

EVALUATION REPORT

January 2019

ANNEXES

Evaluation of the UNICEF Response to the Humanitarian Crisis in South Sudan

- ■ **Part 1: Child survival – WASH, health, nutrition and related issues** ■

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EVALUATION OF THE UNICEF RESPONSE TO THE HUMANITARIAN CRISIS IN SOUTH SUDAN

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United Nations Children's Fund

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New York, New York 10017

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ANNEX 1: TERMS OF REFERENCE

EVALUATION OF UNICEF'S RESPONSE TO THE HUMANITARIAN CRISIS IN SOUTH SUDAN

I. CONTEXT

In 2015, threats to children in South Sudan were described in an assessment of the situation of children¹ which informed the Country Programme 2016–2018. The assessment, undertaken in 2015 for the first time since 2007 and with major data gaps, highlighted interrelated challenges faced by children, adolescents and women. It described the social, political and economic context and the 2013–2015 conflict, and categorized risks to children's rights as: 1) survival, health and development; 2) education and other developmental rights; 3) protection; and 4) participation. It concluded that the Government should “work creatively with its development and humanitarian partners to meet urgent life-saving needs arising from the conflict, while developing capacity at national level to address longer-term inequities in society...”. This focus on meeting emergency needs, while seeking to protect development gains, is reflected in the Country Programme Document (CPD) 2016–2018.²

Renewed conflict in July 2016 deepened the humanitarian crisis in South Sudan, with women and children facing immediate risks of violence, displacement, hunger and life-threatening diseases. These risks are exacerbated by

the rapidly deteriorating economic situation, with inflation above 800 per cent.³ The number of people uprooted since the start of the conflict in 2013 has reached more than 4 million, including 1.9 million internally displaced and an additional 2.1 million having taken refuge in neighbouring countries.⁴

The compounding effects of widespread violence and sustained economic decline have further diminished the capacity of people to address threats to their health, safety and livelihoods. People in need of assistance and protection number 7 million.⁵ It is estimated that up to 85 per cent are children and women.⁶ Children continue to suffer the brunt of conflict and economic pressures. The situation for children deteriorated in 2017, with continued incidents of recruitment, abuse, exploitation and other grave violations directly affecting about 100,000 children since the beginning of the conflict. An estimated 19,000 children were recruited by armed actors in 2017, up from 17,000 in 2016. A total of 16,055 unaccompanied, separated or missing children have been registered in South Sudan since December 2013. Destruction of schools and the departure of teachers from many affected areas

¹ United Nations Children's Fund, 'Situation Assessment of Children and Women in South Sudan', UNICEF, 2015.

² United Nations Children's Fund, 'Country Programme Document: South Sudan' (2016–2018), UNICEF, E/ICEF/2016/P/L.9, 18 April 2016, pp. 2-4.

³ South Sudan National Bureau of Statistics, October 2016.

⁴ Office for the Coordination of Humanitarian Affairs, 'Humanitarian Bulletin South Sudan', no. 17, OCHA, 17 November 2017.

⁵ Office for the Coordination of Humanitarian Affairs, 'South Sudan: 2018 Humanitarian Needs Overview', OCHA, December 2017, <<https://reliefweb.int/report/south-sudan/2018-south-sudan-humanitarian-needs-overview>>, accessed 5 February 2019.

⁶ OCHA, September 2017.

are severely impacting access to education, with 2 million children out of school—more than ever.⁷

Hunger and malnutrition have escalated, with nearly 1.1 million children under 5 years estimated to be acutely malnourished and in need of life-saving services. Although localized famine was stopped in 2017, severe food insecurity continued to increase for the fifth consecutive year and a record-high 6 million people were severely food insecure as of September 2017. Post-harvest gains in October–December are expected to reduce this number to 4.8 million, though pockets of populations are in humanitarian catastrophe status in Eastern Equatoria, Jonglei and Western Bahr el Ghazal. Severe food insecurity is expected to rise again to 5.1 million people in early 2018 and deteriorate further in the lean season, with the worst-case scenario of a return to famine in multiple locations across the country.⁸

II. UNICEF RESPONSE

Following the activation of its [Level 3 corporate emergency procedure](#) in May 2014, UNICEF strengthened its field presence in South Sudan and its capacity to accelerate the delivery of humanitarian assistance through various modalities, including the following examples: strengthening capacities of field offices; recruitment of staff, including recruitment of dedicated cluster capacities; [Rapid Response Mechanisms](#) (RRM), a new modality to reach affected populations; partnership agreements with civil society partners; and supporting a coordinated humanitarian effort. In addition to coordination with partners from the United Nations system and non-governmental organizations (NGOs), UNICEF

continues to engage with the Government of South Sudan to enable more effective humanitarian planning and accountability.

The UNICEF humanitarian response has focused on life-saving interventions to address vaccine-preventable and water-borne diseases, malaria and malnutrition, as well as reducing the risks faced by displaced populations. UNICEF and its partners provide psychosocial assistance to children affected by the conflict; and work on the identification, release and community-based reintegration of children associated with armed groups, and the prevention of gender-based violence. UNICEF remains committed to enabling access to primary education, with emphasis on safety and quality learning. UNICEF programmes aim to favour inter-sectoral approaches, and capacity enhancement of national partners.

In line with the country's inter-agency Humanitarian Response Plans (HRPs), UNICEF has been successful in mobilizing resources for its programmes. For example, in the 2017 HRP, [UNICEF's 2017 appeal](#) requested US\$181 million to meet the humanitarian needs of children in South Sudan, with nearly US\$170 million received by December 2017.⁹

III. EVALUATION PURPOSE AND OBJECTIVE

The South Sudan conflict is entering its fifth year in 2018, and the humanitarian crisis has continued to intensify and expand. An evaluation of the UNICEF response to the South Sudan humanitarian crisis is scheduled to take place in the first half of 2018. Level 3 evaluations are included in the Plan for Global Evaluations (2018–2021). This plan makes provision for evaluating Level 3 emergencies

⁷ 'South Sudan: 2018 Humanitarian Needs Overview'.

⁸ Ibid.

⁹ Includes carry-over of US\$61 million from 2016.

from the corporate level, given the substantial investments being made by UNICEF in humanitarian action.

The evaluation would provide impartial evidence and generate information on how UNICEF has responded to the crisis in South Sudan, and how it is increasingly innovating as the humanitarian situation continues to intensify and expand. The evaluation will serve both as an accountability function (historical/summative) and a learning function (forward-looking/formative): The scale and funding for the crisis necessitates an accountability function; the fact that the crisis has become a protracted emergency with long-term implications for UNICEF at national, regional and headquarters levels, necessitates the learning function.

The Level 3 evaluation of the South Sudan humanitarian response is being conducted in two parts. The analytical review (part one) paves the way by collecting evidence about the Country Programme's key results and internal processes, offering an analysis of key strengths and weaknesses, and suggesting early implications for the CPD, Country Programme Management Plan, Level 3 status, and scope/focus areas for the evaluation to take place as part two. However, part one is a very limited exercise, aimed primarily at learning, highly compressed in time invested and analytical scope, largely reliant on input from key internal stakeholders (country and regional office managers), and offering a descriptive analysis rather than an evaluative assessment.

Compared to part one, the evaluation will apply a wider range of criteria, including effectiveness, efficiency, relevance, coherence, coverage and coordination. It will consult a broader range of internal and external stakeholders, including the Government, partners, donors, affected people and intended beneficiaries. Building on the analysis in part one,

the evaluation will use additional methods to triangulate the analysis and make evaluative assessments.

Object of evaluation

The object of evaluation is UNICEF's response to the humanitarian crisis in South Sudan, from January 2016 to April 2018. The response refers to UNICEF's Level 3 humanitarian response to the crisis in South Sudan, including through the Humanitarian Action for Children appeal and the Country Programme. Since the Level 3 response is understood to be a corporate responsibility, the primary unit of analysis is UNICEF, including UNICEF South Sudan, the Eastern and Southern Africa Regional Office and UNICEF Headquarters.

Purpose

The evaluation will be summative and formative. It will be summative in providing an independent assessment of UNICEF's emergency response in South Sudan over the evaluation period. It will be formative in providing learning and recommendations to guide UNICEF's ongoing emergency response in South Sudan, and where possible, UNICEF's Level 3 responses globally.

The dual purpose of the evaluation will be to promote accountability and to capture learning that informs the response. First, it will promote accountability to key stakeholders for UNICEF's Level 3 humanitarian response during the period covered. To that end, it will provide evidence-based findings on how UNICEF responded to the crisis, how it adapted to the evolving situation and how it provided basic services to the affected populations in different localities.

Second, the evaluation will capture learning from the response and develop recommendations to inform UNICEF's programming in South Sudan and other Level 3 responses.

To that end, it will provide key findings, conclusions and recommendations aimed at supporting UNICEF's efforts in improving its performance in South Sudan and similar Level 3 emergencies, to manage the Level 3 response, and to contribute to the inter-agency HRP.

The key stakeholders in UNICEF's Level 3 response include the following:

- Governance actors, including Eastern and Southern Africa Regional Office and Headquarters-based strategic leadership, programme advisers, operational advisers, and South Sudan-based strategic partners (e.g., the Government of South Sudan, the United Nations Country Team/Humanitarian Country Team (HCT) and donors);
- Implementation actors: UNICEF South Sudan strategic managers, programme sections, operational actors and implementing partners;
- Affected people, including intended beneficiary communities and their local representatives; and South Sudan's children, adolescents and women and their national representatives. While the evaluation team will be responsible for conducting the evaluation, it may be further commissioned to support dissemination activities with these audiences.

The main users of the evaluation will include the following actors: 1) Country Programme managers: UNICEF South Sudan strategic managers responsible for developing and implementing the new Country Programme 2019–2020; 2) Level 3 actors: Headquarters divisions, Eastern and Southern Africa Regional Office and UNICEF South Sudan Level 3 leadership, and other levels responsible for coordinating and supporting the Level 3 response; and 3) coordination leads: UNICEF South Sudan strategic managers and cluster

leads responsible for contributing to the HCT-led inter-agency humanitarian response in South Sudan.

Objectives

The evaluation objectives will be as follows:

- Provide an independent assessment of UNICEF's emergency response in South Sudan during the evaluation period, in order to promote accountability among key stakeholders.
- Provide evidence-based learning and recommendations to guide UNICEF's ongoing emergency response in South Sudan, through the Country Programme, Level 3 mechanism, and/or the coordinated inter-agency response.

The evaluation will be conducted in line with UNICEF Evaluation Office standards and sector-wide standards for independent evaluation of humanitarian action. Since the proposed approach emphasizes utility, rapidity and timeliness, the evaluators will clearly state the limitations this implies in terms of upholding standards of rigour and credibility.

IV. SCOPE

The evaluation will assess UNICEF's response as a whole by looking into a selection of key themes (*see section V for details*) and the five sectoral areas of child protection, water, sanitation and hygiene (WASH), nutrition, health and education. The temporal scope will be January 2016 through April 2018. The geographic scope will be the whole of South Sudan, although a differentiated approach may be required for different areas of the country.

The evaluation will not focus on all of UNICEF's programmes, nor each aspect of its response process, nor all of its accountabilities. This would be impossible with existing resources and time. Instead, it will focus on a selection

of themes considered of critical importance to stakeholder accountability and strategic decision-making.

As far as possible, the evaluation will assess UNICEF on themes covered in the analytical review. These include: 1) overall threats to children, coverage and geographic reach; 2) results, i.e., Country Programme outputs, Humanitarian Action for Children indicators and targets and contributions to cluster targets; 3) process strengths: management adaptability, implementation modalities and decentralized structure; 4) process challenges: Level 3 mechanism, service integration and resource inputs; and 5) process difficulties: monitoring and evaluation and country strategy.

The evaluation will address the overarching question: To what extent did UNICEF deliver the best possible response under the changing circumstances? Thus, all of the proposed areas will be gauged to the extent to which they enabled or constrained results for children.

V. EVALUATION FRAMEWORK AND DRAFT QUESTIONS

The evaluation framework to guide the evaluation will be developed at the inception phase, anchored in the Organisation for Economic Co-operation and Development-Development Assistance Committee criteria as applied to evaluations of humanitarian assistance. It is recommended that the framework be tailored to interrogate UNICEF’s implicit humanitarian response intervention logic, and to enquire into results, processes and accountabilities. Accordingly, an evaluation matrix and possibly a judgment rubric may be developed to guide evaluative assessments.

In initial consultations, UNICEF stakeholders expressed interest in analysing the following areas (*see table below*). While some have been addressed in the analytical review, not all of them have, and others may require further analysis. The evaluators will propose key lines of enquiry and a suggested total of nine evaluation questions.

Criteria/questions	Part 1	Part 2
<p>Relevance/appropriateness: How appropriate has the UNICEF response been, as the humanitarian crisis has continued to intensify and expand? Were the strategic, programmatic and partnership priorities appropriate? Is UNICEF implementing the right mix of programmes and strategies to achieve the CPD results and the Core Commitments for Children in Humanitarian Action (CCCs)? Were needs assessment and analysis sufficient and were appropriate, feasible and measurable targets set out in response plans? How aligned were UNICEF’s response plans with the plans of the National Government and other partners? In what ways has the affected population been involved in the design, implementation and monitoring of UNICEF’s response? To what extent have the protection needs of the population been considered in the design and conduct of the response? Has humanitarian advocacy contributed to addressing protection issues at the policy, programming and delivery levels? How appropriate was the support provided by UNICEF Headquarters and the Regional Office in meeting the needs of the Country Office?</p>	<p>Covered in a limited manner</p>	<p>To be covered in detail during Part 2</p>

Criteria/questions	Part 1	Part 2
<p>Coverage: To what extent was the affected population adequately identified, targeted and reached by UNICEF and its partners, taking into account the evolving nature of the conflict? How successful has UNICEF been in reaching the most vulnerable groups, including children, in the various locations? Have data been disaggregated by sex, age and location, etc.?</p>	In-depth analysis of coverage undertaken in Part 1	Part 2 will use the analysis undertaken in Part 1. May include further triangulations using other sources
<p>Effectiveness: How successful has UNICEF been in achieving the aims set out in programmatic and operational commitments? What factors contributed to success and what factors constrained UNICEF efforts? Were the results achieved broadly equitable and were the needs of children and women adequately met? What measures are in place to reach the right geographic locations and target groups?</p>	Covered in a limited manner	Covered in detail in Part 2
<p>Efficiency: How well have UNICEF's resources, both human and financial, been managed to ensure the most timely, cost-effective and efficient response to the conflict? What systems/processes were in place to manage these resources, and have they been adequate? How well have they supported a shift in operational modalities as needed, and as the context has changed over time and across different locations for optimum programme delivery? How does UNICEF work to achieve continuous improvement in its performance in terms of effectiveness and efficiency (to the extent possible) in programme delivery and management of operations?</p> <p>To what extent have innovative or alternative modes of delivering on the response been explored and exploited to reduce costs and maximize effectiveness? What has constrained the efficiency of the response?</p>	Covered in a limited manner	Covered in detail in Part 2
<p>Coordination: How effectively and efficiently has UNICEF fulfilled its cluster leadership obligations? How effectively has UNICEF coordinated its response with other key actors during the conflict? Internally, how effective, efficient and timely has coordination between the various levels within UNICEF been, in light of the Level 3 requirements?</p>	Not covered	Covered in detail in Part 2
<p>Connectedness: What measures are in place for laying the foundation for building resilience and system strengthening, even as it rolls out the UNICEF response? In what ways have local capacities been supported and developed by UNICEF's response activities?</p>	Not covered	Covered in detail in Part 2
<p>Monitoring and reporting: How does UNICEF South Sudan monitor triggers or changes in the context to adjust programming in South Sudan? What is the adequacy of systems/processes to support data collection and use for monitoring? How far has monitoring and reporting been undertaken efficiently and effectively and in turn how far has it contributed, e.g., to understanding the underlying bottlenecks/barriers in the response?</p>	Covered in a limited manner	Covered in detail in Part 2

Based on the analytical review, the following areas of enquiry are suggested for part two of the evaluation. To ensure quality in the evaluation, and in consultative manner, a limited and

prioritized number of themes will be selected from the following and/or other themes during the inception phase:

Line of enquiry	Suggested question	Suggested focus	Suggested analysis
Results	Effectiveness: To what extent did UNICEF meet its response objectives, or is likely to meet them based on applicable indicators and/or other measures? Why?	<ul style="list-style-type: none"> Selected sectors, e.g., one with strong results, one with less strong results, and one strategically important (e.g., education, or child protection) OR <ul style="list-style-type: none"> Aggregated level only 	Assess using: <ul style="list-style-type: none"> Humanitarian Action for Children objectives and targets UNICEF contributions to cluster objectives and targets CPD objectives
	Efficiency: To what extent were UNICEF's achievements made at a reasonable cost?	<ul style="list-style-type: none"> Compare costs to other responses by comparable agencies Provide evidenced examples of efficiency gains made by the Country Office OR <ul style="list-style-type: none"> Define in general terms how much it will cost to deliver results under each response objective? 	Descriptive analysis
Process	Appropriateness: How appropriate were UNICEF's adaptations in response to critical changes?	<ul style="list-style-type: none"> Define three to five critical changes in the external environment that required UNICEF to adapt its response Assess how well UNICEF adapted the response to these changes, and why 	Compare UNICEF adaptations to changes in context
	Key factors: To what extent did the following key factors contribute to UNICEF's effectiveness? What examples of promising practice can be documented?	Select three factors from the following: <ul style="list-style-type: none"> Programme design Cross-cutting themes Implementation modalities Management flexibility Monitoring and evaluation and information systems 	Assess using <ul style="list-style-type: none"> UNICEF emergency response manual Level 3 Simplified Standard Operating Procedures Country Programme Management Plan

Line of enquiry	Suggested question	Suggested focus	Suggested analysis
Accountabilities	Coverage: To what extent did UNICEF target and meet the needs of priority populations?	<ul style="list-style-type: none"> Identify levels of coverage of priority populations, including the most vulnerable sub-groups OR <ul style="list-style-type: none"> Identify which priority populations were least well served by UNICEF's response. 	Compare needs assessment and targeting to CCC requirements
	Relevance: To what extent were UNICEF's country strategy objectives aligned to key global and HCT priorities, as well as the needs and priorities of intended beneficiaries?	Focus on one of the following: <ul style="list-style-type: none"> Protection/upholding International Humanitarian Law, including centrality of protection and the Monitoring and Reporting Mechanism; Resilience, development, and ending needs (not just meeting them), including 'Islands of Peace'; Leadership to end conflict, including any efforts at peace-building and/or advocacy; Investing in humanity/Grand Bargain commitments, including partnerships with donors, and funding through implementing partners 	Compare UNICEF objectives and priorities with Agenda for Humanity and applicable global frameworks, as well as the needs and priorities of intended beneficiaries
	Coordination: To what extent did UNICEF support a coordinated response, through the cluster system and the HCT?	Focus on three clusters or coordination structures among: <ul style="list-style-type: none"> National clusters Local clusters Strategic coordination bodies (United Nations Country Team/ Humanitarian Country Team, IACT, IM) 	Compare UNICEF contributions to requirements and objectives of the selected structures

The evaluation will apply a child rights and gender lens to all aspects of the evaluation process. Gender, rights and child rights will be addressed most specifically through coverage, which assesses the extent to which specific groups are included, targeted and assisted.

VI. METHODOLOGY AND APPROACH

The approach used will be the Evaluation Office's innovative Rapid and Timely Humanitarian Evaluation, which prioritizes rapid data collection and analysis, timely utilization of

findings and greater involvement of UNICEF monitoring, evaluation and learning capacities. This approach is expected to work best when the methodology and process are clearly defined in advance.

The methodology to conduct this evaluation will be proposed and developed by the evaluation team. It is expected to include some or all of these methods:

Document review and data analysis: This may involve assessing documentation and data available from the Level 3 evaluation document

repository and other sources; selecting a sample of key documents and sources for analysis; and conducting a detailed review to inform the analysis. It will make full use of the analytical review (part one) and other UNICEF evaluative studies and lessons learned.

Key informant interviews and focus group discussions: This may involve developing a purposive sample of key stakeholders; consulting a fair range of key informants through in-depth interviews or participatory methods, such as focus group discussions; and analysis that looks for convergence or divergence of views.

Field visits/direct observation: This may involve case studies in a selection of two to three locations in South Sudan; preparation of a 'community research tool' to guide consultation; carrying out the field-based research using mixed methods; and preparing case study reports to contribute to evidence and share with field offices. The locations of case studies will be dependent on access.

Analysis and reporting: This will involve preparation of an analytical framework and/or evaluation matrix, showing how UNICEF will be assessed; iterative analysis during data collection phase; presentation and discussion of preliminary findings during the country visit with UNICEF South Sudan and/or the Eastern and Southern Africa Regional Office; and synthesis analysis and report drafting. The report will be a maximum of 40 pages excluding annexes.

VII. MANAGEMENT AND GOVERNANCE ARRANGEMENTS

The evaluation will be managed by the Evaluation Office, and a consultative and participatory approach will be ensured, involving UNICEF South Sudan, the Eastern and Southern Africa Regional Office, relevant

Headquarters divisions, the reference group and an external quality assurance advisor. A reference group has been established, and this group will contribute to ensuring the relevance, accuracy and hence credibility and utility of the evaluation. The reference group will have an advisory role, the main responsibility being to review and comment on key evaluation outputs (i.e., this terms of reference, the inception report, reports on emerging findings and the draft and final reports). Final decisions on the evaluation process and quality assurance of outputs rests with the Evaluation Office.

The reference group will be chaired by the Evaluation Office Director (or his appointee), and will be made up of representatives from the Office of Emergency Programmes, the Programme Division, the Supply Division, the Field Results Group and the Regional Office who are engaged in support and oversight roles of humanitarian action or focused on evaluations. A member from UNICEF South Sudan will also be included in the reference group to validate findings and conclusions.

VIII. DELIVERABLES

The evaluation team will generate the following major outputs that will be reviewed by the Evaluation Office and the reference group, and approved by the Evaluation Office before wider dissemination. These include:

- **An inception report** intended to outline the team's understanding of UNICEF's response to the humanitarian crisis in South Sudan, and a framework on priority issues and questions for further examination. It will include a data collection toolkit (i.e., interview guides, focus group discussion guides, direct observation forms, questionnaires for consultations with affected populations, and so on) to be used over the course of the evaluation;

- **A PowerPoint presentation** that will be used by the evaluation team to present the preliminary findings in a set of consultative workshops;
 - **A draft report** that outlines clear evidence-based findings, conclusions and Standardized Monitoring and Assessment of Relief and Transitions (SMART) recommendations, with a clear executive summary, for consideration by the reference group;
 - **A workshop** to present the findings and conclusions and deliberate on the recommendations;
 - **A final report**, with a clear executive summary of no more than 2,000 words incorporating responses to the comments of the reference group members; and
 - **A PowerPoint presentation** of the final report that will be used by the evaluation team to present findings in a set of consultative workshops.
2. **A senior-level consultant** familiar with participatory methods and techniques to promote consultations with affected populations, and with good knowledge of UNICEF programming work;
 3. **A mid-level consultant/analyst** capable of undertaking back-office analysis, including a desk review, analysis of timeline data and funding resources; and
 4. **Two national research consultants** with experience undertaking research, and fluent in the main national languages of South Sudan.

Specifically, the evaluation team leader will:

- Report to the evaluation manager in the Evaluation Office;
- Work full time on the evaluation throughout its duration, and manage the evaluation team;
- Agree to the work plan for all aspects of the evaluation with the evaluation manager;
- Conduct the evaluation as per United Nations Ethical Guidelines for Evaluation (2008), the United Nations Evaluation Group Norms and Standards (2016) and UNICEF Ethical Research Guidelines involving children in humanitarian settings;¹¹
- Prepare the evaluation report according to the UNICEF-Adapted United Nations Evaluation Group Evaluation Report Standards (2010), with all evaluation product(s) written in English;
- Ensure that the evaluation produces evidence and analysis to the highest possible standards;

IX. EVALUATION TEAM

The UNICEF Evaluation Office will hire a team of external consultants to conduct the evaluation from start to finish. The team should have sectoral knowledge of UNICEF programme sectors – child protection, WASH, nutrition, health and education (of a majority, if not all, sectors) – as well as the CCCs. The team will comprise the following:

1. **A team leader** with extensive evaluation experience in complex emergencies, previous evaluation experience of UNICEF emergency programmes is desirable;¹⁰

¹⁰ See the terms of reference for the team leader, provided later in Annex A.

¹¹ United Nations Children's Fund Office of Research-Innocenti, 'Ethical Research and Children', UNICEF, <www.unicef-irc.org/research/278/>, accessed 5 February 2019.

- Flag any limitations/constraints to the evaluation manager at the earliest opportunity, so that, as far as possible, they can be addressed, with any outstanding limitations noted in the evaluation report;
- Propose and conduct the evaluation with appropriate methodologies;
- Ensure that confidentiality is maintained and that the evaluation does not increase physical or reputational risks for UNICEF stakeholders operating in complex high-threat environments;
- Take responsibility for delivering the evaluation in accordance with the terms of reference; and
- Ensure the quality of all the evaluation products.

The other team members will be responsible for carrying out the desk review and primary data collection, analysis and drafting of

elements of the report. The international team will be engaged for a period of approximately 50 to 65 working days each, while the national consultants will be recruited for a maximum of 25 days each. The team will report to UNICEF's senior evaluation specialist for humanitarian evaluations at the UNICEF Evaluation Office at Headquarters (New York), who will provide the overall guidance to the evaluation.

Work plan

The Evaluation Office, in close collaboration with the Regional Office and the Country Office, plans to conduct this main evaluation phase over four months from April to July 2018. The table below provides an overview of the tentative timeline and main milestones of this evaluation.

Task	Tentative Timelines
PART II/1: Main evaluation phase	
Recruitment and contracting of evaluation team	March – 5 April 2018
Inception phase of main evaluation	1 – 15 April 2018
Undertake a data collection mission (interviews, observations) + exit workshop	15 April – 4 May 2018
PART II/2: Analysis and reporting	
Conduct analysis and prepare draft report	5 – 15 May 2018
Draft report submitted for comments to Evaluation Office and reference group + reflection on conclusions and recommendations	16 May – 10 June 2018
Finalize report	15 July 2018
PART II/3: Dissemination	
Dissemination workshops/webinars (country level + regional level + headquarters level)	15 – 30 July 2018

TERMS OF REFERENCE FOR TEAM LEADER FOR THE SOUTH SUDAN LEVEL 3 EVALUATION

A. Background

In December 2017, the Director of the Eastern and Southern Africa Regional Office requested the Evaluation Office to schedule an evaluation of the South Sudan Level 3 emergency in 2018. The South Sudan conflict is entering its fifth year in 2018, and the humanitarian crisis has continued to intensify and expand. Following the activation of the [Level 3 corporate emergency procedure](#) in May 2014, UNICEF strengthened its field presence in South Sudan and its capacity to accelerate the delivery of humanitarian assistance to millions of displaced populations. The evaluation is expected to provide impartial evidence and generate information on how UNICEF has responded to the crisis, how it has increasingly innovated as the crisis has continued to intensify and expand, and how the organization continues to provide basic services to the affected populations in the different localities.

At the same time, UNICEF South Sudan is in the process of developing a new Country Programme, and the Eastern and Southern Africa Regional Office and UNICEF South Sudan have emphasized the need to move quickly so that the evaluation process informs the development of the next CPD. Therefore, the evaluation process is being planned in two complementary parts.

An in-depth Country Programme results assessment was undertaken as part of part one of the evaluation. The implementation process for part one envisions informing the new CPD process, supporting the Country Programme Management Plan and also informing the 2018 mid-year review.

Part two is an in-depth evaluation of key thematic areas and will incorporate, as appropriate, results from part one. The evaluation will serve both as an accountability function

(historical/summative) and a learning function (forward-looking/formative): The scale and funding for the crisis necessitates an accountability function; the fact that the crisis has become a protracted emergency with long-term implications for UNICEF at national, regional and headquarters levels, necessitates the learning function. This modular approach ensures that advanced results are available for the CPD development process that ends in April 2018.

B. Team leader required competencies

We are looking to recruit a team leader who will work with a team of at least two external consultants and Evaluation Office staff to undertake an in-depth thematic evaluation of the South Sudan Level 3 response. This main evaluation is scheduled to commence in April 2018. Qualified individuals who meet the following requirements and are available for the evaluation period indicated, are invited to submit an application. An individual contract will be issued. The level of effort required is 65 days. The team leader should have:

1. Advanced university degree (master's degree or PhD) in economics, demography, statistics, evaluation, public policy or other relevant social sciences with strong background in evaluation design and methodologies and quantitative and qualitative data collection methods;
2. At least 15 years of relevant professional work experience in conducting and managing multi-disciplinary evaluations, including report writing, with at least seven years of experience in evaluations of humanitarian action with or for UNICEF, other United Nations agencies or other international partners at the global, regional or country levels;
3. Knowledge of the current literature on humanitarian action. Familiarity with UNICEF's programmes in emergency

contexts highly desirable, and of UNICEF's corporate emergency procedures preferred;

4. Strong publication record and experience undertaking synthesis or meta-analysis, especially those related to humanitarian response, using quantitative and qualitative research approaches;
5. Demonstrated experience leading a team, and ability to work in a multicultural environment and establish harmonious and effective working relationships, both within and outside of the organization;
6. Language proficiency: Fluency in English and knowledge of another United Nations language required; knowledge of a third language spoken in a few UNICEF programme countries would be an asset;

7. Proven experience writing clear, neutral analysis of complex and sensitive issues.

C. Deliverable and estimated timeframe

Undertaking this in-depth evaluation and preparing a methodological paper (on the Evaluation Office's innovative rapid and timely humanitarian evaluation approach, which prioritizes rapid data collection and analysis, timely utilization of findings and greater involvement of UNICEF monitoring, evaluation and learning capacities) will be undertaken over an estimated 65 days spread over 18 weeks, from April to the end of August 2018. It will involve mission(s) to Nairobi, South Sudan and likely New York.

The specific deliverables for the senior evaluation consultant are highlighted below:

Key deliverables and timeframe				
#	Key activities	Deliverable	Timeframe	No. of days
1	Prepare an inception report for the main evaluation phase	<ul style="list-style-type: none"> • Draft inception report 	1–15 April	10
2	Undertake and lead the South Sudan field mission for the main evaluation phase (visits and interviews will be undertaken in the Eastern and Southern Africa Regional Office and South Sudan, remotely for Headquarters staff)	<ul style="list-style-type: none"> • Presentation and exit meetings in South Sudan and the Eastern and Southern Africa Regional Office 	23 April–11 May	20
3	Prepare and submit draft evaluation report for review and comments	<ul style="list-style-type: none"> • Draft evaluation report 	12 May–June	15
4	Recommendations workshop, final report and presentation; and dissemination activities	<ul style="list-style-type: none"> • Recommendations workshop • Final report • Dissemination of the evaluation 	20 June–15 July	10
5	Prepare the methodological paper on the rapid and timely humanitarian evaluation (share for comments and finalize) with clear way forward	<ul style="list-style-type: none"> • Finalized methodological paper 	20 June–30 August	10
TOTAL:				65

ANNEX 2: EVALUATION MATRIX

South Sudan Level 3 evaluation matrix			
Topic	Main question	Sub-questions	Indicators and evidence sources
A1 Context and needs	What have been the main threats to children's security, well-being and development in the period of January 2016 to May 2018? How does this break down by time, location and demographic group (including camp, urban and rural populations; age group; gender)?	Protection threats? Health threats? Nutrition threats? WASH threats? Education threats? Other?	Child recruitment; unexploded ordnance; gender-based violence; Monitoring and Reporting Mechanism indicators Morbidity trends; vaccination coverage Nutrition trends; severe acute malnutrition (SAM)/global acute malnutrition (GAM) Numbers with access to clean water source Children consistently attending primary school
A2 Scale, coverage, targets	What has been the scale and coverage of UNICEF's Level 3 programme relative to needs? Were targets set proportionate to need? What was the coverage geographically and demographically over time? Equity issues? Funding issues?	Protection coverage? Health coverage? Nutrition coverage? WASH coverage? Education coverage? Overall coverage?	To be confirmed
A3 Achievement vs. targets	To what extent has UNICEF achieved its targets in each sector? If targets were not achieved, what were the main reasons? Including access issues, partner capacity/performance, target too ambitious, resourcing issues.	Protection targets met? Health targets met? Nutrition targets met? WASH targets met? Education targets met? Overall targets met?	Achievement vs. target. Target changes over time. Common challenges to target achievement.
A4 Compliance with CCCs	To what extent did UNICEF deliver against the CCCs? Where it did not, what were the main reasons? E.g., design, resources, access, quality issues, relevance of CCC, other.	Protection commitments met? Health commitments met? Nutrition commitments met? WASH commitments met? Education commitments met?	Compliance: yes, no, partial. Common reasons for non-compliance.

South Sudan Level 3 evaluation matrix

Topic	Main question	Sub-questions	Indicators and evidence sources
A5 Cross-cutting issues and issues of principle	<p>Has the UNICEF response been equitable?</p> <p>Have gender issues been properly addressed?</p> <p>Has the response been consistent with humanitarian principles?</p>	<p>Geographically</p> <p>demographically</p> <p>Girls/boys</p> <p>Women/men</p> <p>Humanity</p> <p>Impartiality</p> <p>Independence</p>	
A5 Key cross-sectoral functions (based on health, nutrition, WASH)	<p>How well has the supply and logistics function worked?</p> <p>How well has the communication for development (C4D) component of the programme worked?</p>		
L1 Programme strategy, design, performance	<p>What sectoral strategies exist, how strong is their logic and how well designed are the corresponding interventions?</p>	<p>Are the objectives of the strategies aligned with the needs of the vulnerable population?</p> <p>How strong is the logic of the interventions? Is the link between interventions and outcomes clearly established?</p> <p>Is the design of interventions appropriate to address the needs of the population and has the population been consulted on the design of interventions?</p>	<p>Sector strategies and plans</p> <p>Internal and external assessments, analytical reports of the situation</p>
	<p>How effective have UNICEF's interventions been?</p>	<p>How effective have the interventions been in addressing needs?</p> <p>What were the main reasons for observed effectiveness and/or ineffectiveness? Did the Level 3 declaration have any impact on effectiveness?</p>	<p>Key informant interviews</p> <p>Situation reports</p>

South Sudan Level 3 evaluation matrix

Topic	Main question	Sub-questions	Indicators and evidence sources
L1 cont'd	<p>What has been the quality of UNICEF-supported interventions?</p> <p>How well integrated have UNICEF interventions been?</p>	<p>Has the quality of interventions been adequate and how can they be improved?</p> <p>What efforts has UNICEF made to integrate interventions? Including joint planning, proposal writing and implementation.</p> <p>Is there recognition of the multiplier effect of integration? What factors support or inhibit the integration of interventions?</p>	<p>Programme strategic documents performance documents and data (Humanitarian Action for Children, CIC indicators, Sphere standards)</p> <p>Key informant interviews</p> <p>Proposals, implementation plans</p>
	<p>What progress has been made towards the sustained provision of services through national institutions and/or local capacities?</p>	<p>What strategies, approach and activities does UNICEF undertake to address the sustained provision of services through national institutions and capacities?</p> <p>What is the existing government capacity and how has UNICEF engaged with this?</p> <p>What opportunities does UNICEF pursue to build capacity and address resilience and development objectives (working with local organizations, community-based organizations, community groups, etc.)?</p>	<p>Situation reports, key informant interviews</p> <p>Key informant interviews</p> <p>Observation of programme interventions</p>
	<p>How did UNICEF respond to the localized famine declaration?</p>	<p>What did UNICEF do differently to address the localized famine situation?</p> <p>How effective was the UNICEF response to the localized famine?</p> <p>What lessons were learned as a result of the famine and what would UNICEF do differently in the future to prevent famine?</p> <p>Is UNICEF better prepared to address future risk of famine? And how?</p>	<p>Key informant interviews</p> <p>Lesson learned documentation</p> <p>Preparedness plans</p>

South Sudan Level 3 evaluation matrix

Topic	Main question	Sub-questions	Indicators and evidence sources
<i>L1 cont'd</i>	<p>How did UNICEF respond to the cholera outbreak?</p> <p>Other disease outbreaks?</p>	<p>What did UNICEF do differently to address the cholera outbreak (as well as other epidemics)?</p> <p>How effective was the UNICEF response to the cholera outbreak?</p> <p>What lessons were learned as a result of the cholera outbreak and what preparedness is in place to address future outbreaks?</p>	<p>Key informant interviews</p> <p>Lesson learned documentation</p> <p>Preparedness plans</p>

L2

UNICEF's use of evidence

L2.1 Needs analysis	How strong was the situational and needs analysis underpinning UNICEF's programme and strategy decisions?	<p>What needs assessments have UNICEF undertaken or used?</p> <p>What is the quality of these assessments, how timely have they been and what coverage have they had?</p> <p>What efforts did UNICEF make to ensure that the design of interventions considered beneficiary perspectives (specifically women and men, girls and boys)?</p>	<p>Assessment and analytical reports</p> <p>Situation and programme monitoring reports</p> <p>Programme reports</p>
L2.2 Monitoring	What situational and programme monitoring exists and how is UNICEF using this?	<p>What situational monitoring has UNICEF undertaken and has this been used to influence programme decisions?</p> <p>What programme monitoring data exists and is this sufficient to monitor programmes and enable decision making (e.g., programme adjustments) and determine the impact of programmes?</p>	<p>Humanitarian Action for Children and results assessment module reports/databases</p> <p>Reports of lessons learned</p>

South Sudan Level 3 evaluation matrix

Topic	Main question	Sub-questions	Indicators and evidence sources
L2.3 Results and indicators	What results does UNICEF report and are the indicators used appropriate and useful?	<p>How are results reports used and are they produced in a timely manner?</p> <p>Are the indicators collected and reported on appropriate for reporting on both process and impact of interventions?</p> <p>To what extent were the choices in the Country Programme/Level 3 influenced by the performance and results of past interventions and learning?</p> <p>What were the remaining critical evidence gaps in designing interventions</p>	Key informant interviews
L3 Operational modalities			
L3.1 RRM	1. How effective is the RRM? What is its coverage and effects (short- to longer-term)?	<p>1.1. What are the direct results achieved by RRM missions? Compared with the overall results?</p> <p>1.2. What coverage does the RRM achieve?</p> <p>1.3. What is the medium- to longer-term effect of the RRM compared with the overall response?</p>	1.1., 1.2., 1.3. RRM documentation, including reviews, interviews with staff/partners 1.3. Observation
	2. How appropriate is the RRM and how does it compare with other mechanisms? What possible alternatives exist?	<p>2.1. What are the strengths of the RRM, what are the weaknesses?</p> <p>2.2. How is the RRM perceived by the beneficiaries?</p>	<p>2.1. RRM documentation, including reviews, interviews with staff/partners, observation</p> <p>2.2. Observation/unstructured interviews with beneficiaries</p>
L3.2 Partnerships with international NGOs	1. What is the quality of partnerships – strategic/equal or directive/contractual?	<p>1.1. How is UNICEF perceived – as a donor or as a partner?</p> <p>1.2. How are programmes developed and targets set (jointly, by the partner, by UNICEF)?</p>	<p>1.1. Sampling of agreements, interviews with staff/partners</p> <p>1.2. Document review (particularly office-specific programme cooperation agreement (PCA) guidelines, PCA review minutes), interviews with staff/partners</p>

South Sudan Level 3 evaluation matrix

Topic	Main question	Sub-questions	Indicators and evidence sources
<i>L3.2 cont'd</i>	2. How appropriate are the partnerships for the situation/environment?	<p>2.1. How is implementation managed, how flexibly are unexpected changes accommodated?</p> <p>2.2. How are multi-sector/integrated responses incorporated into partnerships?</p> <p>2.3. What elements of the partnerships are particularly adapted to the situation/environment? Good practices?</p>	2.1., 2.2. Sampling of agreements, interviews with staff/partners
	3. Overall, how well is the international NGO partnership model delivering for UNICEF?		
L3.3 Partnerships with local/national NGOs	1. What is the quality of partnerships - strategic/equal or directive/contractual?	<p>1.1. What are the criteria for local partner selection – access/coverage/capacity/affiliations?</p> <p>1.2. How well are local priorities expressed in cooperation agreements?</p> <p>1.3. How is capacity building of local partners incorporated in cooperation agreements?</p>	(All) Sampling of agreements, office-specific PCA guidelines, PCA review minutes, interviews with staff/partners
	2. How appropriate are the partnerships for the situation/environment?	<p>2.1. How is implementation managed, how flexibly are unexpected changes accommodated?</p> <p>2.2. How are multi-sector/integrated responses incorporated into partnerships/multiple sector-specific partners managed cohesively?</p> <p>2.3. What elements of the partnerships are particularly adapted to the situation/environment? Good practices?</p>	

South Sudan Level 3 evaluation matrix

Topic	Main question	Sub-questions	Indicators and evidence sources
L3.4 Harmonization of approaches with other actors (government, other United Nations agency, etc.)	1. How well are UNICEF programmes aligned with United Nations and government strategies/the strategies of others?	<p>1.1. What joint planning/ strategic process was/is UNICEF part of? How actively is UNICEF engaged in these?</p> <p>1.2. What joint/aligned/ compatible operational modalities exist? How do they work in practice? Good practices?</p> <p>1.3. How were recommendations from the 2014 operational peer review and the 2015 inter-agency humanitarian evaluation on programme alignment taken up?</p>	1.1., 1.2. UNICEF plans vs. United Nations plans vs. government plans; interviews with staff/partners;
L3.5 UNICEF cluster leadership (nutrition, WASH) and membership (health)	1. How well did UNICEF as cluster lead support the wider response of all cluster partners, did it enable/ facilitate/ create synergies? (WASH/nutrition)	<p>1.1. How is UNICEF leadership (WASH and nutrition) perceived by cluster partners?</p> <p>1.2. How (if) has UNICEF acted as provider of last resort (WASH and nutrition)? How have the clusters benefited from UNICEF's leadership in other ways (WASH and nutrition)?</p> <p>1.3. How well did UNICEF balance its role in the cluster (lead/member) with its contractual relationship with cluster partners? (WASH, health and nutrition)</p> <p>1.4. What are concrete examples of UNICEF and cluster alignment, particularly in the Health Cluster?</p>	(All) Cluster minutes, staff/ partner interviews
	2. How much was UNICEF able to influence cluster strategy/ approaches as a cluster member (health)?		

South Sudan Level 3 evaluation matrix

Topic	Main question	Sub-questions	Indicators and evidence sources
L4 Efficiency			
L4.1 Cost-benefit analysis in relation to the delivery of nutrition, health and WASH programmes	1. How efficient (time and cost) was the response, and in different modalities? How do different modalities compare in terms of efficiency?	<p>1.1. How did cost/beneficiary ratios change over time? How do they compare between modalities and geographically?</p> <p>1.2. What are the lead times between situational changes and response? What affects these lead times?</p>	<p>1.1. UNICEF expenditure data, UNICEF coverage data (situation reports, RRM reports)</p> <p>1.2. Situation reports, staff/partner interviews</p>
L4.2 Process efficiency - with a focus on human resources and PCAs	1. How timely was recruitment?	<p>1.1. What were average lead times for recruitment of regular and surge/stretch assignments? How was this different from regular (non-Level 3) recruitment?</p> <p>1.2. What was the ratio between surge/stretch staff and long-term staff (temporary assignment and full-time)?</p> <p>1.3. How consistently were Level 3 Simplified Standard Operating Procedure provisions applied in recruitment?</p>	1.1.,1.2., 1.3. Local recruitment/human resources data, global recruitment data for comparison; staff interviews
	2. How efficient/timely were PCAs?	<p>2.1. What were the average lead times for PCAs?</p> <p>2.2. How consistently were Level 3 Simplified Standard Operating Procedure provisions applied in PCA development and processing?</p>	2.1. PCA review committee minutes, PCA management matrix/data, staff interviews, partner interviews

ANNEX 3: PEOPLE CONSULTED DURING THE EVALUATION

UNICEF South Sudan, Juba

Mahimbo Mdoe, Representative

Andrea Suley, Deputy Representative

Obia Achieng, Chief of Field Operations

Armando Paz, Chief of Operations

Edwin Sesay, Finance Manager

Thierry Bernier, Human Resources Manager

Jennifer Banda, Resource
Mobilization Manager

Tim Irwin, Chief of Communication

Gopinath Durairajan, Chief of C4D

Hyun Hee Ban, Chief of Social Policy,
Planning, Monitoring and Evaluation

Juliet Chiluwe, Monitoring and
Evaluation Specialist

Nor Shirin Mokhtar, Chief of Education

Vedasto Nsanzugwanko, Chief
of Child Protection

Francesca Cazzatto, Child Protection
Sub-Cluster Coordinator

Victor Kinyanjui, Chief of WASH

Biram Ndiaye, Chief of Nutrition

Penelope Campbell, Chief of Health

Peter Krouwel, Chief of Supply and Logistics

Hyun Hee Ban, Chief of Social Policy,
Planning, Monitoring and Evaluation

Frederic Nelles, Chief of Emergency

Yahaya Balima, Officer-in-Charge
Chief of Field Operations

Ghulam Dastgir, Security Specialist

Prakash Raj Lamsal, WASH Specialist

Sedi Kepomey, Security Specialist

Michael Banja Baggu, WASH Specialist Torit

James Makueni, WASH Specialist Bor

Ismail Kassim, Nutrition Specialist

Kirus Tefra Abebe, Nutrition Specialist

Gilbert Dachi, Nutrition Specialist

Joseph Senesie, Nutrition Specialist

Kibrom Tesfasilassie, Nutrition Specialist

Priscilla Bayo, Nutrition Specialist

Aleksandra Vidojevic, Gender Specialist

Isaack Biseko Manyama, Nutrition
Cluster Coordinator

Sola Oladeji, Health Emergency Specialist

Marine Mosnier, Chief of Field
Offices, Equatoria

Mohamed Idress Khan, Head
of Sub-Office, Kapoeta

Charles Ngemani, Information
Management Health Section

Samuel Patti, Immunization Specialist

Lydie Maoungou Minguieul,
Immunization Manager

Elizabeth Bonareri Mose, Officer-
in-Charge and WASH Bentiu

David Jidega, Nutrition Officer, Bentiu

External, Juba

Alain Noudehou, United Nations Deputy Special Representative to the Secretary General and Humanitarian Coordinator

Christian Lotz, Head of the Resident Coordinator's Office/Strategic Advisor, Office of the Humanitarian Coordinator

Esteban Sacco, Deputy Representative, OCHA

Gebrewold Petros Yohannes, Senior Public Health Officer, UNHCR

Terry Njeri Theuri, Nutrition/Food Security Officer, UNHCR

Ross Smith and colleagues, WFP

Chad Chalker, Rapid Response Mechanism, WFP

Argata Guracha Guyo, WHO

Magdalene Armah, Health Cluster Coordinator, WHO

Pierre Vauthier, FAO

Felix Dzvurumi, FAO

William Barriga, IOM

William Mkarache, WASH Assessment Officer, UNIDO

Sophia Musaka, UNAIDS

Betty Araba, UNAIDS

Kate Gwynn, DFID

Samora Otieno, DFID

Betty Achan, DFID

Sarah Jackson, USAID

Jennifer Pike and colleagues, USAID

Morten Petersen, ECHO

Esther Ikere, Ministry of Gender and Social Welfare

Veronica Kenyi Alexander, Deputy SG Programmes, South Sudan Red Cross

Dr. Samson Baba, Advisor to the Minister, Ministry of Health

Loius Lapong, Governor, Kapoeta

Peter Chipion, MoE and Acting MoH Kapoeta

Ramole Sampson, Press Secretary, Kapoeta

Lucy Adelino, Concern Worldwide

Armogay Mwasi, Area Coordinator Bentiu, Concern Worldwide

Ranjan Poudyal, Oxfam

Servarim Kol, WASH Coordinator EPTR, Oxfam

Arshad Malik, Nutrition Programme Manager, Save the Children

Jacobus Koen, World Vision

Pauline Lee, World Vision

Nat Gai, Nile Hope

John Bilok, Nile Hope

Olivia Pearson, REACH

Nadège Villard, ERT WASH Project Manager, Medair

Ali Tadayo, Pibor Programme Manager, IAS

Damarice Omundo Age, Nutrition Manager Pibor, JAM

Mahmood Mustafa, State Manager Pibor, JAM

Emmanuel Douglas Bariko, Chief Executive Director, Health Link

Peter Gatkuotch, Focal Point Koch and WASH Senior Officer, Mercy Corps

Mohamed Elmi, Head of Office, Bentiu, Mercy Corps

Moses Roca, Clinician, Rwoto Stabilization Centre

UNICEF East and Southern Africa Regional Office, Nairobi, Kenya

Leila Pakkala, Regional Representative

Bo Viktor Nylund, Deputy Regional Representative

Edward Addai, Regional Chief Planning, Monitoring and Evaluation

Justus Kamwesigye, Planning, Monitoring and Evaluation Specialist

Georges Tabbal, Regional WASH in Emergencies Advisor

Elena Trajkovska, Regional Supply and Logistics Advisor

Gisela Henrique, Regional Chief of Operations

Peter Manfield, Regional Head Humanitarian Action, Resilience and Peace Building

Soledad Herrero, Regional Emergency Specialist

Gabriele Fontana, Regional Maternal and Child Health

Joan Matji, Regional Nutrition Advisor

Marjorie Volege, Nutrition Specialist in Emergencies

UNICEF Geneva

Andrea James, Chief of Field Operations South Sudan (former)

Jonathan Veitch, Deputy Representative South Sudan (former)

Dominique Porteaud, WASH Global Cluster Coordinator

Ayadil Saparbekov, Nutrition Deputy Global Cluster Coordinator

External, Geneva

Linda Doul, Global Health Cluster Coordinator, WHO

Sophie Maes, Senior Emergency Officer, WHO

UNICEF Headquarters in New York

Ted Chaiban, Director, Programme Division

Vidhya Ganesh, Deputy Director, Programme Division

Hamish Young, Chief, Humanitarian Action and Transition, Programme Division

Diane Holland, Senior Nutrition Advisor, Programme Division

Tim Grieve, WASH Specialist, Programme Division

Manuel Fontaine, Director, Office of Emergency Programmes

Kate Alley, Monitoring and Evaluation Specialist, Office of Emergency Programmes

ANNEX 4: RESULTS OF THE SURVEY CONDUCTED WITH PARTNERS AND UNICEF STAFF IN JULY 2018

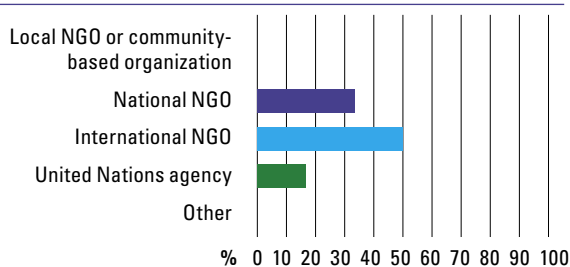
A. PARTNER SURVEY

A total of six partners responded to the survey

1. Respondents' affiliation

Out of the six respondents, three worked for an international NGO, two worked for a national NGO and one was with the United Nations.

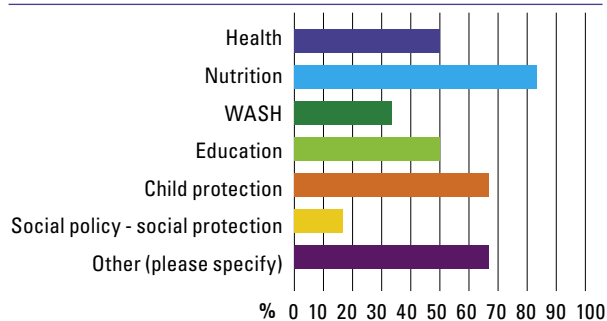
Q1 How would you describe your organization



2. Main areas/sectors of collaboration with UNICEF

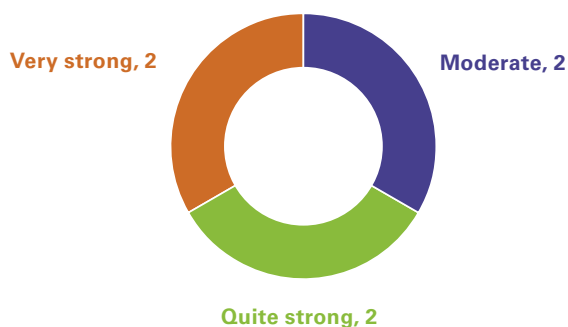
The respondents worked with UNICEF across all sectors. In addition to the defined sectors, respondents also named their areas of cooperation with UNICEF as being in institutional capacity building, women's protection and empowerment, resilience and food security and the RRM.

Q2 What are your main areas/sectors of collaboration with UNICEF (please make more than one choice if necessary)



3. UNICEF's overall performance

Q3 In your main area(s) of partnership or collaboration with UNICEF, how would you rate UNICEF's overall performance?



Respondents further elaborated that UNICEF "swiftly engages with partners during emergency situations", but also that "the quality of UNICEF's performance varies widely with the individuals".

4. Strengths and weaknesses of UNICEF in partnerships

Q4 With regard to your partnership agreement (PCA) with UNICEF, how would you describe: 1) the main strengths of the partnership; and 2) the main weaknesses?

As strengths, respondents named UNICEF's technical assistance, the organization's flexibility and contextual understanding, its overall good capacity and presence, and accessibility of and communication with UNICEF staff. It was also seen as positive that as soon as a PCA is signed, partners can implement independently and run their activities smoothly.

As weaknesses, respondents named delays in the processing/approval of PCAs and in fund disbursements and associated "bureaucratic" processes. These challenges related to

extending PCAs were said to cause gaps of up to several weeks, with an impact on implementation. Respondents also felt that it was difficult to establish collaboration with related sectors.

5. Main barriers for delivering

Q5 What have been the main barriers you have faced in achieving your objectives and delivering on the partnership agreement?

Specific barriers to successful implementation mentioned by respondents included insecurity, poor roads, currency devaluation and the low reliability of population data. In their relationship with UNICEF, respondents pointed to delays in the delivery of supplies, delays in the release of funds and the length of the PCA amendment process. Respondent specifically noted that they found the amendment process unnecessarily tedious, and that while in theory, a PCA is flexible and open to change, in reality this is very difficult. An example was given that if implementation must be re-adjusted swiftly due to external factors such as insecurity, the process makes this difficult and is not very adaptable to fast changing situations.

6. Specific comments on the PCA process

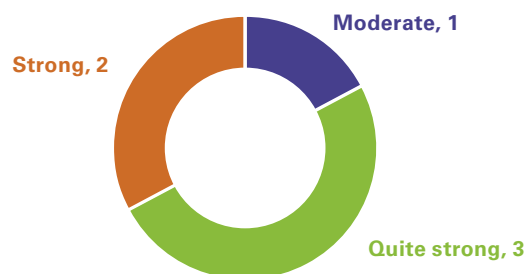
Q6 With regard to the PCA process, do you have any comments or recommendations?

Respondents pointed to additional delays when larger value PCAs had to be approved by the Regional Office and suggested that these needed to be expedited. It was pointed out that PCA budgets should all be in United States dollars. Respondents also questioned the rationale for the formulas used to calculate value for money, the speed of the amendment process and the imperative to avoid gaps in implementation.

7. Quality of support and engagement

Overall, respondents felt that appropriate technical support was provided, and that there was timely guidance and follow-up on programme issues.

Q7 How would you rate the quality of support and engagement you received from UNICEF over the partnership period?



8. Suggested improvements

Q8 What could UNICEF be doing better/differently to be more effective or relevant in its work?

Respondents suggested that longer-term, multi-year agreements would be an improvement for partnerships, together with strategic cooperation on joint sectors such as resilience, food security and stabilization. Respondents also expressed the need for stronger technical assistance to national NGOs, including on administration of funds. Regarding communications from UNICEF, respondents expressed the need for more harmonized/consistent guidance as they felt that different sections explained the same process/rule differently. This appears to add complexity to the process and was said to cause more delays. A respondent also pointed to potential issues between partners when there is insufficient transparency on who works where in partnership with UNICEF.

9. Other comments

Q9 Do you have any other comments or suggestions for the evaluation?

Respondents suggested that additional trainings for partners on financial and PCA processes were needed, and that guidance and communication should be more consistent across sections.

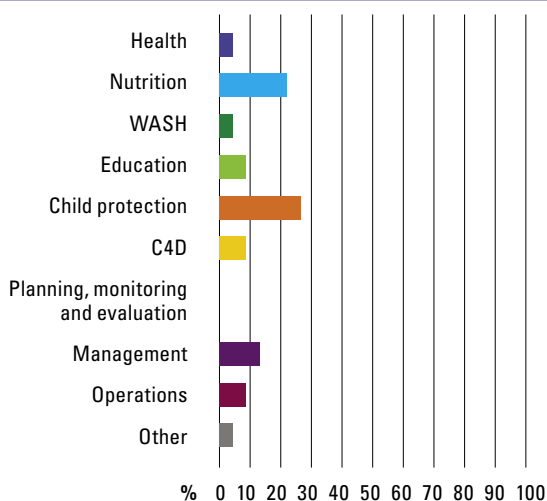
B. STAFF SURVEY

A total of 23 staff responded to the survey.

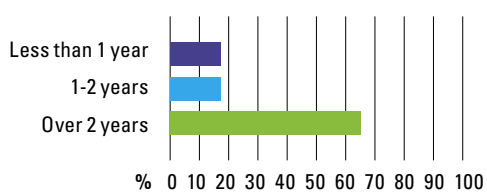
1. Respondents' area of work, length and location of service

Responses covered all major sections in UNICEF South Sudan, with the exception of planning, monitoring and evaluation. Most respondents have been in their post for at least one year. Respondents were balanced between posts in Juba and posts in field offices.

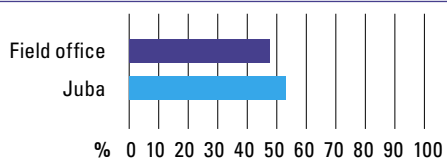
Q1 What is your role area of responsibility in UNICEF?



Q2 How long have you been in post?

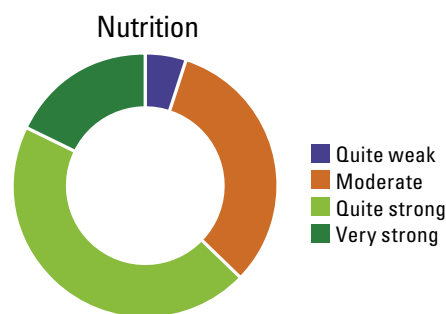
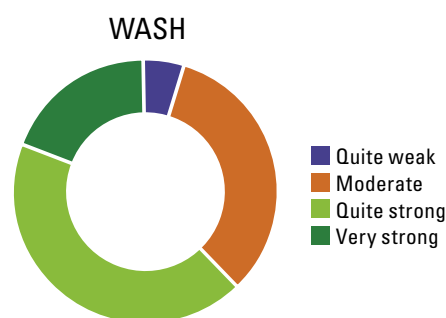
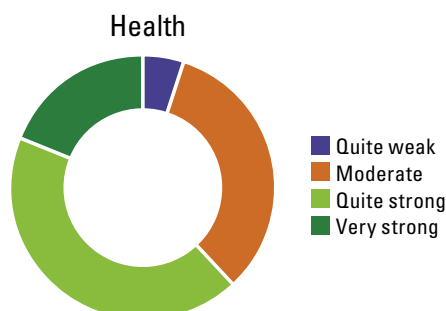


Q3 Are you based in a field office or in Juba?



2. Sector performance

Q4 How would you rate UNICEF's performance in the following sectors?



In addition to rating performance in the three sectors, respondents commented on UNICEF's programme implementation. While respondents felt that overall performance was good, access challenges were said to lead to a disparity between urban and semi-urban areas in health. They also felt that UNICEF should take a stronger lead in health. Respondents pointed out that using more local partners

has improved performance as it created more reach and coverage, but that quality of services is not sufficient and coverage still needs to improve. Funding challenges were mentioned for WASH and health as barriers to better performance. Cluster leadership was specifically named as a reason for good performance.

5. Strengths and weaknesses of UNICEF's response

Q5 In your area of responsibility, how would describe 1) the main strengths of UNICEF's response; and 2) the main weaknesses?

Respondents named the following key strengths of UNICEF's response:

- Multi-sectoral/integrated response, good coverage and strong field presence;
- Commitment and accountability of UNICEF staff;
- Commitment of the programme staff to deliver results and good technical expertise;
- Strong partnerships and support to partners;
- Use of the RRM to reach those who are most difficult to reach;
- Engagement in coordination, including as cluster lead and at the field level;
- The integrated community mobilization network approach;
- Fair treatment of staff and encouragement to be involved in programme design through participatory (bottom-up) planning;
- Good standing of UNICEF with the Government of South Sudan and other actors; and
- Timely pre-positioning of supplies.

Respondents also named the following key weaknesses of UNICEF's response:

- Partnership agreements;
- Lack of understanding of programmes in the operations teams;
- (Yet) limited decentralization to field offices and a long chain of command;
- Disconnect between programmes and reality on the ground, lack of involvement of the communities in identifying priorities and insufficient programme integration;
- Too many partnerships and not enough human resources to effectively manage, together with limited direct implementation, slows down the response;
- Partners need intensive monitoring and capacity building which was not possible under the circumstances;
- Development and approval of PCAs take a long time, with too much bureaucracy causing delays;
- Advocacy, fundraising and consequently insufficient funds, while being over-ambitious in what can be done, especially in health, WASH and child protection;
- UNICEF should have a blend of both humanitarian and development programmes, and acquire funding for prevention activities, including stunting prevention and infant and young child feeding (IYCF);
- Pre-positioning of supplies and other resources; and
- Coverage is not equal across the sections.

6. Lessons learned

Q6 In your area of responsibility, what would you say have been the main lessons learned by UNICEF over the past two years or more recently?

Respondents suggested several key areas where UNICEF can learn from its experience in South Sudan. They point to valuable lessons learned in implementing the IRRM, suggesting its comparative advantage in reaching unreached populations, without providing details. Structurally, respondents felt that more decentralized and integrated implementation is supported by experience, including stronger partnership management at the field office level. They argued that this will enable adaptation to context-specific dynamics and allow for more localized situation analysis. This may also push the boundaries for access. Respondents also suggested that a lesson learned is the benefit of strong localized cluster coordination, including good information management capacity for this at the field level.

In terms of partnerships, respondents felt that experience points to the need to select implementing partners more strictly, and that especially around PCA management, responsibilities would be better placed with field offices. They point to the need for standby PCAs as a key lesson from past years.

On information and data, respondents pointed to lesson learned on the need to more strongly monitor what is achieved by partners, and to base interventions on stronger evidence and data. Respondents suggested conducting more joint assessments, and that applying a formal conflict analysis to improve understanding of the situation was a positive lesson learned.

In implementation, respondents felt that UNICEF should learn from its ambitious but pragmatic strategy, particularly from its integrated community mobilization approach. Respondents also pointed to valuable lessons learned on the utility of pre-positioning supplies.

7. Main barriers to success

Q7 In your area of responsibility, what have been the main barriers to success (external or internal)?

Respondents named a variety of barriers to success, including:

- Lack of/limited funding, including for important preventative programmes such as in nutrition;
- Insecurity and poor roads;
- Limited capacity in the Government and low salaries for government staff;
- Limited experience of UNICEF South Sudan staff in some positions, and internal barriers due to low leadership capacity;
- Insufficient assessment and lack of data/baseline data;
- The partnership approach (with the suggestion that preference is given to multi-state/national level partnerships) affects leverage and influence at the field level;
- Internal inefficiencies, inadequate accountability towards field offices and limited ownership granted to field offices;
- Competition among actors despite huge needs; and
- Delays in the development of PCAs.

8. Suggested changes

Q8 Given the main challenges that you see facing UNICEF, what changes in the way UNICEF works could you suggest to better enable UNICEF to face those challenges?

Respondents suggested the following changes:

Strategic changes

- Support the Government to take the lead in the response.
- Increase direct implementation and RRM activities.

Programmatic changes

- Consolidate information requests. A lot of time is spent sharing similar information with different audiences, which leads to a duplication of efforts.
- Invest in more data and research to better inform the programme and prioritization, including more conflict analysis. Improve monitoring.
- Improve the partnership modality and establish the right mix between international, national and local NGOs (the latter being the key engine of delivery). There are too many partnerships and the quality appears to decrease. A suggestion would be to have larger NGOs work through sub-grants to smaller NGOs and build their capacity in the process.
- Establish longer PCA durations and integrate preventative interventions into PCAs. Ensure that PCAs are renewed before they expire.
- Strengthen cluster architecture and coordination with the Government and the peace mission, etc. for outreach and access.
- Develop a more efficient resource mobilization strategy. Too much responsibility is placed on technical specialists to write entire proposals to raise funds, which takes time away from their primary tasks.
- Foster greater programmatic integration and more emphasis on a community mobilization approach.

Operational changes

- Airlift supplies to field sites.
- For filling positions, consider promoting existing staff on the programme if they're not burnt out and deliver results, and have a solid succession plan.
- Come out of Juba, sit close to where actions are happening and lessen internal bureaucracy. Empower field offices.

- Strengthen the leadership skills of staff in management positions and foster a culture of respect. Juba-based staff benefit from this more than field level staff, but more is needed.

9. Additional points to consider

Q9 Please write here any other points you would like the evaluators to consider

Respondents suggested the following additional points to consider:

- Conduct a human resources capacity assessment to address overlapping tasks. Build staff capacity, especially those of middle and senior leadership, where the respective leadership programmes should be reinstated.
- The country office needs to be ready to support a functional peace process at the same time as being prepared for a plunge back into crisis.
- Bureaucracy should be reduced, and response accelerated.
- There is a high turnover of partners and partners need capacity building.
- UNICEF should consider placing technical advisers into government ministries, focusing on strengthening national efforts to respond to the emergency.
- Recruitment should select competent staff.
- In addition to the RRM, there is a need to consider other options of direct implementation due to the access constraints, insecurity and poor infrastructure
- C4D should be integrated into all programme sectors.
- There should be monitoring and evaluation officers at the field office level to improve the quality of reporting and programming.
- UNICEF should play a more prominent role as an advocate for peace

ANNEX 5:

SUMMARY LIST OF DOCUMENTS CONSULTED

Please note that some of the following are internal UNICEF documents and are therefore not available online

A. Overview and general analysis

- 2017-01 Humanitarian Exchange - South Sudan.pdf
- 2017-03 Joint Agency Gender Analysis South Sudan.pdf
- 2017-06-07 Consequences for Violations - Position Paper.pdf
- 2017-11 Women and Girls in South Sudan.pdf
- 2017-12 UNICEF - Childhood under Attack.pdf
- 2018-05 Plan - Adolescent Girls in Crisis South Sudan.pdf
- 2018-06 ICRC The Roots of Restraint in War.pdf
- 2018-08 Concern - Conflict and Food Insecurity in South Sudan.pdf
- 2018-11 IRRI - Dialogue and Peace Agreements in South Sudan.pdf
- Secretary General Reports to the Security Council between June 2015 and December 2017

B. UNICEF Country Programme and related

- 2012-02-10 South Sudan CPD.pdf
- 2012-02-10 South Sudan Summary Results Matrix.pdf
- 2013-09-06 South Sudan CPD Extension Decision.pdf
- Strategic notes 2016-18 CPD (Child Protection, Education, Health, Nutrition, SPPME, WASH)
- 2016-03-09 Strategic Moment of Reflection - Note for the Record.docx

- 2016-03-21 South_Sudan_Costed Evaluation Plan.pdf
- 2016-04 South_Sudan_CPD July 2016-2018.pdf
- 2016-05-16 South Sudan_ICF_Matrix.pdf
- 2016-09 Country Programme Management Plan 2016-2018.docx
- 2017-10 Final_SMR_Field Office Consultations.docx
- 2017-11-13 UNICEF South Sudan SMR Outcome Review.pptx
- 2017-11-23 UNICEF South Sudan SMR Debrief.docx
- 2017-12 Extension by 6 months of South Sudan CPD.pdf
- 2017-12 South Sudan National Development Strategy.docx
- 2017-12-14 Lessons Learned and Strategies (Partners Meeting).pptx
- 2018-01 SOUTH-SUDAN Annual Management Plan.pdf
- Strategic notes 2019-21 CPD (Child Protection, Education, Health, Nutrition, SPPME, WASH)
- SSD_Final_SMR-Full-Report_19Dec2017.docx
- 2018-02-02 SSCO Results Framework_2018.xlsx
- 2018-02-10 Roadmap for 2019 CPD.docx
- 2018-02-12 Possible cross-sectoral integration (end year review).pdf
- 2018-06-South Sudan CPD 2019-21 Final Draft for Board.pdf
- 2018-07-17 South Sudan CPD 2019-21 Approved.pdf

- UNICEF - Country Office
Annual Reports 2015-2017

C. Level 3 emergency

- Level 3 procedure background (relevant memos and Simplified Standard Operating Procedures)
- South Sudan Level 3 documentation (relevant memos, Simplified Standard Operating Procedure action matrices, extensions 2014–2017)
- Transition from Level 3 to Level 2 (submission and presentation)

D. Programme criticality (framework and South Sudan assessment, March 2017)

D1. Assessments (UNICEF and partner assessments 2013 to mid-2018, including humanitarian needs assessments and food security and nutrition monitoring reports)

D2. Conflict analysis

- 2017-10-17 Conflict analysis 2017.docx
- 2017-12-13 UNICEF South Sudan Conflict Analysis September to December 2017.docx
- 2018- 10-16 The political economy of South Sudan (2018).pdf

E. Response plans (UNICEF, United Nations and partner response plans, including HRPs)

F. UNICEF Humanitarian Action for Children appeals and situation reports (all such documents February 2014 to mid-2018)

G. Programming

G.1 Advocacy

- 2017-09 SSCO Advocacy Strategy.docx

G.2 Clusters (inter-cluster documents and cluster documents for education, nutrition, protection and WASH)

G.3 Partnerships

G.3.1 UNICEF South Sudan overview

- 2017-03 ESARO Strategic Financial Ratios (Partners).pptx
- 2017-10 SSCO Partners October 2017.png
- 2017-12-28 Partnerships-HACT Overview.pptx

G.3.2 UNICEF guidance (global guidance and example documents)

G.3.3 Standard Operating Procedures – PCAs and small-scale funding agreements (country office-specific guidance and formats)

- 2017-03 Value For Money-Calculator (Partners).xlsx
- SOP-PCA.pdf
- SOP-SSFA.pdf

G.3.4 Review committee (sampled minutes of the UNICEF South Sudan PCA review committee)

G.3.5 PCA data 2016–2018

- 2016.xlsx
- 2017.xlsx
- 2018-02-12 PCA-SSFA Status.pptx
- 2018-02-14 Partnerships Matrix Database.xlsx
- 2018-02-2018 PCA Tracker Tool.xlsx
- PCAs 2016 and 2017.xlsx

G.3.6 PCA Task Force meetings (sample minutes of the UNICEF South Sudan PCA Task Force)

G.3.7 Partner meetings (minutes of UNICEF South Sudan-partner meetings)

G.3.8 PCAs (sampled) – samples of UNICEF South Sudan PCAs from different sectors

G4. UNICEF South Sudan work plans

G.4.1 South Sudan 2017 work plans (UNICEF South Sudan work plans for all sectors for 2017)

G.4.2 South Sudan 2018 work plans (UNICEF South Sudan work plans for all sectors for 2018)

G5. Sectors and projects

G.5.1 Health

- 2017-07 UNICEF Assessment of the Health and Education Supply Chain in South Sudan.pdf
- Health Database 2016-2018 (complete health programme data as provided by the section)

G.5.2 Nutrition (nutrition assessments and related reports)

G.5.3 WASH (JMP data, WASH Cluster humanitarian action review, cholera preparedness and response plans, WASH monitoring database, WASH PCA data, WASH planning documents)

G.5.4 World Bank Project

G.5.6 Thematic responses

- Cholera response (plans and reports 2016-2018, including epidemiological study 2018)
- Famine response 2017 (lessons learned reports)

G.5.7 RRM (general documents, including global documents, and specific operational documents)

- External reports
- Results monitoring and information management
- External communications
- Staff documents (matrices)
- Mission preparation (operational documents)

- Strategy
- RRM-specific resource mobilization (sample proposals and donor reports)
- Sector-specific tools and guidelines for the RRM (for child protection, education, gender-based violence, health, nutrition and WASH)
- Internal RRM reports (from March 2014 to mid-2018)
- July 2014 internal review of the South Sudan RRM

G.5.8 Preparedness

- 2018-03-28 UNICEF South Sudan Preparedness Plan.pdf
- Updated Intensified Outreach Concept Note_12 June 2018_clean.docx

H. Implementation data (standard reports from UNICEF VISION project management system for South Sudan, including results data and funds utilization)

- 2018-01-29 South Sudan CP 2012-16 Transactions by Outcome.xlsx
- 2018-11-19 Outcome and Output Ratings.pdf
- 2018-11-19 Outcome Ratings with Latest Progress.pdf
- 2018-11-19 South Sudan CP 2016-18 Transactions by Outcome.xlsx
- 2018-11-19 South Sudan Programme Structure and Utilization July 2016-2018.xlsx

I. Operations

- 2014-09-30 Revised Country Programme Management Plan 2012-2016.docx
- 2017-06-16 South Sudan PBR Peer Review Report Supply.docx
- 2017-06-16 South Sudan PBR Peer Review Report.docx

- 2017-06-16 South Sudan PBR Peer Review Report.xlsx
 - 2017-12-11 Peer Review - Audit Task Force Review.pptx
 - 2017-12-11 Peer Review - Audit Task Force Review.xlsx
 - 2018-01-2017 UNICEF South Sudan Accountability System Final.docx
 - 2018-02-04 Strengthening of Field Office Accountabilities Matrix.docx
 - 2018-02-16 South Sudan Surge Deployments 2016 - 2017.xlsx
 - 2018-02-20 Recruitment Update February 2018.docx
 - 2018-02-25 Summary Vacancies 2016 and 2017 South Sudan.xlsx
- J. Resource mobilization (consolidated thematic reports and other donor reports, resource mobilization strategy for UNICEF South Sudan, including briefing pack, gap analysis)
- K. Supply and logistics (supply dashboard for UNICEF South Sudan as of June 2018, performance data obtained from UNICEF South Sudan, supply plans)
- L. Monitoring
- 2017-10-05 Data from KOBO Field Monitoring Survey.xlsx
- M. Maps and graphics (selected summary maps and overviews, including social maps provided by UNICEF South Sudan)
- N. Studies and evaluations
- 2012 UNICEF South Sudan lessons learned review.pdf.pdf
 - 2013-04 CPIE Evaluation South Sudan country case study final.pdf
 - 2014-03-23 Operational Peer Review.pdf
 - 2015 Evaluation of UNICEF's Peacebuilding, Education and Advocacy Programme (PBEA).pdf
 - 2015-07 Peacebuilding through Education South Sudan.pdf
 - 2015-08 South Sudan Audit (UNICEF).pdf
 - 2015-10 Cholera KAP Assessment.pdf
 - 2015-11 PBEA_Outcome_Evaluation_Report.pdf
 - 2015-11 South Sudan Evaluation (IA).pdf
 - 2016-02 South Sudan Equity Study.pdf
 - 2016-02-10 SSCOSocial Mapping Unity State V12.pdf
 - 2016-03 UNICEF_South_Sudan_Situation_Assessment_of_Children_and_Women_2015.pdf
 - 2016-04-30 South Sudan Political Scenarios.pdf
 - 2016-05 RadioCoverageEvaluationSurvey.pdf
 - 2016-07 Synthesis of Evaluations Philippines South Sudan CAR (IA).pdf
 - 2016-2018 Studies and Evaluations Plan (IMEP-PRIME).xlsm
 - 2017 UNICEF Response to 2015 IAHE and Lessons Learned from 2017.docx
 - 2017-06 WASH Cluster Vulnerability and Prioritisation Model Horn of Africa.docx
 - 2017-09-18 SitAn Update South Sudan.docx
 - 2018-02 UNICEF Access Framework_Case Study_South Sudan_DRAFT.DOCX
 - 2018-12 Famine Lessons Learned South Sudan_Final.docx

ANNEX 6: THE IRRM MECHANISM: SUPPORTING MATERIAL AND DATA

RAPID RESPONSE MECHANISMS IN UNICEF

The RRM was first conceived in the Democratic Republic of the Congo in 2004 as a means to respond to newly displaced or returned populations in an area. It has since been used in other humanitarian situations, namely the Central African Republic beginning in 2013, Iraq from 2014, South Sudan from 2014, Yemen from 2017 and in north-east Nigeria from 2017. While these RRM share the same name (with the exception of the Democratic Republic of the Congo, where it is referred to as the Rapid Response to the Movement of Population), many details of the mechanisms are different.

The South Sudan RRM is unique in that it represents genuine direct implementation by UNICEF, which is an exception to the usual UNICEF implementation approach. It shares characteristics with the model used in Iraq in that it delivers a short-term package of

assistance consisting of campaign-style interventions and basic nutrition and non-food items, with teams on the ground for only several days. In all other RRM, interventions last up to several months and appear to be used as an entry point to more sustained humanitarian programming. In South Sudan, the integrated RRM (IRRM) is implemented directly by UNICEF in partnership with WFP. In all other RRM countries, the implementing partners are NGOs. For example, in the Democratic Republic of the Congo, NGOs implement the Rapid Response to the Movement of Population and UNICEF manages the mechanism.

With the exception of the Rapid Response to the Movement of Population in the Democratic Republic of the Congo, the RRM has not yet been evaluated as a mechanism. The only other RRM country with an evaluated humanitarian response is the Central African Republic, where only some aspects of the RRM were analysed.

IRRM missions are planned based on several criteria, including the livelihood status of an area (Integrated Food Security Phase Classification (IPC)) and accessibility, with indicators for protection, health and WASH influencing the final choice of target locations as relevant.¹³ Once the location is identified, under the overall coordination by the field operations unit, sections nominate technical staff from the pool of dedicated IRRM staff for the mission. A team leader is appointed from among them, and a dedicated security officer is part of the mission. Depending on who leads the mission (WFP or UNICEF), remote engagement with the community at the location to the extent possible takes place to ensure the IRRM is well received on the ground. The necessary security assessment is made and the required clearances are obtained. Relevant UNICEF chiefs of field offices are involved.

The team meets and is briefed on the location; if NGO partners join the mission, they are included in the briefing. Sections plan their supply needs and work with the supply and logistics section to ensure that they are available for loading. Supplies are usually flown in in instalments, with some supplies on the first flight with the team, and additional supplies delivered while the team is on the ground.

IRRM in South Sudan generally use helicopter flights because locations are otherwise not accessible. On the first flight to the location, the team takes personal equipment, including tents and camp equipment, food and drinking water, to be self-sustaining throughout the mission. Additional relief supplies are loaded as feasible and required.

On the day of arrival at the location, the team leader and the security officer make contact with community leaders, identify a safe location for the team and the supplies and set up camp. On the second day, the campaign location is identified and basic procedures for crowd management are established with the community, including designating community volunteers for this purpose. The community ensures communication on the upcoming campaign reaches outlying areas to gather as many people in need as possible at the IRRM location. Additional supplies are received, and preparations are made to run the IRRM campaign on the following day.

The campaign is executed on day three; beneficiaries line up for registration (conducted by WFP staff) and then walk through stations for nutrition (screening, vitamin A/deworming and IYCF), health (vaccinations), WASH (hygiene education and WASH items), education and protection (school kits, dignity kits and assessment). Due to the number of people to be served (up to 20,000), several community volunteers are trained to carry out screening, administration of drugs and vaccines and messaging.

Depending on the demand, the campaign is carried out on one or several days. In addition, and depending on the time on the ground, which is also dictated by the security situation, the team engages in additional activities, such as WASH facility assessment and repair, technical support to health centres and education facilities, and initiation of subsequent partner engagement as feasible. At the conclusion of the mission, the team leaves suitable supplies with the communities and leaves the location.

¹² Evaluation team observations during an IRRM mission in May 2018.

¹³ United Nations Children's Fund, 'UNICEF South Sudan IRRM Strategy 2017', UNICEF, 2017.

As noted in the main report, in terms of programme coverage (i.e., absolute numbers of people provided with essential services), the IRRM plays a relatively small part in the overall

response. Table F.1 shows the disaggregated figures from the IRRM database, illustrating these differences

TABLE F.1 Number of people reached through IRRMs by sector, 2017¹⁴

Total number of people registered through IRRMs		909,662	
Total number of children under 5 years registered through IRRMs		164,737	
Nutrition	133,441	WASH	29,595
• Children under 5 years screened for malnutrition	99,750	• People provided with water	29,611
• New SAM cases admitted/treated	1,407	• People received WASH supplies	29,595
• Pregnant and lactating women reached with IYCF key messages	33,691	• People reached with hygiene promotion messages	166,281
• Children aged 6 to 59 months received vitamin A	46,408		
• Children aged 12 to 59 months dewormed	37,595		
Health	138,412	Child protection	134,571
• Children aged 6 months to 15 years vaccinated against measles	99,750	• Unaccompanied and separated children registered and tracing commenced	515
• Children under 15 years vaccinated for polio	117,785	• Children reached with critical child protection services	20,317
• Households received one long-lasting insecticide-treated bed net	43,589	• People reached with life-saving information/ awareness sessions	134,571
• Women of reproductive age vaccinated against tetanus toxoid	20,627		
• Pregnant women received a clean delivery kit	2,775		
Education	44,576		
• Pre-school children with access to play and early learning	15,695		
• School-aged children and adolescents with access to education-in-emergencies activities	28,881		

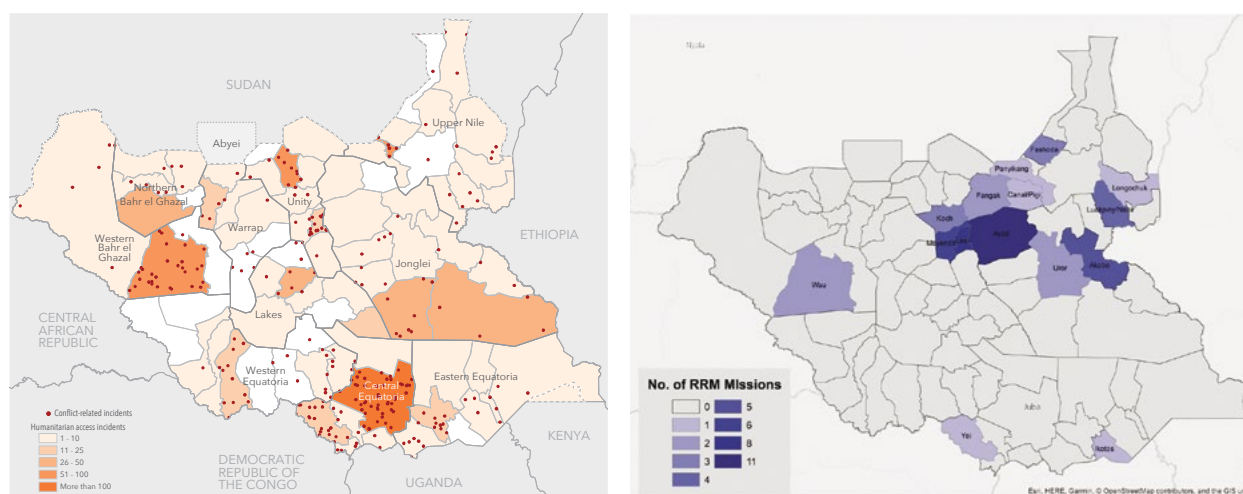
¹⁴ Data taken from the UNICEF South Sudan IRRM database; sector figures are totals of all sector indicator figures.

REACHING THOSE IN INACCESSIBLE LOCATIONS

During the evaluation, UNICEF asserted that the IRRM essentially reaches a large proportion of those internally displaced that the HRP defines as living in “areas where humanitarian assistance (is) not reliable and predictable due to access denials and conflict,”¹⁵ with explicit reference made by senior UNICEF staff to the estimate of 800,000 people in such areas as stated in the 2018 HRP.¹⁶ The plan provides a density map for a proxy-indicator for access: the number of recorded conflict-related incidents during the period from January to October 2017.¹⁷ Figure F.1 compares this map with a geospatial analysis of IRRM frequency in the same year.

The comparison shows that IRRM missions do not always cover the locations with the highest frequency of humanitarian access incidents. In 2017, some counties with the highest frequency of IRRM missions had lower levels of security-related access restrictions (e.g., Leer and Ayod countries), while countries with more security-related access restrictions had relatively fewer IRRM missions (e.g., Wau and Yei countries). Widening the scope of analysis to include other access issues, a limited review of available internal IRRM reports¹⁸ confirms that a focus on security-related access definitions is not telling the whole story. Out of 18 reports reviewed, 14 described IRRM missions to distinct locations.¹⁹ Of the 14 locations covered by distinct reports, only three could be

FIGURE F.1 Humanitarian access vs. IRRM missions in 2017, by county



South Sudan IRRM Missions 2017

¹⁵ This assertion was made repeatedly, including explicit reference to the HRP access rating, most recently in updated analysis of the IRRM provided by UNICEF to the evaluation team in September 2018.

¹⁶ The 2018 HRP states that “In 2017, an estimated 800,000 IDPs [internally displaced persons] lived in areas where humanitarian assistance was not reliable and predictable due to access.” Office for the Coordination of Humanitarian Affairs, ‘South Sudan: 2018 Humanitarian Response Plan’, OCHA, December 2017, p. 12.

¹⁷ It is noted that the number of incidents is a proxy for access, and does not cover access restrictions due to seasonal infrastructure failure or non-existence of road access, a common restriction in South Sudan in addition to conflict-related issues. Benchmarking the number of people reached by IRRMs against the figure of 800,000 internally displaced persons in these areas characterized by high incident frequency is therefore not necessarily accurate. ‘South Sudan: 2018 Humanitarian Response Plan’, p. 12.

¹⁸ A total of 18 final internal reports for IRRM missions in 2017 were provided to the evaluation team and reviewed for this purpose.

¹⁹ Four reports covered follow-up missions to locations reached earlier in the year.

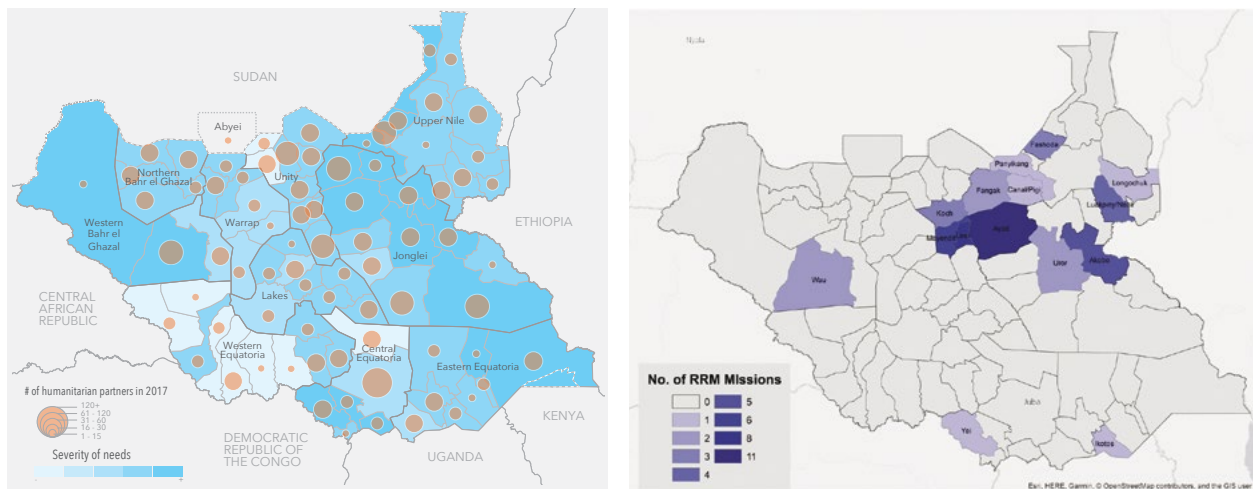
described as reachable by means other than the IRRM, while 11 can be said to be virtually unreachable without the means of helicopters as used by the IRRM, mostly because there is no road access, or the roads are impassable (e.g., during the wet season). Narrow reference to the accessibility definition used in the HRP is therefore misleading. These may overlap, but are not fully identical. It can be said, however, that IRRMs mostly appear to target areas that are not easily reached by other means (due to poor infrastructure) or at other times (when targeting seasonal time windows or periods of low conflict).

Comparing the data for the counties where IRRMs took place in 2017 shows that a higher frequency of IRRMs in a county may (but does not always) coincide with a higher severity of needs. However, only 2 of the 15 counties targeted by IRRMs in 2017 have a comparatively low needs severity index of 2 out of 5, while the others are all at levels 3, 4 and 5. At the same time, counties such as Wau and Ikotos, with the highest level of severity of needs in 2017, only had two and one IRRM missions, respectively, that year. While there appears to be a stronger match between severity of needs and targeting of the IRRM, it does not appear to be the overarching factor.

RESPONDING TO SEVERITY OF NEEDS

Figure F.2 compares the 2017 severity of needs map²⁰ with the frequency of IRRMs in the same year (darker colours denote higher severity and higher number of IRRM missions).

FIGURE F.2 Severity of needs and partner presence vs. IRRM missions in 2017, by county



South Sudan IRRM Missions 2017

²⁰ The map is taken from: Office for the Coordination of Humanitarian Affairs, 'South Sudan: 2017 Humanitarian Response Plan', OCHA, December 2016, p. 10.

- “Bookings were poorly coordinated with WFP by the Juba office. As a result, the team was pulled out suddenly without any prior notification. Instead of the mission lasting for seven days, the team was pulled out after three days, leaving many activities undone. This left behind a very bad image to our partners, local authorities and beneficiaries, and caused a lot of stress to staff.”
- “Delivery of UNICEF supplies did not go as planned and made it very difficult to start the activities together with WFP as expected (the vaccines arrived five hours late on the same date of head count.”
- “The main challenge was that the vaccines sent from Bor did not include TT [tetanus toxoid]. The measles vaccines were more than the quantities requested in addition to having no frozen ice pack in one of the cold boxes.”
- “The PUR [water purifier] was not distributed to the beneficiaries during the mission because the WASH RRM team lacked buckets for the demonstration. However, the team borrowed buckets from the community on [the] last day of the distribution and demonstrated.”
- “The mission was cut short by a day due to UNHAS [United Nations Humanitarian Air Service] flight arrangements.”
- “Whereas [it] is recommended to each team member to carry [their] own medicine, emergency medicines to treat things like allergic reactions, scorpion and snake bites, food poisoning and other conditions cannot be predictable absolutely. A first aid kit for [the] RRM should be developed and consistently sent with the team. Medical evacuation may be too late given the remoteness of the areas.”

²¹ Quotes are verbatim from the reports.

ANNEX 7:

FIELD INTERVIEWS AND FOCUS GROUPS: PROTOCOLS AND QUESTIONS²²

A. PARTNER INTERVIEWS

Preparation and introduction to the interview:

- Share in advance (if possible) the evaluation description and guiding questions, either as part of or following an introductory email/message from UNICEF.
- The interview itself should last around 45 minutes. If time is limited, then suggest a 30-minute interview based on a simplified/shortened version of the questions below.
- Introduce yourself and indicate the reason for the interview, relating back to the evaluation description and guiding questions. Essentially, we want to get a view from the perspective of UNICEF partners on how well the partnerships have functioned and what could be improved (e.g., process, content, effectiveness, etc.).
- Explain that notes will be taken but the intention is not to cite individual or partner organizational views – these will be anonymized in any published material.
- Establish in advance basic partnership facts and check with the partner (when, what, where). Establish whether the partner had other contracts with UNICEF or with other actors such as United Nations agencies or international NGOs in order to compare how effective UNICEF's partnership is vis-à-vis the others.

- The following information of the key informants should be recorded; whether it is a government, international NGO or national NGO actor; the location the data will be collected and date; the position that the partner being interviewed holds and the sector in which they carry out their interventions.

1. Can you please tell me about the partnership that you have with UNICEF?
 - How many years have you been working together in this partnership?
 - What does this partnership entail?
 - Do you think you have received adequate support, financial or otherwise, to enable you to implement your tasks well? If not, how can it be improved?
2. In your opinion, how would you rate the performance of UNICEF during the period of your partnership?
3. How did you find out about UNICEF working in your community and the support that they provide?
4. Which areas of intervention do you think UNICEF is doing well in your community?
 - Which areas of intervention do you think UNICEF needs to improve on?
 - Which areas do you think UNICEF should focus on in the future in your community?

²² These were provisionally approved through UNICEF's external ethical review process (15 May 2018) and fully approved on 12 June 2018.

5. Did UNICEF ask your institution about your community needs?
 - Were you or anyone else in your institution asked about your views on the support that you receive from UNICEF?
6. What does your institution do if you want to contact UNICEF for more information related to your work? Who do you ask? Where do you go?
7. Do you attend any meetings with staff from UNICEF?
 - If yes, who participates in these meetings? What follow up is there from these meetings?
8. Have you been told about what to do if you or someone you know has a complaint or an issue to raise about UNICEF?
9. How do UNICEF's reporting requirements compare to those of other partners or donors you may have?
10. Do you have any suggestions for ways in which UNICEF might improve on its effectiveness?

B. FOCUS GROUP DISCUSSIONS

Preparation and introduction

- UNICEF South Sudan staff and partners will assist in the selection of beneficiaries and the identification of community volunteers for the focus group discussion and in the related preparations (finding venue, etc.).
- Each session should involve 6 to 12 beneficiaries of UNICEF support (defined as individuals who have received support directly). Separate discussions should be held with men and women, where possible, including a mix of young,

middle-aged and older people. In situations involving forced displacement, we should speak to both displaced people and those in the host community, if possible.

- It should be stressed that participation is entirely voluntary and has no bearing on whether participants will be included in future UNICEF programmes.
- No names or addresses will be taken.

At the focus group meeting:

- Before the meeting starts, explain the purpose of the exercise and ask if there are any questions from the participants.
- Concerning the purpose of the exercise, indicate that we are conducting a review for UNICEF to help us learn about UNICEF's activities in their community in order to help improve their work.
- From the beneficiary groups, we mainly want to understand: 1) the challenges they face; and 2) their experience of being on the receiving end of UNICEF and partners' programme activities (this may require some description). What has been useful and what has been less useful?
- Explain the independence of the exercise – we are working on behalf of UNICEF but are not ourselves UNICEF staff members. A written report will be produced for UNICEF, an edited version of which may subsequently be published.
- Explain that notes will be taken but the views expressed will not be attributed to individuals. Participants should feel free to speak openly, and we would ask them not to repeat what others have said during the discussion outside of the group.
- Explain that there are no right or wrong answers and all opinions are important.

- We suggest that the focus group discussion be somewhere between one to two hours, but get agreement from the participants based on a suggested length.
 - Check that all those present consent to being part of the process as described (e.g., in the form of a verbal question such as “are you all content to be part of this discussion as we have described it?”). Use the UNICEF consent form as a checklist.
 - At the end, don’t forget to thank participants!
1. Have you ever heard of UNICEF before this encounter? (yes or no) Could you tell me what comes to your mind when you hear about UNICEF?
 2. What type of support was provided in your community by UNICEF? Who received this support?
 3. Do you understand how decisions were made about the intended beneficiaries who would receive this support?
 4. How far do you think the support received has helped to meet the needs of your community?
 5. How has assistance been provided to you or those close to you? Could the assistance have been delivered in a better way?
 6. What are your views and opinions on the quality of the work undertaken by UNICEF in your community?
 - How does this compare to previous years?
 7. What is your overall view on the way in which UNICEF staff interact with your community?
 8. What (else) would you like us to know about UNICEF’s work in your community?

ANNEX 8: EVALUATION ETHICS APPROVAL

unicef  | for every child

Research Ethics Approval

12 June 2018

James Darcy
c/o UNICEF Evaluation Office
New York, NY 10003

RE: Ethics Review Board findings for: *Rapid and Timely Humanitarian Response to the L3 South Sudan Humanitarian Crisis*

Dear Mr. Darcy,

Protocols for the protection of human subjects in the above study were assessed through an ethics review by HML Institutional Review Board on 14 May – 12 June 2018.

This study's human subjects' protection protocols, as stated in the materials submitted, received **IRB approval**. Please inform this IRB if there are any changes to your human subject protection protocols.

Sincerely,



D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Jane Mwangi, Penelope Lantz, unicef@hmlirb.com

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US Department of Health & Human Services, Office of Human Research Protections IRB #00001211

ANNEX 9: COMPOSITION OF THE TEAM

James Darcy, Team leader:

James is responsible for leading the evaluation and ensuring that it meets the objectives and addresses the evaluation questions. He has extensive experience in the humanitarian sector and has led complex evaluations and strategic reviews for numerous organizations, including the United Nations, NGOs and for development partners.

Hisham Khogalia, Health and nutrition expert:

Hisham has extensive experience working in humanitarian situations, including in emergency response, including in nutrition, food security and livelihoods, disaster preparedness, relief and recovery programming. He has been involved in numerous humanitarian evaluations and recently reviewed and edited the SPHERE handbook (including the Food Security and Nutrition Chapter).

Volker Huls, WASH, logistics and monitoring and evaluation expert:

Volker has extensive experience in a variety of roles with organizations providing humanitarian assistance, including in WASH, planning, monitoring and evaluation. He has extensive experience in evaluations, including those of humanitarian action for the United Nations, NGOs and for development partners.

Ramlat Musa Ali Wani, National consultant

Ramlat has expertise in governance, gender analysis, civil society partnerships, community mobilization and stakeholder consultation.

Alimure Awuda Amena, National consultant

Alimure has extensive experience in social policy and quantitative and qualitative research in South Sudan.

