Report of the Inter-agency Humanitarian Evaluation (IAHE) of the Response to the Crisis in South Sudan

Final Evaluation Report

November 2015

Disclaimer

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PREFACE

Inter-Agency Humanitarian Evaluations (IAHEs) were introduced through the Transformative Agenda as part of the Humanitarian Programme Cycle. IAHEs aim to assess the extent to which the shared objectives of the Strategic Response Plan are met, as well as to contribute to learning from the collective response. They are mandatory for all 'L3' emergencies. The IAHE of the Response to the Crisis in South Sudan is the second IAHE to be finalized to date, and the first one of a response to a conflict-driven emergency.

As I witnessed first-hand during my visit to South Sudan in July 2015, the overall humanitarian situation in the country is dire. More than 2.2 million people have been displaced by the conflict, and severe food insecurity is affecting 2.8 million people. Tremendous efforts have been made by the humanitarian actors in the country to address the most urgent needs. Since my visit, the situation has deteriorated even further, and the humanitarian and protection needs continue to outstrip the resources to respond. We must continue to make every possible effort to ensure that the humanitarian response reaches South Sudanese in need of assistance in the most principled and cost-effective manner.

The evaluation points to areas in which the collective humanitarian response in South Sudan has made a distinctly positive contribution. Despite the tremendous logistical and security challenges, key objectives related to saving lives, ensuring protection and supporting livelihoods have been achieved. Protection of Civilians sites, which now offer refuge to nearly 200,000 people, have been instrumental in providing life-saving support. Evidence collected by the evaluation points to the fact that the humanitarian response averted a public health catastrophe, including a potential famine.

This evaluation offers a unique opportunity to learn about the ways in which our collective humanitarian responses have already been brilliant, and when they can be made even more relevant and efficient. It identifies a number of areas for improvement, both in the South Sudan response and at the system-wide level, in order to better support the needs of affected people. We must sustain all efforts in this direction. We should continue to work towards developing a broad base of skilled humanitarian staff who are ready to deploy at short notice and remain on the ground in emergencies, to ensure that coordination structures function as effectively as possible, and that relief operations reach all of the affected areas. While efforts to involve national actors and humanitarian partners are yielding fruit, these should be further strengthened. The instruments introduced by the Transformative Agenda, such as the Humanitarian Programme Cycle, the 'L3' status, and Accountability to Affected People have proven useful, albeit to varying degrees. There is still potential and need to further refine and better put into practice these instruments, recognising the contextual differences between conflict-driven and natural disaster-driven emergencies.

The report also provides a number of recommendations, both at country and system-wide level, which build upon those provided by the Operational Peer Review conducted during the first months of the response. It also proposes a strategic reflection on the way forward for the South Sudan response.

In the run-up to the first-ever World Humanitarian Summit, the learning and reflection offered by Inter-Agency Humanitarian Evaluations constitute a unique contribution to our collective understanding of what we do well, how to conserve and replicate that expertise and experience, and where we can continue to improve the humanitarian system and deliver on our promise to enable the people of South Sudan, as well as people affected by other crises, to realize their basic right to be safe and to live with dignity and free from want.

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and Emergency Relief Coordinator*

ACKNOWLEDGMENTS

ACRONYMS

AAP	Accountability to Affected People
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
BBTT	Boda Boda Talk Talk
CCCM	Camp Coordination and Camp Management
CDAC	Communicating with Disaster-Affected Communities
CHF	Common Humanitarian Fund
CRP	Crisis Response Plan
CwC	Communicating with Communities
DFID	Department for International Development
ECHO	European Commission's Humanitarian Aid and Civil Protection Department
DTM	Displacement Tracking Matrix
FAO	Food and Agriculture Organization
FSL	Food Security and Livelihoods
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HPC	humanitarian programme cycle
HRP	Humanitarian Response Plan
IAHE	Inter-Agency Humanitarian Evaluation
IARRM	Inter-Agency Rapid Response Mechanism
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
ICWG	Inter-Cluster Working Group
IDP	internally displaced person
IO	Sudan People's Liberation Movement-in-Opposition
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification

IRNA	Initial Rapid Needs Assessment
L3	level-three (emergency)
MIRA	Multi-Cluster Initial and Rapid Assessment
MSF	Médecins Sans Frontières
NGO	non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
OLS	Operation Lifeline Sudan
OPR	Operational Peer Review
OWG	Operational Working Group
PoC	Protection of Civilians
RRM	Rapid Response Mechanism
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SPLM	Sudan People's Liberation Movement
SPLM-IO	Sudan People's Liberation Movement-in-Opposition
SRP	Strategic Response Plan
UNDSS	United Nations Department for Safety and Security
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMISS	United Nations Mission in South Sudan
USAID	United Nations Agency for International Development
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Map of South Sudan

Map No. 4450 Rev.1   UNITED NATIONS
October 2011

Department of Field Support
Cartographic Section

EVALUATION SUMMARY

An Inter-Agency Humanitarian Evaluation (IAHE) was conducted in South Sudan in April 2015 under the auspices of the Inter-Agency Standing Committee (IASC) Transformative Agenda for the global reform of humanitarian action in large-scale emergencies. This was the first such evaluation of a response to a conflict situation and complex political emergency.

Widespread internal conflict in South Sudan began between rival government factions in December 2013. The conflict escalated rapidly as ethnic dimensions emerged and as the fighting spread geographically throughout the north-eastern states of Unity, Upper Nile and Jonglei. The situation has severely impacted the civilian population with the displacement of 1.5 million people.

A landlocked country in north-eastern Africa, South Sudan gained independence from the Sudan in 2011 following decades of civil war that cost 1 million lives and halted national development progress. Although South Sudan had been taking tentative steps towards stabilization and recovery prior to the onset of the current crisis, development indicators were among the worst in the world and in several states the proportion of children affected by acute malnutrition had reached emergency thresholds. The United Nations Mission in South Sudan (UNMISS) remained in place due to sporadic local conflicts and remaining tensions with the Sudan.

Based on the standard terms of reference for the evaluation, a team of five evaluators was tasked with addressing the following four key questions:

1. Did the inter-agency response meet the objectives set out in its strategic plans and were these objectives appropriate?

2. To what extent were national and local stakeholders involved and their capacities strengthened through the response?

3. Was the assistance well coordinated and did it successfully avoid duplication and fill gaps?

4. To what extent were IASC core humanitarian programming principles and guidance applied?

The main methodological tool employed was a common evaluation matrix designed to answer the four questions and related sub-questions and used by each of the evaluators as a guide and a means of recording evidence. Each team member was assigned an area of specialization to ensure that certain themes were covered in greater depth. Geographically, the evaluation team visited 6 out of the country's 10 states, individually or in sub-teams of two. The specific locations were chosen to provide a broad cross-section of different situations, including one state that is relatively unaffected by direct conflict but where agencies are responding to chronic food insecurity within the overall response framework. Evaluation techniques included interviews with all stakeholders, including humanitarians, community members and other key informants, as well as examination of response data (especially cluster data), literature review, focus group discussions and direct observation. Accountability to Affected People (AAP), a major initiative under the Transformative Agenda, was a particular area of focus.

One major constraint was that two team members were in Upper Nile during a resurgence in the fighting there and effectively lost several days of field work due to security restrictions. Another was that a number of clusters could not provide adequate monitoring data for 2014. Overall, the lack of outcome data in certain sectors meant that the team was not always able to draw concrete conclusions regarding the achievements of the response. The magnitude of the South Sudan Level-Three (L3) Emergency response, which involved more than 150 agencies and a range of locations

spread out across vast and remote areas, meant that the evaluation was necessarily broad and summative. Based on a limited, albeit triangulated, set of response activity snapshots, the evaluation also undoubtedly involves some bias. Considerable reliance was therefore placed on examining the response-wide data held within the clusters. This data turned out to be quite patchy in some cases, however, particularly for 2014.

Notwithstanding these constraints, the evaluation concluded that the main response objectives related to saving lives, providing protection and supporting livelihoods were appropriate and have generally been fulfilled. The evidence supports the claim that the response averted any major public health catastrophe, including famine. Working in collaboration with UNMISS, the HCT response reached 100,000 people with life-saving protection in Protection of Civilians (PoC) sites. Excellent and innovative work in support of livelihoods was conducted and will form a strong basis for future expansion in this sector. These achievements were made in a country that is notoriously challenging from a logistical point of view and where there were significant security risks. Strenuous fundraising efforts, led by the Humanitarian Coordinator (HC), raised US$1.27 billion in 2014, 70 per cent of the requested funds, which represents an excellent result relative to most other emergency appeals.

At the same time, the response was slow to deploy in the early months of 2014, which undoubtedly resulted in preventable deaths and suffering. Not enough attention was paid to the spirit of the humanitarian programme cycle (HPC). Response plans were written primarily as fundraising documents rather than as truly strategic documents against which progress could be measured and regular course corrections could be made. Complex and time-consuming coordination structures were present in Juba, but the coordination presence outside of the capital was very light. The severe shortage of experienced coordinators and leaders, especially outside of Juba, was the single biggest weakness in the response and had major side effects for programme coverage and quality.

Despite some excellent practices by a few agencies, the general level of AAP[1] was disappointing and there was a lack of leadership in this area by the Humanitarian Country Team (HCT). National non-governmental organizations (NGOs) could have played a greater role in the response. Although they cannot always match the technical standards and logistical capacity of international agencies, national NGOs bring a number of other important qualities, such as local knowledge, staying power and cost-consciousness that will become increasingly attractive. The response took a balanced and appropriate approach to working with national and local authorities, seeking to collaborate and support those elements that demonstrated a commitment to humanitarian efforts and could put politics aside.

The Transformative Agenda has not had a major impact on the South Sudan response, and the evaluators see little value in maintaining the L3 status under current circumstances. The crisis is now clearly becoming protracted and therefore requires a complete review and revision of strategic purpose. The emergency is merging with the long-term pattern of conflict and underdevelopment in South Sudan and a key lesson has been that there is no clear choice between relief and development (or resilience, recovery, etc.). Inter-agency operations in South Sudan would benefit from a fresh paradigm that can nimbly move between these approaches. In any case, funding is already waning, so hard choices must be made in regards to the way forward. A proper strategic planning process should be initiated that includes more voices, particularly those of affected people, who largely survive by their own efforts and often have more insight than humanitarians realize. Investments in better analysis are also needed, especially in relation to food security and to boost sustainable logistics infrastructure and capacity. An outline of such a strategic vision is sketched out in section 2 below.

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[1] Accountability to Affected People is a policy instrument of the IASC.

Major findings and recommendations

(see section 7 for detailed recommendations)

Findings	Recommendations	Priority	Action by	Comments
Human Resources Aside from issues related to security, politics and logistics, one of the major constraints faced by the response in meeting IASC expectations was the lack of senior and experienced humanitarians within its structures, particularly (but not limited to) outside of Juba. (This is part of a global crisis in human resource capacity for emergencies.)	1. The Humanitarian Coordinator and the HCT should hold cluster lead agencies accountable for ensuring that the clusters are adequately staffed for a response of this magnitude.	Critical	Lead Agencies HCT	The Operational Peer Review (OPR) already provided this recommendation; however, additional work is needed to make sure the recommendation is implemented.
	2. Support humanitarian leadership outside of Juba through the creation of three to five senior roving OCHA posts filled by experienced managers who can boost capacity during crises, add weight to overall analysis and support key elements of new strategic response plans for the HCT.	Important	HC/HCT	The OPR had already recommended additional work on advocating for the deployment of appropriate and skilled staff in hard-to-reach locations; however, continuous work is needed in this area.
	3. Starting with a problem analysis and review of current initiatives, the IASC should lead concerted action to address the global crisis in human resource capacity for emergency response.	Critical	IASC	

Findings	Recommendations	Priority	Action by	Comments
Leadership Leadership on resource mobilization was impressive. HCT leadership of the response was not sufficient, however. Leadership and accountability were too diffuse among the various coordination bodies, including the ICWG. A much more strategic approach to leadership was needed, with the HCT setting the goals and holding itself and other coordination elements accountable for delivering on them.	4. The HCT should focus on forward-looking strategic and contingency planning, starting with a revised response plan for 2015.	Critical	HC/HCT	This recommendation follows up on an OPR recommendation to clarify the HCT/Inter-Cluster Working Group (ICWG) roles.
	5. The ICWG should leave strategic leadership to the HCT and focus on boosting the performance of the clusters (see below on coordination structures).	Important	ICWG	

Findings	Recommendations	Priority	Action by	Comments
Efficiency: doing more with less Although funding for the response is starting to dwindle, a response-wide focus on efficiency can achieve considerable savings without damaging effectiveness. Given the enormous logistical costs of the response, greater efficiency should be sought. While a rapid response modality developed to reach remote locations more quickly was innovative and broadly effective, there were inefficiencies that could have been addressed. As funding for the response declines, more sensitive needs analysis will be needed to support priority setting and careful targeting, noting that incomplete data and weak analysis lead to inefficiency. For example, food distributions covering 100 per cent of the calorie needs of people who may already have food at their disposal, while other (accessible) food insecure people receive nothing.	6. The response machinery should embrace an integrated approach to using available resources to the best effect. Led by the HCT, this must start with realistic strategic planning and close engagement with the donor community on short and long-term priorities. Cost-efficiencies can be achieved *inter alia* by renewing investment in coordination, improving assessment, conducting rigorous prioritization and targeting, rationalizing the number of actors in some response areas, strengthening quality, smarter resourcing of logistics, increasing support for innovative livelihoods programming, supporting national NGOs, and acknowledging the primacy of the seasons in annual planning.	Critical	HC, HCT, ICWG, clusters, donors, agencies	The OPR had already recommended improving the complementarity and coherence of rapid response mechanisms, as well as considering ways of supporting NGO funding and integrated programming and prioritizing national NGOs. Further work is needed in these areas.

Findings	Recommendations	Priority	Action by	Comments
Programme cycle management and quality assurance The response plans were written primarily as fundraising documents rather than as useful programme cycle management documents. Links between analysis (assessment), planning, implementation and monitoring are incomplete. Quality was highly variable in all sectors. In some locations/ sectors good quality work was observed, whereas in others the quality was well below acceptable standards. The cluster monitoring function was largely neglected. This failure in the accountability chain stretched upwards through the ICWG to the HCT. The response was not able to report on its progress by April 2015 in any detail even though agencies were reporting to their individual donors.	7. Response plans should be prepared using a rational strategic planning process, to make them useful as tools for programme cycle management and fundraising. Allocate adequate time to response planning and seek a genuinely inclusive process in which the views of affected people are given prominence.	Critical	HCT, ICWG, clusters	The need for more robust inter-sectoral analysis of operational data, including putting in place a joint monitoring and reporting framework to track periodic progress on indicators in the Crisis Response Plan (CRP) was already highlighted in the OPR. The IAHE concluded that additional work is still needed in this area.
	8. Within response plans, focus not only on outputs, but also on outcomes and early impact, including as a basis for monitoring and quality control. Indicators should be apt and measurable, and not overly reliant on numbers of people reached.	Important	HCT, ICWG, clusters	
	9. Cluster-level plans should follow standard approaches with cross-cluster priorities agreed to at the outset. The use of common (cluster-based) indicators in donor contracts could help align agency donor reporting with cluster reporting.	Critical	ICWG, Clusters	

Findings	Recommendations	Priority	Action by	Comments
Coordination structures Clusters are under-resourced and overburdened with routine administrative duties and so lack capacity for more strategic duties, such as ensuring quality and coverage. The ICWG is not sufficiently focused on the key functions of supporting and monitoring the performance of the clusters. The Operational Working Group (OWG) was cumbersome and ineffective in 2014, but has started to improve in 2015. The HCT is not strategic enough in the way it conducts its business or in holding the ICWG and the clusters accountable.	10. As the main engine of coordination, the clusters must be fully resourced with the appropriate, single-hatted staff and be held accountable by the HC/HCT.	Critical	HC/HCT	
	11. The ICWG should take on proactive inter-cluster management, in line with the revised terms of reference of October 2014. Its focus should be on making sure all cluster business is aligned with the strategic response plans, that the work of national and sub-national clusters is in sync and that clusters adopt consistent approaches to managing and monitoring quality and coverage.	Critical	ICWG	In line with this, the OPR report had already recommended that analytical capacity be provided to both the HCT and the ICWG by ensuring that monitoring reports on progress towards the targets set in the CRP are systematically collected and shared.
	12. Reinforce OCHA at the state level with sufficiently experienced staff.	Critical	OCHA	A similar recommendation was provided in the OPR but additional work is necessary to ensure its full implementation.

Findings	Recommendations	Priority	Action by	Comments
Flexibility across relief and resilience As the conflict has become protracted, the crisis has developed from an acute emergency to a chronic situation. A long-term approach is now needed. The former focus on saving lives needs to be balanced with greater investment in resilience and livelihoods support. This will help sustain response efforts with lower levels of funding. A fresh response paradigm is needed in which funds and operational capacity can switch flexibly across the relief–recovery spectrum and longer timeframes can be employed.	13. Adopt a flexible approach to programming. All plans should support resilience whenever possible. Expand initiatives with longer-term impact, especially in education, health and livelihoods, but be ready to respond to new crises as they arise.	Critical	HCT, ICWG, clusters	
	14. Introduce flexible long-term donor funding (at least three years), including pre-agreed modalities to switch some funding into emergency response as needed (crisis modifiers).	Important	Donors	
	15. Traditional livelihood strategies should be boosted through more widespread and timely inputs (seeds, tools, etc.) and other innovative transfers (such as cash vouchers and agricultural extension, where appropriate), thus reducing the proportion of calorie needs that must be met through food aid.	Critical	Donors, Food Security Cluster	

Findings	Recommendations	Priority	Action by	Comments
Accountability to Affected People There was no systematic leadership or attention given to AAP issues in the response. Few actors were familiar with the term AAP and even fewer knew of the IASC's commitments. The potential for greater roll out was undermined by the lack of experienced practitioners or advocates. Involvement of affected people in all stages of the response project cycle was minimal and their expressed priorities (e.g. for education) often overlooked. There were some excellent examples of good practice by individual agencies that can be models for response-wide improvements in AAP.	16. AAP needs to be embraced and promoted by the HC and the HCT as something that can add great value to the response, in line with IASC guidance.	Critical	HC/HCT	The need to prepare and operationalize an AAP action plan was already highlighted in the OPR recommendations. More work is needed in this area, however, and the recommendations here aim to guide the response to do so, building on what was suggested by the OPR.
	17. Agencies and aid workers at all levels need to move beyond information collection and sporadic consultation with affected people and embrace the full range of AAP commitments, focusing in particular on the participation of affected people in the programme cycle.	Critical	ICWG, clusters, agencies	
	18. Dedicate staff and budget lines for AAP. Promote good practice in AAP and Communicating with Communities (CwC) though a formal network of AAP focal points or champions sitting within agencies, in clusters and in key hubs, that are able to document, share and promote good practice. Scale up and expand upon existing models of good practice in CwC, such as the work of Internews.	Important	OCHA, agencies, donors	
	19. Go beyond community leaders and committees and engage in dialogue with ordinary affected people.	Important	Agencies	

1. INTRODUCTION

1.1   Background and purpose of the evaluation

1. IAHEs are part of the HPC, which is an element of the Transformative Agenda, an initiative taken by the IASC in 2011 to improve inter-agency humanitarian action.[2] An IAHE is a critical examination of results designed to inform management decisions. The process is "intended to promote collective accountability and system-wide strategic learning"[3] through "an external, independent assessment of a collective humanitarian response".[4]

2. The Humanitarian Coordinator and the HCT are the primary users of IAHEs, which provide information about progress made towards objectives, as well as relevant information for planning and decision-making. The IAHE audience is not limited to IASC members but includes all other humanitarian stakeholders. IAHEs are expected to promote accountability and lesson learning across the entire humanitarian system.

3. The IAHE in South Sudan, which was triggered by the declaration of an L3 emergency on 11 February 2014, has the following two purposes:

    Purpose 1: To provide an independent assessment of the extent to which planned and relevant collective objectives set in the CRPs[5] were met.

    Purpose 2: To assess the extent to which response mechanisms, including the HPC and other key pillars of the Transformative Agenda, supported the response, and to recommend improvement-orientated actions.

4. These purposes will be achieved by addressing the four evaluation questions set out below and discussed in more detail in sections 3-7 of this report:

    a. To what extent are the Strategic Response Plan objectives appropriate and relevant to meeting the humanitarian needs? Have systems been established to measure their achievement? To what extent have the results articulated in the 2014 CRPs been achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster? (i.e. was the response relevant and effective in regards to the protection of conflict-affected communities?)

    b. To what extent have national and local stakeholders been involved and their capacities strengthened through the response?

    c. Was the assistance well coordinated, and did it successfully avoid duplication and fill gaps? What contextual factors help explain the results or lack thereof?

    d. To what extent were IASC core humanitarian programming principles and guidance applied?

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[2] The Transformative Agenda was designed to transform the international approach to coordination, leadership and accountability. Elements include stronger United Nations leadership, especially in L3 emergencies, and stronger emphasis on accountability to all stakeholders, including affected people. The HPC sets out a cycle of procedures, policies and guidance to be followed.

[3] IAHE Steering Group, "Inter-Agency Humanitarian Evaluations of Large-Scale System-Wide Emergencies (IAHEs) Guidelines" (30 April 2014), p. 4. Available from http://interagencystandingcommittee.org/system/files/iahe_guidelines.pdf.

[4] Inter-Agency Standing Committee, "Reference Module for the Implementation of the Humanitarian Programme Cycle" (IASC, December 2013), p. 22. Available from https://www.humanitarianresponse.info/en/system/files/documents/files/Version%20 1.0_HPC%20Reference%20Module%2012%20December%202013%20final_0.pdf.

[5] The terms 'Strategic Response Plan', 'Crisis Response Plan' and 'Humanitarian Response Plan' are largely interchangeable.

1.2 Country context

5. The world's newest country, South Sudan achieved independence from the Sudan in 2011 following decades of civil war dating back to the 1950s. Although the area was relatively stable from 2005 to 2011, the period was also marked by serious episodes of turbulence arising from cattle raiding, problematic disarmament programmes and tribal conflict. Displaced southerners returned from the Sudan in need of assistance, and conflict along the border with the Sudan caused further and extensive displacement of people. UNMISS, a large United Nations peacekeeping mission, was in place during this period. Development indicators were among the worst in the world and malnutrition rates remained at emergency levels in several states. Major aid operations, which were ongoing before the current crisis began in December 2013, were primarily working towards stabilization, resilience and recovery. The Humanitarian Coordinator was also already in place and the United Nations had just launched a consolidated appeal for $1.1 billion.

6. Oil production in the border areas between South Sudan and the Sudan has proven to be a mixed blessing. The huge revenues from oil sales offered development opportunities but also led to intense competition among elite groups. Old rivalries within the political class were reignited and spilled over into conflict that partly followed tribal lines. Following fighting between sections of the army in Juba in December 2013, much of north-east South Sudan became engulfed in civil war (referred to here as the 'crisis'). Although there are two main factions, now generally referred to as 'the Government' and 'the opposition', the patterns of conflict are far more complex and continue to grow in complexity as various tribal group sections and different commanders pursue their own interests.[6]

7. By the end of January 2014, it was estimated that 865,000 people had been displaced, including 123,000 people who had fled to neighbouring countries. More than 80,000 people had sought refuge on United Nations bases and were being protected by UNMISS. Over 3 million people were considered to be in the highest-assessed categories of food insecurity (acute and emergency).[7]

8. The humanitarian response was heavily impacted when many agencies evacuated their staff at the height of the violence in December 2013 and January 2014. Some of the evacuated staff members did not return to their posts until February 2014 or later. Many national staff fled or could not work safely and effectively because of their ethnicity. By June 2014, 394 violent incidents against humanitarian actors had been recorded, five aid workers had been killed and 150 vehicles had been commandeered or lost. Many agency compounds had been looted and their equipment stolen. Logistically, due to its remoteness from sea ports and lack of all-season roads, South Sudan is one of the hardest places in the world to deliver a major response.

9. The fighting continued into 2014 on a more sporadic basis and extended over a wider area. By the end of 2014, more than 100,000 people had sought sanctuary in United Nations bases and the total planning figure for internally displaced persons (IDPs) had reached 1.95 million. Amidst the ongoing internal displacement and refugee outflows to surrounding countries, South Sudan remained a significant refugee hosting country in the region, with 246,952 refugees,[8] mostly from the Sudan's South Kordofan and Blue Nile states, residing in the country by December 2014. At the beginning of 2015, 2.5 million people were still facing severe food insecurity.[9]

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[6] The breakaway faction of the Sudan People's Liberation Movement (SPLM) is called the SPLM-in-Opposition (IO) and is led by Riek Machar, a former Vice President of South Sudan. The SPLM-in-Opposition controls sizeable areas of Unity, Upper Nile and Jonglei states.

[7] This is based on the Integrated Food Security Phase Classification (IPC), a global measurement of food insecurity.

[8] Available from data.unhcr.org/SouthSudan/.

[9] United Nations, South Sudan Humanitarian Response Plan 2015 (OCHA, 1 December 2014). Available from reliefweb.int/sites/reliefweb.int/files/resources/HRP%20summary_FINAL_rev%2002122014.pdf.

1.3 Crisis response plans

10. A strategic response plan was developed at the end of 2013, following the consolidated appeal. Following the widespread violence that took place in December 2013, the strategic response plan was superseded by the first CRP in February 2014. The emergency was designated an L3, the highest IASC category, on 11 February 2014, triggering the procedures, tools and support prescribed under the Transformative Agenda and the HPC.

11. Although the 2014 CRP was revised in June of that year, the original four strategic objectives were retained:

    a. Provide a coordinated life-saving response to immediate humanitarian needs of conflict-affected people (internally displaced people, host communities and refugees in country).

    b. Provide protection to conflict-affected communities and ensure access to services.

    c. Support the resumption of livelihoods activities by affected communities as quickly as possible and building resilience by providing integrated livelihoods assistance.

    d. 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.

12. A new plan was written for 2015 and called the Humanitarian Response Plan (HRP). The HRP had similar objectives to the 2014 CRP, but removed the objective related to logistics, treating this instead as an enabling factor dealt with under the sub-plan for the Logistics Cluster.

1.4 Methodology and limitations

Methodology

13. An evaluation matrix was developed based on the four evaluation questions noted in the terms of reference (see annex 1). The matrix outlined the sub-questions and sources of all required information and was used as the basis for all interviews and research questions and for documenting findings (see annex 2). Information was triangulated through different sources and reference documents.

14. The five evaluation team members spent three weeks in South Sudan between 12 April and 30 April. The team conducted interviews and research in a cross-section of locations, including government- and opposition-controlled areas, several conflict-affected areas, non-conflict areas, deep field locations, PoC sites and sites with internally displaced persons and host populations.

15. The evaluators visited a total of 14 locations in six states (see Table 1). Individual evaluation team members took the lead on specific sectors and themes and as outlined in the inception report. For the most part, team members travelled independently in the field. Where possible, however, the team member responsible for community consultations travelled with another member of the evaluation team to allow for triangulation and for communities' voices to act as a cross check to agencies' perceptions. Having one person dedicated to community consultation and capturing the voices of a wide range of community members allowed for the views of affected people on various aspects of the response to be recorded. Internews, an NGO specializing in CwC, facilitated consultations in Malakal and Juba United Nations House PoC site and carried out consultations on behalf of the IAHE at United Nations House with internally displaced persons, including some who had formerly spent time in Bentiu PoC site. These consultations were designed jointly with the IAHE community consultation specialist.

16. Overall, the data collection methods and tools used in the evaluation included the following:

- More than 150 interviews were undertaken with people from United Nations agencies, NGOs, international NGOs, the International Committee of the Red Cross (ICRC), the International Organization for Migration (IOM), civil society representatives, national and regional government representatives, donors, UNMISS and the United Nations Police, as well as staff members present in South Sudan since the start of the crisis (see the comprehensive list provided in annex 5).

- Twenty-six key informant interviews, transect walks and timelines were undertaken with community mobilizers, health care mobilizers, hygiene promotion staff and representatives of women and men.

- Two focus group discussions, detailed key informant interviews and participatory rural appraisal timelines were undertaken with the 24 Internews correspondents at United Nations House PoC and Malakal PoC sites.

- Twenty-four community consultations were carried out with groups of men, women, youth, children and mixed groups. Timeline exercises, focus group discussions, panel discussions and informal discussions were undertaken.

- Thirteen inter-agency meetings were undertaken, including sector cluster meetings, ICWG meetings, HCT meetings, contingency planning meetings, security briefings and crisis coordination meetings in Malakal, and meetings of community leaders and women.

- Internews correspondents undertook one panel discussion with five women aged 14 to 25 on behalf of the IAHE team at United Nations House.

Table 1: Locations visited by evaluators

State	Locations
Eastern Equatoria	Juba town
	Juba United Nations House PoC site
Unity	Leer
Upper Nile	Malakal town
	Malakal PoC site
	Dithoma I and II camps (Melut)
	Melut PoC site
	Wau Shilluk
Jonglei	Akobo (including the separate village of Deng Jok)
Northern Bahr el Ghazal	Aweil
	Malwalkon
Lakes	Mingkaman IDP site

Picture 1: Transect walk in Dengjok, Akobo County

17. In some cases, due to evaluators being stuck in Upper Nile during fighting, interviews were conducted via Skype or email. Valid Evaluations, the in-country IAHE Advisory Group and the Inter-Agency Evaluation Management Group facilitated quality assurance with continuous support and advice.

Limitations

18. The team faced a number of challenges, described below, some of which were anticipated and some that resulted from necessary changes in the schedule and approach due to field and security constraints:

   - Due to an outbreak of fighting in Malakal during the field work, two team members were stuck in Melut and Malakal for five days, with limited access and ability to work. This curtailed planned community research in United Nations House with Internews and caused the cancellation of several key interviews with cluster coordinators, information managers, assessment teams, gender focal points, AAP staff and programme managers in Juba. This led to some information gaps, as well as the cancellation of planned community research on AAP. There was limited information on outcomes available within the clusters and some clusters found it difficult to respond to requests for data on outcomes. It was therefore challenging to fully answer question 1 in the terms of reference on impact. Due to the lack of outcome data, the team was not always able to make concrete conclusions on the achievements of the response. Without having its own translators or research staff, the evaluators relied on agency staff and Internews to facilitate and sometimes conduct consultations with community members.

   - In Upper Nile, with the exception of Melut and Wau Shilluk, it was not possible to carry out community consultations beyond the PoC sites due to access and security constraints.

   - In some of the areas visited, such as Malakal, the Governor and senior government representatives were not present due to insecurity. Movement constraints meant that it was not possible to interview state ministry representatives.

   - It was not always possible to access national NGOs or civil society groups in the field, and particularly senior representatives of such organizations or groups. Therefore, in some locations (such as Malakal), limited interviews were carried out with these actors. In both Leer and Akobo, local chiefs were preoccupied with other pressing matters.

   - Given the time lag between the start of the response and the IAHE field work, many staff members who were present during the initial stages of the response had left their programmes by the time of the field work and therefore could not be interviewed.

   - **IMPORTANT NOTE:** The IAHE uses data available through 30 April 2015, which is considered the cut-off point for analysis. While the report was being drafting, heavy fighting was taking place in some areas, causing fresh waves of displacement and new humanitarian needs. These events are not considered by the evaluation.

2. STRATEGIC OVERVIEW: A SUGGESTED WAY FORWARD

19. This overview provides a frame of reference for the detailed recommendations that follow in later sections, as well as an understanding of how particular analyses and recommendations could combine to make a cohesive programme. This strategic overview is therefore not a summary, but rather an integral component of the analysis presented in this report.

20. This section is arranged in four sub-sections: 1) impact so far; 2) context; 3) future programming; and 4) funding.

2.1 Impact so far

21. Since December 2013, the response has had a positive impact on the lives of many affected people. At the same time, there have been missed opportunities. It is important to note that weaknesses in monitoring and information management have made it difficult to determine the results achieved and their impact. Impact noted by the evaluation includes:

- The humanitarian response has saved lives, reduced the effects of health and food security crises, and (probably) averted a famine.
- UNMISS has had a direct (positive) impact on protection through the creation of PoC sites. Response agencies have worked hard to document and monitor protection trends and collaborate with affected people on local protection strategies.
- Needs related to health, water, sanitation and hygiene (WASH) and food security have been prioritized and the impact in these sectors has been substantial. Other sectors such as education and protection continue to receive less attention, however, which will have negative short- and long-term consequences.
- Affected people have not been consistently involved in planning, implementation and decision-making. This has impacted the relevance of programmes, as well as long-term sustainability. There are examples of good practice, but there is still a long way to go.
- Declaration of the L3 emergency raised the profile of the response and had a major, positive impact on fundraising. Other aspects of the Transformative Agenda, such as the HPC and the Inter-Agency Rapid Response Mechanism (RRM), or surge capacity, had a lesser impact.

2.2 Context

22. When making plans for the future it is important to understand the current context and the ways in which that context is likely to evolve in the medium-term. This will provide the parameters for future planning:

- Funds are decreasing. As the crisis becomes protracted, donor funding for South Sudan is on the decline. This trend is expected to continue through 2015 and 2016.
- Fighting and large-scale displacement continue. Upper Nile, Unity and Jonglei will be unstable for the foreseeable future. Other areas, such as Lakes, are being drawn into the conflict.
- The humanitarian environment is deteriorating. Aid workers have been killed and abducted and armed factions levy ad hoc taxes.
- Access to many of the most vulnerable areas is nearly impossible due to insecurity, political impediments (e.g. restricted barge movement), rains and poor infrastructure (roads and airports).

- The massive disruption of livelihoods persists and market systems are functioning poorly across large parts of the country. There is a very real threat of famine in some areas.
- A national economic crisis is unfolding and government institutions are being denuded of resources.
- Within the humanitarian sector, it remains extremely difficult to find experienced and capable managers who are prepared to spend extended periods outside of Juba (this is a global problem).

2.3 Future programming

23. A new aid model is needed in South Sudan. This model should draw on the resources and expertise of both humanitarian and development actors and place affected people at the centre of planning and implementation. Both long-term and urgent needs must be addressed and help should extend beyond the PoC sites and areas close to state capitals and aid hubs. The response should be built upon and should support local structures, such as communities, national NGOs and (where appropriate) local authorities.

24. As the response moves into a new phase, it makes sense to deactivate the L3 status. The L3 is appropriate for a rapid onset or rapidly escalating crisis (as was the case in 2013–2014). This designation is less relevant, however, to the protracted crisis now taking place in South Sudan. At some point, the force of the L3 diminishes and the continuation of this status may dilute its impact for other escalating crises (e.g. Yemen).

25. The suggested approach would include the following components:

- Smarter, higher-quality, more cost-efficient and better-targeted assistance that addresses the root causes of vulnerability while retaining the capacity to respond to emergencies.
- Long-term (3 to 5 year) funding commitments from donors, with built-in flexibility (a proportion of the budget that can be quickly reassigned with minimal bureaucracy when an emergency occurs).
- A single distinctive rapid response system, learning from the strengths and weaknesses of the RRM implemented by UNICEF and WFP, and based on a small group of NGOs and United Nations agencies with assured funding (their own funding plus donor funding) and expertise in multi-sector assessment and response (i.e. small response teams).
- The active involvement of affected people in planning, implementation and monitoring.
- Support for national NGOs and local authorities that have proven capabilities.
- Coordinated advocacy with all armed actors stressing humanitarian principles, particularly the right to humanitarian access (necessitating United Nations presence in all parts of the country, including those controlled by the Sudan People's Liberation Movement-in-Opposition (SPLM-IO).
- Improved planning and monitoring and better links between analysis and action.
- Coordination systems that actively address coverage, quality and consistency.

2.4 Funding

26. Although this approach goes beyond the existing response, it will have to be implemented with fewer funds. Suggestions for lower-cost programming are given below. Longer-term, predictable funding that leads to sustainable livelihoods and service provision—but with the built-in capacity to rapidly scale up in times of crisis—is central to this approach:

   - Improved cost-efficiency (less wastage) through better assessment, targeting monitoring and quality control.
   - Increased engagement with affected people, enhancing targeting improvements and the relevance of interventions.
   - Increased participation of capable, cost-efficient national NGOs; and the consequent decrease in the deployment of costly international agencies.
   - Decrease in the amount of food aid based on analysis of local economies and matching food aid to these (thereby supporting existing livelihoods and reserving food aid for critical food availability gaps).
   - Use of cheaper logistics options: investment in road and river transport and fixed-wing aircraft instead of helicopters and a common logistics platform accessible to all humanitarian actors who can thereby benefit from economies of scale.

27. It is evident that such an approach will demand a long-term commitment by donors, as many of the suggestions will take months or years to implement. Given the predictions made above, however, such an approach will be far more effective over the long-term than the current planning and funding horizons.

3. EVALUATION QUESTION 1: ACHIEVEMENTS AGAINST THE STRATEGIC OBJECTIVES

Evaluation question 1: **To what extent are the Strategic Response Plan objectives appropriate and relevant to meeting the humanitarian needs? Have systems been established to measure their achievement? To what extent have the results articulated in the 2014 CRPs been achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster? (i.e. was the response relevant and effective in regards to the protection of conflict-affected communities?)**

28. This question is addressed by using the Organisation for Economic Co-operation and Development–Development Assistance Committee evaluation criteria of relevance, timeliness, efficiency, effectiveness, quality and impact, and the extent to which the cross-cutting issue of gender has been addressed.

Key Findings

→ The response prevented the crisis from becoming a major public health catastrophe.

→ Working with UNMISS, the response protected the lives of some 100,000 people, successfully monitored protection issues and supported local protection mechanisms.

→ Strong innovative work is taking place in regards to livelihoods, but this must be expanded and given higher priority.

→ The predictive use of longitudinal data was good, especially in relation to food security and nutrition. The main rapid assessment tool (Initial Rapid Needs Assessment) did not meet the needs of the response, however.

→ Strenuous resource mobilization efforts achieved 70 per cent of target funding.

→ Response plan indicators were too often weak and based on the number of people reached. Not enough attention was paid to outcomes, which made it difficult to assess achievement of results.

→ Response plans were written for fundraising purposes rather than as response management tools, which would have been in keeping with the HPC.

→ Although the response's top-line objectives were appropriate to the situation, affected people were not sufficiently involved in assessments or planning processes.

→ The response was slow during the early months of 2014, and suffered from the exodus of aid workers in December 2013.

→ A rapid response modality developed to reach remote locations more quickly was innovative and broadly effective, but also marred by inefficiencies that could have been addressed earlier.

→ The logistical costs of the response are enormous and greater efficiencies can and should be achieved.

→ As funding for the response declines, more sensitive needs analysis will be needed to support prioritization and careful targeting.

→ Most clusters struggled with data collection and made inadequate attempts to monitor activities in their sectors.

→ Attention to gender within programming was varied and requires additional support.

3.1 Relevance: needs assessments and planning

29. Before examining whether the response achieved its strategic objectives, the IAHE report considers whether the response design was appropriate to the local needs and priorities. This sub-section focuses on assessments and strategic planning processes; and the following sub-sections look at how plans were implemented to achieve the stated objectives.

Assessments

30. Working in different sectors, the various agencies employed a broad variety of assessment methods. There was no single assessment methodology used to determine needs in the initial phases of the response. Instead, many agencies used approaches of their own design. Although the IASC favours the use of the Multi-Cluster Initial and Rapid Assessment (MIRA) methodology, some senior United Nations staff felt that MIRA is more relevant to natural disasters and so made greater use of existing longitudinal data against which planning scenarios could be developed. For instance, it was known that the main conflict-affected states suffered from chronic food insecurity. Routine national food security assessments had been completed just before the crisis, so that baseline data could be used as a foundation upon which layers of new information about population displacement, etc. could be added. New planning figures could be extrapolated for the even greater food needs anticipated after the conflict began. A strength of the response has therefore been the continuity of long-term surveillance, especially in relation to nutrition and food security. Forty-two nutrition surveys were conducted in 2014 using the Standardized Monitoring and Assessment of Relief and Transitions (SMART) or Rapid SMART methodology and building upon the 40 surveys conducted in 2013. This allowed for trends analysis of child malnutrition prevalence, a crucial disaster metric (see further analysis in section 3.5). This information was combined with crop assessments and routine (three times per year) Food Security and Nutrition Monitoring System assessment data to provide a food stress mapping of the country using the Integrated Food Security Phase Classification (IPC) system. WFP and others have used this heat map tool to gauge levels of food insecurity county-by-county and to prioritize food aid, nutrition programmes and livelihoods interventions. IPC levels range from level 1, which is classified as minimal, to level 5, which is classified as famine. Most states in South Sudan fall between levels 2 and 4.[10]

31. In the first three to four months of the response, more specific information about population displacement and emerging needs in particular areas came through the cluster system via agencies still working work on the ground, and augmented by specific assessment visits from Juba or state capitals. There is evidence that the needs (e.g. food, water and shelter) were appropriately prioritized based on these assessments in this early phase of the response, for example in the spontaneous IDP settlement at Mingkaman. As the crisis unfolded there was a constant need to reassess the state-level intervention priorities, particularly in relation to new population movements. The main process for this has been the Initial Rapid Needs Assessment (IRNA). This approach had been used in South Sudan since 2012 and re-emerged as the main rapid assessment modality in mid-2014 in order to capture data in a holistic and coordinated way across a number of sectors and in places with reasonable humanitarian access.

32. Although the IRNA approach has several merits, including its facilitation of cross-line access and promotion of collaborative inter-cluster work, a number of respondents reported weaknesses in the implementation of IRNAs. The mobilization process for IRNAs is cumbersome: agencies in the field make an alert; alerts are then prioritized at the ICWG; priorities are then passed to the OWG for implementation; and a Flight Security Assurance letter is requested from the Government. If the assessment involves United Nations staff, a Security Risk Assessment must be conducted. Other problems mentioned by implementing agencies included lack of referral to

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[10] IPC levels: 1 = minimal, 2 = stressed, 3 = crisis, 4 = emergency, 5 = famine.

pre-existing assessment data for some sectors,[11] lack of a consistent methodology, too many people conducting the assessments, too little time spent on the assessments, lack of quality control, lack of clear actionable recommendations and lack of clarity on prioritization and follow-up within the OWG (the OCHA-led body set up to coordinate inter-agency assessments and rapid response). According to one OCHA official, although 95 per cent of IRNAs resulted in an intervention involving at least one cluster, only 45 per cent resulted in extensive interventions across the range of sectors for which recommendations had been made despite built-in response commitments within the IRNA protocol. The time gap between IRNA and intervention could be as much as six weeks and sometimes there was no follow-up. The IRNA approach also suffered from procedural and logistical delays that are dealt with under section 3.3 on timeliness. However, by the time the IAHE mission took place, many of the weaknesses had been recognized and were starting to be addressed. A small group of operational partners and cluster leads is being set up to carry out prioritization and design cluster-specific triggers.

33. A particular challenge for the response has been getting accurate data about the numbers of people directly affected by the crisis for planning and targeting purposes. There is no census data for South Sudan as people have traditionally engaged in seasonal movements, and there have been successive waves of displacement since December 2013. The accepted total population estimate is approximately 12 million and the response uses those populations living in IPC level 2-4 counties as a proxy for people in need. For 2015, this was estimated at 6.4 million (7.3 million in 2014). However, the overall number of people to be assisted in 2015 was 4.1 million. It is not clear how this figure was derived, although it equates to the planning figure for the WASH sector. Other clusters used other planning figures, with the WASH figure being the highest of the various figures used.[12] Where agencies have been able to conduct registration, there is more confidence in target population data, although movements in and out of aid centres remain hard to monitor. Population data derived from IRNAs is regarded as less reliable, as numbers are often given by local administrators whose own data may be inaccurate or who may feel the pressure to inflate numbers in order to attract more attention from response agencies. Certainly donors tended to be sceptical about some of the population data, although the IAHE found no evidence of any systematic inflation of numbers, either by officials or agencies. The IAHE did, however, find evidence of people clearly in need of assistance who were not registered and were excluded from distributions.[13] The IOM manages a Displacement Tracking Matrix on behalf of the Camp Coordination and Camp Management (CCCM) Cluster, which aims to provide a better overview of the situation of IDPs living in centres, including spontaneous settlements, and some cross-checking of needs and the actual response activities are taking place. The Displacement Tracking Matrix is most effective in stable areas of settled displacement and much less reliable in remote areas and where displacement is fast-moving and continuous (and where the needs may be greatest and most neglected). It cannot necessarily verify population numbers.

34. The IAHE found that there was a lack of consistent practice on engaging affected people in regards to their needs and priorities. Agencies did not sufficiently go beyond the level of official local administrators or self-appointed community leaders[14] to gather information about the local situation. Where they did, processes tended to be extractive rather than consultative. Assessments tended to be driven by the need for technical information and quantitative data rather than the desire to bring local people into a dialogue on how to prioritize response resources according to the local context.[15] The resulting plans were therefore shaped by the perspectives

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[11] There is a good repository of assessments on the South Sudan humanitarian response website. Available from www.humanitarianresponse.info/en/operations/south-sudan/coordination-and-common-services/assessments.

[12] United Nations, South Sudan Humanitarian Response Plan 2015 (OCHA, 1 December 2014), p. 23. Available from reliefweb.int/sites/reliefweb.int/files/resources/HRP%20summary_FINAL_rev%2002122014.pdf.

[13] For example, in Akobo (transit walk) and Leer (several interviews with affected people and NGO staff).

[14] These included persons with limited legitimacy, having perhaps been chosen by a minority of affected people in that location.

[15] Interviews with affected people in Malakal, Wau Shilluk and Leer, April 2015.

of the aid professionals. For example, affected people placed high priority on education, but this sector was given a low priority in the 2014 plans. Other examples of gaps from the perspective of affected people, and derived from research conducted by the IAHE, are presented in Table 2. Despite this general trend of not sufficiently engaging local people in planning and prioritization, there were some examples of good practice where agencies responded to felt needs, for instance in relation to protection in Malakal or requests for nutrition education for men in Leer.

Table 2: Main gaps in response according to affected people[16]

	Initial gaps	Persistent (medium-term) gaps	Current gaps
Women	• Cooking utensils • Personal tent space • Cooking fuel • Jerry cans (in a few locations only) • Congestion	• Shelter • Consistent access to appropriate amounts of food • Access to health care: for emergencies, at night and drugs for children	• Livelihood support • Income generating opportunities (bread making, sewing, bead craft) • Evening classes (business skills, literacy) • Peace training • Cleanliness of latrines
Men	• Sorghum (not porridge) • Protein • Shelter materials for building	• Shelter • Sufficient amounts food	• Livelihood support • Fishing materials • Net making materials • Shelter materials
Young men	• Food (over-reliance on other IDPs) • Registration	• Training • Education	• Secondary education • Technical training • Business skills training • Drama training (for entertainment) • Jobs, income generating opportunities • NGO jobs
Young girls	• Sanitary items • Poor security at PoC site at night (can't leave tent as caring for siblings)	• Education • Training	• Nursery care (for siblings) • Security at night in PoC sites (dark, no-go areas) • Secondary education • Training in journalism, etc.
Children	• Food • Health access	• Play space	• Education: continuous grades, smaller classes • Nursery care for children aged 3-5 years • Safe play space (football, volleyball) • Child-friendly spaces

[16] Based on community research conducted in Wau Shilluk, Malakal PoC and United Nations House PoC, Juba.

Planning

35. Despite the problems with assessments, the IAHE found that the response plans, and especially the higher-level objectives, were appropriate for the needs. The long-term presence and collective experience of the agencies involved undoubtedly supported the process of setting relevant objectives. There have been several phases of response planning (see Table 3), which was appropriate given the fluid situation where plans needed to be adjusted to fit changing circumstances.

Table 3: Planning stages in the response

Date	Planning Document	Reference name for this report
December 2013	Initial Crisis Response Plan	CRP 1
February 2014	Crisis Response Plan, January-June 2014	CRP 2
June 2014	Revised Crisis Response Plan for 2014	CRP 3
December 2014	Humanitarian Response Plan 2015	HRP

36. The strategic objectives established in the plans have not varied greatly during the response. The objectives have focused on meeting critical survival needs, providing protection and promoting self reliance. In the 2014 plans, a fourth objective around providing adequate logistical support was included, but in 2015 this was treated as an enabling factor rather than an end in itself. The CRP 3 also included three overarching goals to: save lives, prevent famine and avert the loss of a generation. According to the Humanitarian Coordinator, however, these were included primarily as rallying cries and to add emotional power in the context of resource mobilization efforts.[17]

37. **A key finding of the IAHE is that to date, the plans have mainly been written as fundraising documents rather than strategic plans** that would continually guide the response in the sense of a roadmap or living project document. The lack of truly strategic plans translated into a lack of operational plans, so it was easy for the overall logic of the response – and each cluster's role in the response – to become obscured in the day-to-day business of cluster work, such as meetings and information sharing. In terms of process, the planning was not sufficiently inclusive and did not allow enough time.[18] Reasons given for this included the clusters' lack of outreach to states; their failure to consult affected people about priorities (as opposed to perceived needs); the rush to meet deadlines (such as to prepare for the Oslo pledging conference); the lack of full involvement of NGOs; the lack of decisions in regards to prioritization; and 'cuts' being retained by the Humanitarian Coordinator. Although this hurried approach was understandable for earlier iterations of the plans (CRPs 1 and 2), it is less excusable for CRP 3 and the HRP. The processes were very much Juba-led (i.e. top-down), with little chance for people to participate in states or counties, let alone at more local levels. Consequently, there is a lack of ownership of the plans. Outside of the capital, knowledge of the plans varied considerably and was generally low in places with weaker coordination structures.

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[17] Interview with the Humanitarian Coordinator, Juba, April 2015.

[18] Reasons given for this included failing to consult affected people about priorities as opposed to perceived needs.

38. The plans are built around individual cluster plans, each of which broadly follows the same format. The main difference is that **the focus of the plans is on activities and outputs (rather than outcomes), which are often backed by vague or optimistic indicators with no clear means of verification and no clear monitoring plan**. The quality of the cluster plans is also inconsistent, for instance one of the specific objectives for mine action in 2015 was actually just an indicator (number of recorded incidents of persons killed or injured by exploded remnants of war[19]) and the 2015 health plan includes the following as a main indicator: percentage of births attended by skilled birth attendants in conflict-affected and other vulnerable states (with no indication of how the denominator in this fraction would be derived). Indicators are often just given as 'number of people reached' by an intervention. **These points about measurement are critical to answering questions about whether the response achieved what it set out to**. Some clusters have not been able to measure progress against their own indicators and therefore it is no surprise that OCHA has been unable (at the time of writing) to produce any overall reports on progress against the plans' objectives, other than summary-level data. The issue of the measurability of progress towards objectives is taken up again in section 3.4 on effectiveness.

39. Interviews with cluster coordinators and lead agencies indicate that a factor affecting the ownership of the plans was that although the clusters were asked to plan on the basis of need and encouraged to be as objective as possible (a process that absorbed considerable time and energy), when it came to finalizing the documents, the Humanitarian Coordinator/HCT imposed cuts on some cluster targets in order to prioritize life-saving sectors and align the plans with what donors would likely accept.[20] Thus the Education Cluster's budget estimate of $80 million was reduced to $35 million, far below the target of 4 per cent of earmarked humanitarian funds for education called for by the United Nations Secretary-General's 2012 Education First Initiative and not consistent with the widely-expressed wishes of affected South Sudanese people. Not surprisingly, some clusters have lost faith in the strategic planning process as a result.[21]

40. The fact that the response raised 70 per cent of its requested funding in 2014 (high by the standards of most appeals) is testament to the skill of the Humanitarian Coordinator and others in rallying donors behind South Sudan. But the plans are widely seen as resource mobilization documents in the guise of operational plans. It was just as important for the response to have plans that would be useful management tools for the HCT and clusters over the long-term. Instead, the plans have been largely neglected as key project cycle documents. Interviews with senior United Nations and NGO staff in Juba indicate that the focus of the HCT has drifted away from strategic-level leadership of the response as a single unified programme.

Picture 2: Discussion with pupils at Akobo Girls School

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[19] United Nations, South Sudan Humanitarian Response Plan 2015 (OCHA, 1 December 2014). Available from reliefweb.int/sites/reliefweb.int/files/resources/HRP%20summary_FINAL_rev%2002122014.pdf.

[20] Interviews with cluster coordinators and lead agencies, April 2015.

[21] Ibid.

41. In regards to relevance, donors displayed good flexibility in allowing pre-crisis long-term funding to be used for emergency response. Examples include the United Kingdom Department for International Development (DFID), which reprogrammed funding for adult and accelerated learning into emergency education for children, and the United States Agency for International Development (USAID), which allowed the three-year Jonglei Food Security Project to be redesigned for emergency response.

3.2 Timeliness and efficiency

Timeliness

42. There were no previously prepared inter-agency contingency plans available to help jump start the response when events began to unfold in December 2013. There was virtually no warning for the ensuing political crisis; even seasoned South Sudan analysts failed to see it coming. The 2013 Consolidated Appeals Process predicted that the most likely scenario for 2014 was for the humanitarian situation to stabilize, with overall food security improving slightly and displacement declining.[22] Nonetheless, the Humanitarian Coordinator was responsible for leading inter-agency contingency planning prior to any new shock occurring.[23]

43. The sudden outbreak of civil conflict in December 2013 created an immediate and severe humanitarian crisis that was compounded by the fact that so many agencies that should have been able to respond were not in a position to do so. There were already many humanitarian and development agencies working throughout South Sudan when the conflict started, but the fighting in Juba sparked a mass exodus of aid personnel. Diplomatic missions evacuated their staff from the capital and were obliged to advise their nationals to do the same. In field locations in Jonglei, Upper Nile and Unity, NGOs had to evacuate and many had their compounds destroyed and vital equipment, including vehicles, stolen by the combatants. More than 5,000 metric tons of food aid commodities were also looted. This amounted to a double crisis for affected people, who were in acute need while the potential response capacity was crippled and would take time to recover.

44. The timing of the crisis just before Christmas compounded matters, as head office activity was scaled back for the holiday and the rapid recruitment of new staff was stalled. In addition to needing to secure emergency funds and in some cases replace looted assets, many aid agencies found they needed to recruit new staff experienced with acute emergencies, as opposed to the type of staff that had been working on stabilization and recovery programmes before the conflict. **A consistent finding of this IAHE is that the lack of sufficient and experienced staff has been a major limiting factor in the response** and this seems to be part of a global human resources crisis for emergencies.[24] Due to the ethnic dimension of the conflict, many national staff felt particularly insecure and unable to travel safely through aid hubs, thus placing even more pressure on the recruitment of internationals.

45. Some agencies were able to respond with more agility than others. Not surprisingly, the traditional front line responders like Médecins Sans Frontières (MSF) and ICRC (both of which are outside of the formal IASC-led response) did well. Interviews with senior agency staff revealed that a number of small and medium-sized agencies were quicker to reorganize and begin effective relief than some of the large United Nations agencies and NGOs. For example, United Nations agencies require approval from the United Nations Department for Safety and Security (UNDSS)

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[22] United Nations, South Sudan Consolidated Appeal 2013 (South Sudan, OCHA, 20 November 2012), p.18. Available from https://docs.unocha.org/sites/dms/CAP/CAP_2013_South_Sudan.pdf.

[23] Inter-Agency Standing Committee, Handbook for HCs and RCs on Emergency Preparedness and Response (Geneva, IASC, 2010).

[24] Frances Richardson, "Meeting the demand for skilled and experienced humanitarian workers", Development in Practice, vol. 16 (2006).

for all new deployments to new locations (which sometimes means waiting days for a specific risk assessment), and must comply with many other kinds of risk management rules (e.g. the type of boat you can use on the rivers), which slows responsiveness. Using less centralized risk-management procedures, NGOs have a freer hand. Access to independent or unrestricted funds was another hallmark of those agencies that could respond with flexibility (e.g. MSF and ICRC). The Central Emergency Response Fund notably provided rapid support ($33 million in 2014) for urgent and underfunded interventions such as camp construction and the cholera outbreak. This kind of flexible and agile response funding must be encouraged. The early responders did a good job of prioritizing essential needs within the safer and more accessible centres of displaced populations and there were some good examples of flexible practice (e.g. WFP moved reserve food stocks from long-term refugee camps in Maban to feed new internally displaced persons in Malakal. Local authorities in some areas were also quick to respond, for instance in the Dithoma camps in Melut, where camp managers estimated that 4,400 sacks of sorghum were provided as relief by various government departments between January and April 2014. Special mention must also be made of UNMISS, which opened its bases in several towns to some 100,000 internally displaced persons who had genuine fears of being killed, thus undoubtedly protecting many lives. Despite being completely unprepared for this influx and lacking the appropriate experience, the various UNMISS contingents worked tirelessly to provide essential relief in very fraught circumstances and with minimal assistance from humanitarian agencies during the first days and weeks.

46. In the first half of 2014, donors such as the European Commission's Humanitarian Aid and Civil Protection Department (ECHO) and DFID became concerned that remote populations were not being served quickly or adequately. Funds were made available to encourage more agile operations, which became collectively known as 'rapid response'. This was an innovative approach and one that was appropriate to the fast-changing conditions on the ground. The evaluators found it difficult to separate out the various strands of the rapid response approach and a number of senior humanitarians reported being confused about who was doing what under this heading. The terms 'rapid response', 'rapid response mechanism' and 'rapid response model' were often used interchangeably, sometimes for the approach as a whole and at other times for a particular delivery model. UNICEF and WFP and partners led this approach through joint rapid operations that reportedly reached more than 1 million people with life-saving interventions such as food aid, supplementary feeding and child vaccination, by April 2015.[25] The implementation of a joint rapid scale-up plan for nutrition services was supported by the WFP-UNICEF rapid response mechanism. This was launched in June 2014 in response to concerns regarding the likely impact of the conflict on malnutrition levels and with the aim of preventing and treating malnutrition in conflict-affected states.

47. Overall, however, the quality of rapid response interventions often varied depending on the agencies involved. The gap between an assessment and a response varied between one and six weeks,[26] depending on the agencies involved and the assessment approaches used, as there was no single assessment methodology and many agencies used approaches of their own design. Other factors contributing to this gap included the time taken for security risk assessments (to be conducted if United Nations staff were on the mission) and flights (often helicopters) to be arranged. **There was no mechanism for prioritizing action on recommendations between different sectors and in some cases no intervention followed from assessments** because no one was tracking this adequately. OCHA was improving its performance in this area by April 2015, however (see below and in section 5.2 on coordination).

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[25] The World Food Programme and the United Nations Children's Fund, "The WFP-UNICEF Rapid Response Mechanism in South Sudan: One year on, results, challenges and way forward" (May 2015). Available from www.unicef.org/appeals/files/WFP_UNICEF_RRM_One_Year_Report.pdf.

[26] See section 3.2 on relevance.

48. The response served the more accessible locations, such as Mingkaman and the Juba PoC site, sooner than deep-field locations. Even in major centres like Malakal, internally displaced persons and humanitarian staff described assistance as unacceptably low until February 2014 (two months after the crises started) and not improving markedly until April/May. In Leer, the civilian population fled into the bush in February and returned in April to find their homes destroyed. ICRC began registering affected people for food aid in May, by which time an Action Against Hunger nutrition survey revealed a malnutrition prevalence rate of 34 per cent among children.[27] Generally, most respondents mentioned May/June as the time when relief began reaching affected people in sufficient volumes and with wide enough coverage to stabilize the situation. While the challenges of working in conflict situations and in South Sudan are well documented, **an effective delay of four to five months undoubtedly accounted for preventable deaths and suffering**. The delays were understandably alarming for those waiting for relief, especially in the PoC sites where internally displaced persons were completely reliant on the resources provided by the agencies. Frustrations even spilt over into violence towards humanitarians on occasion according to agency staff. The intervention of organizations employing CwC techniques, such as Internews, proved helpful in diffusing tensions. Communicating honest and accurate information more widely and through good CwC techniques can improve future response efforts.

49. The community research carried out at the different locations showed similarities in the timelines of interventions. The internally displaced persons involved in the research arrived at the sites at different times, so researchers specifically asked how many days after arrival people received items (rather than dates) during the timeline exercises (see Table 4). People considered plastic sheeting for shelter to have arrived late in all locations, with people reporting to have slept under trees or with no shelter for up to eight weeks following arrival. Most but not all reported having had shelter before the rains. In all locations, some food was said to have been available within two to four days of arrival at the PoC (often porridge initially), sorghum arrived within four weeks, and lentils and cooking oil were not distributed until later (e.g. after two months in the Malakal PoC). Cooking was also hampered by shortages of utensils and firewood. Registration delays of several weeks meant that some individuals experienced greater delays than others and were dependant on family members or friends to share food for long periods of time. The majority of families interviewed stated that they shared their rations with additional people due to delays in registration. In Wau Shilluk, internally displaced persons reported that host families had initially shared food with them. Water was available on arrival, and usually as a result of UNMISS trucking it in, although collection was sometimes hampered by lack of jerry cans. In terms of protection, people reported immediately feeling safe on arrival at the PoC site and that this had been their main reason for coming, not food or other services. Health clinics were established at the PoCs, with drugs and medical staff available on arrival.

50. The decision to declare the L3 emergency was taken on 11 February 2014. Understandably, it was not clear in the early weeks of the crisis whether the conflict would last very long. Strenuous diplomatic efforts were being made to mend the rift in the Sudan People's Liberation Movement (SPLM) at that time. **It is to the Humanitarian Coordinator's credit that he foresaw the need for an ongoing, large response and advocated successfully for the L3 designation**. Another strength was the recognition that the impending rainy season would hamper the delivery of vital aid and that large stocks of food and other commodities needed to be prepositioned. For instance, the Nutrition and Logistics clusters prepositioned stocks such as Plumpy'Nut for malnourished children up to six months in advance. Such measures ensured good continuity of programming during the second half of 2014 and contributed to stabilizing the situation. Unfortunately, there was less routine prepositioning in 2015, partly due to funding constraints (see below) and partly due to fears that stocks would be looted. This resulted in the severe rupture of life-saving projects (see below under timeliness).

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[27] Nutrition Cluster database of nutrition surveys.

Table 4: Perceptions of affected people on the timeliness of interventions (based on community research)

Sector	Timeliness	Reported delay	Notes
Shelter	Late and not always ready prior to rains	6-8 weeks	Varied according to the PoC site. In Juba, some internally displaced persons reported sheltering in buildings, hangers, etc. In Wau Shilluk, some were able to make shelters from grasses depending in the season.
Water	Available on arrival	No delay in PoC	Trucked by UNICEF or IOM and available at PoC sites, although collection was limited at times due to lack of jerry cans.
Food	Immediate assistance was timely, but delays in full commodity packages	1-4 days: any type of food 4 weeks for sorghum 8 weeks for lentils and oil	Protein and oil arrived later than initial food distributions, and cooking fuel and shortages of utensils hampered cooking. People arrived at PoC sites often having exhausted supplies and money, particularly those arriving after the initial displacements in March and April.
Health care	Health care, drugs and doctors available on arrival	No delay	Reports of limited obstetric services or surgical services at some locations, although transfers were arranged.
Protection	People felt safe on arrival	No delay	Risks in leaving PoC sites for collection of possessions and firewood. Some reports of thieves within camps. High levels of trauma on arrival reported by some internally displaced persons due to protection issues during displacement.

Efficiency

51. Unit costs for transportation have been staggeringly high for this response. Logistical costs are absorbing at least 50 per cent of the response budget. There are few all-weather roads in South Sudan and when insecurity is taken into account (WFP has had several drivers killed or disappeared in recent months) the only viable alternatives are to move goods by air or barge. **Air operations are extremely expensive, at least $3 per kilogram of cargo moved, and as much as $10 per kilogram if delivered by helicopter.** Air operations follow much more stringent safety rules than they did in the days of Operation Lifeline Sudan (OLS), when a much greater number of airstrips was used. In OLS days, local communities conducted airstrip maintenance in some areas. Although not verified by the evaluation team, WFP has reported reluctance among some communities to engage in such work more recently. Fixed-wing flights now serve far fewer locations and the response has become accustomed to using helicopters for more marginal locations where airplanes such as Caravans or Twin Otters would have routinely operated in OLS times. Although barge transport along the major rivers is more cost-effective, barges are slow, in short supply and subject to security challenges and administrative restrictions (e.g. permits, etc.).The fact that aid agencies are required to exchange their hard currency at the official rate, which is only one third of the parallel rate, places response finances at a huge disadvantage.[28]

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[28] In April 2015, the official rate was roughly $1 = SSP 3.00; whereas the parallel rate in Juba was $1 = SSP 9.00.

52. The Logistics Cluster, which encompasses the Humanitarian Air Service (UNHAS), is a service cluster that seeks efficiencies through the provision of common platforms for moving staff and non-food aid commodities for response agencies. The Cluster is run by WFP, which, together with its own food aid operations, contracts 25–30 aircraft for South Sudan at any one time, giving it considerable negotiating power with aircraft leasing companies. In 2014, the Logistic Cluster was 100 per cent funded for the services it provided on behalf of response agencies. By May 2015, the Cluster had only received 51 per cent of its requested 2015 budget and was failing to meet the demands of its users. This has had a significant impact on essential programmes. **In Leer and Akobo, nutrition agencies needed to suspend programmes, including therapeutic feeding, for as much as four weeks due to supplies breaks**. In Leer, an international NGO was still waiting for time-sensitive seeds and tools in early May 2015, which is already late for land preparation and planting. The NGO's livelihoods sector staff were under-utilized and simply waiting for inputs to arrive. These examples represent serious inefficiencies. In the absence of an effective service, better-funded NGOs were contracting their own cargo flights, but at greater cost per unit than the Logistics Cluster and using the same precious response funds. Herein lies the confusion: although the Logistics Cluster is the 'provider of last resort' for cargo movement according to senior WFP officials, it was clear from field interviews that many NGOs saw the Cluster as the 'provider of first resort' in the same way that UNHAS is clearly the default option for passenger transport. In any case, the Logistics Cluster is often hampered in its ability to plan the most efficient use of logistical resources as users do not share information about their commodity pipelines far enough in advance. The hand-to-mouth funding situation in 2015 is also confounding the Cluster's desire to plan ahead: some aircraft need to be contracted months in advance. Although a pay-as-you-go cost recovery system for cargo movement is now being considered as a solution to the Cluster's funding crisis, this will not produce funding efficiencies for the response as a whole in the same way that proper strategic funding for the Cluster might.

53. **Generally, those agencies with more unrestricted funding were able to operate more flexibly and thus more efficiently, deploying (or redeploying) staff and equipment to new areas of need, and being less tied by donor contracts to particular places or programmes**. Examples of donors being flexible and pragmatic are cited above in section 3.2 on relevance. In general, the timing of funding cycles, which conflict with seasonal cycles of humanitarian action in South Sudan, may be leading to considerable inefficiencies. The period of peak activity for many aid agencies should be the last months of the dry season (January–April). This is when seeds, tools and fishing equipment should be delivered and when essential stocks of food, shelter materials, medicines, etc. need to be prepositioned before the rains. The end of this period is also when the hunger gap season in South Sudan is beginning and food aid and nutrition programmes become more crucial. Yet January is the beginning of the official funding cycle for South Sudan and the early months of the calendar year are a period when many agencies (and the response as a whole) are waiting to hear about new funding and are therefore unable to commit to critical interventions. These problems could be addressed by providing long-term funds (e.g. for three years) with the agreement that a certain portion can be re-allocated with a minimum of fuss in the case of a new shock (i.e. crisis modifiers). This would allow agencies to prepare adequately for the dry season rush.

54. **A key challenge is therefore to seek every possible efficiency by reducing the amount of commodities that need to be moved or delivering commodities at lower unit costs**. The entire response has a vested interest in achieving such savings. Donors are understandably alarmed at the prospect of maintaining such an expensive operation over the long-term. Given that the needs are not diminishing, the only hope is to achieve similar or better outcomes using less money. Some

agencies have made strong and innovative adjustments to the country's logistical realities and funding constraints. The Food and Agriculture Organization (FAO) is engaged in a major local seed purchase scheme that has also benefited farmers in non-response states, which is also a good example of connectedness (see section 5.4 on connectedness). Likewise, Save the Children in Akobo has purchased seeds locally, including in Ethiopia, and a number of agencies involved in food aid are actively exploring road and river[29] supply routes through Ethiopia. WFP's use of road transport to pre-position food in Bentiu for the 2015 wet season will have saved millions of dollars compared with 2014 when large shipments had to be brought in by helicopter. A number of agencies are experimenting with cash vouchers, where appropriate, as an alternative to traditional relief. Some agencies have also decided to invest in relatively durable interventions appropriate to longer-term needs, such as Oxfam's robust water delivery system in Melut (funded by the Office of United States Foreign Disaster Assistance), whereas agencies serving larger internally displaced populations in Upper Nile are still relying on more fragile and less efficient emergency water systems.

55. As the crisis becomes more protracted and funding becomes even tighter, more opportunities for improving efficiency will need to be explored. For instance, the role of food aid, a major cost component of the response, may need to be reconsidered, not with a view to arbitrary cuts, which would be unjustifiable in the current situation, but in terms of how food aid can complement livelihood inputs and other food sources, targeted more sensitively and delivered in a more predictable way, allowing families to manage their household economies more efficiently. In Akobo, for example, there was little discernible pattern to food distributions, both in terms of their frequency and the number of people receiving food aid in any one distribution cycle. According to interviews with a range of stakeholders, families lucky enough to have received food aid in December 2014 and anticipating another distribution in February had to wait until April 2015 for more food. In general, evidence indicates that food distribution cycles were stretched. In Melut, distributions to IDP camps and PoC sites were supposed to be every two months, but these targets were not often met and there was little reliable information about distribution dates. The apparent randomness of such aid makes it difficult for households to make rational coping decisions about when to plant, whether to sell assets, whether to migrate, etc. The precise reasons for such randomness were not clear to the evaluation team. Undoubtedly, there are many operational constraints affecting delivery in South Sudan, including levels and timing of funding, willingness of states to facilitate cross-border movements, security and protection risks, human resource capacity and the availability of air assets. However, the team was unable to determine which of the above constraints, or others, were the main reason for the randomness of distributions.

56. **More local analysis of food security needs and potential strategies, using a wider range of tools, such as the Household Economy Approach, and bringing local authorities and affected people more centrally into planning discussions might result in greater efficiencies**. Equally there was evidence in some places that despite being registered for a 100 per cent WFP ration, breaks in distribution cycles did not result in spikes in malnutrition, suggesting access to other sources of food and the need for further investigation.[30] With a better understanding of local-level food strategies, the response could be in a better position to allocate increasingly scarce food aid and support livelihoods with appropriate inputs.

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[29] Sobat and Akobo rivers.

[30] For instance, in the Melut camps (including the PoC sites), WFP food deliveries were inconsistent in 2015, but did not result in spikes in malnutrition (as evidenced by MSF and GOAL clinics).

3.3 Effectiveness and quality

57. Effectiveness is a measure of whether a programme has achieved its intended objectives. Factors determining the quality of response activities will also be considered in this section.

Effectiveness

58. The way in which overall response plans were constructed and the low level of attention given to monitoring progress against those plans, make it difficult to evaluate the degree of achievement against objectives. The clusters did not adopt a standard approach to gathering monitoring data against their chosen indicators in 2014. The response plans, particularly early versions, are underdeveloped and built around numbers that, as noted above (see section 3.2), were seen by many as primarily intended for donor consumption. Indeed it is not easy to devise precise and coherent frameworks for inter-agency operations of this magnitude (involving more than 100 agencies) and the South Sudan plans do not compare unfavourably with those of other L3 strategic response plans.[31] There may have been some merit in keeping things simple in the early phases of the response. **As the response became prolonged, however, the plans should have been crafted with greater care**. There is some evidence of more sophisticated planning in the 2015 HRP, but the monitoring of the plans and the active use of such monitoring data to inform and guide response leadership towards course corrections remain weak.

59. Summarizing from the various response plans, the response's three strategic objectives are:

   - Saving lives and responding to immediate humanitarian needs.
   - Protecting the rights of vulnerable people.
   - Promoting the resumption of livelihoods activities and self-reliance.

60. Although indicators and activities associated with outputs are outlined for each objective, outcomes of activities are not, and therefore the links between activities and objectives are not clear, particularly for 2014 CRPs 1–3. The same pattern is repeated for the cluster-level plans embedded in these CRPs. Even at the output level, the plans would have benefitted from stronger indicators, many of which are imprecise or incoherent. Indicators also would have been clearer if the plans had described the approach to measuring each indicator (i.e. the means of verification). Without this level of detail, agencies relied on the clusters to establish their own robust systems for collecting monitoring data, and for those systems to be durable given the frequent staff and membership turnover in most clusters.

61. Given these flaws in response plan design, it was not always clear what the response aimed to achieve. Sector plans, some of which were hastily conceived, led to monitoring difficulties within the clusters, which meant that parts of the response could not be reported on in a meaningful way. There is evidence, however, of a serious attempt to tighten up the planning logic in the 2015 HRP, which also described how the response would to learn from the lessons of 2014 operations, some of which were highlighted by the Operational Peer Review.[32] For example, some clusters, such as the WASH Cluster, did not put enough thought into their plans, as evidenced by the quality of the indicators selected. The inclusion of baseline data in the 2015 HRP is also a step in the right direction.

62. Despite the difficulties experienced by the clusters in regards to indicators and monitoring, it should be noted that all agencies had their own project documents and funding proposals that were constructed to donor standards and against which agencies were able, for the most part,

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[31] For example, those for the Central African Republic and the Syrian Arab Republic.

[32] United Nations, *South Sudan Humanitarian Response Plan 2015* (OCHA, 1 December 2014), pp. 26-32. Available from reliefweb.int/sites/reliefweb.int/files/resources/HRP%20summary_FINAL_rev%2002122014.pdf.

to effectively report to their donors. **In order to improve monitoring and reporting in the clusters and avoid the burden of further information demands, agencies should align their own indicators with the new and better indicators selected at the cluster level**. Agencies would then be able to report against those indicators at the same time as they report to donors and the results could be compiled by the clusters. OCHA has consistently pushed for this approach.

63. The nearest proxy for a report on the 2014 response (aside from the one-page summary of achievements at the back of the 2015 HRP), is the annual report on the Common Humanitarian Fund (CHF) projects for 2014. Although the 2014 CHF funding of $160 million only represents 9 per cent of the funds secured for the response as a whole, this source of funds is very important to NGOs, amounting to more than 20 per cent of the funding available to them. There is some correlation between the CHF report and the response plans in terms of cluster-level objectives and indicators, but the CHF document tends to use fewer objectives and indicators overall and in some cases these are different. The CHF report is a useful overview of the kinds of activities conducted under the response, as well as some of the successes, challenges and lessons learned, and provides a consistent narrative on gender sensitivity in relation to CHF funding. Again, however, the metrics are all at the output level and there is frequent reference to "people reached" without indication of the effect that the intervention has had on those people's lives. For example, for education, the report indicates that 43,203 children attended safe learning spaces but does not describe how those children benefited from the experience. The Humanitarian Financing Unit, which manages CHF funding, added several monitoring staff to its complement in 2015, which bodes well for more detailed results reporting in the future.

64. The IAHE attempted to examine the available cluster data to verify what results had been achieved, and interviewed a range of coordinators, practitioners and affected people at the local level on the impact of the response on their lives. At the level of the clusters, there was a mixed picture for both the availability and quality of monitoring data, although it was clear that data was more comprehensive for 2015 than for 2014. Where there was already a robust data collection system in place before the crisis, data availability was good. For example, the Mine Action Sub-Cluster has a global system of monitoring activities and therefore has data readily available for South Sudan, even if much of it relates to work on old explosive remnants of war rather than the current conflict.[33] The Nutrition Cluster had strong data against some but not all indicators for 2015, and only nutrition survey data was made available for 2014. However, these data were invaluable to measuring the impact of the response as a whole (see box 1). The situation for the Health Cluster was similar, with good data available for 2015, but with requests for 2014 data only eliciting a reference to the health section in the 2014 CHF report. Since 2014, the WASH Cluster has collected detailed information on the number of people benefiting from a wide range of WASH interventions, though target populations are not specified. The Cluster does monitor the number of litres of water provided per person per day and the number of people per latrine constructed, but with no indication of the target number of beneficiaries, water systems, latrines, etc., it is difficult to appraise the results. The use of proportions instead of raw numbers would help the stakeholders involved understand the significance of activities and targets in terms of intended results. The Food Security Cluster has so far provided data against targets for 2015 but was not able to provide these for 2014.

65. The recent introduction of a 5Ws (who does what, where, when and for whom) data collection format across the clusters represents a definite improvement over previous systems. This system will provide disaggregated data on age, sex and location, as well as annual disaggregated beneficiary targets. Other indicators can be inserted flexibly into this format, depending on the cluster. **Although monitoring improved in 2015, for the purposes of the IAHE, to date there have been serious problems in regards to monitoring data**. Where data is available, it is often against

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[33] See www.gichd.org/mine-action-topics/management-of-mine-action-programmes/information-management-imsma.

poorly-defined indicators. As a result, further examination would be needed to understand the outcomes in those sectors and their collective effects on the overall response results. The annual targets defined in response plans do not allow for mid-term tracking of progress (a full year is a long time in emergency operations). One option might be to set targets for each quarter or semester.

Box 1: Nutrition data as a measure of response effectiveness.

The importance of longitudinal data in the South Sudan context was discussed under section 3.2 on relevance. In the absence of cluster monitoring data, data from nutrition surveys conducted before and after the crisis was used as a proxy indicator (albeit a crude one) for overall levels of distress, and in the absence of other reliable data on mortality and morbidity. Six out of 10 South Sudan states had nutrition survey data for both 2013 and 2014, allowing direct comparison across those years between the same states. According to Food Security and Livelihoods (FSL) Cluster bulletins, 2013 was regarded as a relatively good year for food security, whereas 2014 was considered to be a worse year for food security. Even so, malnutrition rates were higher in 2013 when averaged across these six states than in 2014 (18.9 per cent vs. 16.4 per cent). Even Jonglei was significantly better off in 2014, possibly because the fighting between the Lou Nuer and the Murle caused such disruption there in 2012 and 2013. In 2014, Northern Bahr el Ghazal was ranked the second worst and Warrap the fourth worst, indicating that nutrition is no better in some of the non-conflict states.

Average global acute malnutrition rates for states with data
(2013 and 2014)
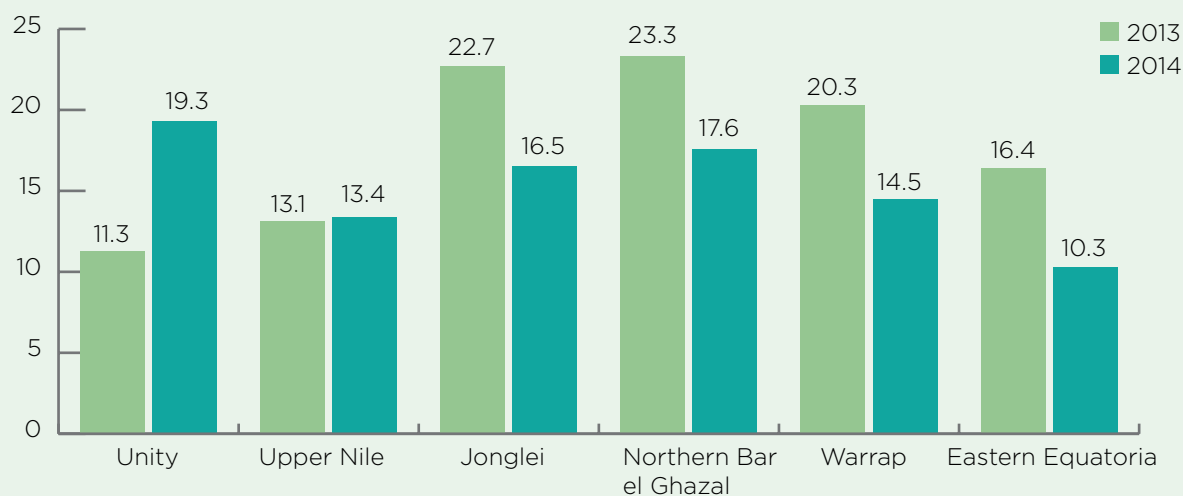
There are many causes of child malnutrition, but in South Sudan lack of access to sufficient food at the household level is undoubtedly the primary cause. This is supported by the rise in malnutrition rates each year during the hunger gap period when household food stocks are usually low. The fact that malnutrition rates were generally lower in 2014, based on a large dataset (73 surveys across six states), points heavily towards the fact that food aid and nutrition programmes played a significant role in protecting many children from becoming malnourished during the crisis. Evidence of the stabilizing effect of such programmes is also observed in the fall in malnutrition rates in 2014 in places such as Leer (from 34.1 per cent in June, to 16.1 per cent in September, to 11.0 per cent in November, according to the Nutrition Cluster and ICRC). Note that any global acute malnutrition rate above 15 per cent is regarded as an emergency level, underscoring the fact that malnutrition has been perpetually at emergency prevalence levels in certain states in South Sudan despite continuing food aid programmes.

66. **FSL Cluster data (see section 3.2) provides evidence that the food security situation in South Sudan improved during the response period**. The scale of these changes indicates that improvements in food access were in part due to the response, rather than being entirely the result of seasonal factors. IPC ratings for food security showed a marked drop, from 16 counties at Phase 4 (emergency level) in June 2014 to six counties at that level in December 2014. Overall, there is no doubt that agencies' collective efforts saved many lives. Just as outcomes for thousands of children would have been far worse without food aid and selective feeding programmes, **the provision of clean water, sanitation, shelter, non-food items and health services almost certainly prevented public health disasters in IDP camps and settlements**. For example, in Wau Shilluk, during the 2014 cholera outbreak, there were 1,000 cases and 18 deaths, fewer than what would have been expected in such a crowded and unsanitary place. Concerted action by the WASH Cluster and other clusters in Upper Nile and elsewhere curtailed the outbreak within two months. Where the Health Cluster has been able to monitor crude mortality rates among internally displaced populations, these rates have stayed well below emergency thresholds, according to a senior World Health Organization (WHO) official. It should be noted, however, that the response only made significant headway several months into the crisis (see above section 3.3 on timeliness) and that certain high-profile and more accessible aid centres were generally served much better than deep-field locations (see below section 5.3 on coverage). Just as the response has saved many lives, it follows that **more timely and equitable use of resources could almost certainly have prevented some unnecessary death**s.

Picture 3: Water point in Malakal Protection of Civilians site

Photo credit: Sarah Routley

67. Regarding protection (strategic objective 2), **the UNMISS decision to open its bases to internally displaced persons enabled the protection of tens of thousands of people**. This was a desperate solution to an immediate problem, however, and the experience has not been comfortable for the internally displaced persons, UNMISS personnel or the humanitarian agencies providing services within those camps. On several occasions, these PoC sites have been attacked, resulting in the deaths of UNMISS soldiers and internally displaced persons.[34] It can be argued that protecting internally displaced persons with limited resources and on its own bases has prevented UNMISS from fulfilling its wider mandate to deter violence against civilians within the wider population, for example in southern Unity, where civilians were deliberately targeted during military raids backed by the pro-Government militia from Darfur in early 2014.[35] Following considerable lobbying by humanitarian counterparts, UNMISS recently extended its protective presence beyond the immediate confines of the PoC sites, for example in Melut, by undertaking patrols along firewood-collection routes and supporting a local NGO with peacebuilding projects.

68. Beyond the opening of UNMISS bases to internally displaced persons, which was entirely to

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[34] For example, in Akobo on 19 December 2013; in Bentiu on 15 April 2014; and in Bor on 17 April 2014.

[35] Based on interviews conducted in Leer in April 2015.

the credit of UNMISS, there is no compelling evidence that protection received the degree of practical support and attention envisaged by the high priority it was given within the overall objectives. In the 2014 response plan (CRP 3), emergency education was included within strategic objective 2, which was appropriate given that education has a protective dimension valued by affected people. Protection and education were two of the poorest-funded sectors in 2014, however, achieving just 51 per cent and 39 per cent of targeted funding, respectively.[36] The Operational Peer Review also noted that the response had no overall protection strategy, through this was addressed in early 2015. Given the size and importance of the Protection Cluster, several protection actors expressed concern related to lack of resources for the cluster coordinator position. When coordinators were in place in 2014, they often served multiple roles, which some protection actors believed constrained their ability to act as independent cluster leaders, rather than representing the views of UNHCR management. Since mid-2014, however, there has been a senior (professional level 5) protection cluster coordinator present that acted outside of the regular UNHCR IDP protection delivery team.

69. The Protection Cluster is large and active and contains sub-clusters on gender-based violence, child protection, mine action and land coordination. Mine action has its own chapter in the South Sudan response plans. **The IAHE found that despite resource constraints, protection agencies have carried out good quality work in terms of monitoring rights abuses, providing follow-up services for identified victims of abuse and promoting community-based approaches to the prevention of protection violations**. Protection agency networks worked together effectively and provided at-risk groups with information on how to report abuse. In PoC sites, several of the internally displaced persons interviewed could identify protection agencies and knew how to contact them regarding a protection concern. Nonviolent Peaceforce, for example, responded to humanitarian needs from the beginning of the crisis and engaged in a range of innovative and hands-on protection practices, including direct accompaniment of people in risky situations, such as women leaving PoC sites to collect water and firewood. The Danish Refugee Council was another agency that responded quickly and worked with affected people, UNMISS and local authorities to develop protection activities in response to gender-based violence. Impressive efforts were also made to ensure the integration of protection into the work of other clusters, such as the FSL Cluster, which benefited from several training events facilitated by the Protection Cluster. The Protection Cluster also effectively monitored and documented overall protection trends, and highlighted the need to advocate with warring parties to respect the rights of civilians affected by the conflict and allow the free movement on non-combatants. There were some strong examples of AAP and CwC from the work of protection actors, particularly in relation to children. However, one senior Protection Cluster member expressed regret that few opportunities were afforded to national NGOs to participate, particularly in humanitarian resource mobilization mechanisms and in high-level protection meetings.

70. The third strategic objective for 2014 was "to support the resumption of livelihood activities as quickly as possible and build resilience by providing integrated livelihood support". The 2015 HRP had a similar objective around "improving self-reliance and coping strategies". This was appropriate given that most affected people rely heavily on cultivation, animal husbandry, exchange and fishing to meet their calorie needs (see section 5.4 on sustainability), particularly outside of camp-type centres. Implementing effective livelihoods programmes across vast rural areas and in the middle of a major conflict can be very difficult, and the IAHE was impressed with the enthusiasm and dedication displayed by FSL Cluster members working on livelihoods programmes. As with other areas of the response, however, the evaluators found problems with the planning figures and monitoring data. The 2014 planning targets for this sector were confusing. The figure of 450,000 (presumably households) ''assisted with livelihoods support'' is indicated on page 19 of CRP3, but changes to 550,000 households on page 46. **The FSL**

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[36] United Nations, *South Sudan Humanitarian Response Plan 2015* (OCHA, 1 December 2014), p. 89. Available from reliefweb.int/sites/reliefweb.int/files/resources/HRP%20summary_FINAL_rev%2002122014.pdf.

Cluster was also unable to provide the IAHE with data on achievements for 2014, yet the one-page section on 2014 achievements in the 2015 plan states ''nearly 1.5 million reached with livelihoods support''. Taking six persons per household as a reasonable average for South Sudan, that would suggest that some 250,000 households were reached. There is evidence that FAO and the FSL Cluster worked to improve intervention tracking and monitoring in 2015.

71. The vagueness of these figures and the lack of available data on livelihoods in 2014 is disappointing given the prominent (and rightful) place afforded to this sector in the response objectives. Lack of clear data also means that the apparently strong and innovative work on livelihoods (see section 3.3) is underrepresented in reporting. In the 2015 HRP, the target of 2.8 million people (466,000 households) reached with livelihoods inputs represents a similar degree of ambition to 2014. However, the baseline given for this target of 3.1 million adds to the confusion around numbers. There is more information on livelihoods achievements in 2014 in the CHF annual report, which states that the Cluster reached 539,581 people (84 per cent of target) through CHF-funded projects, including 210,512 with crop seeds, 48,953 with agricultural tools, and 21,488 with fishing kits. Treatment and vaccination of 3.1 million heads of livestock also took place. **Although these achievements undoubtedly contributed to the positive outcomes in food security and nutrition addressed under strategic objective 1, it is difficult to discern the difference made in people's lives in regards to objective 3 without better data and more specific analysis**. The general impression from IAHE field visits to Leer and Akobo is that the scale of livelihoods work was relatively modest and unlikely to offset reliance on expensive food aid to any significant degree. In Akobo, there was concern that USAID-funded veterinary inputs had been allocated to FAO, which then passed these on to an agency with little presence in the area. In Leer, the Norwegian Refugee Council did good work on demonstration farms with FAO support, but critical delays in the delivery of seeds and tools for household-level production probably resulted in poor outcomes as the window for planting was almost over.

Quality

72. Quality relates to all stages of the project cycle, including the application of relevant standards, the qualifications and experience of response staff, and the ability to innovate and adapt, etc. The IAHE did not have the time or resources to examine the technical proficiency of sector responses in a detailed manner. Nonetheless, the evaluators did record evidence on quality whenever possible and those findings are presented in this section.

73. Agencies applied a range of humanitarian and technical standards to their work. Many made use of the Sphere Project Humanitarian Charter and Minimum Standards in Humanitarian Response, while some used their own standards. For example, the Save the Children education programme employed its own global standards for quality learning environments, as well as its minimum quality benchmarks.[37] The Health and Nutrition Clusters worked with the Ministry of Health on national guidelines and the Nutrition Cluster made innovative use of external benchmarking by the Centers for Disease Control and Prevention to validate nutrition surveys conducted by its members.

74. The evaluators found that knowledge and use of Sphere standards varied. Experienced staff with international NGOs tended to have more awareness of the Sphere standards than personnel who had only worked at national or regional levels. As is reasonable, the Sphere standards were seen as benchmarks to aspire to, rather than as targets to be met on a daily basis. Respondents found that the standards were more easily applicable in camp-like situations than among scattered populations. For example, although Sphere indicators were well utilized in the WASH sections of the response plans, it was not always easy to achieve the standards in practice, particularly

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[37] Interview with Save the Children Education Project Manager, Akobo, April 2015.

in PoC sites. Often interventions were designed to Sphere standards, but sudden influxes of new internally displaced persons made them unobtainable. An example of this would be the Sphere standards for shelter space per household. Even within the same cluster, the application of the standards varied, with WASH, for example, performing better in the area of water supply than in the areas of hygiene and sanitation in Malakal, Wau Shilluk and Melut.[38]

75. Many agencies indicated that their priority (in 2015) was to improve quality. **Generally, informants felt that implementation standards improved during 2014 and into 2015**. This feedback was shared by most affected people in Juba and Malakal, particularly those with experience with PoC sites and IDP settlements, who noted improvements in relation to space, cleanliness, services and rain preparation. However, these informants also noted the general lack of mechanisms for providing continual feedback on quality, although some approaches were in the process of being trialled. Internally displaced persons in the Malakal PoC site would have preferred more direct involvement in controlling the quality of the latrines, for example. In some locations (e.g. Leer and Akobo), affected people were just as concerned with the quantity of aid provided as they were with the quality. For example, there were frequent complaints in Leer regarding internally displaced persons who did not received any food aid because ICRC had closed its beneficiary lists in mid-2014 and WFP was not operating there.

76. Overall, **the monitoring of quality within the response suffered from low levels of oversight and supervision** related to the staff and recruitment challenges discussed elsewhere in the evaluation. Donors were generally constrained in their ability to monitor projects due to security restrictions on movements outside of Juba. The supervision provided by agencies through the visits of Juba-based managers to other locations in South Sudan varied in terms of frequency. While some agencies carried out these visits regularly, others did not. For example, the evaluation team spoke to two NGOs in Leer that had not received a visit from their Juba-based manager in several months. In theory, cluster coordinators and co-coordinators should be involved in monitoring the quality of activities within their sectors. According to IASC guidelines, their remit includes "monitoring and reporting on the implementation of the cluster strategy and results and recommending corrective action where necessary".[39] Many clusters have been short-staffed, however, and have struggled with high staff turnover, competing priorities (see section 5.2 on coordination mechanisms) and limited capacity to conduct monitoring exercises. The role of cluster staff to ensure quality control of member agency projects has not yet been fully realized in practice given the more traditional focus on information sharing. An exception is the Mine Action Sub-Cluster, which was the only cluster that conducted quality assurance of member agency projects by providing formal accreditation and conducting inspections of compliance with standards, including consequences of non-compliance. The WASH sector provided a rare example of a 'single-hatted' or dedicated cluster coordinator at the sub-national level in Upper Nile Drawing on experience and leadership skills, this individual made good progress towards ensuring that there was a rational approach to allocating work to WASH actors working in the state. This was an unusual case.[40]

77. **Although clusters are responsible for conducting monitoring in their sectors according to their terms of reference, they have limited power to enforce quality**. Cluster coordinators therefore need to be experienced and confident, and have the ability to push for improvements in quality through vigorous interaction with member agencies and regular field visits. Cluster leads and sub-leads (at national, state and county levels) should visit programmes and, where they see quality issues, push agencies to do better. These actors can convince agencies to improve through

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[38] Observations and interviews, April 2015.

[39] IASC Sub-Working Group on the Cluster Approach, "Reference Module for Cluster Coordination at the Country Level" (IASC, 31 August 2012). Available from www.refworld.org/pdfid/512dedd22.pdf.

[40] Observations and interviews in Malakal, Wau Shilluk and Melut, April 2015.

constant cajoling and constructive suggestions for improvement. If the cluster group as a whole sees that a given agency is not performing, the incentive to improve will increase.

3.4 Impact

78. Impact looks at the wider and longer-term effects of humanitarian assistance on the population of interest, including both the intended and unintended effects. Although the IAHE took place a few months later than intended (16 months after the crisis began), **it is still quite early to be considering the impact of the response, especially as the crisis continues and operations remain in progress**. The IASC humanitarian programme cycle (see section 6.4) recognizes the concept of 'early impact' in protracted emergencies, and this intermediate form of impact is applicable in South Sudan.

79. Examples of early impact have been given above. Reducing the prevalence of malnutrition (compared with 2013) and averting a prolonged cholera epidemic or any other public health catastrophe are both considerable achievements in the incredibly difficult working context of South Sudan. The conflict has rolled back eight years of on-and-off progress towards stability, however, and the focus of the response, in terms of where efforts have been concentrated in the past and moving forward, will have significant long-term effects, especially in the absence of other government or private sector investments. **In 2014, the response prioritized life-saving activities and most resources were put into strategic objective 1, with positive effect**. Not surprisingly, the relative 'losers' in the resource prioritization process, for example education, had less impact. In South Sudan, 60 per cent of the population is under age 18, and the degree to which the South Sudanese value education, even in the midst of a war, is striking. In 2014, although an overarching goal of the response was to avert the loss of a generation, education was de-prioritized, only receiving 39 per cent of its already-slashed funding target and 2 per cent of total CHF funding, which had historically been a reliable source of humanitarian finance for education. The result was that education activities collapsed in remote areas and national NGO service providers were hit particularly hard.[41] In South Sudan, a generation of children is clearly at risk of being denied a viable future. As the situation becomes more protracted, decisions such as to deprioritize funding for education will need to be deliberated very carefully, as the effects of the crisis are likely to be profound and long-lasting for families, communities and the nation as a whole.

80. Although the early impact of the protection interventions provided to thousands of civilians in PoC sites is clear, the long-term impact is difficult to judge. Certainly **one effect of turning UNMISS bases into IDP camps has been to constrain the capacity of the peacekeeping mission to fulfil its protection and stabilization mandate over a wider geographical area**. This has also caused some friction and misunderstanding between UNMISS and its humanitarian counterparts. The entire experience would make for a fascinating case study of how integrated missions work under these sorts of pressures.

81. While the priority given to supporting livelihoods in response plans was very appropriate, **the early impact of livelihoods interventions is difficult to discern in the absence of better data**. For example, the vaccination and treatment of millions of cattle will certainly have had a positive impact on livestock morbidity and mortality and was highly-regarded by affected people. At the same time, it is unclear whether cattle vaccination campaigns contributed directly to improving people's livelihoods. In another example, transfers of seeds, tools and fishing equipment could have had a very beneficial effect had they been delivered in greater quantities in a more timely and effective way.

82. It is also difficult to separate some of the long-term implications of the conflict from those of

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[41] Office for the Coordination of Humanitarian Affairs, *Common Humanitarian Fund South Sudan 2014 Annual Report* (OCHA, April 2015). Available from http://reliefweb.int/sites/reliefweb.int/files/resources/chf_annual_2014_final_web.pdf.

the response specifically. For example, it is possible that the split in the SPLM and the division of the country along those lines may be prolonged by the concentration of so much aid in opposition-controlled areas, which are also the areas where conflict has affected the largest number of civilians. Aid agencies need to work in collaboration with local authorities, which equates to *de facto* recognition of local IO officials and, by extension, their political authorities. The SPLM-IO has already tried to resurrect the old OLS-era concept of visas for international aid workers and intends to impose taxes on national staff who are already taxed at source by the Government through Juba-based payrolls. Similarly, the response has been conducted in a way that has led to a major rift between the Government on the one hand and the response leadership and donor community on the other (i.e. by channelling resources through agencies rather than the Government).[42] It could take a long time for these wounds to heal.

83. The economic impact of the crisis, coupled with the fall in world oil prices, has been profound. The Government has been unable to balance its budget and has struggled to borrow money. As is usually the case in complex emergencies, there will be those that question whether the $1.3 billion response budget is helping to fuel or prolong the conflict. Certainly the Government is spending a large proportion of its own revenues on the war effort, but whether the response is helping the Government to make funds available for its military is a moot point. In any case, the humanitarian imperative will always prevail in a country where there were emergency levels of food insecurity even in better times.

84. The response's focus on the three conflict-affected states of Unity, Upper Nile and Jonglei was justifiable from a humanitarian point of view in 2014. Instability is now affecting other states, however, including Lakes, where there has been serious conflict associated with cattle raiding, and Western and Northern Bahr el Ghazal states, where irregular forces supported variously by Juba or Khartoum have destabilized the international border area between South Sudan and the Sudan. The relatively stable states in greater Equatoria have their own recent experiences with conflict. **The drying up of development funds for these states is already creating resentment and turning the states themselves into relative backwaters where progress towards recovery from the previous long civil war is on hold**. Such stark differences in activity levels within South Sudan are likely to have long-term ramifications and could also undermine nation-building.

3.5 Gender

85. In January 2014, the IASC Reference Group on Gender and Humanitarian Action issued a Gender Alert for South Sudan. This, together with the IASC's other commitments on gender, suggested that gender issues would be prioritized within the response. In response planning documents, gender is referenced as a cross-cutting issue, along with the environment and HIV and AIDS, as well as 'age', which was added to the HRP in 2015. Gender only merits a quarter page in these long documents, however, and the treatment of gender in the response plans is quite general. **Implementing agencies' treatment of gender within the response has varied considerably and seemed to depend on agencies' mandates and the interests of individual managers**. Some agencies successfully integrated gender into their programming, whereas others are struggling to do so or view gender as a subject for women's groups. A similar mixed picture exists among the clusters. Only a few clusters, such as the Protection Cluster, evidenced active attempts to incorporate gender analysis in a meaningful way. The situation appeared to be improving into 2015, however, and satisfactory efforts were made to disaggregate data by age and sex within most of the 'delivery' (i.e. non-service) clusters, such as in the 5Ws matrix. From late 2014, the clusters developed a network of gender focal points and, in some clusters, appointed dedicated gender advisers.

86. The decision to deploy Gender Standing Capacity Advisers deserves praise. Although deployments of these experts were not continuous, they appeared to have impacted the

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[42] Interviews with response and Government officials in Juba, April 2015.

amount of attention given to gender within the clusters and provided useful advice to the CHF, which pays now more overt attention to gender in its documents and processes. Among the IASC tools available to help promote gender as a cross-cutting issue are the Gender Marker, which scores projects at the design phase according to their gender-sensitivity, and the Gender Handbook in Humanitarian Action.

87. **The evaluators found good examples of gender-sensitive programming in the field, although a number of respondents mentioned that projects paid more attention to gender before the crisis**. For example, gender-based violence prevention and response activities were mainstreamed in WASH interventions in the Malakal PoC. Gender-based violence projects were widespread and were the most common type of protection project listed in the 2014 response plans, particularly in camp-like settings. Elsewhere, there was strong inclusion of women in projects, such as in the Norwegian Refugee Council agricultural extension in Leer. Also in Leer, Medair responded to requests from men to be included in awareness-raising initiatives around child nutrition. The Gender-Based Violence Sub-Cluster has also worked hard within the Protection Cluster and across other clusters to ensure that response interventions are designed to mitigate exposure to gender-based violence.

88. **Low levels of literacy and basic education impeded the inclusion of women in projects. All NGOs struggled to recruit educated female national staff members who could act as appropriate interlocutors with local women**. As a result, and without viable alternatives, male staff members were often directly involved instead. International actors were especially handicapped through lack of local language skills. Despite the existence of many women's committees, interviews with female affected people revealed the gap between the knowledge and capacity of women who wanted to engage in response efforts and their ability to participate in a humanitarian world that works through the written word and the English language. Efforts to bridge this gulf – as a subset of better engagement with affected people – would considerably enrich the quality of the response. For example, means of participation that are less reliant on literacy could be encouraged. In addition, this is another argument for supporting girls' education and increasing the involvement of local and national NGOs.

89. **A common finding was that there were too few projects concentrating on adolescent and young men**. Male youths are considered vulnerable to armed conflict and other kinds of violence and many saw the PoC sites as protective havens from military recruitment and direct embroilment in the civil war. The loss of vocational learning opportunities (many of which have been provided through the Catholic Church before the conflict but ceased once the conflict broke out) as protection against recruitment, delinquency, early marriage and poverty was lamented by youths of both sexes during a focus group discussion in Leer.

3.6 Conclusions on evaluation question 1

To what extent are the Strategic Response Plan objectives appropriate and relevant to meeting the humanitarian needs? Have systems been established to measure their achievement?

90. The response objectives were appropriate to the situation and the needs. Systems to measure their achievement were inadequate, however. This aspect of cluster terms of reference was largely neglected and was not pushed by the ICWG or the HCT and the clusters did not have sufficient resources to fulfil their many functions. Response indicators were often poorly designed and there was too much focus on outputs compared with outcomes, as well as on counting the number

of beneficiaries reached, which says nothing about the impact of the response on people's lives. The lack of quality data, especially for 2014, made it difficult for the IAHE to determine the achievement of results at the cluster level.

91. Regarding the overall response objectives, the IAHE concluded that **the response prevented the crisis from becoming a public health catastrophe**. The prevalence of child malnutrition, which experienced a spike in early 2014, was stabilized within the range of values present in South Sudan before the conflict. IPC food security ratings showed a marked drop (even allowing for seasonal differences) between June 2014 and December 2014, from 16 to 6 counties at phase 4 (emergency). Prompt and extensive public health measures also contributed to controlling a cholera outbreak in 2014.

92. **Working with UNMISS, the response protected the lives of up to 100,000 people**. The opening up of UNMISS bases to thousands of civilians in fear for their lives was a bold and praiseworthy act with immediate humanitarian impacts. Protection actors worked hard to document incidents, monitor protection trends and promote inter-cluster work on protection. They also provided a range of appropriate and high-quality services. The HCT and the relevant cluster lead agency could have provided stronger leadership for protection in 2014. The conflict still rages and gross human rights violations continue, underscoring the importance of protection and advocacy within the response.

93. **Strong, innovative work is happening in the area of livelihoods, but should be expanded and given higher priority**. The Food Security Cluster could not provide data on livelihood outcomes for 2014, but reached approximately half of its target population of 550,000 households with food security inputs during the year. The impact of livelihoods support on overall food security could not be separated from that of food aid. There was strong, innovative work carried out, for example, with local seed purchase, agricultural extension and cash-based programming. At the same time, there was evidence that livelihoods inputs were too little too late in some places, with these inputs receiving low priority on cargo flights.

4. EVALUATION QUESTION 2: ENGAGEMENT WITH NATIONAL CAPACITY

Evaluation question 2: **To what extent have national and local stakeholders been involved and their capacities strengthened through the response?**

94. This section covers the involvement of governmental authorities, including local authorities in opposition-controlled areas, national NGOs and affected people themselves.

Key findings

→   The Government was a party to the conflict, which imposed barriers on collaboration. However, the response worked effectively with certain well-intentioned ministries (e.g. education and health).

→   The Government's capacity to respond to a crisis of this scale was limited.

→   The channelling of most aid funds through the response caused resentment within the Government and strained relationships at the highest levels.

→   Local officials on both sides of the political divide played important roles in supporting the response.

→   Civil society lacked the capacity to mount a large response. National NGOs could have played a greater role than they did, however, but received less than 1 per cent of funds.

→   The Humanitarian Coordinator and the HCT provided little leadership on AAP.

→   Few agencies worked to involve affected people in all stages of the project cycle.

→   Better two-way CwC could considerably enhance the response.

→   There were examples of excellent practice in AAP and CwC that can serve as models for extending these techniques into all areas of the response.

4.1 Engagement with the Government

95. Within the Government, the main counterpart to OCHA and the Humanitarian Coordinator is the Ministry of Humanitarian Affairs and Disaster Management and its operational branch the South Sudan Relief and Rehabilitation Commission. The Government does not have a national disaster management policy, though a draft policy has been in the making since 2013. A National Working Group on Disaster Risk Management Policy Development was established in 2013, but this efforts was adversely impacted by the crisis. **The fact that the Government is a party to the conflict imposed constraints in terms of its direct involvement in relief efforts**. In any case, the Government did not have the resources or capacity to respond to the crisis without substantial external assistance. There were also long-standing concerns within the donor community about corruption.[43]

96. **Led by OCHA and the Humanitarian Coordinator, the response has taken a pragmatic and principled stance, recognizing the need for collaboration while maintaining impartiality**. At the highest levels, the relationship between response leadership and the Ministry of Humanitarian Affairs and Disaster Management has deteriorated as the crisis has become more prolonged. The 2014 Plan (CRP 3) contained a foreword by the Acting Minister of Humanitarian Affairs, but there

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[43] In 2014, South Sudan was ranked 171 (worst) out of 175 countries in Transparency International's corruption perceptions index. Available from www.transparency.org/country/#SSD.

is no such endorsement of the 2015 HRP. In April 2015 Ministry officials claimed that they were not included in response planning and were feeling bruised over what they perceived as the erosion of the Government's sovereignty. Another source of resentment has been the withdrawal of donor support for bilateral programmes or those with substantial government involvement and the post-crisis tendency to channel most funds through United Nations agencies or NGOs. **Generally, the capacity of the Government has been weakened by the crisis**. Salaries are often paid very late, qualified personnel have left their posts, and remaining cadre often have to work very hard to cover departmental duties. On behalf of the response, the Humanitarian Coordinator informed the evaluators that efforts to engage the Ministry in 2014 were hampered by the absence of senior officials, including the Minister, who was intensively involved in peace negotiations outside of the country for much of the year.

97. **Notwithstanding these difficulties, formal collaboration has been evident across a range of issues**. Despite the civil war, the Government has allowed a massive humanitarian response to operate across conflict lines and primarily out of Juba or other hubs within the territory it controls. Most flights into IO areas are approved, provided that advance notice is given and that the Government has allowed the movement of substantial amounts of cash into opposition-held areas, based on agencies providing justification on humanitarian grounds. Although there are frustrations and impediments, and the long-awaited NGO bill is expected to impose further restrictions on aid agencies, some seasoned humanitarians have said that the situation could be much worse than it is (e.g. compared with the situation in the Sudan).[44] Where serious incidents of harassment (or worse) have effected aid operations, these have tended to be the result of poor command and control and junior officials or SPLA soldiers taking matters into their own hands.[45] **Staff of OCHA's Humanitarian Access Unit have done an excellent job liaising with officials and military commanders on both sides of the conflict**. Although their work often goes unseen, they have played a significant role in negotiating access on behalf of response agencies and promoting the "Ground Rules", a document spelling out the obligations of parties to the conflict to respect humanitarian principles. It was also reported that negotiations to secure the movement of humanitarian cargo and negotiate access for the more than 200 rapid response missions were also carried out by other stakeholders, including WFP and UNICEF, in addition to the work of OCHA's Humanitarian Access Unit.

98. **Some government officials and ministries have played very dedicated and effective roles in the response**, which raises hopes of more interconnected post-crisis recovery programming when the time comes. The Ministry of Health and the Ministry of Education, Science and Technology have engaged closely with the relevant clusters (including nutrition), co-chaired meetings and shared key data. The Ministry of Health is still administering humanitarian funds through the three-year Emergency Drugs Fund and the Ministry of Education, Science and Technology contributes to a national girls' education programme co-funded by DFID. Both of these ministries have worked to continue services in IO areas even if they cannot pay salaries there. The Minister of Health reportedly intervened to prevent the arrest of an injured IO soldier who was transiting through a government-controlled airport for treatment, while local health and education administrators in opposition areas continue to send data to the relevant central ministries in Juba.

99. Outside of Juba, Relief and Rehabilitation Commission officials and managers of technical departments in state-level ministries sometimes hold their own coordination meetings or participate in response coordination meetings in the state capitals chaired by OCHA or sub-cluster coordinators. Some government officials, such as the Commissioner for Awerial County, where the large Mingkaman IDP camp is located, have displayed genuine leadership in terms of prioritization, involvement of affected people, rationalization of services and trouble-shooting. In the absence of aid agencies, officials on both sides of the political divide have sometimes stepped in to provide relief, such as the example described in Melut above (see section 3.3). It should also be noted that the Relief and Rehabilitation Commission has continued to provide enumerators for longitudinal

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[44] For example, interview with NGO area manager in Akobo, April 2015.

[45] Interviews with UNDSS officers and a senior OCHA official, April 2015.

food security assessments at county level and to engage centrally in the process of revising IPC rankings.

100. In IO areas, the South Sudan Relief and Rehabilitation Agency was set up in parallel to the Relief and Rehabilitation Commission. Each county has a secretary who holds monthly coordination meetings with humanitarian actors. The opposition has also appointed county commissioners, with lead officers for most of the main sectors, such as health, agriculture and education, who engage directly with relevant response agencies. In both Leer and Akobo, relations were seen as cordial on both sides between humanitarians and IO officials, even if joint coordination meetings were felt to be overly general and not frequent enough. Agencies tended to see IO officials as the main interlocutors with affected people, rather than making significant efforts of their own to engage with local people. In Leer, the perceived exclusion of many internally displaced persons from ICRC food aid distribution lists prompted the Commissioner to organize food collections within the population to help new arrivals. At technical levels, there was evidence of strong cooperation. For example, the Norwegian Refugee Council trained local agriculture officials to provide extension services in Leer and the International Medical Corps supported the County Health Department in Akobo. GOAL and MSF played similar capacity-building roles with Ministry of Health staff in government-controlled Melut.

4.2 Engagement with civil society

101. Due to time constraints, the IAHE interpreted this evaluation question mainly as engagement with local or national NGOs, interpreting 'NGO' as a relief or service-delivery organization with established structures, a track record of running projects and some representation at Juba or state capital levels. Although there was not enough time to examine the relationship between wider elements of civil society and the response, the general impression gained during the evaluation was that the response's formal contact with human rights organizations, lobby groups, churches, etc. was quite limited, especially at the Juba level.[46] Differences between smaller NGOs (as defined above) and larger community-based organizations can be marginal. The evaluators were aware of the presence and significant involvement of local aid committees and similar groups and met with some of them in the field. Generally, reflections on the response based on contact with those local structures is captured in section 4.4.

102. Some 150 national NGOs are registered with the South Sudan NGO Forum. Approximately the same number of international NGOs are registered, though the international organizations are more involved in the response, accounting for about 70 per cent of the agencies participating directly. The capacity of national NGOs to respond at scale to the crisis has been limited (this is acknowledged by the organizations themselves), which was not surprising given decades of underdevelopment and lack of democratic institutions. According to the Humanitarian Funding Unit, **the overall share of response funding going to national NGOs in 2014 was approximately 1 per cent and decreased between 2013 and 2014,**[47] compared with 43 per cent for international NGOs and 49 per cent for United Nations agencies.[48] Their share of CHF funding increased slightly, however, from 7 to 8 per cent. The amount dispersed in real terms rose even higher because the CHF was larger in 2014. To his credit, the Humanitarian Coordinator recognized the need to give a stronger voice to the national NGO sector and ensured two places in the HCT for national NGOs and at the expense of some United Nations agencies.

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[46] For example, a request to be put in touch with women's rights or advocacy groups during the inception mission did not yield any contacts.

[47] Data from the Humanitarian Funding Unit.

[48] Based on an interview with the Humanitarian Funding Unit, April 2015; and Office for the Coordination of Humanitarian Affairs, *Common Humanitarian Fund South Sudan 2014 Annual Report* (OCHA, April 2015). Available from http://reliefweb.int/sites/reliefweb.int/files/resources/chf_annual_2014_final_web.pdf. Note that the 1 per cent figure only includes funds going directly to national NGOs as opposed to sub-granted funds.

103. That said, **national NGOs reported facing a range of obstacles to their involvement in the response**. The civil conflict has made it challenging for South Sudanese humanitarians to enjoy full freedom of movement and these difficulties are accentuated for those who do not benefit from the relative protection afforded by working for an international agency. Most international NGOs are able to work on both sides of the conflict lines, and certainly move their staff with comparative ease between Juba and IO-controlled areas. Only a small number of national NGOs, such as Nile Hope, have been able to operate successfully on both sides of the political divide.

104. An equally significant challenge perceived by national NGOs was their ability to operate successfully within an environment dominated by international actors who tended to have a better understanding of the mechanics of the response by virtue of their global experience. The increasingly sophisticated architecture of inter-agency humanitarian action – especially at the L3 level – requires agencies to devote time and effort to establishing their credibility within the system and navigating a course through its complexities that will lead to a share of common resources. The gateway to a share of response resources is regular participation in the relevant cluster meetings, as well as agility in responding to funding opportunities such as the CHF, especially the reserve allocations, which may be announced with short notice. National NGOs need full-time staff, based in Juba, with sufficient skills and experience to compete with international agencies in these processes. It is difficult to break into this funding club, however, and **national NGOs can be caught in a dilemma of 'no projects no funding; no funding no projects'**. Some international actors were critical of the presence, in cluster meetings, of national NGOs with no active projects in the field. On the other hand, if NGOs do not participate in the meetings there is little chance of getting projects funded.

105. This competitive process favours international agencies with global experience and good logistical capacity over local and national organizations (see section 4.3). **The response may have missed an opportunity to recognize and reinforce civil society as a complementary channel through which aid can be delivered**. Any failure to invest in this sector is likely to prolong dependency on international organizations, even though many of these organizations struggle to staff their programmes with people who want to commit more than a few months of their lives to South Sudan.

106. Because the dominant delivery model is the international one, national NGOs judged through that lens were often seen as ineffective by their international counterparts. On the other hand, national NGOs claimed to be more committed to the long-term effort, employing staff whose engagement with South Sudan's humanitarian problems might last years or even decades as opposed to just a few months. In line with some observations of the IAHE, national NGOs claimed to be more likely to stay and deliver during times of insecurity and to have closer, more natural, relationships with local affected populations. It is the opinion of the IAHE that the longer the response is needed, the more these aspects should be valued. A small number of large national NGOs have come into existence in recent years and, based on IAHE observations in Leer and Akobo, there was no discernible difference between the quality of their work in the field and that of some international NGOs. Some larger national NGOs utilized innovative strategies, such as the employment of international staff (usually from the region) in key technical and managerial positions. The use of international staff in finance roles in Juba and in field locations was seen as particularly important in providing reassurance to donors.[49] Generally, these international staff were coaching and providing technical leadership. An innovative partnership observed in Leer between Medair and the Universal Intervention and Development Organization involved the international and national agencies complementing each other in intelligent ways. Medair brought logistical capacity and established technical know-how in nutrition and the Universal Intervention and Development Organization brought its existing footprint in certain payams[50] and a relatively low-cost delivery model. National NGO partners were seen by some international actors as essential to the success of their own programmes due to their stronger presence in remote areas. This was the case for

[49] For example, the Universal Intervention and Development Organization in Leer.

[50] A payam is the second lowest administrative division, below counties, in South Sudan.

FAO (food security) and UNICEF (education and child protection), which both relied on working with extensive networks of national NGOs.

107. National NGOs expressed the desire for more capacity development opportunities, especially (and quite reasonably) in the area of resource mobilization. The Humanitarian Financing Unit (see also section 3.4) has responded quite well to this demand, which is fitting given that CHF funding represented 80 per cent of national NGO funding in 2014. The Humanitarian Financing Unit has organized additional orientation sessions for national NGO staff and ensured places for national NGOs on the CHF working group, and plans to expand this support in 2015. OCHA has also responded by appointing a national NGO capacity development officer, but only for six months and with apparently no specific budget for a programme of activities. The National NGO Forum, which is a branch of the NGO Forum and shares the common services it provides, has also been a consistent source of support on capacity development issues. However, all funding for institutional capacity development has been reduced since the start of the crisis, which is unfortunate given that **the national NGO sector probably represents a good deal of underutilized (and lower cost) capacity for what is becoming a protracted response**. The examples of innovative capacity-building arrangements cited above are potential models for boosting the participation and effectiveness of national NGOs, although some formal training, targeting specific areas of weakness, can also play a part.

4.3 Engagement with affected people

108. AAP is a significant focus of the IAHE. The IAHE methodology was developed to explore the extent to which agencies fulfilled their AAP commitments and to consult with affected people on their views of key aspects of the response. Accountability is one of three key themes of the Transformative Agenda, along with leadership and coordination. The five Commitments to AAP were endorsed in 2011 and IASC member agencies agreed to incorporate them into the policies and operational guidelines of their organizations and promote them among their partners, within the HCT and with cluster members. Member agencies have also committed to systematically including affected people in needs assessments, monitoring and evaluation, programme reviews and planning, and to facilitate feedback, establish complaints mechanisms and provide information about services (see box 2).

Box 2: Summary of the five Inter-Agency Standing Committee Commitments to Accountability to Affected Populations[51]

Leadership/governance: ensuring feedback and accountability mechanisms are integrated into country strategies, programme proposals, monitoring and evaluation, and are highlighted in reporting.

Transparency: providing accessible and timely information to affected populations, and facilitating dialogue between organizations and affected populations over information provision.

Feedback and complaints: actively seeking the views of affected people to improve policy and practice, establishing mechanism to deal with feedback and complaints and ensuring that appropriate procedures for handling them are in place.

Participation: enabling affected people to play an active role in decision-making and ensuring that marginalized most-affected people are represented.

Design, monitoring and evaluation: ensuring that the goals and objectives of programmes are designed, monitored and evaluated with the involvement of affected populations.

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[51] Available from http://interagencystandingcommittee.org/accountability-affected-people.

109. **Among the majority of staff interviewed, there was limited awareness of the Transformative Agenda, the specific IASC Commitments to AAP and agencies' own global commitments**. Some senior staff considered the inclusion of AAP to be unrealistic in an L3 emergency, given the need to prioritize life-saving interventions and the limited funding available for expatriate posts. **Many of those interviewed felt that the lack of dedicated staff and funds had hampered the focus on AAP in the early phase of the response and had slowed the establishment of a culture of accountability**. Some staff commented that AAP was just a nice extra, or more appropriate for later in the response or during the learning and evaluation phase.

110. Many people, including senior staff, were unfamiliar with AAP terminology, though this did not mean that agencies were not engaged in aspects of AAP in the field. An OCHA CwC/AAP scoping mission in April 2014[52] stated that many agencies were actively engaged in AAP and CwC activities under a range of different names, depending on the agency implementing them, such as Communication for Development (UNICEF) and Beneficiary Communications (ICRC). In general, there was a lack of dedicated AAP staff in the response, although some staff had AAP functions within their terms of reference. AAP activities were considered by some agencies to be a function of roles related to quality or monitoring and evaluation. One recently-arrived dedicated AAP NGO staff member was identified during the IAHE mission and the job description of another NGO staff member included the establishment of a feedback and complaints mechanism. The WFP Protection Advisor and communications officers act as AAP focal points and were tasked with mainstreaming AAP into policies and programmes. Several practical examples of this were reported within WFP's operations. **Several staff from different agencies said they lacked any practical guidance on AAP, including training or direct support and advice from their organizations**. There did not appear to be any AAP champions at a senior level within the South Sudan response; such champions might have helped to establish a culture of accountability. It was said that the presence of a dedicated AAP person at the early stage of the response may have helped to strengthen AAP. A United Nations staff member indicated that AAP could have been strengthened through the inclusion of AAP specifically within the job descriptions of monitoring and evaluation officers, and that ideally this would have been accomplished by strengthening the monitoring and evaluation function within OCHA. The current OCHA monitoring and reporting officers are United Nations volunteers, whose roles are limited to the CHF and who have limited AAP experience.

111. Within the response, AAP was seen as largely about information sharing, which was often one-way, from agencies to communities, although there were also some strong examples of two-way communication and face-to-face interactions in the PoC sites and in some of the areas visited. More often than not the provision of information was determined by agency requirements, such as for health information, or was related to protection or security information. Internews reportedly played a role in facilitating two-way communication between agencies and affected people. Issues that were raised to their correspondents were recorded and edited into radio shows and where relevant, humanitarian staff joined panel discussions on live radio on issues related to their interventions. Internews correspondents held regular discussions with a range of community groups, including groups of women and youths and other affected people, on topics of participants' choosing. These were recorded and edited into radio shows and gave affected people the opportunity to set the discussion agenda. A lesson on implementing AAP from the Philippines L3 response to Typhoon Haiyan was that agencies must be better at listening to affected people on their terms and allowing them to set the feedback agenda. That response also highlighted the importance of face-to-face conversation.[53]

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[52] Office for the Coordination of Humanitarian Affairs, "East Africa Communication with Communities Scoping Mission Report" (draft) (OCHA, 2014).

[53] Maggie Buchanan-Smith, Jonathan Corpus Ong and Sarah Routley, *Who's Listening; Accountability to affected people in the Haiyan response* (Plan International, May 2015). Available from https://plan-international.org/whos-listening.

112. Agencies elicited the views of affected people through more formal engagement and regular meetings with various local committees. There was mixed feedback from affected people as to how representative these were, but agency staff made regular efforts to attend such meetings and to feed back the resulting information to their agencies and clusters. Staff engaged in rapid response said they found it hard to access representative numbers of local people during their short field missions, instead relying on interactions with local officials. In some locations, there were reports from NGO staff that the traditional leadership was corrupt, and that power was maintained through threats and bullying. In Leer, a group of elders complained about the lack of any programmes catering to their needs in particular. Young people in Malakal PoC reported their own lack of involvement in the response and that traditional leaders did not represent their needs, while women said they felt well represented by both the women's and men's committees. Although children make up more than 50 per cent of the country's population,[54] their opinions are rarely sought directly, according to NGO staff. Some exceptions to this were observed, such as within Save the Children's education programme in Akobo, which used working with groups of child advocates to give children a platform for raising their own issues.

113. **Very few examples of formal feedback and complaint mechanisms were observed**, though staff said there were help desks at some distribution sites. Several joint agency systems involving feedback forms were noted in the United Nations House and Malakal PoC sites; these allowed participating agencies to receive feedback and then address a reply directly to the person who raised the issue. These mechanisms were promoted through posters in Arabic within the PoC site (see picture 4). The establishment of formal feedback mechanisms was said to have been hampered by the lack of mobile phones, illustrating a low level of confidence in adapting approaches to the context and limited knowledge of how local people wanted to provide feedback and communicate with agencies. Despite this, agencies obtained regular feedback via staff embedded in communities or living in the PoC sites and through strong networks of community mobilizers and health and hygiene promotion staff. Contact with affected people was face-to-face and often one-on-one. Agency staff said this allowed them to be informed effectively about issues relating to their interventions. The dialogue was mainly conducted on the agencies' own terms, at the times of their choosing, and to facilitate smooth implementation. Examples were seen of larger, more formal consultations: in Akobo the International Medical Corps held large community dialogue sessions (involving more than 100 people) every three months to support its nutrition programme. ACTED and Nonviolent Peaceforce held monthly dialogue sessions in Mingkaman and elsewhere. There was no formal approach to recording or analysing such feedback, nor were any mechanisms to track redress observed, other than occasional meeting minutes or agency reports. More formal recording and analysis of feedback would have allowed trends such as intervention gaps, quality concerns and frequently-raised issues to be identified. More concerted efforts to jointly

Picture 4: Feedback mechanism instructions in Malakal Protection of Civilians site

Photo credit: Sarah Routley

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[54] See https://en.wikipedia.org/wiki/Demographics_of_South_Sudan.

record feedback could have provided a stronger body of evidence for redress and joint advocacy on issues.

114. Language was seen as a barrier. Some South Sudanese staff, for example from Equatoria, were not able to communicate directly with local people. In some areas, a shortage of female South Sudanese staff made it particularly difficult to engage with women. Agencies working with more concentrated populations in camp-like settings found it easier to communicate and obtain feedback than those serving more scattered populations. As with other aspects of the response, AAP was constrained by access, logistics and the availability of experienced staff. Agencies said redress was often hampered by the lack of an appropriate duty bearer or government authority. Media organizations said they had to be careful how they reported on humanitarian needs and agencies said people were at times wary of criticizing humanitarian actors, community representatives or authorities.

115. Agencies said feedback was passed to relevant programme staff and to cluster meetings. This was considered ad hoc with an absence of formal mechanisms or written agenda points in meetings. Some examples were given of feedback leading to changes and improvements in quality, such as more timely emptying of latrines, changes to distribution sites, raising protection and security concerns and requests for programme-related information.

116. The participation of affected people in the response and in decision-making was a challenge, as was the involvement of affected people in the design, monitoring and evaluation of programme objectives. This led some agencies to focus their AAP efforts largely on information provision, particularly within the context of rapid response. **Transparency and the provision of information to affected people improved considerably throughout the response, partly due to a greater understanding of the role of dedicated CwC agencies such as Internews**. Information provision improved in some of the PoC sites in response to tensions and violence caused by rumours and lack of information. Examples of specific initiatives for communicating and obtaining feedback from groups within the community, such as with children, emerged during UNICEF's monitoring of protection service provision.

117. **The evaluation found little evidence that the Humanitarian Coordinator and the HCT promoted AAP in any formal or consistent way or that AAP was pushed or prioritized by senior staff, or at the inter-agency or cluster levels**. While it was reasonable that the early versions of the 2014 plans needed to be assembled quickly and lacked substantive input from those suffering the effects of the conflict, more rigorous attempts to include AAP in planning processes could have taken place at later stages. There is no mention of AAP in CRP3, six months into the crisis. Some NGO real-time evaluations (e.g. by World Vision International) and the Operational Peer Review recognized the gap, which led to the inclusion of a half-page box on AAP in the 2015 HRP. Even then, no clear leadership or funding was allocated to address the gap, even though it is mentioned as a priority for 2015.[55]

118. **The adoption of AAP at the cluster level was varied and depended on individual staff**. Feedback from affected people, for example on issues relating to water provision and sanitation, was included within some cluster meetings and jointly addressed by the agencies involved. Interviewees reported that some clusters had a stronger AAP focus than others and that protection mainstreaming efforts were linked closely to AAP within the response. UNICEF has a designated person for Communication for Development who reportedly strengthened the AAP component of the UNICEF-led clusters (e.g. the nutrition scale-up, which involved close collaboration with the Communication for Development team). The secondment of a dedicated CwC person to the CCCM Cluster at an early stage of the response apparently strengthened CwC within the cluster. It was suggested that a similar approach could be used to support other clusters.

119. OCHA and UNICEF jointly chaired a CwC working group that was convened in July 2014, a

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55 United Nations, *South Sudan Humanitarian Response Plan 2015* (OCHA, 1 December 2014), p. 32. Available from reliefweb.int/sites/reliefweb.int/files/resources/HRP%20summary_FINAL_rev%2002122014.pdf.

mapping exercise of who, what, and where was undertaken and terms of reference were developed for the working group in August. Attendance and interest in the group was initially high and the group met until November. Interest reportedly dwindled due to the lack of a dedicated staff member and any dedicated funding. Discussions to reinstate the group with support from the Communicating with Disaster Affected Communities Network were ongoing at the time of the evaluation. With the exception of a few new pilot initiatives, **most agencies conducted AAP activities in isolation**, which limited opportunities for agencies to jointly seek redress or engage in collaborative advocacy and learning.

4.4 Conclusions on evaluation question 2

To what extent have national and local stakeholders been involved and their capacities strengthened through the response?

120. Given that the Government of South Sudan and opposition authorities were parties to the conflict, there were constraints on the extent to which they could be involved in planning and implementing the response. Some entities on both sides were well disposed and provided practical support wherever they could. Other entities were iniquitous towards humanitarian efforts and sought to impede them or gain from them. A sensible and pragmatic approach was taken to collaborate with officials where this could add value to inter-agency efforts without compromising humanitarian principles.

121. Despite being many in number, few national NGOs had the human resource and logistical capacity to respond effectively in the early months of the crisis and received less than 1 per cent of overall response funding. Some of the national NGOs that did have the capacity to respond are doing good work, on par with some international NGOs, and can offer extra dimensions and qualities compared with their international counterparts. There were strong examples of national and international organizations working in effective partnerships. National NGOs could have been given more support to access response-wide resources, including pooled funding, but positive steps were made in 2015 to encourage greater participation.

122. There was limited awareness of AAP as an IASC policy priority or in terms of IASC documents guiding practice in this area. AAP was not pushed in any consistent way by the HCT and a number of informants felt that it was not a priority during an emergency, but rather a nice activity to carry out at a later stage of the response. There was some excellent practice being implemented by some agencies, but this depended on the interest of certain managers. An attempt in 2014 to establish a network of practitioners in CwC soon petered out. Greater and more consistent attention to AAP could improve the quality of the response in the future.

5. EVALUATION QUESTION 3: COORDINATION

Evaluation question 3: **Was the assistance well-coordinated and did it successfully avoid duplication and fill gaps? What contextual factors help explain the results or lack thereof?**

Key findings

→ Coordination structures and processes were large and complex at the Juba level, but increasingly ad hoc and informal away from the capital and state capitals.

→ Although OCHA's footprint was virtually non-existent in opposition areas, where most of the response activities were happening, the organization made some effort to address this by 2015.

→ Clusters lacked the human resource capacity to address important areas of their mandate, such as monitoring, quality control and avoiding gaps in services.

→ There was too much overlap between the functioning of the ICWG and the HCT and leadership responsibilities became diluted between the various coordination bodies. Greater focus is needed on mandates and accountability.

→ Coverage was dictated by many factors apart from humanitarian need. Generally, coverage was good in accessible locations and poor in remote locations.

→ The political crisis is taking place in a context shaped by long-term socio-economic crisis and unmet needs are arising in more and more places, nationwide.

5.1 Coordination mechanisms

123. Although the response coordination architecture is complex and its processes are numerous and time-consuming (absorbing hundreds of person-hours per week), **much of the activity takes place at the Juba level, with systems appearing increasingly attenuated the further the response penetrates into states, counties and payams**. The basic building-blocks of coordination under the IASC system are the clusters. Ideally, these should operate at state and county levels, as well as at the national level, so that information is channelled efficiently from the grassroots level upward and also from the operational level downward, to ensure a cohesive response.[56] Some clusters with broad areas of responsibility, for example the Protection Cluster, incorporate sub-clusters. Several clusters have strategic advisory groups. In Juba and state capitals, there is an ICWG and the entire response is led by the HCT, which comprises cluster lead agencies and selected national and international NGOs under the chairmanship of the Humanitarian Coordinator. As noted above, leadership and coordination are two of the key elements of the Transformative Agenda.

124. OCHA is the main body responsible for ensuring that coordination takes place. **OCHA's footprint in South Sudan is mainly in Juba and the key state capitals**. At the time of the IAHE field mission, OCHA had no permanent presence in the IO areas where most of the response operates,[57] although its officers did travel to such areas from time to time and the organization tried to increase the number of roving staff available for such visits. In state capitals, a sub-cluster system reports to the national-level clusters. In places where OCHA has no presence, coordination is

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[56] IASC Sub-Working Group on the Cluster Approach, "Reference Module for Cluster Coordination at the Country Level" (IASC, 31 August 2012). Available from www.refworld.org/pdfid/512dedd22.pdf.

[57] With the fall of Malakal to opposition forces in May 2015 this may no longer be true.

led by the local authorities or by NGOs, other United Nations agencies, or a combination of the two. In 2015, OCHA tried to formalize these deep-field coordination mechanisms in certain key locations. This was widely seen as a positive step, but the IAHE found that in Leer and Akobo, two of the locations selected for this approach, too much expectation was placed on the nominated lead NGOs without adequate support and with virtually no recognition of the extra resources needed.[58] In other areas, OCHA has provided regular support through visits from the state capital. NGOs in IO areas tended to bypass sub-cluster coordinators based in state capitals, especially if those NGOs had no relevant technical personnel of their own in the state capital. Flows of information between deep field locations, state capitals and Juba were patchy. As will be seen in the following section, issues of coverage were very much linked to those of coordination.

Figure 1 : Overview of Coordination Structures (from OPR Report)
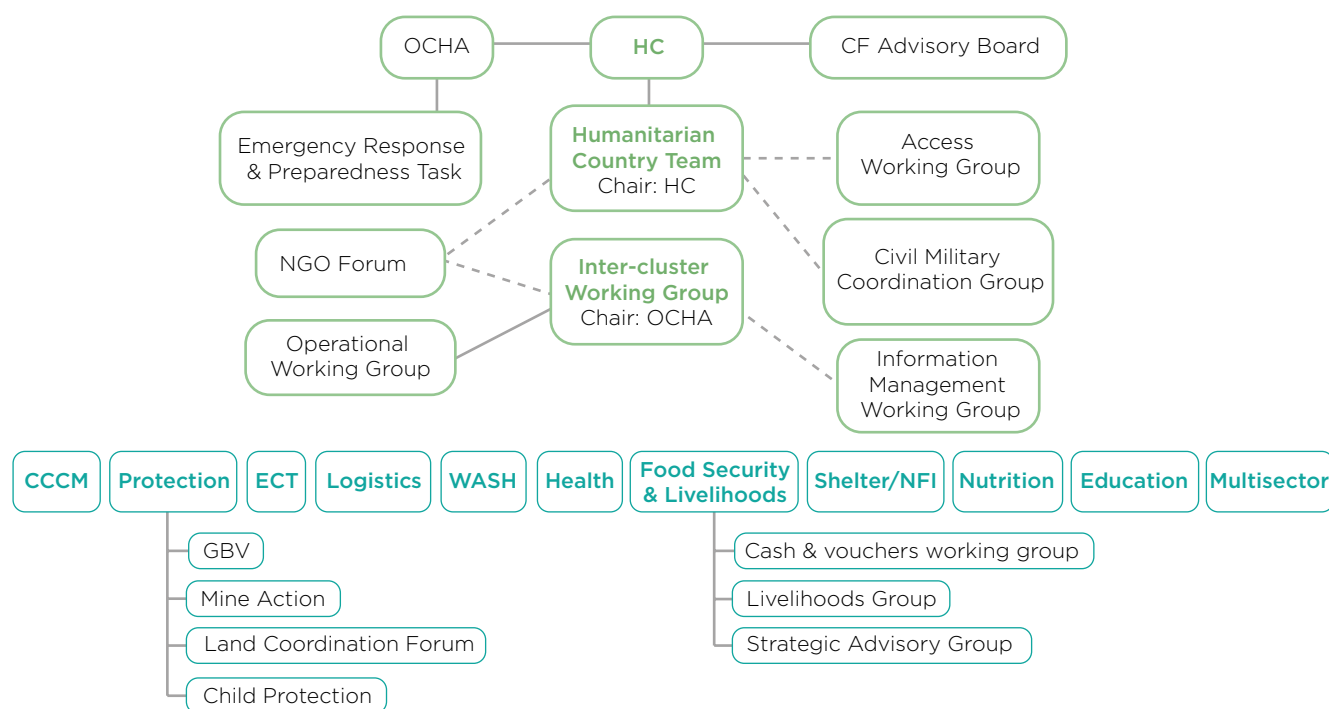
125. It was noted in section 4.2 that the coordination role of the Government and local authorities was relatively limited. The best collaboration at the Juba level was with the health and education ministries, which have continued to coordinate services irrespective of conflict lines and actively participated in cluster meetings when possible.

126. The Government was more involved at state and county levels, though this varied considerably and depended on the inclinations of individual officials and the general rapport between authorities and agencies at the local level. Where the Government was involved in state-level meetings in Unity, Upper Nile and Jonglei, agencies found it difficult to discuss the activities being conducted across conflict lines in opposition-controlled areas.

127. **Overall, the clusters did not have sufficient human resources to function at optimal levels in a response as large and as complex as that of South Sudan**. At the national level, as a minimum, clusters require full-time coordinators and co-coordinators and a supporting team of two to three full-time staff members to manage planning, involvement in pooled funding, databases,

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[58] For example, in Akobo, Save the Children was expected to host visitors as part of its voluntary coordination role, but this placed severe pressure on its limited transport, accommodation and internet resources.

websites, information requests, monitoring functions, cross-cutting themes, etc. Few clusters achieved anything like this capacity in Juba and at sub-national levels there was little dedicated capacity at all. Clusters are organized by lead agencies (always United Nations agencies), which are responsible for providing dedicated coordinators. All lead agencies have struggled to meet this obligation in a consistent way. In April 2015, the Nutrition Cluster (UNICEF) was on its sixth coordinator (including interims) since December 2013. The Education, Protection, WASH and FSL Clusters had all experienced recruitment gaps in coordinator positions during the previous six months. The NGOs responsible for providing co-coordinators were not necessarily faring any better: in early 2015 the International Medical Corps was unable to find funding to take up its co-coordinator role in the Health Cluster. On the other hand, Action Against Hunger had provided the same co-coordinator for the Nutrition Cluster since the beginning of the response, underlining the advantages of this shared system of cluster coordination in terms of continuity. Generally, agencies were able to provide single-hatted coordinators at the national level, but struggled to resource other posts. For instance, six of the eight staff members working for the Health Cluster were covering cluster duties as part of another position with WHO. Outside of Juba, IOM was doing well by providing dedicated CCCM cluster coordinators in key states. Such resources could have considerable impact at this level: a dedicated WASH coordinator (IOM) in Upper Nile was very effective in rationalizing coverage in this sector and promoting good practice. In most places and in most sectors, however, cluster coordination had to be led by NGO or United Nations staff with other projects to run.

128. **Throughout the response, coordination system technical and strategic leadership was very dependent on well-suited individuals being in the post or in the right place at the right time**. In Upper Nile, the small OCHA team and certain NGOs played competent roles in day-to-day coordination, but during the fighting that IAHE evaluators witnessed in Malakal in April 2015 – a crisis within a crisis – the (coincidental) presence of the Deputy Humanitarian Coordinator made a big difference to humanitarian leadership and decision-making. It proved difficult to recruit experienced coordinators (and other staff members) to sub-national level roles and surge mechanisms failed to fill the gaps adequately. **The response capacity could be boosted by basing three to five experienced, roving managers in Juba who travel frequently**.

129. The capacity gaps evident in the clusters are striking given the range of key responsibilities that this platform is expected to fulfil.[59] As was noted in section 3.4 on effectiveness, some clusters struggled to maintain basic information sharing and data collection functions, let alone fulfil strategic leadership in their sectors, address a growing list of cross-cutting issues or monitor the quality of member agency activities. Donors used funding mechanisms like the CHF to reduce their own workload and encourage closer coordination, but may not have been aware of the strain that this places on clusters and the potential for collateral damage to other cluster functions. In 2014, there were at least seven different CHF funding allocations (including reserve allocations) that needed to be administered by the cluster coordinators and co-coordinators, in addition to contributing to four response plans, organizing routine coordination meetings, liaising with state-level structures, maintaining databases, handling requests for information, etc. Cluster leadership functions therefore tended to be squeezed out by administrative tasks. Approaches to information gathering and sharing differed between the clusters, and generally, there was no uniform approach to how clusters managed their business. The decision to have all of the clusters use a 5Ws monitoring tool (see section 3.4 on effectiveness) improved things to some degree in 2015. Most clusters have their own websites or web pages that can be accessed through the central OCHA website, although some are much more informative and up-to-date than others.

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[59] IASC Sub-Working Group on the Cluster Approach, "Reference Module for Cluster Coordination at the Country Level" (IASC, 31 August 2012). Available from www.refworld.org/pdfid/512dedd22.pdf.

Box 3: Recruiting experienced staff: a global problem[60]

The IAHE recognizes the difficulty involved in recruiting humanitarian leaders to be based in provincial centres or remote locations for extended periods, especially when living and working conditions are as challenging as they can be in South Sudan. This shortage of leaders is a global problem in the humanitarian sector. In South Sudan, some lead agencies had to upgrade state-level positions to professional level 4 in order to attract the right calibre staff. The entire humanitarian system in South Sudan has been weakened by high turnover, long-term vacancies, and under-qualified personnel filling leadership roles. Within the United Nations system, some blamed critical delays in staff appointments on the system's inflexible and bureaucratic recruitment rules.

130. In practical terms, the clusters report to the ICWG, which in turn reports to the HCT. The evaluators found that **the ICWG, which comprises cluster coordinators and is chaired by OCHA, was neither sufficiently nor strategically focused on its core function of supporting and monitoring cluster work**. This was the case despite the fact that the ICWG's terms of reference was rewritten in late 2014 primarily to emphasise this focus.[61] ICWG meetings were large (generally upwards of 25 people) and its agenda items were too broad, covering everything from detailed operational issues (which probably belonged in smaller working groups) to complex response-wide issues (which probably belonged with the HCT's agenda). By April 2014, although there was an attempt to separate these strands of discussion into alternate weeks, the ICWG's drift from its core business continued. For example, the ICWG could have been much more proactive in monitoring the performance of the clusters and sounding alarm bells to the HCT about the weaknesses in their capacity.

131. The OWG was a major spin off of the ICWG. The OWG was formed during the first half of 2014 to coordinate the growing trend towards rapid response operations (see section 3.3 on timeliness). The forum was criticized during the IAHE for being too cumbersome, however. As rapid response operations grew, meetings became too long and cumbersome. The agenda for the meetings included routine mobile response operations and issues of prioritization and coverage, which should have been handled by the clusters in the first place. However, a review workshop was conducted in early 2015 and most respondents felt that the efficiency of the OWG was improving.

132. The HCT is the principal coordination body of the response and meets twice each week. Its membership includes donor representatives, as well as United Nations and NGO leaders. In 2013, before the crisis began, the Humanitarian Coordinator showed excellent leadership by reducing the size of the HCT from 50 members to 20, and prioritizing two seats for national NGOs. Most of the United Nations seats are for cluster lead agencies, though several respondents questioned whether United Nations agency leaders in the HCT were sufficiently focused on their duty to represent the clusters vis-á-vis their own agencies. **The IAHE found that the differences between the roles of the ICWG and the HCT had become blurred**. Although the HCT was providing effective leadership on a day-to-day basis in regards to arising issues, there was insufficient evidence that the HCT was following a strategic calendar whereby, for example, progress against response objectives were being reviewed on a quarterly basis; cluster lead agencies were being held accountable; and necessary response-wide course corrections were being made. A finding of the evaluation is that it was hard to discern what was driving the response; in other words, which single coordination body was actively in command. Generally, there was a sense that these large meetings had become rather routine and needed to be reinvigorated.

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[60] Material in this box is referenced as follows: (1) Global shortages: Nigel Clarke, "Training managers for emergencies: time to get serious?" Humanitarian Practice Network (April 2006). Available from http://odihpn.org/magazine/training-managers-for-emergencies-time-to-get-serious; (2) United Nations recruitment: interviews with two separate senior OCHA staff members, February and April 2015. Impediments included holding vacancies open in favour of existing United Nations staff (with tenure) that were waiting to be released by other programmes, and recruiting existing United Nations staff with inappropriate experience, for example civil affairs instead of humanitarian action.

[61] Inter-Cluster Working Group endorsed terms of reference, 2 October 2014.

133. Donors coordinated between themselves during weekly meetings. In addition to being represented in the HCT, donors sometimes participated in the cluster strategic advisory groups and called for ad hoc briefings by certain clusters (e.g. the Nutrition Cluster). Sometimes hard-pressed cluster coordinators viewed these briefings as quite hostile. **The level of direct donor involvement in coordination was notable**. This amounted to mixed messaging by some donors, however, who seemingly wanted to bring together all agencies through response coordination mechanisms, but were also prepared to intervene directly where this did not work to their satisfaction.

5.2 Coverage

134. The response aims to reach 4.1 million people, or 64 per cent of the 6.4 million people considered to be in need. All refugees in South Sudan and 79 per cent of estimated IDPs are targeted.[62] Geographically, the response covers a vast area, from Wau in the west to the Ethiopian border in the east. Given that financial resources are limited, however, the response concentrates in particular on the three states that have experienced the most conflict.

135. **Humanitarian need is not the only factor that determines who receives assistance in which areas. As in any response, there is a complex interplay of factors governing the targeting and eventual delivery of aid or protection**. The absence of transport and communications infrastructure in large areas of South Sudan means that response agencies often have imperfect knowledge about who needs what assistance, which is compounded by the fluidity of the situation, marked by frequent and sudden displacements of civilians. The same infrastructure problems also constrain agencies from delivering a response, even if they have been able to conduct an accurate assessment. **In the early months of 2014, agencies tended to flock to the places where the needs were evident and access was relatively straightforward**. These included the PoC sites (all in major towns with airfields) and the large spontaneous IDP settlement of Mingkaman. This latter location was relatively secure and could be reached fairly easily by road from Juba. Consequently, the area was served by between 20 and 30 agencies at any given time and the evaluators found a high level of coverage and high quality of service provision in April 2015. By this stage, however, Mingkaman had gained a reputation for being an over-served location and several agencies were wrapping up their projects there due to lack of funding.

136. **Access was also constrained by insecurity. Often the areas with the greatest humanitarian need were also those where active conflict was taking place**.[63] In Unity state, the southern counties were inaccessible to fighting for two to three months in early 2014. When access opened up, agencies found severe humanitarian needs, including global acute malnutrition rates exceeding 30 per cent.

137. In 2015, the Logistics Cluster routinely served 34 locations in South Sudan with fixed-wing aircraft.[64] This is a very different situation from the days of OLS, when flight operators were willing to dispatch planes to any one of hundreds of bush airstrips when needed. Formal risk management systems are more advanced now and the OLS pilots were dismissed as 'cowboys' by Logistics Cluster officials. This was not the experience of the two IAHE evaluators who served in South Sudan during that era, however, when the OLS air safety record was very good. Wherever the balance of reason lies, the fact is that the very risk-averse stance of current UNHAS/UNDSS rules is a huge constraint in terms of humanitarian access. This has been partially compensated for by the use of costly helicopters, which can land in most locations and conditions. There is no evidence, however, that these helicopters are safer than conventional planes. **Greater effort could be made to open up additional airstrips for fixed-wing flights**.

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[62] United Nations, South Sudan Humanitarian Response Plan 2015 (OCHA, 1 December 2014). Available from reliefweb.int/sites/reliefweb.int/files/resources/HRP%20summary_FINAL_rev%2002122014.pdf.

[63] See www.humanitarianresponse.info.

[64] See www.logcluster.org.

Figure 2: Operational presence map, May 2015

138. Responding agencies made a reasonable assumption that internally displaced persons living in camp-like situations such as PoC sites were almost entirely dependent on external support, whereas the majority of internally displaced persons living in scattered rural settlements with host communities had some access to local resources, including food and water. Still, **many respondents felt that the share of response resources devoted to PoC sites was disproportionate** given that their populations only accounted for a very small proportion of those in need. Rapid response came about, in part, in reaction to such observations. Although some rapid response missions may last several weeks and lead to long-term operations, the majority were short interventions, meaning **contact with conflict-affected people in remote locations could be very transient**, while affected People in major hubs benefited from the stay and deliver approach. Once aid agencies had established projects and bases in these hubs there was a natural tendency for them to stay there, so **it was only the most dynamic agencies that continually sought to address unmet needs in new locations**. Some agencies also tied themselves to centres where they were working before the crisis. This is not to say that all locations with people in need should have enjoyed permanent services – there were not adequate resources for that – but rather to highlight the need for effective mobile approaches to extend the reach of the response to as many places as possible.

139. Another major source of bias governing coverage was the coordination footprint. **The pre-crisis coordination geography, based on state capitals, became solidified early on in the response**. For example, although Jonglei is one of the key response states, most of the needs and aid activities are in IO areas, whereas OCHA has maintained its state headquarters in Bor and spends most of its time there. The fact that state capitals were also the location of PoC sites in many cases meant that OCHA tended to concentrate on coordinating camp-based activities to the detriment of coordination for the bulk of activities in rural and IO areas. This imbalance was repeated in state-level clusters (sub-clusters), where cluster coordinators naturally paid most attention to the issues in front of them (the PoC sites) rather than projects in IO areas that they had never visited. Although basic mapping functions of 'who does what where' have been maintained, **sub-clusters have not been able to properly fulfil their core responsibilities of avoiding overlap, filling gaps and monitoring quality**. For example, in southern Unity, there was a concern among nutrition NGOs that one nutrition partner was not responding adequately to perceived needs in certain payams, but was effectively blocking other agencies from intervening by claiming to have the situation under control (an example of so-called 'flag planting'). The Nutrition Cluster requested assistance, but no one was available to respond. In the end, the situation was partially resolved among the agencies on the ground, but not to a fully satisfactory conclusion. Conversely, where

sub-cluster coordinators were present and active, more attention could be given to rationalizing coverage.[65] Clusters should therefore be proactive, pushing agencies to areas of need. As mentioned above (see section 5.2), OCHA did attempt to extend coordination services outwards from state capitals, but these efforts were limited and belated.

140. Even where access was good, the targeting of individuals within populations could appear illogical to affected people themselves. In Leer, ICRC (not part of the formal response) only distributed food aid to internally displaced persons that the organization had registered prior to May 2014, despite many entreaties by local authorities. The reason given for this was lack of adequate funding. Yet ICRC's presence in the county in regards to food aid discouraged WFP and others from filling this gap. Men in PoC sites complained that women were routinely regarded as vulnerable, whereas unaccompanied men with no support were not prioritized for assistance in the same way. In South Sudanese culture, those without kin are seen as vulnerable, as they have no automatic entitlement to support from relatives.[66] Several agencies also said that young men were the most vulnerable. Similarly, some inclusion of host communities in distributions could boost these indigenous welfare mechanisms instead of undermining them. For example, in Wau Shilluk, host communities had to support internally displaced persons for lengthy periods before external assistance arrived.

141. Although most internally displaced persons are present in the three states worst affected by conflict, the nutrition data mentioned above (in section 3.4) demonstrates there are emergency-level needs in other states (as recognized in the WFP-UNICEF scale-up plan). South Sudan's economic decline suggests that this situation could get even worse. **As the crisis protracts and the response matures, greater attention needs to be given to ensuring equitable coverage of services and using limited resources, according to need**. Donors have an important role to play in not blindly prioritizing projects in the three worst-affected states if there are equally pressing humanitarian needs elsewhere.

5.3 Connectedness and sustainability

142. Connectedness, which is closely linked to the concept of sustainability, refers to the need to ensure that short-term emergency response activities are carried out in a way that takes longer-term and interconnected problems into account.[67] South Sudan has needed constant large-scale emergency assistance since at least the early 1980s. Even the relatively stable years following independence were marked by emergency levels of food insecurity, localized conflicts and large population movements. **The response to the current crisis needs to be carried out with a view to this long-term context. It is not a unique event, but rather part of continuum**.

143. As discussed in the sections above, the response objectives paid appropriate attention to issues of long-term resilience, such as education (as part of protection) and livelihoods. In 2014, however, these sectors lost out in practical terms to the narrow focus on life-saving interventions. This was understandable given the urgency of the response, the limited resources available and the many constraints that needed to be overcome. **As the response becomes prolonged, however, it will need to be able to move flexibly between short-term relief interventions and longer-term programmes that boost the natural resilience and self-sufficiency of the South Sudanese people**. Otherwise, there is a danger that external relief will undermine local capacity and perpetuate the cycle of rolling crises associated with poverty and underdevelopment.[68] The Humanitarian

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[65] See the example for the WASH sector in Malakal in section 3.4 on effectiveness and quality.

[66] Simon Harragin, "The southern Sudan vulnerability study" (Save the Children, 1998).

[67] Overseas Development Institute, *Evaluating humanitarian action using the OECD-DAC criteria: An ALNAP guide for humanitarian agencies* (London, ODI, 2006).

[68] In 2012 South Sudan was struggling to achieve any of the eight Millennium Development Goals (South Sudan National Bureau of Statistics, *South Sudan MDG Status Report* (November 2012)). Globally only 20 per cent of fragile and conflict-affected countries have attained the poverty target. (World Bank, "Twenty Fragile States Make Progress on Millennium Development Goals", 1 May 2013. Available from www.worldbank.org/en/news/press-release/2013/05/01/twenty-fragile-states-make-progress-on-millennium-development-goals.)

Coordinator, who is also the United Nations Development Programme (UNDP) Representative in South Sudan, is in a good position to lead this approach. Affected people interviewed during the IAHE tended to support the long-term view, placing particular importance on education, agricultural inputs and animal health, for example.

144. **The response must also continue to take a balanced approach to collaborating with government or IO authorities that are well-intentioned and working hard to support response efforts.** Although the health and education ministries have been at the fore of these efforts, many other technical officers, bureaucrats and administrators carry out good work under difficult circumstances and should not be bypassed. As mentioned above, **national NGOs deserve to be supported and given a more prominent role**. It is important for affected people to see South Sudanese organizations involved in the response. National NGOs bring local knowledge and appropriate language skills, tend to stay on the ground in times of insecurity and can operate at lower unit costs than most international NGOs.

145. **Cost-consciousness and seeking greater efficiencies will help stretch financial resources further.** There are many ways in which the response can become more efficient, including by targeting food and other inputs more sensitively through better analysis; prioritizing food security inputs for cargo space at critical times of year, thereby saving on food aid later on; making sensible investments in road and river transport and finding ways to reduce the current use of helicopters; seeking better distribution of services between well-served and poorly-served locations; and pursuing greater quality and effectiveness by boosting coordination and humanitarian leadership in field locations. These and other examples are given in the strategic overview in section 2 and the recommendations in section 7. These issues must all be worked on coherently; **readying a long-term response must begin with comprehensive strategic planning**.

5.4 Conclusions on evaluation question 3

Was the assistance well coordinated, and did it successfully avoid duplication and fill gaps? What contextual factors help explain the results or the lack thereof?

146. Although the coordination structures were quite elaborate in Juba and absorbed a lot of time for certain senior staff, away from Juba in deep-field locations, structures were simpler and more rudimentary. In 2014, OCHA's footprint was extremely light in opposition-held areas, where much of the response was taking place, and only improved slowly in 2015. Service coverage in the large (and more accessible) centres of internally displaced populations was much better than for those settlements in more remote locations that were served via rapid response or mobile response approaches. The recent introduction of a 5Ws system within each cluster is a useful tool that can support the rationalization of services.

147. In 2014, the clusters did not have the resources to move beyond their information sharing duties and address aspects such as coverage and quality. The (global) crisis in human resources for emergencies meant there were too many staffing gaps and the evaluation team felt that the ICWG should have done more to monitor these gaps and inform the HCT of them as critical issues that needed addressing. Few cluster coordinators had time to travel regularly outside of Juba. At the state level, double-hatted cluster coordinators did their best but rarely had the time or the confidence to tackle these issues. When experienced dedicated coordinators were present at the state level, they were able to make a positive difference in addressing duplication and gaps.

148. Response leaders must prepare for a protracted crisis. A more sustainable programme will need to be designed that recognizes short and long-term needs and the need to operate with lower levels of funding. Investments in coordination functions can contribute to a drive towards greater efficiency and effectiveness, thus using available resources to best effect.

6. EVALUATION QUESTION 4: INTER-AGENCY STANDING COMMITTEE GUIDELINES

Evaluation question 4: **To what extent were IASC core humanitarian programming principles and guidance applied?**

Key findings

→ The Humanitarian Coordinator's request for L3 activation was timely and courageous given the uncertain trajectory of the crisis.

→ The impact of L3 status has largely been confined to the higher profile it affords the crisis and its fundraising power.

→ The HC was a strong leader, but not given to following IASC guidelines or blueprints

→ The much-needed appointment of a dedicated deputy humanitarian coordinator was delayed by the IASC Principals, which impacted strategic leadership and coordination.

→ There was a critical shortage of experienced senior leaders within response structures, especially outside of Juba.

→ The HPC did not guide the response in the transformative way intended.

→ The Inter-Agency Rapid Response Mechanism deployed staff of mixed (sometimes mediocre) quality and did not compensate for the global shortage of talent in the humanitarian sector.

6.1 Level-three emergency activation

149. The IASC classifies an L3 emergency as a system-wide humanitarian emergency. The L3 designation is an "exceptional measure...only to be applied for exceptional circumstances where the gravity justifies mobilization beyond normally expected levels".[69] Despite an agreement on cessation of hostilities signed on 23 January 2014, **the Humanitarian Coordinator correctly judged that the humanitarian crisis was far from over and initiated the declaration of an L3 emergency almost within the timescale set out in the HPC (30 days)**. This showed excellent judgement and courage of conviction as it was not clear at that time whether or not the crisis would be resolved quickly.

150. The declaration helped fulfil one of the functions of the L3 designation by drawing attention to an emergency that had received comparatively little global media coverage. The simple and focused presentation of needs in the early response plans helped donors to secure support from their capitals. In 2014, **the response raised approximately 70 per cent of its funding requirements, a very respectable performance given the low profile of the emergency**. However, the high percentage of funds raised against the target is partly due to the effect of adjusting needs downwards during the planning and prioritization process. The Humanitarian Coordinator made great efforts to visit affected areas and send strong personal messages, making good use of social media. Geopolitical factors also played a role in the donor response. The United States,

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[69] Inter-Agency Standing Committee, "Humanitarian System-Wide Emergency Activation: definition and procedures", reference document PR/1204/4078/7 (IASC, 13 April 2013), section 1, para. 3. Available from http://reliefweb.int/sites/reliefweb.int/files/resources/IASC%20System-Wide%20Activation.pdf.

supported by the United Kingdom, has historically sympathized with South Sudan and these two donors continue to account for by far the largest share of funding, along with the European Union/ECHO.

151. In April 2015, the IASC Emergency Directors Group reviewed the continuation of the L3 status in the Central African Republic, Iraq and South Sudan. The L3 status was extended in South Sudan for three months from May 2015, but there was apparently considerable debate on the subjects of L3 continuation, de-activation and exit strategies. There is no doubt that South Sudan's crisis continues to be a system-wide emergency. However, according to its own guidance, the IASC's original intent in making the L3 designation available was to mobilize the humanitarian system to provide extraordinary short-term focus and resources.[70] South Sudan already had a Humanitarian Coordinator, the HCT and the cluster system in place. Although funding may not be the primary intent of the L3 designation, its effect on fundraising in 2014 was reportedly significant, although it may have lost some force in 2015. In terms of human resource capacity, it can be argued that the 'surge' effect was very limited and this IAHE has exposed many areas of weakness in relation to staffing and coordinating the response for which the continuation of the L3 will not be a remedy.

6.2 Leadership

152. L3 status confers empowered leadership on the designated Humanitarian Coordinator, enabling timely decisions in the following key areas: setting overall priorities; allocating resources; monitoring performance; and dealing with underperformance.[71] In South Sudan, the incumbent Humanitarian Coordinator had been in place since 2012. He was 'triple-hatted' in the sense he was also the Deputy Special Representative of the Secretary-General and the Resident Coordinator heading UNDP. He was regarded as a strong leader by most respondents, who mentioned his contributions to fundraising and boosting and maintaining the profile of the response. Although he was not afraid to set priorities, including the focus on life-saving activities in the initial months of the response, his support for downgrading other sectors such as education was not always popular or necessarily correct. The Humanitarian Coordinator provided insufficient leadership in the promotion of AAP. By his own admission, the Transformative Agenda did not guide his day-to-day work and he felt his approach to leadership was based on his own experience and was not informed by guidelines on empowered leadership.[72]

153. The Humanitarian Coordinator's voice in the HCT was considered quite dominant, though he did succeed in dramatically reducing the membership of the HCT before the crisis, thereby making it more effective. Beneath the level of the Humanitarian Coordinator and the HCT, this report has already highlighted the severe deficit in leadership capacity, especially in key coordination roles in the ICWG, the clusters and major state-level hubs. Although the need for a dedicated deputy humanitarian coordinator to concentrate on the more operational aspects of the response was recognized in 2014, the appointment of a respected person with ample experience with South Sudan was delayed for more than six months due to internal United Nations politics. It eventually took lobbying by the NGO Forum to break the deadlock and the appointment was only confirmed in March 2015. The positive impact of this senior humanitarian was witnessed directly by IAHE team members in April 2015 during the fighting in Malakal town, where the Deputy Humanitarian Coordinator happened to be visiting. This underlines how much better the response could be with more such leaders within its ranks.

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[70] Inter-Agency Standing Committee, "Humanitarian System-Wide Emergency Activation: definition and procedures", reference document PR/1204/4078/7 (IASC, 13 April 2013), section 1, para. 3. Available from http://reliefweb.int/sites/reliefweb.int/files/resources/IASC%20System-Wide%20Activation.pdf.

[71] Inter-Agency Standing Committee, "Responding to Level 3 Emergencies: What 'Empowered Leadership' looks like in practice", Reference document PR/1209/4175/7 (IASC, November 2012). Available from https://interagencystandingcommittee.org/system/files/legacy_files/3.%20What%20Empowered%20Leadership%20looks%20like%20in%20practice%20November%202012.pdf.

[72] Interview with the Humanitarian Coordinator, April 2015.

6.3 Humanitarian programme cycle

154. The HPC is an important element of the Transformative Agenda, which is designed to revitalize the way in which humanitarian actors coordinate to meet the needs of people affected by disasters. It aims to be a single strategic process consisting of five elements (see Figure 3). The response has followed most of the steps in the HPC, although the timing of the steps has deviated from that proposed under IASC guidance (see Table 5). The lack of pre-crisis preparedness in the form of contingency plans has been noted. It was unclear in the early days of the crisis whether or not the conflict would fizzle out, so the modest delays in achieving the steps are perfectly reasonable. The delay in the IAHE was caused by multiple factors and was not due to any failing by the Humanitarian Coordinator or the HCT.

Table 5: Humanitarian programme cycle milestones

Milestone	Guidelines	South Sudan response
Preliminary response plan	7 days	16 days
SRP	30 days	49 days
OPR	3 months	6 months
IAHE	11 months	16 months

155. **The IAHE found that while most of the basic steps had been carried out, the HCT had not embraced the spirit of the HPC or used it to add value to the response**. Rather, the response had followed its own version of the HPC (much of which stems from generic programming cycles), with only some of its elements conforming to the Transformative Agenda policy documents. This report has already addressed the fact that planning energies were directed much more towards resource mobilization than operational planning. The detailed guidance states that plans should be based on evidence.[73] While good use was made of some of the data available, the IAHE has also noted that some targets in the 2014 plans, which were based on assessed needs, were subject to arbitrary cuts in order to be more palatable for donors. Similarly, the guidance on locating decision-making in the field, monitoring the impact of humanitarian action and adjusting response programmes was not followed in any systematic way.

Figure 3: Humanitarian programme cycle

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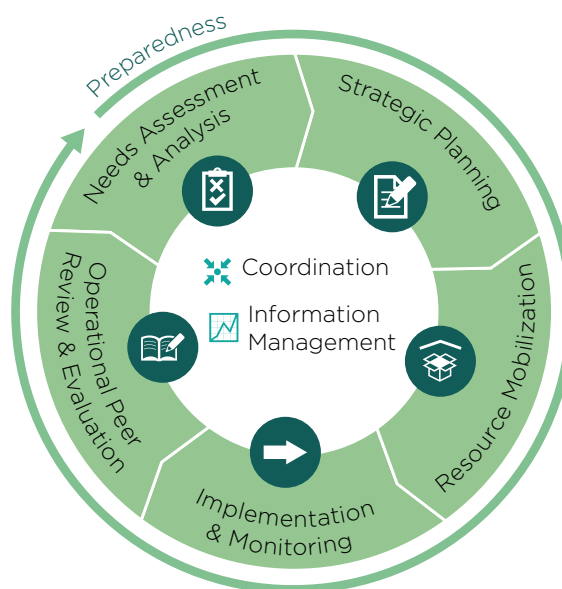
[73] Inter-Agency Standing Committee, "Reference Module for the Implementation of the Humanitarian Programme Cycle" (IASC, December 2013). Available from https://www.humanitarianresponse.info/system/files/documents/files/Version%201.0_HPC%20 Reference%20Module%2012%20December%202013%20final_0.pdf.

156. **Monitoring has been a particular weakness of the response, from the cluster level upwards**. The OCHA Information Management Unit has generated useful information products following HPC requirements, including the humanitarian dashboard (one-page summary), bulletins, updates and factsheets on different locations. While these provide graphic illustration of progress, they are also focused more on fundraising than on exposing problems that need a management response. By April 2015, only the CHF team was showing any serious intent to address monitoring for the purpose of accountability.

157. In June 2014, an OPR, which is a key step in the cycle, took place and generated an excellent report highlighting a number of the issues that are also prominent in this evaluation, as well as corresponding recommendations. The evaluators were shown a recommendations follow-up matrix dating from September 2014 – evidence that attempts were being made to address the issues raised – and several of these issues were also listed for action in the HRP for 2015. However, as evidenced by the fact that several of the recommendations provided in this evaluation correspond to some of those already provided in the OPR, work is still needed to address them, and they should be given more prominence and transferred into operational plans. In particular, recommendations provided in this report that were also referred to in the OPR are referenced as such.

158. Overall, the evaluators found that **the HCT did not adopt a very systematic approach to leading the response**. Agenda items in HCT meetings arose organically in response to events, which is normal, but there also needed to be more underlying structure to the business of the HCT. Using the HPC as the basis of such a business calendar would have been beneficial. The support of a dedicated secretariat-type function could also have helped to keep the response on track.

6.4 Inter-Agency Rapid Response Mechanism

159. The Inter-Agency Rapid Response Mechanism (IARRM) was established by the IASC to ensure that United Nations agencies would have sufficient capacity to deploy within 72 hours of a sudden-onset emergency. IASC agencies are required to maintain rosters of senior and experienced staff ready to deploy at short notice.[74] The IARRM should not be confused with the rapid response modality (for assessments and interventions) developed within South Sudan (and also sometimes called the rapid response mechanism). In the case of South Sudan, the IARRM provided staff for OCHA, UNDSS, UNHCR and UNHAS, as well as other technical functions, but numbers were limited due to global demand far exceeding supply. There were critical shortages of cluster coordinators and especially technical staff in the WASH Cluster.

160. **Overall, there seemed to be a sense that IARRM deployments could have been better targeted to the requirements of the work. One senior response official saw the IARRM as a mixed blessing. While it was useful to gain the help of truly experienced staff, he felt that many of the IARRM-deployed staff were relatively junior and inexperienced**. Rather than hitting the ground running, they required mentoring and supervision from existing staff. On the other hand, a cluster co-coordinator reported that some of the staff sent were too senior and were not comfortable performing at the operational level that was required. More capable people often only stayed for six weeks, just as they were getting to grips with the situation in South Sudan and becoming very useful.

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[74] Inter-Agency Standing Committee, "Inter-Agency Rapid Response Mechanism (IARRM)", Transformative Agenda reference document PR/1204/4067/7 (IASC, 10 October 2013). Available from https://interagencystandingcommittee.org/system/files/legacy_files/IARRM%20concept%20note%2010Oct2013.pdf.

161. Outside of the IARRM, individual agencies were able to use their own internal surge mechanisms to good effect. UNICEF reported being able to scale up its staffing rapidly and bring in leaders with more experience with acute emergencies. Generally, staff provided via NGO rosters, from NGOs working in established partnerships with United Nations agencies, were perceived as being of good calibre.

162. It proved very difficult to replace surge staff with longer-term staff of sufficient quality. Thus, some clusters (e.g. the Nutrition Cluster) relied on a succession of interim deployments to staff the cluster coordinator position, though this was far from satisfactory and led to loss of continuity. **The IARRM cannot be seen as a solution to the global crisis in human resources for humanitarian action and addressing this fundamental problem should become a key priority for the IASC**. The humanitarian sector simply cannot cope with any more guidance on policy and practice given that the staff are not there to implement it, either in numbers or in quality.

6.5 Conclusions on evaluation question 4

To what extent were IASC core humanitarian programming principles and guidance applied?

163. The request for L3 designation was timely and appropriate. According to the Humanitarian Coordinator and other senior officials, its main utility was to support fundraising efforts, which were very successful. Other aspects of the L3 designation had much less force. Continual extensions of L3 status beyond the original timeframe are likely to weaken its impact. A strong humanitarian coordinator was already in place when the crisis began, but repeated calls for the addition of a dedicated deputy humanitarian coordinator only led to a very belated appointment. A version of the HPC was followed in a reasonably timely manner, but not in the transformative way intended by the IASC. The response plans were used more for fundraising than as living programme documents and there was very little attention paid to the monitoring aspect of the HPC. The IARRM was employed, but the quality of the staff provided varied too widely. Some of the staff deployed needed too much supervision and coaching as they were not sufficiently senior or experienced (see section 4 for conclusions on AAP).

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions

Evaluation Question 1: To what extent are the Strategic Response Plan objectives appropriate and relevant to meeting the humanitarian needs? Have systems been established to measure their achievement?

164. **The response objectives were appropriate to the situation and the needs. Systems for measuring their achievement were inadequate, however**. This aspect of clusters' terms of reference was largely neglected and was not pushed by the ICWG or the HCT and the clusters did not have sufficient resources to fulfil their many functions. Response indicators were often poorly designed and there was too much focus on outputs compared with outcomes, as well as on counting the number of beneficiaries reached, which says nothing about the impact of the response on people's lives. The lack of quality data, especially for 2014, made it difficult for the IAHE to determine the achievement of results at the cluster level.

165. Regarding the overall response objectives, the IAHE concluded that **the response prevented the crisis from becoming a public health catastrophe**. The prevalence of child malnutrition, which experienced a spike in early 2014, was stabilized within the range of values present in South Sudan before the conflict. IPC food security ratings showed a marked drop (even allowing for seasonal differences) between June 2014 and December 2014, from 16 to 6 counties classified at phase 4 (emergency). Prompt and extensive public health measures also contributed to controlling a cholera outbreak in 2014, resulting in a low death toll.

166. **Working with UNMISS, the response protected the lives of up to 100,000 people**. The opening up of UNMISS bases to thousands of civilians in fear for their lives was a bold and praiseworthy act with immediate humanitarian impacts. Protection actors have worked hard to document incidents, monitor protection trends and promote inter-cluster work on protection. They also provided a range of appropriate and high-quality services. The HCT and the relevant cluster lead agency could have provided stronger leadership for protection in 2014. The conflict still rages and gross human rights violations continue,[75] underscoring the importance of protection and advocacy within the response.

167. **Strong, innovative work is happening in livelihoods, but should be expanded and given higher priority**. The Food Security Cluster could not provide data on livelihood outcomes for 2014, but reached approximately half of its target population of 550,000 households with food security inputs during the year. The impact of livelihoods support on overall food security could not be separated from that of food aid. There was strong, innovative work carried out, for example, with local seed purchase, agricultural extension and cash-based programming. At the same time, there was evidence that livelihoods inputs were too little and too late in some places, with these inputs receiving low priority on cargo flights.

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[75] Reports on human rights violations include: United Nations Mission in South Sudan, *Conflict in South Sudan: A Human Rights Report* (UNMISS, 8 May 2014); CARE, *The Girl Has No Rights: Gender-Based Violence in South Sudan* (CARE, May 2014); Human Rights Watch, *They Burned it All: Destruction of Villages, Killings, and Sexual Violence in Unit State, South Sudan* (HRW, 2015).

Evaluation Question 2: To what extent have national and local stakeholders been involved and their capacities strengthened through the response?

168. Given that the Government of South Sudan and opposition authorities were parties to the conflict, **there were constraints on the extent to which they could be involved in planning and implementing the response**. Some entities on both sides were well disposed and provided practical support wherever they could. Other entities were iniquitous towards humanitarian efforts and sought to impede them or gain from them. A sensible and pragmatic approach was taken to collaborate with officials where this could add value to inter-agency efforts without compromising humanitarian principles.

169. Despite being many in number, **few national NGOs had the human resource and logistical capacity to respond effectively in the early months of the crisis and received less than 1 per cent of overall response funding**. Some of the national NGOs that did have the capacity to respond are doing good work, on par with some international NGOs, and can offer extra dimensions and qualities compared with their international counterparts. There were strong examples of national and international organizations working in effective partnerships. National NGOs could have been given more support to access response-wide resources, including pooled funding, but positive steps were made in 2015 to encourage greater participation.

170. **There was limited awareness of AAP as an IASC policy priority or in terms of IASC documents guiding practice in this area**. AAP was not pushed in any consistent way by the HCT and a number of informants felt that it was not a priority during an emergency, but rather a nice activity to carry out at a later stage of the response. There was some excellent practice being implemented by some agencies, but this depended on the interest of certain managers. An attempt in 2014 to establish a network of practitioners in CwC soon petered out. Greater and more consistent attention to AAP could improve the quality of the response in the future.

Evaluation question 3: Was the assistance well-coordinated, and did it successfully avoid duplication and fill gaps? What contextual factors help explain the results or the lack thereof?

171. **Although the coordination structures were quite elaborate in Juba and absorbed a lot of time for certain senior staff, away from Juba in deep-field locations, structures were simpler and more rudimentary**. In 2014, OCHA's footprint was extremely light in opposition-held areas, where much of the response was taking place, and only improved slowly in 2015. Service coverage in the large (and more accessible) centres of internally displaced populations was much better than for those settlements in more remote locations that were served via rapid response or mobile response approaches. The recent introduction of a 5Ws system in each cluster is a useful tool that can support the rationalization of services.

172. **In 2014, the clusters did not have the resources to move beyond their information sharing duties and address aspects such as coverage and quality**. The (global) crisis in human resources for emergencies meant that there were too many staffing gaps and neither the HCT nor the ICWG pushed hard enough for clusters to address these functions adequately. Few cluster coordinators had time to travel regularly outside of Juba. At the state level, double-hatted cluster coordinators did their best but rarely had the time or the confidence to tackle these issues. When experienced, dedicated coordinators were present at the state level, they were able to make a positive difference in addressing duplication and gaps.

Evaluation Question 4: To what extent were IASC core humanitarian programming principles and guidance applied?

173. **The request for the L3 designation was timely and appropriate**. According to the Humanitarian Coordinator and other senior officials, its main utility was to support fundraising efforts, which were very successful. Other aspects of the L3 had much less force. Continual extensions of the L3 status beyond the original timeframe are likely to weaken its impact.

174. A strong humanitarian coordinator was already in place when the crisis began, but repeated calls for the addition of a single-hatted deputy humanitarian coordinator only led to a very belated appointment. A version of the HPC was followed in a reasonably timely manner, but not in the transformative way intended by the IASC.

175. **The response plans were used more for fundraising than as living programme documents and there was very little attention paid to the monitoring aspect** of the HPC. The IARRM was employed, but the quality of the staff provided varied too widely. Some of the staff deployed needed too much supervision and coaching as they were not sufficiently senior or experienced.

7.2 Full recommendations

Findings	Recommendations	Priority	Action by	Comments
Human Resources Aside from issues related to security, politics and logistics, one of the major constraints faced by the response in meeting IASC expectations was the lack of senior and experienced humanitarians within its structures, particularly (but not limited to) outside of Juba. (This is part of a global crisis in human resource capacity for emergencies.)	The Humanitarian Coordinator and the HCT should hold cluster lead agencies accountable for ensuring that the clusters are adequately staffed for a response of this magnitude.	Critical	Lead Agencies HCT	The OPR already provided this recommendation; however, additional work is needed to make sure the recommendation is implemented.
	Support humanitarian leadership outside of Juba through the creation of three to five senior roving OCHA posts filled by experienced managers who can boost capacity during crises, add weight to overall analysis and support key elements of new strategic response plans for the HCT.	Important	HC/HCT	The OPR had already recommended additional work on advocating for the deployment of appropriate and skilled staff in hard-to-reach locations; however, continuous work is needed in this area.
	Starting with a problem analysis and review of current initiatives, the IASC should lead concerted action to address the global crisis in human resource capacity for emergency response.	Critical	IASC	

Findings	Recommendations	Priority	Action by	Comments
Leadership Leadership on resource mobilization was impressive. HCT leadership of the response was not sufficient, however. Leadership and accountability were too diffuse among the various coordination bodies, including the ICWG. A much more strategic approach to leadership was needed, with the HCT setting the goals and holding itself and other coordination elements accountable for delivering on them.	The HCT should focus on forward-looking strategic and contingency planning, starting with a revised response plan for 2015.	Critical	HC/HCT	This recommendation follows up on an OPR recommendation to clarify the HCT/ICWG roles.
	The ICWG should leave strategic leadership to the HCT and focus on boosting the performance of the clusters (see below on coordination structures).	Important	ICWG	
Efficiency: doing more with less Although funding for the response is starting to dwindle, a response-wide focus on efficiency can achieve considerable savings without damaging effectiveness. Given the enormous logistical costs of the response, greater efficiency should be sought. While a rapid response modality developed to reach remote locations more quickly was innovative and broadly effective, there were inefficiencies that could have been addressed. As funding for the response declines, more sensitive needs analysis will be needed to support priority setting and careful targeting, noting that incomplete data and weak analysis lead to inefficiency. For example, food distributions covering 100 per cent of the calorie needs of people who may already have food at their disposal, while other (accessible) food insecure people receive nothing.	The response machinery should embrace an integrated approach to using available resources to the best effect. Led by the HCT, this must start with realistic strategic planning and close engagement with the donor community on short and long-term priorities. Cost-efficiencies can be achieved inter alia by renewing investment in coordination, improving assessment, conducting rigorous prioritization and targeting, rationalizing the number of actors in some response areas, strengthening quality, smarter resourcing of logistics, increasing support for innovative livelihoods programming, supporting national NGOs, and acknowledging the primacy of the seasons in annual planning.	Critical	HC, HCT, ICWG, clusters, donors and agencies	The OPR had already recommended improving the complementarity and coherence of rapid response mechanisms, as well as considering ways of supporting NGO funding and integrated programming and prioritizing national NGOs. Further work is needed in these areas.

Findings	Recommendations	Priority	Action by	Comments
Results It was difficult to assess results because information has not been collected consistently by clusters and indicators have not been well designed (for example, the excessive focus on outputs, such as the number of people assisted, rather than outcomes).	Take time to design meaningful and useful plans. Use high-quality indicators (such as in the Sphere Project Handbook).	Critical	Clusters	
There is evidence that the response prevented a major public health catastrophe (e.g. famine or cholera) from occurring in 2014 and stabilized the situation, which remains fragile. NGOs do rigorous reporting to donors, but not to clusters. A new 5Ws system has the potential to improve this.	Align donor and cluster reporting against common response targets and indicators, thus making it easy for agencies to report to both.	Learning point	ICWG, agencies and donors	

Findings	Recommendations	Priority	Action by	Comments
Programme cycle management and quality assurance There were no inter-agency contingency plans prior to the crisis and contingency planning remains inadequate. The response plans were written primarily as fundraising documents rather than as useful programme cycle management documents. Links between analysis (assessment), planning, implementation and monitoring are incomplete. Quality was highly variable in all sectors. In some locations/sectors good quality work was observed, whereas in others the quality was well below acceptable standards. Quality was not proportional to need (areas with high population density that should have been a priority did not necessarily get the best service). The cluster monitoring function was largely neglected. This failure in the accountability chain stretched upwards through the ICWG to the HCT. The response was not able to report on its progress by April 2015 in any detail even though agencies were reporting to their individual donors. Because response planning and resource mobilization follow the calendar year instead of South Sudan's seasonal cycles, funding is lowest at the busiest time of year (the late dry season). The short-term nature of donor funding compounds the stop/start nature of implementation.	Response plans should be prepared using a rational strategic planning process, to make them useful as tools for programme cycle management and fundraising. Allocate adequate time to response planning and seek a genuinely inclusive process in which the views of affected people are given prominence.	Critical	HCT, ICWG, clusters	The need for more robust inter-sectoral analysis of operational data, including putting in place a joint monitoring and reporting framework to track periodic progress on indicators in the CRP was already highlighted in the OPR. The IAHE concluded that additional work is still needed in this area.
	Within response plans, focus not only on outputs, but also on outcomes and early impact, including as a basis for monitoring and quality control. Indicators should be apt and measurable, and not overly reliant on numbers of people reached.	Important	HCT, ICWG, clusters	
	Cluster-level plans should follow standard approaches with cross-cluster priorities agreed to at the outset. The use of common (cluster-based) indicators in donor contracts could help align agency donor reporting with cluster reporting.	Critical	ICWG, clusters	
	Reduce the number of CHF funding events that tie up cluster resources (there were seven in 2014). Align cluster and donor reporting indicators/targets.	Important	Humanitarian financing unit, donors, clusters	
	Consider adjusting annual planning cycles to fit with the South Sudan seasonal calendar (e.g. starting in September, not January).	Learning point	HCT, ICWG, clusters, donors	
	More frequent and better contingency planning.	Important	HCT	

Findings	Recommendations	Priority	Action by	Comments
Coordination structures Clusters are under-resourced and overburdened with routine administrative duties and so lack capacity for more strategic duties, such as ensuring quality and coverage.	As the main engine of coordination, the clusters must be fully resourced with the appropriate, single-hatted staff and be held accountable by the HC/HCT.	Critical	HC/HCT	
The ICWG is not sufficiently focused on the key functions of supporting and monitoring the performance of the clusters. The OWG was cumbersome and ineffective in 2014, but has started to improve in 2015. The HCT is not strategic enough in the way it conducts its business or in holding the ICWG and the clusters accountable.	The ICWG should take on proactive inter-cluster management, in line with the revised terms of reference of October 2014. Its focus should be on making sure all cluster business is aligned with the strategic response plans, that the work of national and sub-national clusters is in sync and that clusters adopt consistent approaches to managing and monitoring quality and coverage.	Critical	ICWG	In line with this, the OPR report had already recommended that analytical capacity be provided to both the HCT and the ICWG by ensuring that monitoring reports on progress towards the targets set in the CRP are systematically collected and shared.
	Reinforce OCHA at the state level with sufficiently experienced staff.	Critical	OCHA	A similar recommendation was provided in the OPR but additional work is necessary to ensure its full implementation.

Findings	Recommendations	Priority	Action by	Comments
The coordination footprint Outside of Juba, coordination structures are attenuated and of variable quality, and OCHA's footprint is minimal, especially in opposition-controlled areas where most response funding is spent. There are some good, pragmatic examples of NGOs and United Nations agencies taking on coordination in field locations in the absence of OCHA.	More coordination needs to be decentralized away from Juba. Greater investment should be made in coordination centres in state capitals and in deep-field locations. NGOs acting as focal points for coordination should receive more material and professional support and the number of competent OCHA staff (e.g. humanitarian affairs officers) able to travel frequently to field sites must increase (especially in IO areas where OCHA has no permanent presence).	Important	OCHA	The OPR had already recommended decentralization and the need to empower field hubs. It had also suggested to work on systems and means for coordination in non-government areas. However, the IAHE concluded that additional work is needed in order to implement these recommendations.
	Sub-national level clusters should be encouraged and supported at state and county levels. In priority states, and whenever possible, they should be led by single-hatted coordinators.	Important	ICWG, clusters, lead agencies	

Findings	Recommendations	Priority	Action by	Comments
Flexibility across relief and resilience As the conflict has become protracted, the crisis has developed from an acute emergency to a chronic situation. A long-term approach is now needed. The former focus on saving lives needs to be balanced with greater investment in resilience and livelihoods support. This will help sustain response efforts with lower levels of funding. A fresh response paradigm is needed in A fresh response paradigm is needed in which funds and operational capacity can switch flexibly across the relief–recovery spectrum and longer timeframes can be employed.	Adopt a flexible approach to programming. All plans should support resilience, whenever possible. Expand initiatives with longer-term impact, especially in education, health and livelihoods, but be ready to respond to new crises as they arise.	Critical	HCT, ICWG, clusters, donors	
	Introduce flexible long-term donor funding (at least three years), including pre-agreed modalities to switch some funding into emergency response as needed (crisis modifiers).	Important	Donors	
	Traditional livelihood strategies should be boosted through more widespread and timely inputs (seeds, tools, etc.) and other innovative transfers (such as cash vouchers and agricultural extension, where appropriate), thus reducing the proportion of calorie needs that must be met through food aid.	Critical	Food Security Cluster, donors	
	Timely and reliable transfers of targeted food aid must continue, but tested research methods such as the Food Economy Analysis and the Market Information and Food Insecurity Response Analysis should be used on a sampling basis at local (sub-county) levels to help rationalize food aid vis-á-vis other types of livelihood support.	Important	Food Security Cluster	
	Give greater weight to affected people's own priorities for assistance, such as education (primary, secondary and accelerated learning) and vocational training opportunities for young men and women as a means of protection.	Important	HCT, ICWG, clusters, donors	The OPR also recommended that the HCT ensure the centrality of protection with a protection framework and operational plan.

Findings	Recommendations	Priority	Action by	Comments
Rapid intervention Rapid response has become a popular intervention modality and can be an effective tool in the right circumstances. However, too many agencies without the necessary capacity have become involved and coordination and support functions surrounding rapid response have become too slow and cumbersome (see OWG above).	Streamline rapid response. Separate the coordination of rapid response from (routine) mobile response interventions and limit involvement in this approach to a small set of competent agencies. Seek means of shortening the waiting time for security risk assessments and UNDSS approval (where needed). Use very small teams of (mainly generalist) assessors who can cover all sectors using a common methodology and place all assessment findings on a common response website.	Important	ICWG, OWG, UNDSS	
	Strengthen contingency planning and crisis management at sub-national levels (e.g. key state capitals) starting with OCHA staff, local cluster leads and key local authority officials.	Important	OCHA	
Coverage The conflict is spreading beyond the three most-affected states and malnutrition levels are just as bad in other areas. Response resources tend to be concentrated in PoC sites and other camp-like IDP settlements. The penetration of the response into many remote locations is inadequate.	Through enhanced cluster performance (see above), strive to avoid duplication and over provision (especially around big centres) and to cover significant gaps, especially in more remote locations.	Critical	ICWG, clusters	
	Ease the focus on the three most-affected states and move closer to a focus purely on needs where they arise.	Important	HCT, ICWG, clusters, donors	

Findings	Recommendations	Priority	Action by	Comments
Logistics Logistics are the life-blood of the response in South Sudan. The Logistics Cluster does excellent work, but is not backed by a strategic vision for logistics in the HCT or among donors. This is leading to large and costly inefficiencies. Prospects for using Ethiopia as an aid corridor are growing and should be supported.	Invest in transport infrastructure priorities that can save on aircraft costs (essential road repairs, river transport and key airstrips) and plan adequately for the dry season rush, especially by pre-positioning supplies.	Critical	HCT, Logistics Cluster, donors	
	Forge a response-wide strategic approach to logistics with a focus on cost-effectiveness and efficiency.	Important	HCT, ICWG, clusters, donors	
	Consider making the Logistics Cluster the cargo transporter of first resort (as UNHAS is for passengers), thus avoiding duplication, and fund it accordingly to achieve economies of scale.	Important	HCT	
	Expand the use of cross-border land and river corridors from Ethiopia and the Sudan for all commodities, including food.	Important	HCT, ICWG, clusters	
	Consider greater use of fixed-wing aircraft with excellent short-runway capabilities as a partial alternative to helicopters for rapid response and remote locations.	Learning point	Logistics Cluster	

Finding	Recommendation	Priority	Action by	Comments
Accountability to Affected People There was no systematic leadership or attention given to AAP issues in the response. Few actors were familiar with the term AAP and even fewer knew of the IASC's commitments. The potential for greater roll out was undermined by the lack of experienced practitioners or advocates. Involvement of affected people in all stages of the response project cycle was minimal and their expressed priorities (e.g. for education) often overlooked. A 2014 CwC working group had petered out by 2015. There were some excellent examples of good practice by individual agencies that can be models for response-wide improvements in AAP.	AAP needs to be embraced and promoted by the HC and the HCT as something that can add great value to the response, in line with IASC guidance.	Critical	HC, HCT	The need to prepare and operationalize an AAP action plan was already highlighted in the OPR recommendations. More work is needed in this area, however, and the recommendations here aim to guide the response to do so, building on what was suggested by the OPR.
	Promote good practice in AAP and CwC though a formal network of AAP focal points or champions sitting within agencies, in clusters and in key hubs, and able to document, share and promote good practice. Scale up and expand upon existing models of good practice in CwC, such as the work of Internews.	Critical	OCHA, ICWG	
	Agencies and aid workers at all levels need to move beyond information collection and sporadic consultation with affected people and embrace the full range of AAP commitments, focusing in particular on the participation of affected people in the programme cycle.	Critical	All agencies	
	Go beyond community leaders and committees and engage in dialogue with ordinary affected people.	Important	All	
	Dedicate mobile support to states to build capacity and integrate AAP into all clusters through training and mentoring. Use secondments from established agencies, such as Internews, into clusters	Important	OCHA	
	Dedicate staff and budget lines for AAP. Promote good practice in AAP and CwC though a formal network of AAP focal points or champions sitting within agencies, in clusters and in key hubs, that are able to document, share and promote good practice. Scale up and expand upon existing models of good practice in CwC, such as the work of Internews.	Important	OCHA, agencies, donors	

Finding	Recommendation	Priority	Action by	Comments
Gender Insufficient attention was given to IASC guidelines on gender and specific Gender Alerts, especially as part of cluster coordination. More data needed to be disaggregated according to age and gender. The (sporadic) deployment of Gender Standby Capacity Project advisers made a positive contribution, especially to reforming the CHF gender marking processes. There was some good gender-aware programming being done by specific agencies and with the support of a few clusters (e.g. the Protection Cluster). Young men have been overlooked as a group in need of protection and tailor-made interventions.	Give more attention to IASC guidelines on gender, especially as part of cluster coordination, and follow-up on previous advice, including Gender Alerts for South Sudan, remedial advice provided through the Gender Standby Capacity Project facility, as well as the OPR's recommendations to provide expert capacity on gender-based violence and protection and prioritize staff deployments and programmes targeting women and gender-based violence in field locations. Accelerate the disaggregation of age and gender within the programme management cycle and ensure that it includes relevant categories such as young men.	Important	ICWG, Protection Cluster, clusters	
	Establish a state-level network of response practitioners with responsibility for gender issues and disseminate learning and good practice through simple means, such as presentations and feedback in cluster meetings.	Important	OCHA, clusters	
	As elements of AAP and CwC (above), find ways to encourage the meaningful and representative participation of women, particularly in monitoring and decision-making.	Important	All agencies	
	Promote stronger analysis of the situation for different groups within communities, their needs and the impact of programmes, gaps and opportunities.	Important	All agencies	

Finding	Recommendation	Priority	Action by	Comments
Working with national capacity Less than 1 per cent of response funding was allocated directly to national NGOs, although their share of CHF funding grew slightly. It is difficult for national NGOs to break into funding mechanisms that are unintentionally biased towards international agencies. The role of national NGOs, community-based organizations and local committees was essential to the response in many respects, especially in the areas of food security, education and protection.	OCHA and the response agencies should work with effective and well-intentioned national and local authorities, preserving and building their capacity in keeping with their role as duty-bearers.	Critical	OCHA, agencies	
	Current initiatives to make CHF funding more accessible to national NGOs should continue, but donors should also consider a 'challenge fund' for national NGOs that have yet to break into the group of funded agencies or that need to consolidate their position. Innovative capacity-building partnerships between national NGOs and international NGOs could play a role in this.	Important	Donors	
National NGOs tended to be better at AAP, to operate at lower cost, to have a more sustainable longer-term outlook and less likely to evacuate in times of insecurity. While it was difficult for most national NGOs to compete with the capacity and quality of the best international NGOs, several national NGOs were operating at international levels of competence. Generally, national NGOs could be given a much bigger role as the response becomes more protracted and costs need to decline.	OCHA's current capacity-building support to national NGOs should be extended and resourced with its own small budget to support critical training and orientation needs.	Important	OCHA	

Finding	Recommendation	Priority	Action by	Comments
Humanitarian principles and conflict reduction Given the danger that the response will become manipulated by the parties to the conflict, rigid and response-wide adherence to humanitarian principles will be vital. South Sudan is in danger of becoming a forgotten crisis and there is scope for more media and advocacy work, using the considerable combined capacities of so many agencies. Although interest in conflict reduction and conflict sensitivity have dwindled since the pre-crisis stabilization period, the work on these themes should not be cast aside, especially in relation to IDP-host community dynamics and the perceived neglect of non-conflict states.	Adhere to humanitarian principles as a guiding light in an increasingly complex crisis. Advocate strenuously for all armed actors to respect humanitarian principles and allow access. Adequately resource OCHA's access team and strengthen its interaction with the HC/HCT to advise on trends and contingency plans.	Critical	OCHA	
	All humanitarian actors should seek to contribute to peace processes in their own way. Working with donors, the HC/HCT should seek to apply pressure on Western capitals to consider South Sudan in relation to the responsibility to protect and remain actively engaged. International NGOs should support this through their public policy work.	Important	HCT, agencies, donors	
	Apply do no harm principles and conflict sensitivity tests in all programming and embrace AAP and CwC concepts aimed at gaining acceptance from local people rather than simply delivering services.	Important	All agencies	

Finding	Recommendation	Priority	Action by	Comments
Working with UNMISS The opening of UNMISS bases to IDPs protected the lives of up to 100,000 people. Cultural differences and perspectives based on different mandates have caused tensions between UNMISS and humanitarians. However these tensions can be resolved through dialogue and there were good examples of professional co-working and coordination that can be followed (e.g. synchronization meetings between UNMISS and humanitarian agencies).	Intensify efforts to bring UNMISS and the humanitarian agencies together through formal meetings and memoranda of understanding and informal contacts. Joint workshops during quiet times would be a way of bringing the parties together to discuss areas of difference and complementarily and to find ways of working together. All decisions regarding PoC sites should be based purely on the best interests of the IDPs.	Learning point	UNMISS, OCHA, agencies	
L3 status Although L3 status was useful in 2014, particularly for fundraising, as the crisis becomes protracted and merges with the long-term crisis of governance and development in South Sudan, the usefulness of L3 status going forward is debatable. With the exception of fundraising, the L3 status had only a marginal impact on the response.	Review the purpose and value of L3 status in South Sudan and consider de-designating it in favour of a new long-term deal that unites agencies and donors behind a flexible response that blends relief and resilience.	Learning point	HCT, IASC, donors	

ANNEX I: TERMS OF REFERENCE

REPORT OF THE INTER-AGENCY HUMANITARIAN EVALUATION (IAHE) OF THE RESPONSE TO THE CRISIS IN SOUTH SUDAN
TERMS OF REFERENCE

I. 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 the 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 (HCT) and partners launched a comprehensive Strategic Response Plan (SRP) 2014–2016 to address ongoing humanitarian needs and improve community resilience. Given the dramatic change in context in December 2013, a Crisis Response Plan (CRP) 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 CRP 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 22 May, 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 15 December 2013, joining 111,000 existing South Sudanese refugees. According to the United Nations High Commissioner for Refugees (UNHCR), the following numbers of South Sudanese refugees are now in neighbouring countries: 132,000 in Ethiopia, 112,000 in Uganda, 85,000 in the Sudan and 37,000 in Kenya. South Sudan also hosts 238,000 refugees, from the Sudan (216,000), the Democratic Republic of the Congo (14,000), Ethiopia (5,000) and the Central African Republic (2,000). Of those that are internally displaced, some 76,165 civilians have sought safety in nine Protection of Civilians (PoC) sites located on United Nations Mission in South Sudan (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 per cent of the country is inaccessible during the rainy season, meaning that road access in key locations of humanitarian response is minimal or impossible between July and 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 CRP published in May project a continued increase in humanitarian needs. The Plan expects that up to 1.5 million people will become internally displaced, 863,000 people will seek refuge in neighbouring countries and some 270,000 Sudanese refugees will remain in South Sudan.

6. The Inter-Agency Standing Committee (IASC) Principals declared a level-three (L3) emergency for South Sudan on 11 February 2014. 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.

II. Inter-Agency Humanitarian Evaluations

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

    - Establish a mechanism to deploy strong, experienced senior humanitarian leadership from the outset of a major crisis.
    - Strengthen leadership capacities and the rapid deployment of humanitarian leaders.
    - Improve strategic planning at the country level to clarify the collective results the humanitarian community sets out to achieve and identify how clusters and organizations will contribute to them.
    - Enhance accountability of the Humanitarian Coordinator and members of the HCT for the achievement of collective results; and of the humanitarian community towards affected people.
    - Streamline coordination mechanisms adapted to operational requirements and contexts to better facilitate delivery.

8. The fifth Transformative Agenda 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.

9. 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. OPRs are not accountability tools. 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 people. The promotion of accountability includes the consistent application of quality standards, adherence to core humanitarian principles,[2] and fostering strategic learning for the humanitarian system. IAHEs are conducted in adherence to the international evaluation principles of independence, credibility and utility.

10. The present evaluation will be the second IAHE to be conducted since their creation, and the first conducted in a conflict setting.[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.

III. Purpose, objectives, scope and use of the South Sudan IAHE

11. 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 CRPs 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 Transformative Agenda have successfully supported the response, and recommend improvement-oriented actions.

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[1] The five Transformative Agenda Protocols are: 1) empowered leadership; 2) humanitarian system-wide emergency activation; 3) responding to L3 emergencies: what empowered leadership looks like in practice; 4) Reference Module for Cluster Coordination at the Country Level; and 5) responding to L3 emergencies: the humanitarian programme cycle.

[2] Humanitarian principles provide the foundation for humanitarian action and they are: humanity, neutrality, impartiality and independence (see https://docs.unocha.org/sites/dms/Documents/OOM_HumPrinciple_English.pdf).

[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.

12. In addition, the IAHE will also aim to:

   - Assess to what extent the collective response to the emergency met the objectives established in the CRPs.
   - 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 (i.e. regional coordination, supply routes, role of United Nations missions).
   - 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 HPC and the three pillars of the Transformative Agenda.

13. 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.

14. The evaluation will present findings that provide a transparent assessment of progress achieved against the objectives established in the CRPs. As noted earlier, the South Sudan SRP 2014–2016 was launched in November 2013, and then was replaced with a CRP (January–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–December 2014). The current 2015 Humanitarian Response Plan (HRP) was launched in January 2015.

15. Four strategic objectives were agreed to in the 2014 CRPs:

   - Provide a coordinated life-saving response to the 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 build 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.

16. The 2015 HRP 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.

17. 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.

18. 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 during the period from the L3 declaration on 11 February 2014 through the conduct of field visits in April 2015. Humanitarian assistance in South Sudan is currently facing 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 that the HCT has placed on protection as an objective in the CRP, the IAHE will seek to address this question.

19. The primary users of the IAHE will be the Humanitarian Coordinator and the HCT, which will use the results to ensure accountability and learn, both for the ongoing 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 ongoing response, including local, national and donor stakeholders.

20. Other primary users of the IAHE are the IASC Principals, the IASC Working Group and the Emergency Directors Group, which 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 for future emergencies. The audience and potential users of the evaluation also include donors, the Government of South Sudan, regional stakeholders, other national responders, and affected people, who might use the evaluation results for learning, awareness and advocacy purposes.

IV. Evaluation questions and criteria

21. As per the guidance document "Guidelines for the Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs)",[4] the following key areas of inquiry must be addressed by all IAHEs:

    1. To what extent are SRP objectives appropriate and relevant to meeting humanitarian needs, and have systems been established to measure their achievement? To what extent have the results articulated in the 2014 CRPs been 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?)

    2. To what extent have national and local stakeholders been involved and their capacities strengthened through the response?

    3. Was the assistance well coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain the results or the lack thereof?

    4. To what extent were IASC core humanitarian programming principals and guidance applied?

22. 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 Humanitarian Coordinator/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 CRP launched in June 2014 and confirm the objectives around which to assess results.

23. The evaluation will draw evidence-based conclusions in relation to internationally established evaluation criteria drawn from United Nations Evaluation Group (UNEG) norms and guidance,[5] the Organisation for Economic Co-operation and Development-Development Assistance Committee[6] and the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP) criteria for the evaluation of humanitarian action,[7] including: 1) relevance; 2) coherence; 3) coverage; 4) connectedness; 5) efficiency; 6) effectiveness; 7) impact; 8) sustainability; and 9) 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.

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[4] IAHE Steering Group, "Guidelines for the Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs)" (April 2014).

[5] See www.uneval.org.

[6] See the Development Assistance Committee criteria for evaluating development assistance factsheet at www.oecd.org/dac/evaluation/49756382.pdf.

[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.

V. Methodology

24. 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.

25. 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]

26. 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.

27. 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 people, United Nations, non-governmental organizations (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, in particular by adequately engaging 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.

28. In line with the System-wide Action Plan (UN-SWAP) on Gender Equality and the Empowerment of Women and the IASC Gender Equality Policy Statement, 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.[9]

29. 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.

30. 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 consultation with communities in the affected areas, it is important that the evaluation team maintain a balance in terms of the need to identify high-level and strategic themes, and the need to ensure sufficiently ample consultations.

31. The inception report will also provide a detailed stakeholder analysis and a clear indication of how and which national entities and communities will be a) consulted; b) engaged with; and 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, the use of snowball sampling strategies, the use of focus groups, etc. The advantages and limitations of the use of these methods should also be clearly explained.

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[8] See annex 1 of the terms of reference: IAHE Impact Pathway.

[9] Approved by the IASC Working Group on 20 June 2008.

32. Adherence to a code of ethics in the gathering, treatment and use of data collected should be made explicit in the inception report.

33. An evaluation matrix will be prepared during the inception phase in which the sources of data, methods and criteria will be defined for each evaluation question.

VI. Management arrangements and stakeholder participation[10]

A. Inter-Agency Humanitarian Evaluation Steering Group

34. As per the 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.

B. Inter-Agency Humanitarian Evaluation Management Group

35. The evaluation will be managed by the South Sudan IAHE Management Group, which is chaired by the Office for the Coordination of Humanitarian Affairs (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, the United Nations Children's Fund (UNICEF), and the World Food Programme (WFP).

36. In accordance with IAHE guidelines, IAHE Management Group members will act as the point of contact for their organizations for the evaluation, will provide quality control and inputs to the IAHE (including during the development of the terms of reference, evaluation team briefing, review and approval of the inception report, and review of the draft report and presentations) and will facilitate the dissemination and follow up of the final evaluation report cleared by the IAHE Steering Group.

37. OCHA's Chief of Evaluation will chair the IAHE Management Group. 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 disseminating the report. The evaluation manager will also be the contact person for administrative and organizational issues, and will coordinate the 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.

38. The Humanitarian Coordinator for South Sudan will appoint an in-country focal point for the evaluation to act as the point of contact in the country for the evaluation, facilitate access to pertinent information and relevant documents and help organize the field visits.

C. IAHE in-country advisory group

39. An IAHE in-country advisory group 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.

40. Membership of the in-country advisory group will be based on a mapping of key stakeholders, who may include United Nations agencies, United Nations missions, international and local NGOs, key donors, national entities, government representatives, private sector representatives and civil society representatives. The Humanitarian Coordinator will appoint advisory group members.

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[10] For further details on the specific roles and responsibilities of the different IAHE stakeholders, see "Guidelines on the Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs)".

VII. Deliverables and reporting requirements

41. 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.

42. The inception and draft reports will be produced jointly by the members of the evaluation team and will reflect their collective understanding of the evaluation. All deliverables listed will be written in standard English. If the evaluation manager finds that the reports do not meet the required standards, the evaluation team will make the edits and changes needed to bring it in line with the required standards at their own expense.

A. Inception report

43. The evaluation team will produce an inception report not to exceed 15,000 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 stakeholder mapping and analysis.
- Any suggested deviations from the terms of reference, 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.
- Explanation of how the views of the affected populations as well as protection and gender issues will 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

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

- Executive summary of no more than 2,500 words.
- Table of contents.
- Summary table linking findings, conclusions and recommendations, including where responsibility for follow up should lie.
- Analysis of the 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, including: 1) terms of reference; 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 the main recommendations for their improvement.

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

- Categorized as a) critical; b) important; or c) opportunity for learning.
- Relevant, realistic, useful and reflecting 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.

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

C. Other evaluation products

47. The evaluation team will also produce presentations, as requested by the Management Group, including to the Humanitarian Coordinator/HCT, IASC members, in-country presentations to local communities and affected people, etc.

48. 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 IAHE guidelines will be synthesised in a final written aide-memoire.

49. Additional dissemination evaluation products such as briefs, video presentations or précis may be proposed in the inception report.

D. Feedback on the IAHE process.

50. 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.

VIII. Dissemination and follow up

51. 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 evaluation team (or evaluation manager) will present the results of the IAHE 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 forums as decided by OCHA and the IAHE Management Group. The evaluation team may be requested to assist with these presentations.

52. The IAHE final report will also be submitted to the IASC Working Group, the Emergency Directors Group and the Principals for information.

53. 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.

54. In addition to the evaluation report and oral briefings, the evaluation findings and recommendations can be presented through alternative methods of dissemination, such as video. The evaluation team will consider possible ways to present the evaluation and will include a dissemination strategy proposal in the inception report.

55. The recommendations of the evaluation will be addressed through a formal Management Response Plan. The preparation of the Management Response Plan will be facilitated by the IASC Working Group Chair. Three months after the issuance of the IAHE report, the Humanitarian Coordinator in South Sudan will provide the Emergency Relief Coordinator, the IASC Working Group and the IASC Emergency Directors with an update on the implementation of follow-up plans.

IAHE Impact Pathway

COORDINATED HUMANITARIAN ACTION IMPACT PATHWAY

INPUTS	OUTPUTS	OUTCOMES	EARLY IMPACT	LONGER-TERM IMPACT
Leadership	Coordination Mechanisms	Humanitarian Access Secured	People Protected	Affected People Protected, Well-Being and Capacity to Withstand/Cope With/Adapt to Shocks Improved
Human Resources, Including Surge Capacity	Joint Situation Analysis	Relevant Response (High Quality Multi-Sectoral)	Lives Saved and Livelihoods Secured	
Pooled and Agency Funds	Joint Needs and Capacity Assessments	Connectedness and Coodination Between Humanitarian Stakeholders	Government Leaderships and Ownership of the Response	National Prepardeness and Emergency Response Capacity Improved
Guidance and Programming Tools (HPC, MIRA, STANDARDS, ETC.)	Joint Plans (ERP/PRP/SRP)			
	Joint Advocacy	Good Coverage (Equitable, Fewer Gaps and Duplications)		
Logistics	Adequate Financial and Human Resources			

ANNEX II: EVALUATION MATRIX

Sub-questions	Question details	Sources of information (documents and people)
1. To what extent are the SRP objectives appropriate and relevant to meeting humanitarian needs, and have systems been established to measure their achievement? To what extent have the results articulated in the Strategic Response Plan been achieved, and what were both the positive and potentially negative outcomes for people affected by the disaster?		
Common preparedness framework	• What work on emergency/disaster preparedness planning was done before this crisis? • How effective was the preparation? Was time saved and was effectiveness enhanced when the crisis hit? • Was there a national risk analysis or national preparedness plan? • Are there constraints including scenarios around major civil conflict in national preparedness? • Are the international community and the Government prepared for new emergencies in South Sudan? Are any planning events foreseen for 2015?	The Government, OCHA, HC, HCT, United Nations sector leads, NGOs, emergency preparedness plans, political / economic / social forecasts
Relevance, including planning	• How were needs determined? • Who undertook assessments? What methodologies were used? To what extent were affected people involved in assessments? Were assessments coordinated (by cluster, location etc.)? Was there methodological consistency? • How was data consolidated, analysed and disaggregated? • Is there a demonstrable link between assessments and programmes? • How was strategic planning undertaken? Who was involved and who was consulted? How long did it take? How much flexibility was built into initial plans? • What mechanisms were used to ensure that affected people were consulted and heard (feedback and complaint mechanisms)? How responsive were OCHA and other agencies to messages coming from affected people? • To what extent were the needs and priorities of affected people reflected in the CRP and its revisions? • Were affected people informed of objectives and targets? Did/do they consider them to have been correct? • What, in the opinion of affected people, were the main gaps? How were these addressed? • How was targeting (geographical and group) undertaken? How effective was this? Were there gaps (geographical and group)? • Did AAP and CwC improve responsiveness to needs? What evidence is there to support this? • Did the CwC working group enhance responsiveness, and how was AAP integrated within clusters?	Communities, agency field staff, United Nations sector staff, UNMISS, CwC Working Group CDAC members, national NGOs, international NGOs, clusters, online survey, assessment reports, assessment teams, feedback mechanisms and output, CRP, sector/cluster plans

Sub-questions	Question details	Sources of information (documents and people)
Risk management	• How were risks analysed, communicated and managed (United Nations agencies, NGOs and clusters)? Consider security of populations, staff and assets. • To what extent did actual risks align with those predicted? How were unpredicted risks handled? • Were significant quantities of aid diverted? If so, what and by whom? What actions were taken to control this?	HC, HCT, clusters, Government, CRP, UNMISS
Effectiveness (extent to which CRP targets were achieved)	• On the basis of planned outputs, to what extent were the objectives of the CRP achieved likely to be achieved? • What have been the major factors influencing the achievement or non-achievement of objectives? • What systems have been used for monitoring? Were planning indicators appropriate to programme monitoring? • Is there evidence that monitoring has led to changes in programmes? Have such changes led to improved delivery of outputs and more positive impact?	Cluster plans and reports (and amendments), cluster interviews, CRP, communities, HCT and ICC minutes, online survey, monitoring and evaluation (OCHA and others), UNMISS.
Efficiency	• Were interventions cost-effective, based on translation of input costs to outputs? • Could more efficient alternatives have been applied (related to different sectors/clusters)? • Were financial plans made and adhered to? What were the main deviations and variations? • What caused deviation and variation (cost drivers)? • How efficient were procurement, administration and logistics systems? What were the constraints to delivery of goods to areas of need (disaggregate by location) and how were these overcome? • How do agencies' costs differ for similar operations (cost comparison within sectors)?	United Nations, national and international NGO sector leads and finance/logistics/procurement, OCHA, clusters (especially Logistics), CHF reports, financial records, UNDSS

Sub-questions	Question details	Sources of information (documents and people)
Timeliness	• Did immediate, life-saving assistance reach communities promptly? What was the typical lag between assessment and arrival of assistance (compare sectors)? • How closely did actual operations match planning timeframes? What were the main impediments to quick delivery? • When delays were encountered, how quickly were they picked up on, and what was done? Were communities informed? How? • To what extent were the tools of the HPC useful in reducing delays (examples)? • How were delays in particular projects identified and acted upon? Who took responsibility for managing shortfalls and how effective was this (particular relevance to cluster management)?	Communities, staff of facilities (e.g. health) in affected areas, national and international NGOs, United Nations sector specialists, clusters, CRP timelines and progress reports, monitoring reports
Quality	• Does assistance (by sector) comply with Sphere Standards? Were other standards applied (if so, which)? • Who was responsible for ensuring quality and compliance with standards, and how effective was this? • How were affected people involved with quality assurance? Were feedback mechanisms in place and if so, how effective were these? • How satisfied are affected people with the quality of the assistance that they have received?	Monitoring reports, use of standards, clusters, communities, national and international NGOs, UNMISS
Impact	• How have United Nations and other agencies appraised impact (per sector/cluster)? • What is the timeframe over which impact can be appraised (per sector/cluster)? • Have agencies been responsive to the concerns of affected people around impact? • How effective has impact monitoring been (per sector/cluster)? What programme changes have been made as a result of monitoring and community feedback? • What positive and negative conclusions can be drawn with regard to impact, and how are these being used to plan future programming?	Communities, clusters, United Nations sector leads, national and international NGOs, evaluations

Sub-questions	Question details	Sources of information (documents and people)
Gender	• Were gender considerations taken into account in aid provision? How? Examples? • Are the needs of women and girls understood, is data disaggregated? • Were women and girls consulted at all stages of the response? • Is specific gender and vulnerability analysis undertaken? • Do women and girls participate and play a role in leadership? • What have response actors done to help facilitate meaningful engagement? • Have recommendations from gender alerts been implemented? • Has the gender toolkit for clusters been used and has it helped mainstream gender? • Have clusters promoted effective and equal participation of women? • Do agencies and NGOs with gender expertise participate in coordination forums? And are these issues discussed by them in the meetings? • Do clusters ensure that effective consultative and feedback mechanisms are in place to promote the participation of women? Do women participate in them? • Have the gender handbook and tools strengthened the inclusion of women's needs in the response?	Interviews and focus group discussions with women, women's groups and individual key informants, analysis of data-disaggregation in assessments, community feedback etc., UNFPA, national and international NGOs with gender focus, gender staff of agencies, participation in meetings, working groups etc.
2. To what extent have national and local stakeholders been involved and their capacities strengthened through the response?		
Government involvement in planning and implementation	• Was the Government the primary decision-maker? How did the Government collaborate with the United Nations in terms of planning, management and monitoring? • How were decisions taken, ratified and implemented? • What was the role of government ministries at the central, state and local levels? • Were government ministry staff involved with / co-leaders of clusters? • Are there examples of disagreement between the Government and the United Nations over policy or practice? How were such disputes managed?	Government officials in relevant ministries (Juba and field locations), HC, HCT, cluster leads, government cluster representatives

Sub-questions	Question details	Sources of information (documents and people)
Civil society involvement in planning and implementation	• Which civil society groups were involved in planning and decision-making, and at which levels? • Do civil society groups think that they were suitably involved? Were they consulted and listened to? Is there evidence that their opinions led to changes in policy or programming?	National NGOs (and other civil society representatives) in Juba and field locations, clusters, NGO forum meeting minutes (various)
Affected populations' involvement in planning and implementation	• Were affected people involved with the planning and management of interventions (give examples)? • Do affected populations (communities) think that the correct interventions were applied? If not, did they have an opportunity to express this opinion? • What community feedback systems were put in place at central/agency/cluster level? Did these systems work in practice, and what do affected people think of them? • What do affected people expect to happen in the coming months, and how confident are they in the humanitarian system to help them further?	Communities, national and international NGOs working in field locations, agencies' feedback and complaint mechanisms (including documented response to feedback)
Capacity-building of the Government	• How did the response complement and strengthen government capacity (disaster preparedness and response)? • Were capacity-building needs identified and were they supported? In which sectors/ministries were these efforts most/least effective? • Is government capacity development sustainable (will it persist when the crisis and the funding) is over?	Government officials in relevant ministries (Juba and field locations), clusters/sectors, government service providers in field locations
Capacity-building of civil society	• How were civil society capacity gaps mapped, and by whom? • Which civil society groups received support? Why these organizations? Which were not included, and why? • How sustainable is the capacity support given to civil society groups? Will heightened capacity persist once external funding is reduced?	Civil society representatives (e.g. national NGOs), CwC Working Group, international NGOs
Support to affected people	• How were affected people helped to get involved with local-level planning and programme implementation? Did they have support needs that were not addressed?	Communities, national and international NGOs, United Nations sector leads NGO forum

Sub-questions	Question details	Sources of information (documents and people)
3. Was the assistance well coordinated, successfully avoiding duplication and filling gaps? What contextual factors help explain the results or the lack thereof?		
Coordination mechanisms	• What are the coordination systems (formal and informal) at central, state and local levels? • Which organizations have been involved in coordination (Government, United Nations, UNMISS, NGOs, affected people, etc.)? • How has rapid response been incorporated into coordination systems? • How was coordination done (meetings, web platforms, telephone, person-to-person, etc.)? Which approaches were most effective? • How has information been managed and shared? • Has the linkage between the different coordination levels been effective? • Has inter-cluster coordination been effective? • What has been the role of the HCT leadership in coordination? • What were the factors that enhanced coordination (systems, people, etc.)? • What factors impeded coordination (systems, people, etc.)? • What steps have been taken to improve coordination, and how effective have these been?	Government, cluster and inter-cluster leads, OCHA head- and sub-office, NGO (national and international) and United Nations agencies, UNMISS, cluster reports, online survey
Coverage	• How effectively have coordination systems ensured that aid reaches areas in need? • Have there been major gaps (sector and geography) or duplication? How were these identified, and what changes were made as a result? • Has aid delivery been proportional to need?	Local government, communities, state-level cluster and OCHA staff, national and international NGOs in field locations, needs assessments (and links between these and programming), monitoring reports
Connectedness	• Which of the coordination mechanisms are specific to the emergency and temporary, and which are embedded in government or other long-term processes? • Is coordination contributing to recovery, long-term development, peace promotion and resilience? If not yet, could it do so in the future? If so, how?	Government, United Nations and international NGOs with long-term programmes, civil society development organizations

Sub-questions	Question details	Sources of information (documents and people)
4. To what extent were IASC core humanitarian programming principles and guidance applied?		
Level-three emergency activation	• Was the initial L3 declaration timely? What was its impact? • Have the extensions to L3 been justified? How long should the L3 status persist and why? • How long was the lag time between the L3 declaration and a change in operations? If the lag was long, why was this? • How did the L3 affect human resources deployment? How effective was the surge function (examples of deployment time under L3)? Did surge capacity make a difference to the speed and quality of the response? • What was the impact on funding (including flexibility and administration)? How quickly were additional funds available and how much did funding increase? • What were the positive and negative results of the L3 status and its associated mechanisms and resources (flexible funding, surge capacity, empowered leadership, decision-making close to operations)? • Is there evidence of prompt decision-making by the Humanitarian Coordinator and/or HCT?	HC, HCT, donors, funding teams within United Nations agencies + international NGOs + national NGOs, funding plans, appeal documents, CHF reports, national and international NGO operations managers
Leadership	• Has leadership been empowered (as directed by the L3 status)? How has this been manifested? What are the differences/advantages over usual management arrangements? • How have decisions been taken? Does empowerment lead to reduced consultation and accountability?	HC, Government, HCT, cluster leads
Coordination	See above	
Humanitarian programme cycle	• To what extent did the various tools (assessment, flash appeals, dashboard, SRP, humanitarian needs overview, global appeals, OPR, monitoring report, mid-term review) of HPC support the HCT in better coordination and effectiveness of the response? Was there evidence of the use of the various tools by donors, HCT, clusters, partners? • What were the limitations of the tools? • Was there evidence that they improved coordination and effectiveness of response? • To what extent did the tools enhance shared ownership and commitment? • Was there evidence of actions based on the recommendations of the OPR?	United Nations and NGO planners and operations managers, OCHA information managers, CHF reports, agency funding teams, planning documents and progress reports, evaluations

Sub-questions	Question details	Sources of information (documents and people)
Framework for Accountability to Affected Populations	• Were feedback and accountability mechanisms integrated into the CRP and agency/sector plans? Did monitoring and evaluation systems cover AAP? • Were affected people informed about procedures, and processes? Was this information timely? • Were views of affected people sought? Did mechanisms deal with breaches in policy and dissatisfaction? • Were affected people able to participate actively in decision-making? • Were affected people involved in design, monitoring and evaluation? • Were marginalized people represented?	CwC Working Group, United Nations and NGO technical advisors, communities, CDAC members, CRP, sector plans, monitoring reports
Inter-Agency Rapid Response Mechanism	• How did this function? What were the triggers, and who took the decision to activate it? • Who took part in rapid response deployments? How was this decided? • How quickly were rapid responses activated (time from decision to deployment)? • What was the impact (positive and negative)? Did rapid response complement or disrupt existing programmes?	HC, cluster coordinators, heads of United Nations agencies, RRM managers, participating agencies, deployment reports

ANNEX III: EVALUATION TOOLS

Three main tools (or groups of tools) were used in the evaluation:

1. Evaluation matrix

The basic tool for the evaluation was the evaluation matrix (see annex 2). For each interview, questions were prepared and initially written out as interview guides. Working from notes taken during the interview, the evaluators then pasted findings onto the relevant part of the matrix. Evaluators then worked through the notes to clarify them and group them into findings and key examples that could guide the report author in developing the narrative. The evaluators each went on to draft their own lists of items worthy of being captured in the conclusions and also suggested recommendations. Three of the team members met in the United Kingdom to conduct further work on conclusions and recommendations. The team shared and exchanged lists of such issues.

2. Community consultation in South Sudan

A member of the evaluation team led community consultation, employing the methods outlined below:

A. Case studies

Build up examples of evidence, e.g. what happened when people raised complaints to agencies, did it lead to changes in programmes? Were they told the outcome?

B. Timeline tool (need pens and large-scale paper)

Ask community participants to recount a trigger for a response, such as an outbreak of fighting or displacement, and then ask when assessments and response occurred.

On Arrival (Day 0-7)	During Response	Now	Future
Day 1 2 3 4	8	15	30	now

Ask to put assessments, aid/services

Sectors: WASH, health, food, shelter, education, non-food items, protection

- What did you need?
- What did you receive of the aid/service? (main gaps)
- When should you have received items? (was life-saving aid on time?)
- What was late, on time or never came? (time lags)
- Why were there delays? Was this explained to you?
- Who provided it (did you know if it was UNMISS, NGOs or the United Nations)?
- Was the quality adequate?
- How could the response have been improved?

- Were all of you asked what you needed when you arrived? (women and young people)
- Did everyone get items, targeting in relation to need? (any gaps, duplications?)
- Are there any long-term benefits of the response?
- Has anyone asked what your longer-term needs are? Is the response contributing to them in any way?

Participation

- Were any of you involved in the response in any way? Did you make any decisions about the response? Were you asked about quality and/or monitoring activities?
- Were women and men involved equally?

Information

- Were you informed about activities, services and meetings? How?

Feedback

- Did you know how to contact agencies?
- How did you contact agencies, raise concerns/complaints?
- Did this ever lead to changes? (to beneficiary lists, activities, quality or items?)

Outcomes

- Were they any negative outcomes of aid? (what was done about these?)

In reference to the timeline, ask the question from the matrix such as:

- Did you need assistance for: a) food; b) shelter; c) livelihoods; d) health/disease; e) water; f) education; g) protection?
- What was good about the assistance you received in these areas?
- What are your views about the timeliness of assistance?
- Are you happy with the assistance? Why or why not?
- Was assistance provided in a way that took allowance of different needs, e.g. of women, men, older people, etc.?
- Did anyone ask you what assistance you needed? Who? When?
- What was the procedure for deciding who received assistance? Who handles the operation? What are the challenges in relief and ongoing recovery operation within your community?
- How did you receive information about what assistance was available?
- Did you have any complaints to make about the assistance? Did you complain to anyone? If yes, what happened?
- Before today has anyone asked you your opinion of the assistance? If yes, what happened?
- How well did the assistance help you cope with the immediate effects of the emergency?
- How well has it helped you to be able to cope longer-term?
- How could it have been better?

C. Questions for correspondents to ask affected people living in PoC sites (please split answers into men, women and young people and state who is answering and ideally when they arrived in the PoC site).

- On arrival at the PoC site, what were your main needs in relation to the sectors: WASH, food, health, education, protection, shelter and non-food items?
- Did you get each of these on time, late (how late) or never?

On arrival what did your main needs, state when there met (separate women, men, young people and children)

	WASH	Food	Health	Education	Protection	Shelter
On time						
Later (state how many weeks late)						
Never						

- In what ways were you able to tell agencies about any concerns or complaints (directly to staff, help desks, through leaders, radio shows)?
- Did you ever see any changes as a result of this?
- Do you know what agencies are responsible for services or aid items? (UNMISS, United Nations, international NGOs)?
- Did agencies explain who they were, times of meetings, what they were providing and how they would do it, and were there any delays?
- When you arrived, were you asked what you needed or what your priorities were? Were the different members of your family asked this (young people, children, women, men)?
- Have you mean asked again, now what your longer term needs are?
- Have you been involved in or helped the response in any way (attended meetings, helped with activities, questionnaires)?

3. Listening to community voices (introduction to IAHE discussions by Internews)

The Boda Boda Talk Talk (BBTT) supported by Internews is helping the IAHE team find out what displaced people located in the PoC sites think and feel about the humanitarian response so far. This is to help the United Nations and NGOs learn from their experiences and plan better for other humanitarian responses around the world. Understanding how ordinary people viewed the support they received from agencies is key to ensuring that money used for humanitarian assistance is spent more effectively and that the needs of the most vulnerable are met during a crisis.

These discussions are not about more money being spent in South Sudan. When having these discussions with members of the community, the evaluation team must ensure that people understand that their opinions will not lead to additional services and support. This exercise is about future planning and how agencies can improve humanitarian responses around the world, and to make sure that the money spent will have the greatest impact on people's lives.

The evaluation team has asked us to help explore people's experiences in regards to:

1. What worked well and what did not work well when people first arrived to the PoC sites?

2. How have things have changed over time, and what still needs to be changed?

3. Do different people feel like they are listened to and involved in the humanitarian response?

4. What advice would you give to humanitarian agencies when they help other people in other parts of the world in an emergency?

Different people will have different experiences and we want to make sure we hear from the young, the elderly, women, men, as well as those who are active in the site as leaders and those who are not. We can interview people from our existing listening groups, though grouping people together by gender and age may make them more comfortable with telling their stories.

Support the evaluators by running a series of round-table discussions focused on particular themes (what people thought of the WASH facilities, food, shelter, health, education, whether they felt safe and secure, etc., and did people know who to go to if things were not working the way they expected them to).

How should this be done?

1. These discussions will be recorded, just like a round-table for BBTT.

2. A summary of the main issues people raised will be transcribed.

3. Short features will be made from these discussions so everyone knows and can get involved.

4. Voxes will be gathered for some of the issues that arise to find out whether other people agree with what was said in the discussions, to cross-check some of the opinions.

5. The evaluators will also look back over our old scripts to get a better picture of what issues have been covered in the past, and will run many of the other meetings and discussions.

Who do we speak to?

1. Identify different groups of people (men, women, young, old) in the three PoC sites (see the table below). Each group should have 5 to 10 people. Forming each group with the same kind of people should help participants feel comfortable to share useful stories and information.

Discussion topic: My Humanitarian Story What I thought of the humanitarian response/gaps and challenges over time/advice for agencies to make things better (see below questions).	People who arrived in a PoC site between December 2013 and April 2014	People who arrived recently to a PoC (May 2014–April 2015)
As above, also focus on: "Has the response focused on your long-term needs / what do you think about education and training in the site?"	Young men aged 14-26 years	Young men aged 14-26 years

Discussion topic: My Humanitarian Story What I thought of the humanitarian response/gaps and challenges over time/advice for agencies to make things better (see below questions).	People who arrived in a PoC site between December 2013 and April 2014	People who arrived recently to a PoC (May 2014–April 2015)
As above, also focus on: "Did you know where to go for health care following a sexual attack or to get advice on how to protect yourself / has the response focused on your long-term needs and what do you think of the education services?"	Young women aged 14-26 years	Young women aged 14-26 years
As above, also focus on: "Did you know where to go when there was no water / did you feel safe in the PoC site at night / do you know where to go for help if you don't feel safe?"	Women (not leaders)	Women (not leaders)
As above, also focus on: "Did you know where to go when there was no water, or when you didn't receive something you had expected?"	Men (not leaders)	Men (not leaders)
As above, also focus on: "Did you feel part of the humanitarian response / did the agencies listen to your concerns and did you see things change following your suggestions?"	Formal community leaders in each PoC site	Formal community leaders in each PoC site
As above, also focus on: "Was there enough support to help you in the site? What were the challenges / did you feel part of the humanitarian response / did the agencies listen to your concerns and did you see things change following your suggestions?"	Elderly men	Elderly men and women
As above, also focus on: "Was there enough support to help you in the site / what were the challenges / did you feel part of the humanitarian response / did the agencies listen to your concerns and did you see things change following your suggestions?"	Elderly women	Elderly women

What will be discussed? These programs are called "My Humanitarian Story". Asking people to share their experiences is the most important thing.

- What did you find when you first arrived at the PoC site (ask one person to share)? Tell us your story and experiences of your arrival here. Does everyone else agree? What do others think?
- Who did you speak to first to find out how things worked and what services were available to you? Was it easy to understand who, what, where, and how things worked?
- When you arrived, were you asked what you needed or what your priorities were? Were the different members of your family asked this (young people, children, women, men)?
- What were the main challenges related to settling in when you first arrived?
- What is the difference between UNMISS, the United Nations and NGOs and who is responsible for what? Or is everyone the same to you?
- Think about WASH, food, health, education, safety and security, shelter, non-food items (kitchen kits, etc.) and information about what was happening in the site and who was responsible. Were these things good quality? Were they reliable? Were they delivered on time? Do you think everyone received things equally?

- Were there things you should have received to make your life easier that you didn't get?
- What advice would you give to the humanitarian agencies to do things better (other than giving people more)?
- Do you think the PoC site and the agencies gave you services that saved your life? What would have happened to you had you not come to the PoC site?
- What information or services would have made life easier for you in the site when you first arrived?
- What are the specific ways people can communicate with agencies (help desks, directly to staff, through leaders, BBTT, radio, etc.)?
- Do you know of any examples of changes made to the services because people gave feedback to the agencies (for example changes in aid items, improvements in quality, changes to beneficiary lists, changes in the way distributions are done)?
- How do agencies communicate with people in the PoC sites?
- Do agencies explain who they are, times of meetings, what they are providing and how they will do it, and were there any delays?
- Have you been asked what your longer-term needs are?
- Have you been involved in or helped the response in any way (attended meetings, helped with activities, questionnaires)? What do you think of this? Is it useful / do people listen to you? Do you feel like you are involved in running the site?

ANNEX IV: IAHE ITINERARY

12-30 April 2015

Note: (*) denotes a group meeting; the evaluators present in each meeting is denoted in parenthesis.

JUBA	
**SUNDAY 12 APRIL	PROGRAMME (all)**	
9:35	Arrival at Juba airport and transfer to Rainbow Hotel
8:30-9:15	UNDSS security briefing*
9:30-11:30	OCHA Head of Office, Deputy Head of Office and section heads*
12:00-13:30	IAHE Advisory Group*
14:00-14:30	IAHE introduction to HCT Meeting
16:45-17:45	Humanitarian Coordinator and Deputy Humanitarian Coordinator
**TUESDAY 14 APRIL	PROGRAMME (NC, JL, TV, BO)[11]**	
9:00-10:00	IAHE introduction to the ICWG
14:00-15:15	UN Cluster Lead Agencies (FAO, IOM, UNICEF, UNHCR, WFP, WHO)*
15:30-16:45	International NGO cluster co-leads (Save the Children, World Vision International, International Medical Corps, Norwegian Refugee Council, Agency for Technical Cooperation and Development, Action Against Hunger USA, Medair, Mercy Corps, Mines Advisory Group)*
17:15-18:30	Non-Violent PeaceForce*
**TUESDAY 14 APRIL	SEPARATE PROGRAMME FOR SARAH ROUTLEY**	
9:00-10:30	UN Agencies on AAP and CwC (UNICEF, WHO, WFP, UNESCO, FAO)*
10:30-12:00	NGOs (World Vision International, SCI, Oxfam, Plan International, Danish Refugee Council, Agency for Technical Cooperation and Development and Care International)*
12:00-17:00	Visit to UN House PoC site
**TUESDAY 15 APRIL	SEPARATE PROGRAMME FOR NIGEL CLARKE[12]**	
14:00-15:00	Save the Children
15:00-16:00	UNHCR

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[11] NC: Nigel Clarke; JL: Jeremy Loveless; TV: Tony Vaux; BO: Boniface Ojok.

[12] Nigel Clarke (NC) was unable to travel until 17 April and conducted meetings in Juba as set out in annex 6.

TUESDAY 15 APRIL	SEPARATE PROGRAMME FOR NIGEL CLARKE
12:00-13:30	Mines Advisory Group
16:00-17:00	Health Cluster
18:00-19:00	United Nations Mine Action Service

15-27 APRIL| PROGRAMME OF FIELD VISITS –see below

MONDAY 20 APRIL	PROGRAMME (TV)
11:15-11:45	UNMISS Director of Mission Support
11:45-12:45	UNMISS Head of Human Rights, RRP and PoC Advisor*
15:30-16:30	Meeting with United Nations Head of Security
17:00-18:00	OCHA Policy, Access and CMCoord Unit*

TUESDAY 21 APRIL	PROGRAMME (TV)
9:00-10:00	DFID*
11:30-12:30	RRC and Minister of Gender, Child, Social Welfare, Humanitarian Affairs and Disaster Management*
13:30-14:30	USAID/Office of U.S. Foreign Disaster Assistance*
15:00-16:00	Meeting with Simon Mansfield, ECHO

WEDNESDAY 22 APRIL	PROGRAMME (TV)
9:00-10:00	UNDP Country Director
11:00-12:00	Special Representative to the Secretary-General Ellen Margarethe Loej
14:00-15:30	Ethiopian Ambassador
16:00-17:00	MSF Chief of Mission
17:30-18:30	Gender-Based Violence and Child Protection Sub-Clusters*

THURSDAY 23 APRIL	PROGRAMME (TV)
9:30-10:30	WFP Deputy Country Representative
11:00-12:30	OCHA Field Coordination Unit*
13:30-14:45	NGO RRM teams (IRC, IOM, Medair)*
15:00-16:00	OCHA Humanitarian Financing Unit*

FRIDAY 24 APRIL | PROGRAMME (TV)	
11:00-12:30	Education cluster*
13:00-14:00	NGO Forum
16:00-17:00	ICRC Deputy Head of Delegation
MONDAY 27 APRIL | PROGRAMME (TV)	
9:00-10:00	Food security and Livelihoods Cluster*
10:15-11:15	WASH Cluster*
11:30-12:30	Non-Food Items/Shelter Cluster*
14:00-15:00	CCCM Cluster*
15:45-16:45	Meeting with ECHO
TUESDAY 28 APRIL | PROGRAMME (TV)	
09:30-11:00	Presentation of preliminary findings to the ICWG*
12:00-13:00	FAO Deputy Representative
15:00-16:00	Dr Kediende Chong, Director, Multilateral Department, Ministry of Health
WEDNESDAY 29 APRIL | PROGRAMME (as below)	
9:00-10:00	Meeting with Nutrition Cluster* (NC).
10:30-11:30	Logistics Clusters and UNHAS*- to be followed by a visit to UNHAS offices (NC)
13:00-14:00	Meeting with UNICEF Deputy Head (TV)
14:00-15:30	OCHA team debrief (all)
16:00-17:00	Meeting with UNHCR* (TV)
THURSDAY 30 APRIL | PROGRAMME	
08:30-10:00	WFP Head of Programmes (NC, JL)
11:30-12:30	HCT Debrief (all)
13:30	**Departure for the airport (all)**

15-28 APRIL | PROGRAMME OF FIELD VISITS

Sarah Routley and Jeremy Loveless: 15-24 April, Upper Nile (Malakal)	
15 April	Depart Juba for Malakal (both)
21 April	Depart Malakal for Melut (Jeremy Loveless)
28 April	Depart Melut for Juba (Jeremy Loveless)
28 April	Depart Malakal for Juba (Sarah Routley)
Nigel Clarke: 17-28 April, Jonglei and Unity (Akobo and Leer)	
17 April	Depart Juba for Leer
22 April	Depart Leer for Juba
23 April	Depart Juba for Akobo
28 April	Depart Akobo for Juba
Tony Vaux and Boniface Ojok: 15-20 April, Lakes (Mingkaman)	
15 April	Depart Juba for Mingkaman
17 April	Depart Mingkaman for Juba (Tony Vaux)
20 April	Depart Mingkaman for Juba (Boniface Ojok)
Boniface Ojok: 23-27 April, Northern Bahr el Ghazal (Aweil and Malwal Kon)	
23 April	Depart Juba for Aweil
27 April	Depart Aweil for Juba

Inter-Agency Humanitarian Evaluations Steering Group