**Inter-Agency Humanitarian Evaluation (IAHE) of Response to conflict in South Sudan**

*terms of reference*

# Introduction

1. Violence broke out in Juba, the capital of South Sudan, on 15 December 2013 and quickly spread to several other federal states. Within weeks, thousands of people had been killed or wounded in the violence, and hundreds of thousands displaced from their homes. Despite the signing of a cessation of hostilities agreement on 23 January 2014, fighting between Government and opposition forces has continued, especially in Jonglei, Unity and Upper Nile states, where towns and rural areas have been ravaged by the violence.
2. In 2013, no single country in the world received more humanitarian funding than South Sudan, and the Humanitarian Country Team and partners launched a comprehensive Strategic Response Plan 2014-2016 (SRP) to address ongoing humanitarian needs and improve community resilience. Given the dramatic change in context in December 2013, a Crisis Response Plan was agreed to replace the 2014-2016 SRP as the overarching framework for humanitarian action in South Sudan up to June 2014. This focused on the immediate need to save lives, alleviate suffering and protect livelihoods to prevent a further deterioration in food security. In June 2014 a new Crisis Response Plan will be launched.
3. The crisis has led to a serious deterioration in the food security situation, and some 3.7 million people are now at high risk of food insecurity in the coming year. As of May 22, about 1.36 million people are displaced by violence, with just over 1 million displaced internally and approximately 359,000 people have fled to neighbouring countries since December 15 2013, and joined 111,000 existing South Sudanese refugees. According to UNHCR, the following numbers of South Sudanese refugees are now in neighbouring countries: Ethiopia 132,000, Kenya, 37,000, Uganda 112,000 and Sudan 85,000. Additionally South Sudan hosts 238,000 refugees from Sudan 216,000, Ethiopia 5,000, Democratic Republic of Congo 14,000 and Central African Republic 2,000. Of those that are internally displaced, about 76,165 civilians seeking safety in nine Protection of Civilians (PoC) sites located on UNMISS bases.
4. The conflict has also had a severe effect on the ability of humanitarian partners to access affected people due to safety and security constraints. Humanitarian activities are hampered by the extremely challenging physical environment and growing violence against aid workers. Few places are more physically challenging for aid workers than South Sudan. Up to 60% of the country is cut off during the rainy season, meaning that road access in key locations of humanitarian response is minimal or impossible from July until December (and in some cases longer). The locations to be visited during the evaluation mission will be confirmed during the planning mission.
5. The planning figures included in the updated Crisis Response Plan just published in May project a continued increase in humanitarian needs. The Plan expects that up to 1.5 million people become internally displaced, 863,000 people seek refuge in neighbouring countries and some 270,000 Sudanese refugees remain in South Sudan.
6. An L3 Emergency was declared for South Sudan on 11 February 2014 by the IASC Principals. In line with IASC agreements, the declaration of the L3 emergency has triggered an Operational Peer Review (OPR) and an Inter-Agency Humanitarian Evaluation (IAHE) to support the humanitarian response. The OPR will be conducted in June and will be made available to the IAHE.

## Inter-Agency Humanitarian Evaluations

1. In December 2012, the IASC Principals endorsed the Transformative Agenda (TA) Protocols, composed of five reference documents[[1]](#footnote-1) that include a set of actions to address acknowledged challenges in leadership, coordination and enhance accountability for the achievement of collective results. These actions are:

* Establishing a mechanism to deploy strong experienced senior humanitarian leadership from the outset of a major crisis;
* The strengthening of leadership capacities and rapid deployment of humanitarian leaders;
* Improved strategic planning at the country level that clarifies the collective results the humanitarian community sets out to achieve and identifies how clusters and organizations will contribute to them;
* Enhanced accountability of the Humanitarian Coordinator and members of the Humanitarian Country Team for the achievement of collective results and of the humanitarian community towards the affected people; and
* Streamlined coordination mechanisms adapted to operational requirements and contexts to better facilitate delivery.

1. The fifth TA Protocol relates to the Humanitarian Programme Cycle (HPC), which is defined as a coordinated series of actions undertaken to help prepare for, manage and deliver humanitarian response. The HPC consists of five elements: needs assessment and analysis; strategic response planning; resource mobilization; implementation and monitoring; and operational review and evaluation. OPRs and IAHEs are tools to assess and reflect on the extent to which the collective response has met its objectives and to provide information on areas of work that need to be improved in the future to make the response more effective.
2. OPRs and IAHEs complement each other and are substantively different. OPRs are management reviews and their main purpose is learning for course correction at an early stage of the humanitarian response. They are not an accountability tool. IAHEs, on the other hand, are conducted at a later stage of the humanitarian response and their main purpose is to promote accountability to donors and affected population. The promotion of accountability includes the consistent application of quality standards, adherence to core humanitarian principles[[2]](#footnote-2), and fostering strategic learning for the humanitarian system. IAHEs are conducted in adherence to the international evaluation principles of independence, credibility and utility.
3. The present evaluation will be the second IAHE to be conducted since their creation, and the first one in a conflict setting [[3]](#footnote-3). As such, it is an important exercise that is expected to provide feedback on the usefulness of the IAHE guidelines, as well as reflect on the utility and feasibility of IAHEs overall, in addition to the specific objectives related to the response in South Sudan.

## Purpose, Objectives, Scope and Use of the South Sudan IAHE

1. The purpose of this IAHE is two-fold. First, it will provide an independent assessment of the extent to which planned, and relevant collective objectives set in the Crisis Response Plans of February and June 2014 to respond to the needs of affected people are relevant and have been met. To the extent possible, it will also assess whether 2015 objectives are relevant. Secondly, the evaluation aims to assess the extent to which response mechanisms, including the HPC and other key pillars of the TA have successfully supported the response, and recommend improvement-oriented actions.
2. In addition, the IAHE will also aim to:

* Assess to what extent the collective response to the emergency met objectives as established in the Crisis Response Plans;
* Assess how effectively humanitarian needs were identified and to what extent the collective response adequately met those needs;
* Capture lessons learned and good practices in order to enable collective learning from this humanitarian response; (regional coordination, supply routes, role of UN mission)
* Provide actionable recommendations at both the policy and operational levels on how collective response mechanisms might be strengthened, particularly in light of changes in the humanitarian context, including the Humanitarian Program Cycle and the three pillars of the Transformative Agenda.

1. The evaluation will also constitute an opportunity to test the IAHE guidelines, and provide feedback on the appropriateness of the guidelines, their application, and the IAHE process, and suggest possible ways to improve them.
2. The evaluation will present findings that provide a transparent assessment of progress achieved against the objectives established in the Crisis Response Plans. As noted earlier, the South Sudan SRP 2014-2016 was launched in November 2013, and then was replaced with a Crisis Response Plan (Jan-June) developed in December 2013 and revised in February 2014. In June 2014 partners agreed on the Mid-Year Review of the South Sudan CRP (July to December 2014). The current 2015 HRP was launched in January 2015.
3. Four strategic objectives were agreed in the 2014 Crisis Response Plans:

* Provide a coordinated life-saving response to immediate humanitarian needs of conflict-affected people (internally displaced people, host communities and refugees in country).
* Provide protection to conflict-affected communities and ensure access to services,
* Support the resumption of livelihoods activities by affected communities as quickly as possible and building resilience by providing integrated livelihoods assistance.
* Provide logistical support, including transport of personnel and goods, accommodation for aid workers and storage of assets in deep field locations to enable the humanitarian response.

1. The 2015 Humanitarian Response Plan has three strategic objectives:

* Save lives and alleviate suffering by providing multi-sector assistance to people in need;
* Protect the rights of the most vulnerable people, including their freedom of movement;
* Improve self-reliance and coping capacities of people in need by protecting, restoring and protecting their livelihoods.

1. Evidence and findings of the IAHE will also include the views of disaster-affected people with regard to the overall quality and appropriateness of the assistance received.
2. The evaluation will be global in scope, in that it will cover all sectors of the emergency response to conflict in South Sudan. In terms of time, the evaluation will consider the collective response provided from the time of the L3 Declaration on February 11 2014 until the time in which the field visits are conducted in April 2015. Humanitarian assistance in South Sudan is presently confronted by a range of major policy questions, including how best to provide protection to civilians from ongoing violence and human rights violations. In line with the focus the HCT has placed on protection as an objective in the Crisis Response Plan, the IAHE will seek to address this question.
3. The primary users of the IAHE will be the Humanitarian Coordinator and Humanitarian Country Team, which will use the results to ensure accountability and to learn for the on-going response and for future similar responses. Findings from the IAHE may, where relevant, identify areas that need to be addressed to improve the response, as well as inform longer-term recovery plans and support preparedness efforts. Evaluation results are expected to inform the preparation of new Response Plans or the revisions of Plans as appropriate. The IAHE is also expected to generate information and analysis relevant to actors engaged in the on-going response, including local, national and donor stakeholders.
4. Also main users of the IAHE are the IASC Principals, the IASC Working Group and Emergency Directors group, who are expected to use IAHE results and lessons learned as part of their overall monitoring strategies on key strategic issues at the global level, policy-making and conceptualization of the approach to future emergencies. The audience and potential users of the evaluation also include donors, the Government of South Sudan, regional stakeholders, and other national responders, and affected population, which might use the evaluation results for learning, awareness and advocacy purposes.

## Evaluation Questions and Criteria

1. As per the guidance document “Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs): Guidelines”[[4]](#footnote-4), the following key areas of inquiry must be addressed by all IAHEs:
2. To what extent are SRP objectives appropriate and relevant to meet humanitarian needs, and have systems been established to measure their achievement? To what extent are the results articulated in the 2014 Crisis Response Plans (CRP) achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster? (i.e. was the response to protect conflict affected communities and support them relevant and effective?)
3. To what extent have national and local stakeholders been involved and their capacities strengthened through the response?
4. Was the assistance well-coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain results or the lack thereof?
5. To what extent were IASC core humanitarian programming principals and guidance applied?
6. In addition to these four core questions, the evaluation team will develop context-specific sub-questions during the inception phase of the individual IAHEs. Contextualization of the present Terms of Reference, taking into account the specific characteristics of the response and the context in which it has taken place, will be conducted in consultation with the HC/HCT during the inception phase of the evaluation. To this purpose, during the inception mission the evaluation team will conduct ample in-country consultations with all key response stakeholders, to ensure that their views on issues that need to be considered, potential sub-questions, etc are incorporated in the IAHE. The inception report will also consider the next Crisis Response Plan launched in June 2014 and confirm the objectives around which to assess results.
7. The evaluation will draw evidence-based conclusions in relation to internationally established evaluation criteria drawn from UNEG norms and guidance[[5]](#footnote-5), OECD/DAC[[6]](#footnote-6) and the ALNAP criteria for the evaluation of humanitarian action,[[7]](#footnote-7) including: i) relevance, ii) coherence, iii) coverage, iv) connectedness, v) efficiency, vi) effectiveness, vii) impact, viii) sustainability, and ix) coordination. The delivery of protection will be considered as a sector subject to the same criteria to be applied to other areas under review. Not all criteria may necessarily be applicable, and the evaluation team will need to assess which criteria are most relevant during the inception phase of the IAHE.

## Methodology

1. The evaluation will use mixed method analysis, employing the most appropriate qualitative and quantitative approaches, data types, and methods of data analysis. To ensure maximum validity and reliability of data, the evaluation team will ensure triangulation of the various data sources.
2. The evaluation team will be guided by the major analytical frameworks that form the basis for drawing final conclusions and generating forward-looking recommendations, namely: the IAHE key questions, the CRPs, as the main reference to assess whether the response objectives have been achieved, and the IAHE impact pathway, which outlines the key components of a successfully coordinated response.[[8]](#footnote-8)
3. During the inception phase, the evaluation team will propose a detailed methodology designed to provide evidence around the results of the collective humanitarian response. The inception report should include a description of data sources, data collection and analysis methods/tools, indicators, triangulation plan, financial overview, factors for comparative analysis, and validation strategy, as well as how the team intends to incorporate the views of affected people.
4. Methods of analyses may include, among others: the review of various sources of information, including review of monitoring data; field visits; interviews with key stakeholders (affected population, UN, NGOs, donors, government representatives and civil society organizations); (gendered) focus groups and cross-validation of data. Consultations will ensure that diverse stakeholder groups are included, paying specific attention to adequately engage women, men, boys and girls of different ages, and taking into consideration the existence of disadvantaged groups, such as people with disabilities. The evaluation approach will be in line with UNEG guidance on integrating human rights and gender equality, with ALNAP guidelines on evaluating humanitarian action, UNEG norms and standards and the International Humanitarian Principles.
5. In line with the System-wide Action Plan (UN-SWAP) on gender equality and the IASC Gender Equality Policy Statement[[9]](#footnote-9), the evaluation will use gender analysis, and will specifically assess the extent to which gender considerations have been taken into account in the provision of the response. The final report should acknowledge how inclusive stakeholder participation was ensured during the evaluation process and any challenges to obtaining the gender equality information or to addressing these issues appropriately.
6. As protection is less easily measurable than other sectors, the evaluation will a) see how successful the Protection Cluster has been in promoting protection as a cross cutting element in the response, and (b) assess whether the aggregate of the responses has resulted in improved overall protection of affected people.
7. The evaluation team will conduct field visits to the affected areas. The team should seek to spend the necessary amount of time during the field mission to conduct direct consultations with local communities affected by the disaster and that have received international assistance. The evaluation should, wherever possible, undertake systematic data gathering from both beneficiaries and non-beneficiaries on the appropriateness and quality of the assistance provided. In deciding the amount of time to be spent in consultations with communities in the affected areas, it is important that the evaluation team keeps a balance in the need to identify high level and strategic themes, and the need to ensure sufficiently ample consultations.
8. The inception report will also provide a detailed stakeholder analysis and a clear indication of on how/who of national entities and communities will be (a) consulted (b) engaged with (c) involved in the evaluation process as relevant. The evaluation team should explicitly describe in the inception report the approaches and strategies that will be used to identify and reach response beneficiaries and affected people, and to adequately engage women, men, boys and girls of different ages, taking into consideration the existence of disadvantaged groups. These strategies may include, among others, the selection of key informants, use of snowball sampling strategies, use of focus groups, etc. The advantages and limitations of the use of these methods should also be clearly explained.
9. Adherence to a code of ethics in the gathering, treatment and use of data collected should be made explicit in the inception report.
10. An evaluation matrix will be prepared during the inception phase in which sources of data, methods and criteria will be defined for each evaluation question.

## Management arrangements and Stakeholder Participation[[10]](#footnote-10)

1. **Inter-Agency Humanitarian Evaluation Steering Group (IAHE SG)**
2. As per IAHE Guidelines, the IAHE Steering Group will provide final approval to the members of the South Sudan IAHE Management Group, as well as the IAHE Terms of Reference and the final evaluation report.
3. **Inter-Agency Humanitarian Evaluation Management Group (IAHE MG)**
4. The evaluation will be managed by the South Sudan IAHE Management Group, which is chaired by OCHA. The South Sudan IAHE Management Group will provide sustained support and guidance to the evaluation process, in order to ensure its relevance, independence and transparency, and promote the utilization of evaluation results. The South Sudan IAHE Management Group will be comprised of the following organizations: OCHA, UNHCR, UNICEF, and WFP.
5. In accordance with IAHE Guidelines, IAHE Management Group members will act as point of contact for the evaluation for their organizations, and provide quality control and inputs to the IAHE (including during the development of the TORs, evaluation team briefing, review and approval of the inception report, and review of the draft report and presentations) and will facilitate dissemination and follow up of the final evaluation report cleared by the IAHE Steering Group.
6. The Chair of the IAHE Management Group will be OCHA’s Chief of Evaluation. OCHA will appoint an Evaluation Manager, who will be the main point of contact for the evaluation and will ensure day-to-day support and consistency throughout the evaluation process, from drafting the Terms of Reference to the dissemination of the report. The evaluation manager will also be the contact person for administrative and organizational issues, and will coordinate activities of the different stakeholders involved in the evaluation. He/she will organize and supervise the different phases of the evaluation process and ensure the quality of all deliverables submitted by the evaluation team.
7. The HC for South Sudan will appoint an in-country focal point for the evaluation to act as point of contact in the country for the evaluation, facilitate access to pertinent information and relevant documents and to help organize the field visits.
8. IAHE In-country Advisory Group
9. An in-country Advisory Group for the IAHE will also be formed, to represent country-level stakeholders that have been directly involved in the response or affected by the disaster. The roles and responsibilities of this group include: to serve as the main link between the IAHE evaluation team and key stakeholder groups, to help the evaluation team identify priority questions for the evaluation, to provide feedback on key evaluation issues and evaluation deliverables such as the inception and draft evaluation reports, to help promote ownership of respective stakeholder groups, and to assist in the development and implementation of a communication strategy for the IAHE findings.
10. The membership of the In-Country Advisory group will be based on a “mapping” of key stakeholders. Stakeholders in the IAHE In-Country Advisory Group may include UN Agencies, UN mission, international and local NGOs, key donors, national entities, government representatives, private sector representatives and civil society representatives. Members of the In-Country Advisory Group will be appointed by the HC.

## Deliverables and Reporting Requirements

1. The quality of the evaluation report will be assessed according to the UNEG Norms and Standards for Evaluation and the OCHA Quality Assurance System for Evaluations.
2. The inception and draft reports will be produced jointly by the members of the evaluation team and reflect their collective understanding of the evaluation. All deliverables listed will be written in good Standard English. If in the estimation of the Evaluation Manager the reports do not meet required standards, the Evaluation Team will ensure at their own expense the editing and changes needed to bring it to the required standards.

**A. Inception Report**

1. The Evaluation Team will produce an inception report not to exceed 15000 words, excluding annexes, setting out:

* The team’s understanding of the issues to be evaluated (scope), questions that the IAHE intends to answer, and their understanding of the context in which the IAHE takes place;
* Inclusion of a comprehensive stakeholders mapping and analysis;
* Any suggested deviations from the ToRs, including any additional issues raised during the initial consultations;
* Evaluation framework, selected criteria of analysis and sub-questions;
* An evaluation matrix showing, for each question, the indicators proposed and sources of information;
* Methodology, including details of gender analysis and triangulation strategy;
* Data collection and analysis tools that will be used to conduct the IAHE (survey, interview questions, document with the preparation of field visit and schedule of interviews, etc.);
* Any limitations of the chosen methods of data collection and analysis and how they will be addressed;
* How will the views of the affected populations as well as protection and gender issues be addressed during the evaluation;
* Data collection and analysis plan;
* Detailed fieldwork plan;
* Detailed timeline for the evaluation;
* Interview guides, survey instruments, and/or other tools to be employed for the evaluation;
* Draft dissemination strategy of the evaluation findings (including with the IAHE Management Group and the IAHE In-Country Advisory group).

**B. Evaluation Report**

1. The Evaluation Team will produce a single report, written in a clear and concise manner that allows readers to understand what are the main evaluation findings, conclusions and corresponding recommendations, and their inter-relationship. The report should be comprised of:

* Executive summary of no more than 2500 words;
* Table of contents;
* Summary table linking findings, conclusions and recommendations, including where responsibility for follow up should lie;
* Analysis of context in which the response was implemented;
* Methodology summary – a brief chapter, with a more detailed description provided in an annex;
* Main body of the report, including an overall assessment, findings in response to the evaluation questions, conclusions and recommendations;
* Annexes will include: (1) ToR, (2) Detailed methodology, (3) List of persons met, (4) Details of qualitative and quantitative analysis undertaken, (6) Team itinerary, (7) All evaluation tools employed, (8) List of acronyms; and (9) Bibliography of documents (including web pages, etc.) relevant to the evaluation; (10) Assessment of the usefulness of the IAHE guidelines and process and main recommendations for their improvement.

1. For accuracy and credibility, recommendations should follow logically from the evaluation findings and conclusions, and be:

* Categorised as a) Critical, b) Important, or c) Opportunity for learning.
* Relevant, realistic and useful and reflect the reality of the context;
* Specific, measurable, clearly stated and not broad or vague;
* Realistic and reflect an understanding of the humanitarian system and potential constraints to follow-up;
* Suggest where responsibility for follow-up should lie and include a timeframe for follow-up.

1. The draft report will be reviewed by the IAHE Management Group and the final version cleared by the IAHE Steering Group prior to dissemination.

**C. Other evaluation products.**

1. The Evaluation Team will also produce presentations, as requested by the Evaluation Management Group, including presentations to HC/HCT, IASC members, in-country presentations to local communities and affected people, etc.
2. The Evaluation Team will also provide regular feedback on the appropriateness of IAHE guidelines and the IAHE process, for each of the IAHE phases (inception, evaluation, reporting, dissemination), and suggest possible ways to improve them through conference calls with the IAHE Steering Group and Management Group, as well as a document to be included as an annex to the evaluation report. Lessons learned on the use of the IAHEs guidelines will be synthesised in a final written aide-memoire.
3. Additional dissemination evaluation products such as briefs, video presentations or précis may be proposed in the inception report.
4. **Feedback on IAHE process.**
5. The Evaluation Team will also produce a brief document and presentation with an assessment of the usefulness of the IAHE guidelines and process, and main recommendations for their improvement.

## Dissemination and follow up

1. The Evaluation Team will conduct the following presentations:

* At the end of the field visit, the evaluation team will conduct an exit briefing with the IAHE In-Country Advisory Group and the IAHE Management Group to share first impressions, preliminary findings and possible areas of conclusions and recommendations. The brief will also help clarify issues and outline any expected pending actions from any stakeholders, as relevant, as well as discuss next steps;
* Upon completion of the final evaluation report, the results of the IAHE will be presented by the evaluation team (or evaluation manager) to the IASC in New York and Geneva;
* Once the evaluation is completed, presentations of the main findings and recommendations will be made available to various fora as decided by OCHA and the IAHE Management Group. The Evaluation Team may be requested to assist with these presentations.

1. The IAHE final report will also be submitted to the IASC Working Group, the EDG and the Principals for information.
2. Once the evaluation results are finalized, national evaluators will help feed back results to communities who participated in the evaluation and to affected people and communities.
3. In addition to the Evaluation Report and oral briefings, the evaluation findings and recommendations can be presented through alternative ways of dissemination, such as video. The Evaluation Team will consider possible ways to present the evaluation and include a dissemination strategy proposal in the Inception Report.
4. The recommendations of the evaluation will be addressed through a formal Management Response Plan (MRP). The preparation of the MRP will be facilitated by the IASC Working Group Chair. Three months after the issuance of the IAHE report, the HC in South Sudan will provide the ERC, the IASC Working Group and the IASC Emergency Directors with an update on the implementation of follow-up plans.

## *The Evaluation Team*

1. The Evaluation Team will be recruited through a competitive process. The evaluation will require the services of an Evaluation Team of 5 members with the following collective experience and skills:

* Extensive evaluation experience of humanitarian strategies and programmes, and other key humanitarian issues, especially humanitarian finance and funding instruments;
* Experience with and institutional knowledge of UN and NGO actors, inter-agency mechanisms at headquarters and in the field;
* Extensive knowledge of humanitarian law and principles, and experience with using human rights, protection and gender analysis in evaluations (at least one of the team members should have experience in gender analysis);
* Good understanding of cross-cutting issues, such as gender, resilience, transition, etc;
* Good understanding of humanitarian situation in South Sudan
* An appropriate range of field experience and experience in insecure environments and willingness to travel in such environments;
* Experience in facilitating consultative workshops involving a wide range of organizations and participants;
* The team leader should have excellent writing and communication skills in English.

1. The Evaluation Team will include a Team Leader, who is responsible for the overall conduct of the evaluation in accordance with the ToR, including:

* Developing and adjusting the evaluation methodology;
* Managing the evaluation team, ensuring efficient division of tasks between mission members and taking responsibility for the quality of their work;
* Undertaking the inception field mission;
* Representing the Evaluation Team in meetings;
* Ensuring the quality of all outputs; and
* Submitting all outputs in a timely manner.

1. The Team Leader will have no less than 15 years of professional experience in humanitarian action, including experience in management of humanitarian operations. S/he will, further, have at least seven years of experience in conducting evaluations of humanitarian operations and demonstrate strong analytical, communication and writing skills.
2. To the extent possible, the Evaluation Team will be gender balanced and represent geographical diversity.

Evaluation Timeline

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| Evaluation Milestones |  | | | | | |
|  | |  | | | | |
| Preparation | | **August – December 2014** | | | | |
| Constituting the Management Group | | August 2014 | | | | |
| Development of Terms of Reference | | | | | August 2014 |
| Recruitment of the Evaluation Team (selection, procurement, contracting) Aug 2014 – Jan. 2015 | | | | | | |
|  | | |  | | | |
| Inception | | | **January 2015- 2014** | | | |
| Inception Field Mission January 2015 | | | | | | |
| Production of draft Inception Report Early February 2015 | | | | | | |
| Finalized Inception Report | | | | Early March 2015 | | |
|  |  | | | | | |
| Data collection and analysis, fieldwork | **March/April 2015** | | | | | |
| Field mission with full team | | 3 weeks during March 2015 | | | | |
| Data analysis | March/April 2015 | | | | | |
| Reporting | **April/ May 2015** | | | | | |
| Production of draft report End of April 2015 | | | | | | |
| Revised version of the report | | May 2015 | | | | |
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| Approval | **June / July 2015** | | | | | |
| Final approval of the report by IAHE SG June 2015 | | | | | | |
| Submission of the report by ERC to IASC EDG & Principals July 2015 | | | | | | |
|  | | | | | | |
| Communications/Dissemination | **August / September 2015** | | | | | |
| Presentation of findings to EDG July 2015 | | | | | | |
| Implementation of dissemination strategy August/ September 2015 | | | | | | |
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Annex 1 – IAHE Impact Pathway

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| Coordinated Humanitarian Action  Impact Pathway | | | | | | | | | | | |
| **Longer-Term Impact** | Affected people protected, well-being and capacity to withstand/cope with/adapt to shocks improved | | | | | National preparedness and emergency response capacity improved | | | | | |
| **↑ ↑ ↑ ↑ ↑ ↑ ↑** | | | | | | | | | | | |
| **Early Impact** | people protected | | | lives saved and livelihoods secured | | | | Government leadership and ownership of the response | | | |
| **↑ ↑ ↑ ↑ ↑ ↑ ↑** | | | | | | | | | | | |
| **OUTCOMES** | humanitarian access secured | | relevant response  (high quality multi-sectoral) | | | connectedness and Coodination between humanitarian stakeholders | | | | Good coverage  (equitable, fewer gaps and duplications) | |
| **↑ ↑ ↑ ↑ ↑ ↑ ↑** | | | | | | | | | | | |
| **OUTPUTS** | coordination mechanisms | Joint situation analysis | | | joint needs and capacity assessments | | joint plans (erp/prp/srp) | | joint advocacy | | adequate financial and human resources |
| **↑ ↑ ↑ ↑ ↑ ↑ ↑** | | | | | | | | | | | |
| **INPUTS** | leadership | | | | | | | | | | |
| human resources, including surge capacity | | | | | | | | | | |
| pooled and agency funds | | | | | | | | | | |
| guidance and programming tools (HPC, MIRA, standards, etc.) | | | | | | | | | | |
| logistics | | | | | | | | | | |

1. The five Protocols are: Empowered Leadership; Humanitarian System wide Emergency Activation; Responding to Level 3 Emergencies What empowered leadership looks like in practice ; Reference Module for Cluster Coordination at the Country Level; and Responding to Level 3 Emergencies: The Humanitarian Programme Cycle [↑](#footnote-ref-1)
2. Humanitarian principles provide the foundation for humanitarian action and they are: humanity, neutrality, impartiality and independence. For more information on humanitarian principles, please see: <https://docs.unocha.org/sites/dms/Documents/OOM_HumPrinciple_English.pdf> [↑](#footnote-ref-2)
3. Prior to 2014, a number of inter-agency real time evaluations were conducted, but the scope, methodology and objectives of such exercises were significantly different from those of IAHEs. [↑](#footnote-ref-3)
4. See “Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs): Guidelines” Developed by the IAHE Steering Group, April 2014. [↑](#footnote-ref-4)
5. See UNEG’s website: www.uneval.org. [↑](#footnote-ref-5)
6. See the DAC criteria for evaluating development assistance Factsheet at: http://www.oecd.org/dac/evaluation/49756382.pdf [↑](#footnote-ref-6)
7. See the *ALNAP guide for humanitarian agencies: Evaluating humanitarian action using the OECD/DAC criteria* at www.alnap.org/pool/files/eha\_2006.pdf  [↑](#footnote-ref-7)
8. See Annex 1 of the ToR – Impact Pathway for IAHEs. [↑](#footnote-ref-8)
9. Approved by the IASC Working Group on 20 June 2008. [↑](#footnote-ref-9)
10. For further details on the specific roles and responsibilities of the different IAHE stakeholders, please see “Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs): Guidelines, developed by the IAHE Steering Group, April 2014. [↑](#footnote-ref-10)