, FAO December 2012
- b. IASC Operational Guidance Generic Terms of Reference for Cluster Coordinators at the Country Level, September 2010
<http://www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=6646&type=pdf>
- c. IASC Operational Peer Review: Response to the Crisis in South Sudan, 30 July 2014
- d. IASC Task Team on Preparedness and Resilience Work Plan January 2014 – December 2015
- e. Transformative Agenda Global Implementation Action Plan – Annex, December 2013

IV. OTHER

- a. Final Outcome Document, Oslo Conference on South Sudan 19 – 20 May 2014, 22 May 2014
- b. Implementation of integrated, coherent and coordinated support to South Sudan by United Nations System, Report of the Secretary General, Economic and Social Council, September 2014
- c. Operational Guidance on Responsibilities of Cluster/Sector Leads and OCHA in Information Management, 4 December 2008
<http://www.humanitarianinfo.org/iasc/pagelader.aspx?page=content-products-products&productcatid=25>
- d. Real-time evaluations of humanitarian action: An ALNAP Guide Pilot Version, 2009

ANNEX 6: TEAM BIOGRAPHIES

Team Leader, Annika Caldwell, is a humanitarian and development expert with more than 20 years of professional and international experience. Ms. Caldwell has worked for the UN, IOM, NATO, UKAID/DFID, academia and the private sector. She has set up and managed large operations in complex humanitarian emergencies in conflict and natural disasters. She has worked with internally displaced persons, refugees and disaster victims delivering humanitarian assistance and implemented post-conflict capacity building and community stabilization and development projects. In the last 10 years she has worked extensively with the military as an advisor on humanitarian civil-military coordination, stabilization and development issues at the strategic, policy, planning and operational levels. Her assignments have taken her to Guatemala, Timor-Leste, Indonesia, Iraq, Jordan, Pakistan, Afghanistan, Cuba, Georgia, The Netherlands, Serbia, Solomon Islands, New Zealand, Estonia, Israel, Switzerland, United Kingdom, Belgium, Spain, Japan, Germany, United States, Cyprus, Denmark, Philippines and South Sudan.

Her expertise includes: forced migration (conflict, development and disaster induced refugees, asylum seekers, internally displaced persons and trafficked people), humanitarian civil-military coordination and training, current humanitarian architecture (UN cluster system), migration and development, sustainable and participatory development, disaster resilience, protection mainstreaming, post-conflict transition and early recovery, conflict resolution, and performance and impact evaluation of development and humanitarian programs.

Ms. Caldwell holds a bachelor's degree in Economics from Schiller International University, Madrid, Spain and a PDG in Development Studies from University of Wellington, New Zealand. Ms. Caldwell is fluent in Finnish, Spanish and English.

Angela Oliver-Burgess is a senior humanitarian and development expert with more than 20 years of professional and international experience. Ms. Oliver-Burgess has worked for the USAID, AECOM, World Conference of Religions for Peace, CHF International, and UMCOR. While serving with UMCOR in Bosnia-Herzegovina she was seconded to UNHCR for the Shelter Reconstruction/Repatriation Project.

She has successfully managed and implemented large-scale, complex humanitarian and development programs in conflict and post-conflict settings. She has developed and led projects focusing on crisis intervention, stabilization, post-conflict transition and sustainable development. She has served as an expert in the areas of conflict transformation and peace building with high-level government officials and civil society actors globally. She has developed policy and programs addressing critical issues of

gender, protection, disaster response and community development. She has led inter-agency coordination efforts in humanitarian environments with key stakeholders.

Her assignments have taken her to Afghanistan, Iraq, Jordan, Kenya, Uganda, Rwanda, Burundi, South Africa, Sierra Leone, Liberia, Guinea, Cote d'Ivoire, Ghana, Japan, Bosnia-Herzegovina, Kosovo, Albania, Macedonia, Serbia, Montenegro, Israel, Palestine, Turkey, Republic of Georgia, Netherlands, Switzerland, Hungary, Romania, Costa Rica, El Salvador, and Guatemala. Recent travels include South Sudan.

Her expertise include: conflict management, protection, stabilization and crisis intervention, humanitarian response, gender mainstreaming, gender based violence, humanitarian and development civil-military coordination, community development, psycho-social initiatives, reconciliation and peace building, program management, organizational development and performance and impact evaluation of development and humanitarian programs.

Ms. Oliver-Burgess is currently pursuing a PhD in International Psychology at the Chicago School for Professional Psychology, Chicago, Illinois. She holds a Master's Degree in International Management at the School for International Training, Brattleboro, Vermont and a Bachelor's degree in Communications from Syracuse University, Syracuse, New York.

ANNEX 7: TEAM ITINERARY	ANNIKA CALDWELL	ANGELA OLIVER-BURGESS
DATE		
2 October 2014	Geneva: IOM HQ (Director of DOE, Head of PDR, Director of HRM, DOE/DOE RRO, Director of DRM and L3 RMO), MAC (RMO) by Skype	Geneva: IOM HQ (Director of DOE, Head of PDR, Director of HRM, DOE/DOE RRO, Director of DRM), MAC (RMO) by Skype
3 October 2014	Geneva: OPR team (WHO, OCHA, IASC) at WHO, IOM MAC (LEG) by Skype, IOM HQ (Head of TRD, Head of MHD, CCCM GCC, Shelter coordinator, CCCM RRT member and DTM)	Geneva: OPR team (WHO, OCHA, IASC) at WHO, IOM MAC (LEG) by Skype, IOM HQ (Head of TRD, Head of MHD, CCCM GCC, Shelter coordinator, CCCM RRT member and DTM)
4 October 2014	Travel to South Sudan	Travel to South Sudan
5 October 2014	Travel to South Sudan	Travel to South Sudan
6 October 2014	Juba: IOM (COM, DTM)	Juba: IOM (COM, DTM)
7 October 2014	Juba: DRC, IOM (HR, RMO, RRT, Head of OPS), MEDAIR	Juba: DRC, IOM (HR, RMO, Head of OPS), MEDAIR
8 October 2014	Juba: IOM (RRF, CCCM staff, RRO, SSU, LOG/PRO), WV, INTERSOS	Malakal: IOM (WASH State Focal Point, CCCM), CCCM Cluster Working Group meeting, DRC (Camp Manager)
9 October 2014	Juba: IOM (CCCM coordinator), ACTED (CCCM coordinator), UNHCR (CCCM coordinator), ES/NFI cluster meeting (interviews with WV and IOM coordinators, M&E)	Malakal: UNMISS RRP, IOM National Staff (Finance/Administration), Focus Group Discussion with women leaders from the PoC
10 October 2014	Juba: IOM (PSU). Bentiu trip cancelled – flights cancelled. Notes review and data consolidation	Malakal: IOM (CCCM State Focal Point, DTM Program Officer), OCHA Head of Office, Humanitarian Coordination Meeting
11 October 2014	Juba: LCED (local NGO), Concern Bentiu by Skype, notes review and data consolidation. Bentiu trip cancelled – flights cancelled	Malakal: IOM National Staff (Health, WASH), Meeting with PoC Community Leaders and Humanitarian Community
12 October 2014	Juba: notes review and data consolidation. Bentiu trip cancelled – flights cancelled	Malakal: Internews, IOM (Logistics and Procurement), DRC

13 October 2014	Juba: Concern, IOM (Transition and Recovery, ES/NFI national staff, PSU)	Bor trip cancelled. Return to Juba. Data consolidation.
14 October 2014	Juba: DFID, Deputy HC, USAID/OFDA, notes review and roundtable prep	Juba: MEDAIR, IOM (Head of Office BOR via phone), notes review and roundtable prep
15 October 2014	Juba: Head of OCHA, notes review and roundtable prep	Juba: Head of OCHA, notes review and roundtable prep
16 October 2014	Juba: participatory roundtable debriefing with the IOM mission was held using a power-point presentation summarizing preliminary findings for validation, feedback and real-time learning. End of field mission - departure	Juba: participatory roundtable debriefing with the IOM mission was held using a power-point presentation summarizing preliminary findings for validation, feedback and real-time learning. End of field mission - departure
21 October 2014	Skype: OCHA NY	
4 November 2014	Skype: IOM OPOUN	
5 November 2014		Skype: IOM RO Nairobi
3 December 2014	Geneva: Presentation of evaluation findings and recommendations at IOM HQ	Geneva: Presentation of evaluation findings and recommendations at IOM HQ

ANNEX 8: TERMS OF REFERENCE

REAL-TIME EVALUATION OF IOM'S HUMANITARIAN RESPONSE TO THE SOUTH SUDAN CRISIS

TERMS OF REFERENCE – 20 AUGUST 2014

1. BACKGROUND

On 15 December 2013, fighting between factions of the South Sudan armed forces started in the capital Juba and rapidly spread throughout the country. As of July 2014, nearly 4 million South Sudanese are in need of urgent humanitarian assistance, including 1.1 million people internally displaced who are struggling to survive and cope with the crisis. Since December 2013, around 397,766 people have fled South Sudan, seeking refuge in Ethiopia, Kenya, Sudan and Uganda. Women, children, and older people form a large part of the arriving refugees. The refugees often arrive in a worrying state of health after walking for a long distance with heavy luggage, requiring humanitarian assistance, including transport by bus, boat, or plane, to reach camps where other life-saving services, including shelter, NFIs, food, as well as health and WASH assistance is provided. Displacement patterns remain highly fluid, with one major trend being that large groups of people tend to flee to places where they have family or other social connections. Others have congregated in open areas. Approximately 100,000 people are seeking protection within one of the eight UN bases across the country in fear of violence against civilians by armed actors. Many violent crimes against civilians have been recorded, based on actual or perceived community or political affiliation. In the UN bases that are hosting the displaced populations, basic lifesaving services such as food, water, sanitation and hygiene (WASH) services, primary emergency healthcare, emergency shelter and essential household items are being provided by humanitarian actors despite disrupted access due to continuing insecurity. The current crisis and its humanitarian consequences have occurred against a backdrop of chronic poverty characterized by inadequate basic services including WASH, healthcare, food insecurity and lack of access to productive assets. The large number of returnees – at least 2 million individuals since 2007 – arriving and settling in underserved areas has further exacerbated the conditions in these areas.

The new state is still in the process of building capacity to provide basic services to its people, who were primarily served by humanitarian actors during the decades of civil war. While the government's financial resources are almost solely dependent on oil revenue, unresolved issues with the Government of Sudan caused stoppages in oil production in 2012, leading the Government of South Sudan to implement severe austerity measures, impeding its capacity to deliver. At the same time, it is feared that the ongoing violence has created increased feelings of mistrust and division between the people and the government.

As part of the inter-agency Crisis Response Plan (CRP) and part of the Inter-Agency Appeal for South Sudanese refugees (See Annex A), IOM (headquarters, regional office for East Africa in Nairobi, IOM Country Office in South Sudan and the IOM country offices in the surrounding countries) is responding to the crisis in collaboration with partners including the government and local NGOs. IOM supports national and regional coordination mechanisms and in South Sudan IOM is cluster lead for shelter and non-food items (NFI) and cluster co-lead for Camp Coordination Camp Management (CCCM) as well as the Multi-sector⁶⁴. In addition to the clusters it leads at country level IOM is also prioritizing interventions in the cluster Water and Sanitation (WASH), health and logistics. IOM operates a Common Transport Service (CTS), which is a free service for transporting humanitarian supplies in South Sudan helping partners to deliver aid across the country. CTS trucks remain strategically positioned across the country to provide transport assistance to humanitarian partners. IOM manages the Rapid Response Fund (RRF) which is a flexible funding mechanism allowing for swift disbursement of grants to and through NGOs and Community-Based Organization (CBO) partners in response to sudden onset emergencies. There are currently 11 active projects in crisis-affected areas of the country being supported across a range of sectors. In 2014 IOM's funding requirements in South Sudan amounted to USD 97,298,487 to support South Sudanese nationals affected by the crisis inside South Sudan and USD 38,545,704 funding requirement in Ethiopia, Kenya, Sudan and Uganda for assisting South Sudanese refugees in the region.

Given the scale and urgency of the crisis, in February 2014 IOM activated its Corporate Emergency Activation Procedure and the Standard Operating Procedures (SOPs) for Level 3 (L3) emergencies to support the country office in South Sudan and neighboring countries. The IOM Director of Operations and Emergencies is appointed as Migration Emergency Coordinator (MEC), responsible for overseeing and coordinating the mobilization of support from HQ for a period of three months renewable.

IOM wishes to conduct a Real-time Evaluation (RTE) of IOM's response to the South Sudan Crisis. IOM requires up to date information on the success of the L3 response and also on key areas of programming within South Sudan. Although not exhaustive, the RTE will provide key details on the most high impact areas of operation, which absorb significant levels of energy and funding. This RTE will provide information that will be used to consistently improve programming and operations. The Organization's capacity and performance in Cluster Lead roles is extremely important, especially in L3 emergencies; it demonstrates the degree to which IOM leads and coordinates with other agencies involved in the emergency response. The evaluation will focus on two areas:

- 1) IOM's implementation of the IOM L3 procedures in supporting IOM's response at HQ, RO, and country level.

⁶⁴ Multi-sector focuses on refugees and returnees. Refugee response is led by UNHCR while returnee response is led by IOM.

- 2) IOM-Country Office South Sudan coordination and implementation of two clusters, CCCM and Shelter/NFI

This RTE will provide information that will be used to consistently improve programming and operations in these two areas.

2. PURPOSE OF THE RTE

The purpose of the RTE is to conduct a *formative*, forward-looking evaluation to improve on-going decision-making and management of IOM's emergency response to the humanitarian crisis in South Sudan. The evaluation team will examine the appropriateness, effectiveness, coverage, coordination and connectedness of the response especially in relation to the objectives of the Crisis Response Plans (CRP) and the Inter-Agency Appeal for South Sudanese refugees. They will consider the extent to which general lessons from other responses have been applied to in this response. IOM HQ and field staff is the main audience for this evaluation, and will use the learning from it to modify the planned response if appropriate.

By drawing lessons now, the RTE will provide IOM with real-time and practical recommendations to facilitate operational improvements to strengthen the emergency response.

The period under review will cover IOM's response from January 2014 to date, assessing the initial phase of the response and the transition to early recovery.

3. EVALUATION QUESTIONS

The evaluation questions below, based on the OECD/DAC criteria and other criteria specific to evaluation of humanitarian action⁶⁵, represent a provisional and indicative list of questions to be reviewed and refined by the evaluation team in the scoping and inception phase of the evaluation process. The questions will be tailored to the two main areas of focus, and will examine the role of the country offices, the Regional Office and HQ in the response.

1) **Relevance/Appropriateness:**

a) Focus area 1 (implementation of the IOM L3 procedures)

- How appropriate and consistent is the support provided by IOM's HQ and the Regional Office in meeting the needs of the country offices?

⁶⁵ In particular "Real-time evaluations of humanitarian action, an ALNAP Guide – Pilot Version"
www.alnap.org/pool/files/rteguide.pdf

b) Focus area 2 (coordination of two clusters, CCCM and Shelter/NFI)

- How appropriate is the IOM's response in CCCM and Shelter/NFI, and what programmatic and operational results did it produce in the emergency response phase?
- How closely aligned is the IOM's response plan on CCCM and Shelter/NFI with the inter-agency Response Plans?
- How closely aligned is the conduct of IOM's programmatic and operational responses with key sources of guidance and normative standards on CCCM and Shelter/NFI?
- In what ways has the affected population been involved in the design, implementation and monitoring of IOM's response?
- To what degree have gender, disability and ethnicity issues been addressed?

Effectiveness:

a) Focus area 1 (implementation of the IOM L3 procedures)

- Did the L3 response enable more effective IOM programming in south Sudan?

b) Focus area 2 (coordination of two clusters, CCCM and Shelter/NFI)

- How successful has IOM been in delivering results vis-à-vis its programmatic and operational commitments on CCCM and Shelter/NFI in the emergency response phase?

Coverage:

a) Focus area 1 (implementation of the IOM L3 procedures)

b) Focus area 2 (coordination of two clusters, CCCM and Shelter/NFI)

- To what extent has the affected population been properly targeted and reached by IOM and its partners?
- How successful has IOM been in reaching the most vulnerable groups in the most affected geographic areas?
- Have data been disaggregated by sex, age, disability status, and ethnicity?

Coordination:

a) Focus area 1 (implementation of the IOM L3 procedures)

- How effective, efficient and timely has coordination between the L3 Response Team, the country missions, the Regional Office and HQ been, in light of the Level 3 requirements?
- Did IOM use lessons learned from previous L3 responses to ensure better coordination on the L3 response in South Sudan?

b) Focus area 2 (coordination of two clusters, CCCM and Shelter/NFI)

- How effectively and efficiently has IOM fulfilled its cluster leadership/coordination obligations?
- How effectively is IOM coordinating its response with other key actors of the emergency response?

Connectedness (the extent to which short-term emergency response steps take longer-term and interconnected problems into account)

a) Focus area 1 (implementation of the IOM L3 procedures)

- Transition / exit strategy?

b) Focus area 2 (coordination of two clusters, CCCM and Shelter/NFI)

- How the IOM managed clusters are linked to Early Recovery?
- How the IOM emergency programming supports regular longer-term country programming? (if applicable)?
- Transition / exit strategy / IOM country/regional/HQ strategy for South Sudan?

4. METHODOLOGY AND APPROACH

In order to help IOM gather as much insight as possible with a light footprint on the country missions and IOM's partners, the RTE will follow a phased approach, which will allow time for reflection and real-time feedback. The RTE will be participatory in its approach, to ensure ownership and promote interaction with the IOM team in the country office/sub-offices in South Sudan, selected staff in the Regional Office in Nairobi and IOM HQ, and relevant IOM partners.

In keeping with the IASC Transformative Agenda, the RTE will make special efforts to consult the affected population to help inform the on-going response, and promote accountability.

The RTE will employ mixed-methods to triangulate qualitative and quantitative data and reach findings and conclusions in each phase, as outlined below.

Phase 1: Scoping and Inception Phase (1 month)

During the first phase of the RTE, the evaluation team will conduct a rapid desk review of key documents provided by IOM's country office in South Sudan, the Regional Office and HQ. IOM will provide the evaluation team with all relevant documentation and information, including IOM Appeals, Inter-Agency Response Plans, Situation Reports (SitReps), needs assessment reports, and cluster strategy papers as well as documents, data and other inputs from other agencies (See Annex A for provisional list of key documents).

IOM will also discuss and agree with the evaluation team on timelines of key milestones and provide a list of key informants from IOM and other partner organizations to be interviewed in South Sudan, the Regional Office in Nairobi and Geneva. (see Annex B for provisional list of informants)

In this first phase, the evaluation team will visit IOM HQ for a briefing on the RTE and interviewing key informants in IOM and partner agencies in Geneva. In the first phase the consultants can also start developing the data collections tools that will be used in the 2nd phase.

The main output of the scoping and inception phase will be an Inception Report, to be approved by IOM.

Phase 2: Structured Field Work and Feedback Phase (1 month)

In the second phase of the RTE, the evaluation will employ a mixed-method approach entailing triangulation of qualitative and quantitative data to put together a comprehensive and credible evidence base to assess IOM's response to the crisis at the global, regional and country levels. The field work will take place in the following locations; Juba, Bor, Bentiu, and Malakal. It is expected that the evaluation will use the following methods to provide an assessment and real-time feedback examining those issues more relevant during the initial phase of the response, their causes, and potential solutions, including at minimum:

Key informant interviews (KII): The evaluation team is expected to interview key informants in person or by telephone or Skype. Key stakeholders will include, but not limited to, IOM staff in the CO (incl. sub-offices), Regional Office in NBO and HQ, L3 Response Team members, partners, Humanitarian Coordinator (HC), Cluster Co-Leads, UNMISS, national and sub-national authorities, donors, representatives of beneficiaries and key groups, and community leaders.

Focus group discussions (FGD): Conduct FGDs with IOM beneficiaries/affected population especially related to CCCM and Shelter/NFI

Direct observation: The evaluation team will prioritize field visits to observe the IOM's response directly to determine their view of IOM's programmatic and operational responses.

Formal desk review: In addition to the rapid data review in the scoping and inception phase, the evaluation team will conduct a systematic desk review of documents, data and other inputs.

Debriefing at country level: A key aspect of an RTE is the immediate feedback of the evaluation team to the field staff before the final report is written up. Therefore, by the end of the field work, the evaluation team will do a debriefing with the IOM South Sudan staff and share a short report with emerging findings and recommendations to promote positive change in real-time. The debriefing session at country levels will be done in a participatory manner, to allow feedback findings on a real-time basis and further validation of emerging findings and conclusions.

A short and simple online survey (not more than 10 questions and maximum of 10 minutes) is proposed to be used to gain impartial (and anonymous) perspectives from partners and IOM regarding IOM's performance (leadership, coordination, standards, resource mobilization and assistance to partners) as a cluster lead. During the engagements groups and individuals will be introduced to the evaluation

Phase 3: Report Preparation Phase (1 month)

This phase of the RTE will include the preparation of the final report, based on the analysis of data and information gathered in Phase 1 and 2, which will provide a comprehensive assessment of IOM's response to the South Sudan crisis, with a focus on IOM L3 procedures and its clusters coordination in CCCM and Shelter/NFI.

Phase 4: Dissemination

The evaluation team will undertake a final visit to IOM HQ to communicate the findings, conclusions and recommendations of the evaluation, and to facilitate strategic reflection on the response and uptake of useful lessons and recommendations.

5. MANAGEMENT AND GOVERNANCE ARRANGEMENTS

The Head of IOM's Preparedness and Response Division will oversee the management the RTE, and will designate focal points for IOM HQ and IOM South Sudan. PRD will collaborate closely with the IOM Evaluation office and other relevant HQ Divisions, the country office, and the Regional Office. PRD will identify and hire a small a team of external consultants to undertake the evaluation. At the country level, the Chief of Mission and its designated focal point will provide day-to-day management and facilitation of the evaluation process in country, including day-to day oversight of the consultant evaluation team.

A reference group will be established with IOM colleagues from HQ, RO and CO level, to strengthen the relevance, accuracy, credibility and utility of the RTE. The reference group will serve in an advisory capacity, their main responsibility being to review and comment on the key outputs (i.e. the Inception Report, reports on emerging findings and the draft and final reports).

Members of this reference group are:

- c) Mr. Vincent Houver (Head Preparedness and Emergency Response Division, Department of Operations and Emergencies, IOM HQ) with Tya Maskun as first alternate, Nuno Nunes as second alternate
- d) Mr. Christophe Franzetti (Head of the Evaluation Unit, Office of the Inspector General, IOM HQ)
- e) Bogdan Silviu Danila, Senior Regional Emergency Specialist, IOM Regional Office in NBO).
- f) Barbara Rijks, HQ focal point for the RTE
- g) Iain McLellan, South Sudan focal point for the RTE

6. DELIVERABLES AND TIMEFRAME

The evaluation team will generate the following major outputs that will be reviewed by relevant IOM staff and the Reference Group.

These are:

An inception report of maximum 8,000 words (not including annexes). The inception report is intended to outline the team's understanding of IOM's response to the South Sudan Crisis at the country, regional and global levels. It will include a clear chronology and a broad overview of the initial response to the crisis as well as a framework on priority issues and questions for further examination. It will also include a data collection tool-kit (i.e., interview guide for KIIs, focus group discussion guides, direct observation forms, questionnaires for consultations with affected populations) to be used in the course of the RTE;

Power-point Presentations that will be used by the evaluation team to present the preliminary findings at the debriefing at country level;

Report (Preliminary Findings) of maximum 4,000 words at the end the data collection mission to promote positive change in real-time.

Draft RTE Report that outlines clear evidence-based findings, conclusions and specific recommendations.

Final RTE Report of no more than 12,000 words (plus Annexes), with a clear Executive Summary of no more than 2,000 words. This will incorporate comments from relevant IOM staff and the Reference Group.

Time Line

Given the focus on the current emergency response, the RTE will be undertaken over four months from September 2014 to December 2014, as laid out in the table below.

Step	Indicative timeline (July-December 2014)	Persons involved
Finalize TOR; call for proposal (IOM)	August	
Review of the proposals (IOM)	July/ Early August	
Finalization of the proposal/agreement with the consultant	End-August	IOM/Evaluation Team
Sign contract with the evaluation team	25 -29 August	
Agree on work plan/time table	29 August	IOM/Evaluation Team
Commence Phase 1 work, including data collection and data analysis	3-12 September	Evaluation Team
I identify and agree on main evaluation questions/methodologies	12-26 September	
Submit Inception Report and (draft) data collection tools	26 September	Evaluation Team
IOM/Reference Group Sends comments on Inception Report	29 Sept – 3 October	IOM collects comments
2 day visit to IOM HQ to be briefed on IOM's response/South Sudan context/institutional mechanism etc.; and	2-3 oct	Leave Florida 30 Sept., Arrival Gva 1 Oct.
Field visit to South Sudan (Juba, Bor, Bentiu, and Malakal). Commence Phase 2 work (KIIs, FGDs etc.).	5-18 October (14 days) (4 days of travel + 8 days of collection + 2 day of preparation/debriefing)	Evaluation Team/IOM SS/HQ focal point
Debriefing to IOM South Sudan incl. submit a short report highlighting key findings and recommendations	Friday 17 October	Evaluation Team//IOM SS/HQ focal point
Commence Phase 3: Further data analysis and telephonic KII's	20-31 October	Evaluation Team
Submit Draft RTE Report for comment	14 November	Evaluation Team
IOM/Reference Group reviews and send comments	17 -21 November	IOM / Evaluation Team available for clarification
Submit final RTE Report for management response and publication	28 November	Evaluation Team
Phase 4: Presentation evaluation findings/recommendations at IOM HQ, facilitate dissemination, strategic reflection	1-5 December	Evaluation Team