

Evaluation of IOM's Level 3 Emergency Responses

IOM CENTRAL EVALUATION

June 2023

ACKNOWLEDGEMENTS

The team of external consultants has been recruited by IOM Central Evaluation Unit, comprised of Jeff Duncalf (Team Leader) and Antonio Battista (Senior Evaluator), to conduct the evaluation of IOM's Level 3 (L3) emergency responses on behalf of MDF Training and Consultancy (Ede, the Netherlands).

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Final responsibility for accuracy of the data and soundness of the analysis included in this report rests with the Central Evaluation Unit. The findings, analysis and recommendations presented in this report do not necessarily reflect the views of MDF Training and Consultancy.

IOM Central Evaluation Unit

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LIST OF ACRONYMS

AAP Accountability to Affected Populations

CCCM Camp Coordination and Camp Management

CFM Complaints and Feedback Mechanisms

CO Country Office

CoM Chief of Mission

CTS Commodity Tracking System (CTS)

DDG Deputy Director General

DOE Department of Operations and Emergencies

DTM Displacement Tracking Matrix

EPR Emergency Preparedness and Response

HCT Humanitarian Country Team

HDPN Humanitarian Development Peace Nexus

HRP Humanitarian Response Plan

EVA IOM Central Evaluation Unit

IAHE Inter-Agency Humanitarian Evaluations

IASC Inter-Agency Standing Committee

KII Key Informant Interviews

KPI Key Performance Indicator

LTAs Long-term Agreements

MEC Migration Emergency Coordinator

MEFM Migration Emergency Funding Mechanism

MHPSS Mental Health and Psychosocial Support

NFI Non-Food Items

P2P Peer to peer

PRM Population, Refugees, and Migration

PLW Pregnant and Lactating Women

PDM Post-distribution Monitoring

PSEA Protection from Sexual Exploitation and Abuse

RM Resource Management

RO Regional Office

SOP Standard Operating Procedures

SWE System-Wide Evaluations

ToC Theory of Change

TPM Third Party Monitor or Monitoring

UNCT United Nations Country Team

WASH Water, Sanitation and Hygiene

EXECUTIVE SUMMARY

This report presents the findings and recommendations of the evaluation of the International Organization for Migration's (IOM) Level 3 (L3) emergency responses. The evaluation aimed to collect evidence-based feedback from IOM offices and key stakeholders for an evaluative assessment of IOM's overall relevance, performance and achievements of its organizational responses, division of roles, risk and management protocols and decision-making within its L3 emergency management framework using the evaluation criteria of relevance, effectiveness, coherence, efficiency, impact and sustainability.

The evaluation, mandated by the IOM Central Evaluation Unit (EVA), was conducted in close consultation with IOM's Department of Operations and Emergencies (DOE) and was carried out by a team of two evaluators of MDF Training & Consultancy, a consultancy firm based in the Netherlands. It took place between October 2022 and May 2023.

The evaluators conducted a desk review and meta-analysis of L3 responses and case studies and collected primary data through key informant interviews and a web-survey, involving various stakeholders at every stage of the evaluation process. The case studies (Ukraine, Syria, and Mozambique) were instrumental in analysing how L3 responses have performed on the ground, and their analysis has been integrated throughout the report, as well as in dedicated chapters towards the end of the report.

Findings

Relevance: IOM has been consistently involved in the Inter-Agency Standing Committee (IASC) meetings during 'Scale-ups' and adheres to IASC System-wide declaration protocols. It has been observed that IOM sometimes declares L3s later than other UN organizations in line with the prerogatives left to each organization to declare it. The expected duration of an L3 response was also reviewed, with IASC's current standard set at six months, while IOM's protocols suggest a maximum of three months (almost always extended). IOM is a member of the UN Cluster system and is reportedly an active participant in UN Country Teams (UNCT)s. IOM is amongst the five largest humanitarian funding recipients in 2022 and donors and implementing partners' feedback reported IOM programmatic activities to have a broad geographical and sectoral coverage, in line with beneficiary needs and priorities, and to be well localized (in terms of resources and contextual knowledge).

Effectiveness: IOM's multi-sectoral L3 responses have been well appreciated by partners, including shelter, non-food items (NFI), health, water, sanitation and hygiene (WASH), camp coordination and camp management (CCCM), and protection from sexual exploitation and abuse (PSEA), with displacement tracking matrix (DTM) and CCCM being particularly well-received. IOM is also active in health and mental health activities within different working groups. There are some concerns however, about protection activities being overlooked or not adequately supported.

IOM's capacity to be quick and flexible during L3 responses is an enabling factor, with programmatic surge teams that are deployable on time, through its Migration Emergency Coordinator (MEC) and its crisis response team. Donors' reports confirm IOM's effectiveness in responding to beneficiary needs. However, it was noted that protocols sometimes delay the L3 interventions and there are issues with

the implementation of expedited human resources (HR) procedures. The timeline for L3 activation is not always respected, and there is confusion around deactivation processes. While IOM's responses are considered flexible, there is mixed feedback on how decision-making considers the field perspective and on a common understanding of roles and responsibilities. Personal relationships and people's personalities can play a significant role in the success of country offices' participation in decision-making.

Feedback mechanisms are consistently incorporated into programme implementation, as seen in Third Party Monitor (TPM) facilitated control mechanisms in North-West Syria. However, there is still room for improvement in terms of the integration of cross-cutting approaches such as gender and disability, environment and accountability to affected populations (AAP) perspectives.

Coherence: IOM guarantees both internal and external coherence in the implementation of L3 approach and programmes. External coherence is facilitated by the UN cluster system active within L3 responses, and IOM often plays a leading role in clusters and advisory/working groups at both central and regional levels. IOM also has a key coordination role with governments in terms of migration and cross-border support and programming.

Internal coherence is ensured through the appointment of the MEC responsible for programmatic and support services procedures. However, there is a feeling of uncertainty among IOM staff regarding the 2022 restructuring of the Organization, which has led to revised coordination mechanisms and additional lines of reporting for some technical staff of the crisis response teams. The revised decision-making structure has not yet been fully established and disseminated to IOM offices, and protocols have not been incorporated into emergency preparedness training. The role of the Regional Offices (ROs) in L3 designated countries is not completely clear either.

Efficiency: The feedback from IOM offices suggests that there are cases of delays due to slow HR, financial, procurement and legal procedures, and some reluctance to use emergency procedures. Moreover, there is confusion regarding reporting lines and communication channels during the transition period that precedes the official communication of the L3 activation. There are also inefficiencies in how the surge teams are deployed, with a lack of communication reported for Mozambique and Ukraine for instance. This has led to delays in signing contracts, hiring and deploying staff (especially support staff), procuring vital operational supplies, and making financial transfers when cash is needed. Funding procedures are compounded by IOM's projectised funding mechanisms, and the UN's one-year Humanitarian Response Plan (HRP) funding cycle system does little to encourage the multi-year funding requirements for Humanitarian Development Peace Nexus (HDPN) programmes.

Impact: There is a lack of evidence on how IOM measures the impact of its interventions on targeted populations. L3 responses have resulted in expanded programmatic coverage in countries such as Ukraine, generating substantial additional funding from donors. IOM's responsiveness during L3s is appreciated by the UN system, although there is feedback that IOM could better focus on a few sectoral areas where it has consolidated expertise. The extent to which IOM's intervention complements those of other UN agencies is an area of concern due to inherent competition for funding, with implemented activities often overlapping. Overall, according to IOM staff and external stakeholders, IOM's L3 responses have positive elements but also areas that could be improved.

Sustainability and Connectedness: In the long term, most deactivated post-L3 countries have a greater country programme portfolio than before the crisis. External factors aside, internal preparations for recovery, transition and rebuilding activities need to be established early in the L3

process, particularly in terms of in-country and regional capacity building and expertise required. The sustainability of L3 results requires a better transition strategy and an increased leadership in the Humanitarian Country Teams (HCTs) and the coordination system. There is generally a weak awareness and understanding of HDPN programming in L3 across IOM.

Summary of conclusions and recommendations

- **A. L3 declaration and deactivation protocols:** IOM is aligned with the IASC in terms of working relations and L3 activation protocols. However, IOM needs to review its L3 activation period, which is shorter than IASC's suggested six months, to provide greater predictability and a longer-term perspective for those managing L3 responses. Additionally, IOM needs to address the issue of activating and deactivating later than other UN members and to develop a more detailed L3 deactivation process with clear roles and responsibilities, including of Regional and Country Offices for post L3 responses. IOM should also consider different standards for L3s based on conflict and/or natural disaster scenarios.
- **B. Contingency planning/preparedness:** Donors and implementing partners' feedback commends the IOM's programmatic activities, including its broad geographical and sectoral coverage and its direct implementation approach at community level. However, to improve immediate L3 emergency response capacity IOM needs to scale up contingency planning and prepositioning of emergency stocks, increase non-earmarked funding, negotiate the usage of crisis modifiers, and strengthen surge capacity. In addition, IOM should increase its support to staff to address burn-out and psychological distress in line with already existing health checks, rest periods, and compensation and benefits packages. Recommendations also include improving targeted communications, expanding the surge roster with experienced and better-trained members and establishing a system to monitor staff movements.
- **C. L3 Roles and Responsibilities protocols:** IOM is praised for its operational flexibility and speed of response, as well as its good contextual knowledge and effectiveness in numerous sectors. However, external partners note a lack of complementarity with other implementing agencies. IOM also struggles with internal relations and confusion around decision making during L3 responses, especially after the recent restructuring. The updated protocols should provide clear guidance on the roles and responsibilities of senior management, including on required competencies. Furthermore, it is crucial to clarify the role of the Regional Office during and after an L3 response to ensure effective coordination and collaboration.
- **D. L3 Emergency "fast track" procedures:** The efficiency of an L3 response is hindered by delays in support services processes. Revised protocols for HR, finance, legal, procurement, and security are urgently needed and should be well disseminated throughout the Organization. IOM should record 'fast-track' best practices from L3 interventions and turn them into normal procedures. A compliance system could also be built into the protocols to monitor their usage.
- **E.** Accountability and Knowledge Management: IOM has been successful in implementing various programmes in different countries, but the knowledge and practices are not used and shared systematically. There is a need to reinforce knowledge management of L3 interventions and make examples of successful programmes available for replication. Additionally, regular evaluations and reviews should be conducted to gauge organizational performance and compliance with new protocols.

F. HDPN: There is a general lack of clarity in IOM's programming of the development component at the L3 stage and its implementation. There is a need for the dissemination of best practices, clarification on when recovery/developmental activities should start within an L3 response, and on how to work with government departments on long-term interventions. It is recommended to disseminate HDPN guidelines, elaborate examples of good practices, and develop a staff planning strategy to ensure expertise for each thematic element within development interventions.

1. INTRODUCTION

This report presents the findings and recommendations of the evaluation of the International Organization for Migration's (IOM) Level 3 (L3) emergency responses implemented since 2018. The evaluation, commissioned by IOM's Central Evaluation Unit (EVA), was conducted in close consultation with the Department of Operations and Emergencies (DOE), as well as with the participation of various IOM colleagues from Headquarters (HQ), Regional Offices (ROs) and Country Offices (COs) that are responsible and/or involved at different L3 emergency phases. The evaluation was carried out by a team of two consultants from MDF Training & Consultancy, based in the Netherlands. It was conducted between October 2022 and May 2023.

Evaluation Background: Objective and Context

This evaluation aimed to collect evidence-based and transparent feedback from IOM's offices and key stakeholders using an independent evaluation team to review relevant documentation and conduct interviews and surveys. Such feedback was translated into an evaluative assessment of IOM's overall approach and performance within the framework of IOM L3 Emergency responses, in line with the criteria of relevance, effectiveness, coherence, efficiency, impact and sustainability of its interventions, its organizational setup, including division of roles and decision-making, as well as its risk and management protocols.

The analysis was conducted at three levels:

- 1. **Global review**: covering IOM's role and contribution at the global level, applying a policy-focused desk review, a meta-analysis of ongoing and completed evaluations, key informant interviews (KIIs), and a web-survey for decision-makers and internal and external stakeholders involved in L3 responses. The evaluation of the L3 responses at global level provided insights into the external and internal policies and management and coordination contexts, in which IOM operates.
- 2. **National and regional implementation**: covering IOM's L3 portfolio to take stock of existing mechanisms and practices pertaining to L3 responses in the countries of implementation, including direct support to IOM's partners, IOM's strategies and programmes, monitoring and reporting documents, complemented by KIIs and web survey directed at IOM's partners and staff.
- 3. **Case studies:** Three case studies were selected, with country specific desk reviews and KIIs, which allowed a field-based review of IOM's L3 response performance. The evaluation focused on the nature of the response, its design, implementation and results of IOM's L3 response considering the needs of the affected populations and the expectations from governments and humanitarian communities in the countries of implementation.

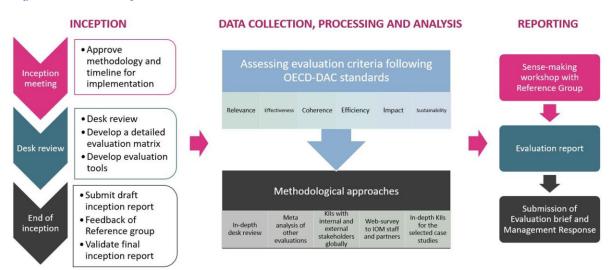
The evaluation is also intended to be a learning-oriented exercise, providing a comprehensive assessment of IOM's L3 management and performance, gathering inputs on IOM's institutional and operational roles while fulfilling its mandate in systemwide emergencies. It will give the opportunity to IOM to reflect and make informed decisions on future approaches, strategies and policies related to IOM's L3 response.

Evaluation methodology

The evaluators ensured that key stakeholders participated in every stage of the evaluation employing utilisation focussed techniques, and that gender and other IOM cross-cutting themes are included in the data collection tools and analysis. This section presents the evaluation approach and methods applied to

this exercise, and the evaluation matrix with the full set of questions, sub-questions and data sources is available in Annex 4.

Figure 1 Evaluation framework



Desk review and meta-analysis

The evaluation started with a desk review and meta-analysis of L3 global and national responses, with documentation providing insights on the L3 strategies and policies, and programme-level implementation of the responses. In addition, the evaluation team conducted a specific desk review for the three case studies selected, including project proposals, budget expenditures, Monitoring and Evaluation (M&E) data and national policies amongst others, and a meta-analysis of previous evaluations conducted by IOM or other agencies related to L3 (or Scale-up). A detailed list of the documents is available in Annex 2, as well as in the case studies' sections.

KIIs and web-survey

Primary data analysis was conducted via KIIs from a sample of stakeholders. The purpose of the KIIs was to understand how the L3 responses have so far been delivered to provide a basis for the analysis and to answer the evaluation criteria questions. KIIs were conducted between December 2022 and January 2023. Below is a summary of the interviews disaggregated by type of stakeholders (the full list of key informants can be found in Annex 3):

Table 1: Proposed key informants' categories and sample for data collection

| | CATEGORY | KEY INFORMANTS | PLANNED KIIS | REALISED KIIS |
|---|-------------|---|--------------|---------------|
| 1 | IOM HQ | Directors, Sectorial Experts and Advisors | 8 | 14 |
| 2 | IOM RO | Specialists, Sectorial Heads, Regional Directors | 3 | 4 |
| 3 | ІОМ СО | Chiefs of Mission, Emergency Coordinator, DTM Specialist, M&E Officers, Supply Chain Specialist | 9 | 12 |
| 4 | UN Agencies | Global: IASC, OCHA | 8 | 5 |

| | | Case study: OCHA, WFP, UNICEF, or UNHCR as available | | |
|---|----------------------------|---|----|----|
| 5 | Implementing partners (IP) | Case study: Main three partners per case country. The partners selected were the ones to whom IOM subcontracts most of the L3 emergency response funds | 9 | 2 |
| 6 | Donors and Government | ECHO, GFFO, UK-FCDO, Republic of Korea, Japan, USPRM Case study: two major emergency response donors per country. One Government representative per case study | 9 | 5 |
| | TOTALS | | 46 | 42 |

Below is also a summary of the key informants interviewed who provided evidence for each of the case study (the list of KIIs per case study can be found in Chapter 5):

Table 2: Summary list of key informants who contributed to the case studies

| CASE STUDY COUNTRIES | | | |
|----------------------|----------------|----------------|-------------------|
| | Syria | Mozambique | Ukraine |
| IOM | Four IOM staff | Five IOM staff | Three IOM staff |
| UN Agencies | One UN agency | One UN agency | Three UN agencies |
| Others | Two IP | - | Five donors |

In order to collect evidence from a larger pool of internal and external stakeholders, the KIIs have been complemented by a web-survey across IOM HQ/RO/CO that have implemented L3 responses, to gather relevant insights from IOM staff (emergency specialists, programme managers, resource management officers, M&E and supply chain staff, among others) and from other UN agencies, who provided their external perspective on IOM's coordination and management of L3 responses. The survey was sent to stakeholders at the beginning of December 2022, and was kept open until the 30th of January 2023. The evaluation units within the fellow UN agencies that participated in the survey (OCHA, UNHCR, WFP and UNICEF) have contributed in disseminating the web-survey link to relevant colleagues in their COs. In total, 170 respondents have started responding to the survey (155 IOM and 15 UN Agencies) but only 77 respondents completed it. As some of the respondents having completed only the first sections of the survey (beneficiaries' needs and humanitarian principles, and IOM's emergency response coordination and management) have added relevant comments to the open-ended questions within these sections, the evaluators took them into account when at least 30% of the survey was completed, reaching finally a total of 97 respondents disaggregated as follows:

Table 3: Summary list of key informants who contributed to the case studies

| IOM | 89 |
|--|----|
| Country Office | 30 |
| HQ | 38 |
| Regional Office | 21 |
| Other UN Agency (OCHA, WFP, UNHCR or UNICEF) | 8 |
| Grand Total | 97 |

To further appreciate the L3 level of experience of respondents, the evaluators have also examined the cumulative country experience of respondents in L3 emergencies and most of the respondents have had experience in the Ukraine response, followed by Syria. Other countries of experience included Mozambique, Democratic Republic of the Congo (RDC), Somalia, Afghanistan, South Sudan, Ethiopia, Iraq and Yemen.

Case study selection

The case studies were instrumental to conduct a deeper analysis of how L3 responses have performed in three countries of implementation. The criteria for selection included L3 responses currently active and L3 responses that have expired/have been deactivated according to the IASC classification¹, as well as different contexts (natural disasters, conflict), regions, and protracted and short/new responses.

Considering the above criteria, the evaluators in consultation with the Evaluation Reference Group (ERG) selected the following case studies:

- 1. Ukraine, being a recent and ongoing L3 emergency response (activated during the 2022 organizational restructuring).
- 2. Syria, being the longest L3 within IOM's portfolio.
- 3. Mozambique, being an L3 in a context affected by natural disasters.

The evidence generated from the case study analysis has been integrated throughout the report within the answers to the evaluation's questions, and a section on main successes and constraints for each case study is included in Chapter 5 of this report.

Evaluation challenges

The following evaluation challenges were identified by the evaluators, who have addressed them by applying the mitigating measures presented below.

Table 3: Evaluation challenges and mitigating measures

| Category | Challenges | Mitigating measures |
|-------------------------------|--|--|
| | Evaluation scope too broad - matrix not fully answered (i.e., Impact) | The evaluators focused on those questions they could realistically answer, for example, a lack of access to beneficiaries made the Impact question weak at their level (see the Impact section for further details). |
| Evaluation approach and scope | Some questions were difficult to answer with the selected evaluation approach (i.e., country visits would have been necessary) | As above, the evaluators focused on those questions they could realistically provide answers to. |
| | Relevance of L3 evaluation vis-à- vis the IOM November 2022 L3 workshop | In drafting the evaluation recommendations, the evaluators have considered what was already identified and deemed feasible by IOM staff during the workshop and have taken into account the identified areas of improvement. |
| Desk review | Desk research lacking external perspective | As this evidence was slim in the desk review, the external perspective was corroborated mostly through the KIIs with other UN agencies and donors. |

 $^{^1\,}https://interagency standing committee.org/iasc-transformative-agenda/iasc-humanitarian-system-wide-scale-activations-and-deactivations$

| | | The views on IOM's performances during the |
|-----------------------------|--|--|
| | Lack of relevant L3 documentation on Syria (too old) | first stages of the Syria L3 responses were gathered through KIIs with IOM staff that were involved in the first few years of the Syria L3. |
| | Retrieving documents from COs was time consuming | Regular reminders have helped the evaluators to gather the documents they needed to adequately conduct the case study desk review. |
| Key Informant Interviews | Too many interview questions to cover within limited time allocated | Knowing that it would have been difficult to cover all questions in the evaluation matrix within one hour interview, the evaluators have tailored each interview to the profile of the key informants – for example focusing on effectiveness with IOM CO staff, or on coherence and sustainability with external respondents. |
| | Shortfall in Government perspective – none interviewed despite efforts of reaching out to them | To know how well IOM has collaborated with the Government in the L3 case study countries, the evaluators interviewed IOM CO staff and donors as proxy, understanding the extent to which IOM has established good relationships with local authorities in the areas where L3 activities are implemented. |
| | Lack of donor perspective in KII (all Ukraine focused) | For the Mozambique and Syria case studies, the desk review of donor reports was instrumental to obtain an understanding of the donor funding and of how programme achievements were reported. |
| | Survey response predominantly from IOM staff. Around half of respondents did not fully complete the survey | The total number of respondents that were finally considered for the data analysis (i.e. 97) can be considered sufficient to identify trends and draw conclusions, in triangulation with evidence gathered through the KIIs and the desk review. |
| Web-survey | Despite reminders and request for help, UN agencies collaboration was slim | The evaluators sent reminders to the UN agencies, however with little success. Practically, as only 8 external respondents have completed the web-survey, the web-survey results were only seldom disaggregated by internal and external respondents and were rather analysed as aggregated. |

2. BACKGROUND ON IOM L3 EMERGENCY RESPONSES AND INTERNALLY IDENTIFIED SHORTFALLS

The Inter-Agency Standing Committee (IASC) Scale-Up activation is a system-wide mobilization in response to a sudden onset and/or rapidly deteriorating humanitarian situation in a country². IOM, similarly to other UN agencies, activates its own L3 emergency response as a consequence to the IASC scale-up. IOM also has the option to announce its own L3 emergency to respond to specific emergencies quickly and effectively.³ Since 2018, IOM has undergone eighteen L3 activations and at the time this evaluation started it had four active L3s. Within the Inter-Agency Humanitarian Evaluations (IAHE) Steering Group (SG) there is an ongoing intention to examine L3 responses, encouraging UN agencies to improve coherence and increase joint operations. Within this overall framework, IOM has commissioned this evaluation to examine IOM's L3 emergency response performance.

To acquire a better understanding of IOM's experience and role within L3 emergency responses, the evaluators had the opportunity to attend the L3 lessons learned workshop organised by IOM on the 7-9 of November 2022, which was instrumental to gather participants' perceptions on main bottlenecks and operational issues experienced during L3 interventions. The Deputy Director General (DDG) for Operations reiterated how saving lives is important and key in responding to emergencies, but that IOM also needs to address the root causes of vulnerabilities and focus interventions on the Humanitarian-Development-Peace Nexus (HDPN) as soon as the emergency response is activated. She continued by underlining the importance for IOM to consider itself as an organization that thinks of the sustainability of the response, focusing on how to build stability in complex contexts and how durable solutions can be anticipated. Finally, from an operational perspective, the DDG considered it important to understand what the major bottlenecks for L3 activation and implementation are and to analyse to what extent IOM respects its protocols and guidelines during implementation.

These elements were explored with the ERG and through the workshop participants' experiences to fine tune the focus of the evaluation and better tailor the evaluation questions and data collection tools. The main takeaways of these discussions were the following:

- Human resources were mentioned as the main limitation for an efficient response, both in terms of
 expertise (and the extent to which new staff are adequately trained) and the level of resources made
 available to work on an L3 response. Surge capacity and the way it is activated were also questioned.
- Systems and processes are not always considered fit for purpose, preventing IOM to respond
 efficiently in the short and medium term, with a general feeling that the "whole organizational
 approach" has become process heavy.
- There was a general feeling that recommendations from reviews and audits often lead to the same recommendations, which are not follow-up on. There is a willingness to ensure that this evaluation also builds on these recommendations to ensure continuous learning and to strengthen the messaging on repeated bottlenecks.
- IOM is still undergoing organizational restructuring that may still impact the process in which IOM manages its emergency responses, including L3s. A specific reference to the Migration Emergency Coordinator (MEC) was made, a role which for the first time had been appointed outside of DOE, in line with the whole organizational approach.

² Humanitarian system-wide scale up activation, Protocol 1: Definitions and Procedures, IASC.

³ IOM L3 emergency guidance note.

- Internal coordination in the COs and between COs, ROs and HQ needs to be regularly reviewed considering how it used to work before the organizational restructuring and now.
- For COs where a L3 is activated, the resources and capacity are impacted in a way that lasts beyond the L3 deactivation with significant consequences for the country office.
- The current level of stock prepositioning is not sufficient to respond to today's magnitude of IOM response to emergencies.
- The use of Key Performance Indicators (KPIs) to measure IOM's performance under a L3 emergency response is unclear and could be strengthened, and IOM's L3 approach to risk needs to be strengthened.

Similarly, the main findings and recommendations of the L3 workshop were also considered during the formulation of the evaluation conclusions and recommendations. The areas and themes that were requiring further attention were:

- The status of IOM preparedness levels and contingency planning
- The updating of IOM's procedures and protocols
- Staffing considerations in terms of the deployment and duty of care of staff
- Knowledge management limitations
- Clarity of roles and responsibilities for key actors
- Application of the "whole of organization" approach
- Financial and resource management concerns.

3. FINDINGS

Relevance

To what extent is the design and planning of IOM's L3 emergency responses aligned with the needs of Member States, UN system, IASC Scale-up/Emergency protocols, and affected populations? What changes are required for IOM's L3 response's set-up to be more relevant to the needs and priorities of Member States, UN systems, IASC, and populations at risk?

IOM regularly attends IASC meetings and participates in several working groups, being active in all IASC Scale-ups since the L3 mechanism was established. IOM's L3 declaration protocols are aligned to those of IASC. It happens that IOM declares a L3 emergency later than other UN organizations, for example recently in Ukraine where it took IOM three weeks to declare the L3, while IASC standard is 48 hours. This was however more related to a change in internal systems rather than non-conformity with IASC protocols. A late declaration was also noted for Yemen and Syria.

The IASC L3 protocols are currently under review and one issue to be determined is the expected duration of a L3 response. This is currently set by IASC at six months,⁴ but the reality is that such declarations last for much longer, especially as most large-scale conflicts tend to become protracted crises. IOM's protocols suggest a maximum of three months⁵ and this also needs to be considered within IOM's revised protocols. In addition, IOM should elaborate more on how to scale down from an L3 to an L2 or L1 as currently only an email to the Chief of Mission (CoM) and not much else exists in terms of guidance.

Member states and donors are generally supportive of IOM operations, as also noted in the case studies. In terms of operational alignment with other UN and non-UN agencies, IOM is an active member of the UNCT and the UN Cluster system. IOM usually co-leads the CCCM cluster with UNHCR and contributes to several regional and sub clusters, such as NFIs, Shelter and PSEA. According to the 2021 IOM Annual Report "IOM's co-ordination role has increased 92% since 2019, occupying a co-ordination function in 142 structures across 62 countries".

Reported as a regular contributor to both IASC and UNCTs, IOM staff believe that the Organization is well aligned with the work and mandate of other agencies. However, there are concerns amongst IOM management that despite being the fifth largest humanitarian funding recipient in 2022, ⁶ IOM does not perhaps have the influence that its operational capacity deserves, and that other significant UN partners such as WFP, UNICEF, or UNHCR, have a stronger voice. IOM's institutional visibility and reputation is not sufficiently elevated, usually done through increased levels of evidence-based communications providing donors and the public with sound awareness of the extent of the support IOM provides. The type of funding generated is not either adapted without additional non-earmarked funding to facilitate contingency planning leading to faster and more expansive responses.

With respect to the needs of the most vulnerable, this evaluation has not had the opportunity to talk directly with beneficiaries but donors and implementing partners' feedback has reported IOM programmatic activities to be in line with beneficiary needs and priorities given its close working relations with the communities and information gathered with its Displacement Tracking Matrix (DTM). Relevant examples are the Ukraine and Northwest Syria winterization programmes, the Mozambique shelter interventions, and the large-scale distribution of NFIs and implementation of cash-based interventions

 $^{^4}$ IASC Protocol 1, Humanitarian System-Wide Scale-Up Activation: Definition and Procedures. November 2018

⁵ IOM Corporate Emergency Activation SOPs

⁶ https://fts.unocha.org/appeals/overview/2022

under numerous operations. IOM has also been active under protection, health, PSEA and border management activities.

Does IOM prepare a contingency plan/risk analysis that inform the emergency preparedness?

In terms of emergency preparedness, IOM contingency planning incorporates the prepositioning of stocks at various locations globally to have emergency items at hand when a crisis descends. Although prepositioned stock levels are gradually rising⁷, the quantities are sometimes inadequate to meet large scale beneficiary needs and it is challenging to accurately predict when a next major disaster will strike, putting the stocks at the limit. The cost of transporting items over a long distance to the scene of the disaster may not either be cost-effective.

Such challenges are often aggravated with IOM projectized model, lacking access to non-earmarked funding that could be utilised to increase contingency stock levels across the globe. There is a need therefore to look for innovative solutions, for example to increase the usage of contractual crisis modifiers (commonly used by DG ECHO) that enable the immediate reallocation of funding should an "event" occur. The level and the way in which IOM maintains ongoing contracts (long-term agreements – LTAs) with suppliers at pre-arranged prices at a global level could also be reviewed.

Similarly, IOM has a roster of staff that can be deployed to sudden onset emergencies but feedback from respondents has indicated that increased levels of training would be beneficial in terms of both technical and soft skills. Improved knowledge of emergency L3 protocols applicable to their working environment needs to improve for instance. The SELAC training is appreciated by the staff.

Furthermore, the diversification of expertise, including for support services, and availability of staff on the roster is not optimal, which is evident when examining the number of staff transferred from one disaster to the next due to a lack of other options. The HR department in Geneva that manages the roster and emergency deployments is also considered to be short of staff, which sometimes affects the speed of deployment.

Overall, the emergency preparedness and contingency planning processes is still not optimal, even if effective in most cases. The protocols do not facilitate this process; however, improvement will only be seen if protocol utilisation is properly monitored and if IOM is ready to invest in improved emergency preparedness structures.

Have any comparative advantages or innovations relevant to a L3 response in the design and planning of IOM's approach been noted?

External partners' feedback on IOM comparative advantages is generally positive. Donors and other UN agencies have stated that IOM is comparatively quick to respond, with a good level of flexibility in terms of adapting to changing operational contexts, as well as to donor requests. The broad spectrum of IOM sectoral activities is also noticed and appreciated, as is its cross sectoral engagement in the cluster system and the management of the NFIs pipeline in a number of countries. Synergies normally arise when organizations implement interlinked sectoral activities, i.e. health and WASH.

Similarly, IOM operations tend to have a specific geographical coverage approach as seen in Ukraine, Mozambique and Northwest Syria. The area-based approach utilised by IOM, enabling for instance

⁷ Released items are recovered from receiving missions' funding to replenish items.

⁸ Albeit in recent years Foreign and Commonweath Development Office (FCDO) Business Case funding has been utilised to augment such stock levels.

⁹ Specifically mentioned in Ukraine

¹⁰ Support from the Turkish and Greek IOM Logistics hubs was said to be very beneficial to the initial Ukraine response.

developmental activities to be undertaken in one part of the country and humanitarian work to be implemented elsewhere, was also considered beneficial.

Partners also feel that IOM has a comparative advantage in terms of good community level knowledge, which they utilise to design and implement their interventions. This stems from IOM's direct implementation ethos, which generates consistent beneficiary communication and feedback. When not possible for example for security reasons, IOM is flexible enough to work through local implementing partners and if needed with the assistance of third-party monitors (TPMs), keeping close connections for the purpose of understanding the beneficiary needs.

This access to local information is also facilitated by the IOM's DTM activities, which are reported as useful not only to IOM but to the whole humanitarian community in terms of regular updates on beneficiary needs (as noted in Mozambique¹¹ and Ukraine¹²), and of input into multisectoral assessments such as the Multisectoral Needs Assessment (MSNA) in Ukraine, and into annual planning reports such as OCHA's Humanitarian Response Plan (HRP). The DTM is possibly the most well-known and appreciated service provided by IOM.

IOM's understanding of localised contexts is also said to be augmented by the comparatively large percentage of national staff they employ. ¹³ Local staff quality was reported as very good in the Ukraine for instance. ¹⁴

The main innovative practice identified within the three case study countries was the commodity tracking system (CTS) established in Gazientep, Türkiye, to monitor deliveries into Northwest Syria, an area impossible to access for international staff. Such a system enables IOM to know the exact location of each item its implementing partners deliver, while at the same time ensuring the beneficiaries are aware of what support they should be receiving. How this will be replicated elsewhere deserves to be explored and may raise challenges.

Other smaller scale practices not yet commonly established are for instance the use of 'Airbnb' to house displaced families in countries surrounding Ukraine, as well as IOM's migration information centres in the same countries to provide those displaced with information as to what support they are entitled to and how to access it. The mobile shelter repair teams within Ukraine are also considered a suitable flexible solution in terms of helping families repair their bomb-damaged housing.

What is the level of IOM's adherence to the humanitarian principles, as described within Organization's L3 declarations, emergency protocols and related decision-making? What are the systems in place to monitor adherence to humanitarian principles and to address related constraints when operating under such principles?

Despite some concerns being voiced about knowledge levels of Humanitarian Principles amongst IOM staff, particularly in case of inexperienced surge staff deployments, there is an overwhelming feeling amongst respondents (predominantly from IOM) that humanitarian principles are observed within IOM operations (see graphic below). However, systems in place to monitor adherence to humanitarian principles are not clear and could be further investigated, for instance checking staff's understanding of how humanitarian principles should be incorporated into programmatic design and implementation.

 $^{^{11}}$ IOM Report on FCDO funding in Mozambique, circa October 2020.

¹² IOM Flash Appeal Feb 2022.

¹³ 90% of staff in the Ukraine were said to be locally recruited (KII).

¹⁴ IOM staff KII.



Effectiveness

Which operational elements can confirm that IOM's global, regional, and national L3 response measures have been effective to address the humanitarian and emergency contexts of at-risk populations?

IOM's multi-sectoral L3 responses are generally much appreciated by its donors – Shelter, NFI, Health, WASH, CCCM, PSEA, as well as DTM, and staff deployed to support the scale-ups are considered competent, with a proactive support structure in place at HQ level. In addition, DTM is thought to be a strategic element of IOM's L3 interventions as it generates insights for the whole humanitarian community and is instrumental in attracting more funding (through the Humanitarian Needs Overview and HRP processes for instance). The IOM generally co-leads the CCCM cluster and UN agencies and donors have expressed appreciation of its leadership.

IOM is also active in the shelter cluster and involved in other sub-clusters with generally positive results as explained in other sections of this report. It is also important to mention that IOM supports mental health activities within different working groups and is chairing or co-chairing three of them (Mental Health and Psychosocial Support Services— MHPSS for men and boys, link between MHPSS and peacebuilding, MHPSS in community-based models), and effectively coordinates a significant portion of MHPSS interventions. Some concerns were reported for protection activities in Northwest Syria and Mozambique, where more could have been done at the start of the L3 response according to respondents.

IOM has been present with L3's activations in all system-wide scale-ups (except the Democratic Republic of Congo in 2017), which confirms the consistency of IOM's operational capacity to address humanitarian and emergency needs when required. It is important to note that having a pre-existing presence in the country, as it was the case in Ukraine and Mozambique, has eased the scale-up of operations thanks to well established relationships with local authorities and the contextual knowledge of staff already present in the field.

In Ukraine, IOM has established a presence in Uzhhorod, Lviv, Chernivtsi, Ivano-Frankivsk and Vinnytsia since the start of the conflict, in addition to its pre-existing field offices in Donetsk and Luhansk. Warehouses have been set up in Uzhhorod, Berehove, Lviv, Chernivtsi, and IvanoFrankivsk in Ukraine, as well as in Košice, Slovakia. IOM closely collaborates with the Logistics Clusters across the regions, especially in Rzeszow (Poland), Lviv and Dnipro. Programming has expanded from IOM Ukraine's previous strengths in protection, health, housing and stabilisation, to include interventions focused on IDPs, particularly a robust commodities pipeline (NFIs), displacement site management and support (CCCM), rapid multi-sector cash scale up, MHPSS and an expanded displacement tracking system to provide real time monitoring on demographics, locations, needs and gaps. There are high expectations surrounding IOM's new role as co-lead of the Cash working group, which had some reported challenges so far, and Shelter was mentioned by several donors as being one of the sectors where IOM was particularly strong.

Donors' reports have confirmed IOM's effectiveness in responding to beneficiary needs in L3 countries. For example, in one of them Post Distribution Monitoring surveys (PDM) show that 90 per cent of

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¹⁵ IOM Flash Appeal Ukraine and surrounding countries – Feb 2022.

beneficiaries surveyed by IOM have used the assistance, 76 per cent rated IOM's assistance as very useful, 23 per cent of respondents rated IOM's assistance as somewhat useful and 85 per cent reported being satisfied with the information available regarding humanitarian assistance.16 In the same report, the Multipurpose Cash Assistance – MPCA mentions 78 per cent of the beneficiaries being satisfied with the amount of cash received, and 75 per cent of recipients said that the MPCA helped them to fully cover their needs.

What are the enabling and/or limiting factors to IOM's L3 response (in terms of Standard Operating Procedures (SOP), protocols, instructions, flexibility, leadership, accountability, institutional deployment, risk analysis and management, Cash-Based Interventions (CBIs), etc.)?

In terms of enabling factors, one recurring feedback and triangulated finding is IOM's capacity to be quick and flexible during L3 responses. For most of the reviewed emergencies, the programmatic surge teams were deployed on time¹⁷, including the facilitation of the MEC and its crisis response team, particularly in the latest case of Ukraine. Having a MEC based at HQ was said to be beneficial in those responses where there was a need to coordinate between two Regional Offices involved in one response.

IOM's operational flexibility was also mentioned as being one of IOM's strongest assets, for example by shifting its funding and programmatic attention to the north of the country in Mozambique to respond to cyclones, or by scaling up existing teams and working in difficult areas to access within a short amount of time in Ukraine.

As mentioned above, multi-sectoral programming is appreciated, but it is also instrumental in generating synergies across different programmes. One good practice identified within MHPSS activities was the development, based on the 2007 IASC MHPSS guidelines, of specific protocols on how to consider mental health within CCCM interventions.

Having pre-established operations and already existing relationships with national governments, proved to be an added value both in Mozambique and Ukraine cases, as already underlined. In Mozambique, IOM presence in Cabo Delgado since 2016 with an active DTM, as well as having the sub-office in Pemba since 2018 and having worked with the National Disaster Management agency – INGC) were determinant to ease the scale-up process. Similarly in Ukraine, the good relationship with donors (confirmed by all donors working in the country) means that IOM is perceived as a strong actor in the humanitarian response and is now one of the UN agencies receiving the highest amounts of donor funding.

NFI pipeline management and decentralised procurement have proved to be beneficial both in the Syria and Ukraine responses, enabling IOM to manage the provision of its own large scale NFI interventions. In Syria, the NFI capacity in the Gaziantep warehouse was significant and was complemented by a local procurement team (including compliance), which could work independently from HQ. In Ukraine, the swift transfer of supplies from the Gaziantep and Greece warehouses was also instrumental in supporting a quick response (although it was also criticised for bringing NFIs that were not necessarily contextually appropriate). IOM management of the NFI pipeline was also beneficial for the other members of the humanitarian community that utilised it.

One significant <u>limiting factor</u> to a successful L3 response is related to the unclear decision-making structure, where the roles and responsibilities for HQ, RO, CO, CoMs, Regional Directors, and the MECs were not clearly defined or communicated. This was mentioned across the Organization and triangulated with KIIs and web-survey results. Delays in the activation of L3s while deciding upon who should be MEC resulted in programmatic delays, as well as confusing lines of communication and supervisory

¹⁶ USAID Partner update October 2022.

¹⁷ Rapid Response Teams are normally expected to be in place within 48 hours and additional surge staff within 2-3 weeks.

responsibilities during this period. Many stakeholders attributed the confusion on "who does what" to the lack of updated SOPs and clear protocols on roles and responsibilities. The current protocols were formally endorsed in 2015 but are now considered outdated and cumbersome to operationalize. The protocols have not been updated in terms of the functionality of support service functions, as mentioned further below.

Similarly, as L3s responses often have a regional component (i.e., in Syria and Ukraine), another limiting factor is the presence and capacity of ROs to support interventions. In many instances the RO(s) lacked sufficient expertise to support the emergency response (Mozambique) and although sending technical experts, eventually became somewhat marginalised. In Ukraine, the two ROs (Vienna and Brussels) covering the response were involved to varying degrees. The Vienna office generally thinks that ROs should not be marginalised from the L3 response and that RO colleagues do not have clearly defined roles, not being either well informed of decisions taken at HQ level on the management of the response.

Additionally, beyond a lack of technical capacity in ROs, there is also a shortfall in support services staff. This is replicated at CO level where finance, HR, procurement and legal staffing levels do not fully match emergency response operational needs. Although some support can be received remotely, this limiting factor was also highlighted in the L3 evaluation of the Rohingya response, ¹⁸ in which respondents to a survey mentioned how limiting and stressful it is for programme staff working in the CO to respond to L3 emergencies without the adequate support systems.

The issue is twofold, firstly the human resources allocated to these functions are not scaled up to the same level as the programme units, and secondly procedures do not accelerate to the level required as quickly as they should according to the set protocols. This has been consistently reported as a clear limiting factor for an effective L3 response, and is well known internally, ¹⁹ being especially troublesome during the activation transition period when the L3 has not been officialised by the Director General (DG). This occurs due to either a lack of application of the protocols or a lack of knowledge of the protocols themselves (see the Coherence section below). This is particularly relevant when IOM is responding to several L3s at the same time, where the availability of support staff is even lower compared to the operational needs of all the scaling ups.

Regarding HR, another limiting factor is the need to rely on short term deployment of inexperienced or insufficiently trained staff as also mentioned in the evaluation of the Rohingya responbse, which is negatively impacting ongoing emergency responses with some new arrivals rapidly burnt out. Relations have been reported as fractious with in-country staff not used to operating at the speed of the L3 emergency response specialists. Many staff having an emergency response role also tend to be deployed from one L3 to another, without taking the necessary breaks to ensure their own well-being.²⁰

Lastly on HR, IOM may not be perceived as being the most attractive employer for international and national staff compared to other UN agencies because of the short-term and ungraded type of contracts and benefits, which also affects staff retention.

Projectisation and the lack of non-earmarked funding is another limiting factor not allowing IOM to effectively respond to emergencies before donor funding is received. IOM can utilise its Migration Emergency Funding Mechanism (MEFM), as was the case in Mozambique, the purpose of which is to bridge the gap between the start-up of emergency operations and the subsequent receipt of donor

 $^{^{\}rm 18}$ L3 evaluation of the Rohingya response, 2018

¹⁹ Also mentioned in the internal audit of IOM global L3 emergency responses. May 2019.

²⁰ The issue of staff burnout and limited staff support was also mentioned as being problematic by the web-survey respondents.

funding. However, funds received are in the form of a loan that must be repaid, which can be quite off putting²¹.

Lack of knowledge management, also discussed later in the report, was mentioned as being an element that hampers IOM from building on best practices for L3 interventions. One example is the Commodity Tracking System in Syria, which was well appreciated by IOM staff and considered useful and innovative by external stakeholders, but which does not seem to be commonly used as best practice elsewhere in IOM's countries of intervention.

Finally, the lack of guidelines and understanding of HDPN is an issue that was mentioned by some IOM HQ colleagues and confirmed in the HDPN evaluation conducted in 2022, which highlighted the lack of knowledge, guidance, and practical experience on how to operationalize HDPN as being the main limiting factor for its successful implementation. Albeit HDPN work may currently be ongoing within current L3 responses, the staff themselves may not realise or recognise this.

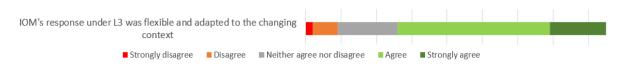
Are IOM emergency response classification and L3 Protocols clear as to how long the L3 activation should last, and when it can be deactivated?

As for the <u>activation</u> of L3s, it must be recognised that the timeline for activation (72h according to the SOPs) was never respected, as the surge team is usually deployed within the first two weeks. In Mozambique, there were some misunderstandings on who was deployed from HQ and the CO was not necessarily involved or consulted in this decision, and while it seems that the Ukraine's activation went more smoothly, stakeholders reported witnessing too many staff being deployed, or staff being deployed in places where they were not needed. Considering all L3s activated since 2018 lasted more than 3 months, ²² the relevance of keeping the initial activation period set at three months is also questionable.

The <u>deactivation</u> from L3 is usually communicated with an email from the DG to the concerned units and COs/ROs.²³ Other than an official communication on the change of the emergency status, there does not seem to be a clear indication on roles and responsibilities for the transition. This has proven difficult to manage especially for those ROs where the capacity is limited (Mozambique-Southern Africa RO). For Mozambique, and similarly in Syria, it appears that IOM took longer compared to other UN agencies to deactivate. As mentioned under Relevance, there are no clear protocols or SOPs as to when and how IOM should deactivate.

Is there evidence that IOM's L3 interventions are flexible enough to respond effectively to the unpredictable nature of response, to take into account field perspectives and to facilitate decision-making?

Generally, and as already mentioned, IOM's L3 responses are considered to be flexible both by IOM staff and external stakeholders, especially donors who have particularly appreciated IOM's flexibility in the Ukraine response. Flexibility has also been reported in sectoral interventions once established, facilitated by flexible management arrangements and by area-based approaches. The flexibility in IOM's response was also confirmed by the results of the web-survey, where almost 70% of respondents indicated that IOM's L3 responses are flexible and adaptive.



²¹ For reference see the 'Evaluation of the IOM Migration Emergency Funding Mechanism (MEFM) (2012–2015)' - <u>Final%20Evaluation%20Report_MEFM.pdf</u> (iom.int)

²² Syria L3 Workshop Country Presentation.

²³ Email for Syria deactivation 2022.

In terms of how decision making considers the field perspective, there's mixed feedback as it may vary from L3 to L3, and the organizational restructuring had an impact on decision making processes. It is not always clear who is in charge of taking decisions, compared to the previous IOM structure when DOE was the department in charge of L3. Each L3 crisis response also has a different set-up, which has worked quite well for Ukraine, but which was quite confusing for Afghanistan, as reported by stakeholders.

While the information/communication lines generally included all necessary stakeholders, especially at the beginning of the scale up, the added value of having all units and different functions (especially from RO) regularly attending meetings is not always forthcoming. There is no common understanding of "who should do what", as the current SOPs do not take into account the recent changes in the organizational structure, and although most units are being kept in the loop, the responsibility for decision is not always evident.

In this respect, personal relationships (i.e. people being with IOM for a long time and who worked in DOE before the restructuring) seem to significantly matter, as working streams are more ensured through staff having worked together on previous crises than due to an established and institutionalised working stream between different units (post-restructuring).

As for CO staff participating in the decision making, success often depends on who is deployed and on people's personalities. The Chief of Mission in Ukraine has been well appreciated both internally and externally and has managed to establish fruitful relationships both in country and with IOM HQ, while in Mozambique, albeit support from HQ was appreciated, there seems to have been more friction between staff in country in charge of the intervention. Lastly, support service functions are considered less flexible with some protocols delaying programme interventions, for example, budget codes needed before recruitment can start, delays in signing IP contracts, and the expedited HR procedures not always applied.

To what extent have gender and disability-based approaches, environment, and accountability to affected populations (AAP) perspectives been effectively addressed in the L3 approach?

The consensus amongst internal and external stakeholders is that feedback mechanisms on selected cross-cutting issues are consistently incorporated into programme implementation across the case study countries. Programme feedback on protection issues (beneficiaries' identification and input) was taken into consideration in Syria and Ukraine and IOM was actively contributing to the hotline Linea Verde in Mozambique.

An especially positive mention can be made for IOM's L3 response in Northwest Syria, where TPMs facilitated several control mechanisms, which ultimately resulted in a better AAP framework, i.e., beneficiary verification (of the lists), on site monitoring (distribution, training), and then conducting satisfaction surveys and post-distribution monitoring (PDM). Through these mechanisms, IOM received complaints and feedback, which according to the TPM were generally addressed by the relevant IP.

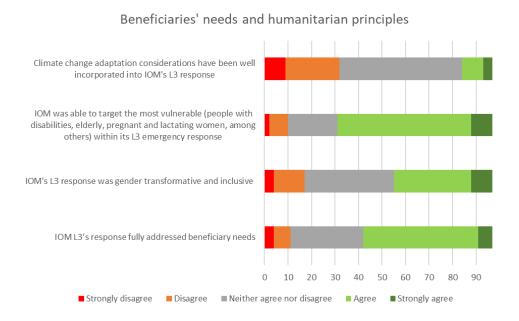
In addition, it is important to mention that within the cross-border operations in Syria, IOM was able to promote social cohesion between host community and refugees, by organising language courses, community clean-ups, social activities and school transportation for children.²⁴ The IOM PSEA efforts in Syria, in collaboration with other UN agencies, were also instrumental to increase awareness on the topic, and making sure call centres were functioning properly.²⁵

²⁴ Syria crisis IOM Annual activity report (2019) and Syria crisis IOM Year in review report (2021).

²⁵ Syria crisis IOM achievement report 2020.

This being said, the HDPN evaluation of 2022 underlined that IOM together with other UN agencies can perform better regarding AAP, as more can be done for regularly reaching out to the affected population and making sure that feedback is systematically collected and addressed.

Web-survey results on how IOM's interventions responded to the needs of the beneficiaries, and if it considered gender, environment, and targeted the most vulnerable, are mixed, as presented below:



While there seems to be a consensus (>50 per cent) that IOM was able to fully address beneficiaries needs and target the most vulnerable, on the question whether IOM's interventions were gender responsive and adapted to climate change considerations, the results seem to indicate that for gender only 45 per cent think IOM's interventions in L3 were gender transformative and inclusive and for environment/climate change just above 10 per cent of respondents. On the latter, all key internal and external key informants seem to agree that environmental considerations are not sufficiently (sometimes not at all) included in L3 responses, but often considered to be a weak spot for all agencies.

In the case studies reviewed, there was not much evidence on gender mainstreaming approaches, other than reports mentioning for instance that gender mainstreaming was applied in the Mozambique L3 response. As for disability, Syria sets a good example as IOM was able to train staff and partners in Gaziantep on disability considerations in programming. Diversity Inclusion Advisors have been employed in both the Ukraine and Somalia L3 responses.

To what extent did the L3 response assist IOM in reaching the most vulnerable groups among the beneficiaries?

As already mentioned, IOM is generally present in hard-to-reach areas and there is a general recognition that DTM and sectoral needs assessments facilitate the identification and targeting of the needs of the most vulnerable communities, individuals, and beneficiaries. In all L3s, DTM has been activated on time with the recruitment of staff familiar with DTM.

In Ukraine, there are good examples on how the L3 was able to address the needs of the most vulnerable. For instance, amongst the IDPs surveyed in the East, 55 per cent mentioned they needed a heater, solid fuel boiler, or a similar appliance for the winter season²⁶ and IOM has provided such items, making the

²⁶ Ukraine winterization strategy Oct 2022.

winterisation response in these areas effectively responding to the immediate needs of the population. Similarly, the provision of cash expressed by beneficiaries as a high priority need, has been provided by IOM.

While donors consider IOM being responsive to the country's needs in general and to the scale required, they would appreciate clearer information on how the most vulnerable are targeted as the information shared by IOM focusses on distributions with not much details on how specific needs of vulnerable groups are covered.

In Mozambique, IOM has provided shelter support (tents, plastic sheets and tool kits and NFIs such as blankets, solar lamps, and cooking sets) as well as WASH support, and has worked alongside WFP in shared convoys, thanks to the needs identified by DTM, targeting those "for whom it would be harder to recover", i.e. those already displaced by the violence. It is worth to mention that 93 per cent of the people interviewed who received this support were satisfied with its quality.²⁷

How effectively does IOM coordinate, communicate, raise awareness, monitor, evaluate and report on the implementation of L3 approach?

In all L3 case studies, IOM appeared to be a very active member of the inter-agency cluster system, and active in the coordination mechanisms.

Internal and external stakeholders (OCHA) in Ukraine mentioned how data collected by IOM through the DTM was consistently used for flash appeals as well as HRPs, confirming the added value of DTM in the context of L3s. The favourable representation of IOM's work in these work streams also translated into positive relations with donors, who consider IOM in Ukraine as being open, available, and ready to provide information on its response.

In terms of data collected, the work of the TPM in Syria as well as the PDMs conducted in Mozambique have provided sound analysis of the humanitarian situation, of beneficiaries' needs and of IOM's performance on implemented activities. While the M&E systems in the country seem to have provided the necessary data to inform the response, the evaluators noted a lack of external evaluations or real-time evaluations on L3 activations and responses, or impact surveys that could inform on the actual effects of implemented activities.

What lessons can be learned from the implementation of L3 response in IOM and be further mainstreamed through Knowledge Management platforms?

As mentioned in other evaluations,²⁸ and confirmed across IOM (HQ, ROs and COs), knowledge management is consistently reported as lacking in L3 and other operations. Information management staff brought in L3 operations on ad hoc basis, do not have a consistent approach or framework on which to build knowledge management upon. The capacity and institutional knowledge on how to manage large-scale emergency responses often rely on individuals who have been in the Organization for some time and contributed to several L3 responses.

For instance, the SELAC training is a good capacity building effort that is well appreciated, but is lacking coverage of cultural awareness, humanitarian principles, and emergency protocols aspects, which, as reported, are not consistently applied, and require a common understanding of their application.

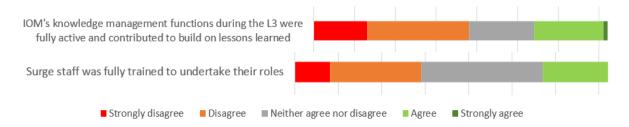
Support staff also need training in anticipation of deployment to be ready to apply fast track procedures that are often not known or not consistently applied. Likewise, HDPN is an element in the L3 response

²⁷ Shelter/Food ECHO Single Form report - Cabo Delgado (2019).

 $^{^{\}rm 28}\,\text{See}$ for instance HPDN evaluation report (2022).

that often comes late and for which there is no common understanding on how to apply it, indicating a lack of capacity building of and knowledge sharing among staff.

As mentioned previously, there are systems and sectoral best practices that have been developed for some of the responses - such as the CTS in Syria - which may not be replicated elsewhere because of a lack of knowledge management systems and resources that properly record best practices to institutionalise them. Web-survey respondents tend to agree, as more than half of respondents do not think that knowledge management functions were active during L3s, and almost half of them think that surge staff were not fully trained to cover their roles.



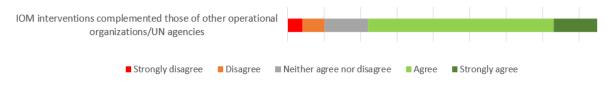
Coherence

How does IOM guarantee internal and external coherence in the implementation of L3 approach and programmes?

External coherence for all UN and operational humanitarian aid agencies is facilitated by the UN cluster system active within each L3 response. Overall humanitarian co-ordination is managed by the UNCT. As mentioned in its 2021 Annual Report, IOM is becoming increasingly active within such structures often leading the CCCM cluster and having roles in other clusters, advisory/working groups, and task forces, for example, Shelter/NFI, Cash and PSEA,²⁹ at both a central and regional levels. DTM activities ensure IOM and information management roles as well. Disagreements and tensions among UN agencies may however exist sometimes often due to mandates definition or funding 'competition'. Similarly, coordinating a "Whole of Syria" approach within the UN has not been easy.

External coherence is also required at governments' level where difficulties can arise. Programmatic development needs to be implemented alongside governmental structures, which may prove difficult in conflicts or when they turn into a protracted crisis, as in the Syria context the government not receiving support from several international donors.³⁰ This is not the case in Ukraine. The positive relations reported between the Ukrainian government and IOM are a good foundation for IOM's longer-term planning, for example on how current cash support programmes can be integrated into government social security systems in the long run. IOM often has a key co-ordination role with relevant governments in terms of migration and cross border support and programming.³¹

Finally, there is a general feeling amongst survey respondents that IOM activities are complementary to operational partners, with most survey respondents in agreement:



²⁹ For example, IOM hosts the "Whole of Syria" PSEA Network of 283 focal points and 140 agencies. (Syrian Crisis IOM Achievement Report 2020).

³⁰ A significant number of donors refuse to support interventions in Syria that are seen to benefit the government or government structures. These "red lines" can be difficult to reconsider.

³¹ For example, with the State Border Guard Service, the State Customers Service, and the State Migration Service, in the Ukraine.

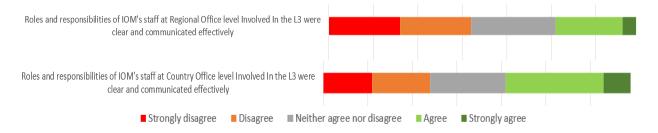
Internal coherence is discussed under the following questions.

When a L3 is declared, are IOM's internal roles and responsibilities well defined and collaboration effective following the restructuring of the Organization in 2022? What lessons can be learned to improve overall coherence and related messages for L3 response implementation?

With respect to internal coherence, the new "whole of organization" approach that incorporates all divisions and all aspects of the Organization, inherent in the 2022 restructuring, has been welcomed, where equal importance and a parallel approach for both humanitarian and development activities have been warmly received by IOM and its partners. To a certain extent the benefits of this approach can be seen in the Ukraine response.

Internal L3 co-ordination and coherence prior to the 2022 organizational restructuring was felt to be more straight-forward for operational staff as everything was under one roof for reporting and decision-making, i.e. DOE. In comparison, the new structure has led to revised co-ordination methodologies and additional lines of reporting for some technical staff in the crisis response teams.

There is a feeling of uncertainty amongst IOM staff as to how L3 operations are now organized. The following graphics indicate that at best 50 per cent of staff were clear about who was supposed to be doing what.³²



Responsibility for L3 internal coherence and its mechanisms for both programmatic and support service procedures is led by the L3 appointed MEC and guided by the L3 protocols and procedures. However, as previously mentioned there are problems with the implementation of current emergency protocols, i.e., in terms of fast-track processes or knowledge amongst staff deployed.

Such uncertainty will be rectified with the new protocols, not yet available at the time of this evaluation, including the revised roles and responsibilities of key staff and structures. A clear decision-making structure is still to be clarified and disseminated. Once released, protocols need to be incorporated into emergency preparedness training for both programme and support services staff.

Within the new protocols, the role of the Regional and Country Offices will also be clarified, including the coordination between IOM HQ management, COs and ROs involved in L3 responses.

How is IOM ensuring adherence to its L3 protocols and that accountability frameworks are observed and followed throughout the emergency response?"

Adherence to L3 protocols is a collective responsibility of the MEC, CoMs, the various heads of departments and units at HQ, the regional thematic specialists and emergency staff in the country(ies). As already mentioned, weaknesses have been noted in the implementation of protocols.

³² A lack of clarity re roles and responsibilities was however also mentioned in the Rohingya L3 Response Review, 2018.

The evaluators have not been advised of or witnessed any accountability frameworks, neither for any of the L3 SOP themes, nor for other important considerations such as risk management. It is not clear therefore how to gauge the level of accountability of the L3 responses without any set of indicators.

How are the partnerships/ collaborations managed at national and global levels? Are internal and external roles and responsibilities clearly communicated to national authorities, local counterparts, and humanitarian partners?

Feedback from key partners, including donors, IPs and UN agencies, have been positive in terms of working alongside and having good communications with IOM. More specifically, donor relations in Ukraine were reported as good to exceptional, and IPs working in Syria with IOM support have reported good collaboration. Similarly, UN agencies have confirmed positive contributions from IOM in various needs assessments and annual appeal documents in several locations.

The few areas of concern raised were linked to delays in issuing partnership contracts for the IPs and to the use of IPs in areas where IOM does not have access, preventing the Organization to have more direct contacts with local authorities in these regions.

In terms of communication, donors confirmed that they had clear lines of communication with the relevant IOM focal points both at national and programmatic level, and that they knew who to contact, should they require specific information. Overall, no confusion seems to exist within operational partners on who should be contacted for advice and support. Situation reports clearly identify relevant contact persons, as do donor specific reporting documents. The role of IOM within the various clusters is clear.

Efficiency

Have IOM's decision-making lines, protocols, systems, procedures, and resource mobilization and allocation been facilitating the efficient and timely activation of L3 response? Are the systems in place to support IOM offices to implement a L3 approach efficient, and are adjustments of processes needed to improve the efficiency?

As mentioned in other sections of the report, feedback across IOM offices reports that delays occur in HR, financial, procurement and legal procedures, as well as some reluctance to use emergency procedures, especially for staff not familiar with L3 emergencies and lacking such expertise. It is interesting to note that IOM's L3 procurement guide states that "Whenever possible, standard protocol - such as ocular visits of suppliers depots, collection of recommendation letters, other related documents and payment terms negation [...] must be encouraged to strengthen association with usual standard operating procedure", ³³ which may prevent the use of fast-track processes. When looking at IOM recruitment procedures, the IOM Administrative Centre in Panama reviews and classifies the staff positions as expeditiously as possible, normally within five business days of the receipt of the ToR³⁴, which is finally not faster than for the normal HR procedures.

As already underlined, the transition period before L3 activation also faces confusion on the application of fast-track protocols even though CO teams might be already heavily involved in the response. This problem, when arising, has impact on the lead of the response, reporting lines and communication channels. As such, some processes take longer compared to previous L3 set-up, for example with the Flash Appeals previously prepared by DOE, now requiring consultation with many different units, delaying the drafting and validation process.

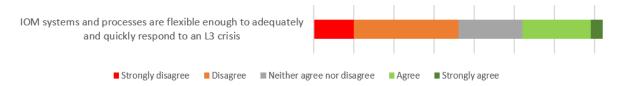
³³ IOM Procurement Guide IN 168 rev - 2013.

³⁴ Secondment request SOP Feb 2015 and IN261 re recruitment in L3s (2018).

Nevertheless, looking at the bigger picture, it is important to acknowledge the extent of surge capacity for deployment, noting the data shared in the 2021 IOM Annual Report with staff members supporting the different crises and emergencies across the world covering 28 countries with a total of 165 deployments. Mozambique represented the third most supported country in terms of surge support, with 120 staff days corresponding to three deployments.

In terms of support funding for crisis management, there is no instruction, internal guidance or other documentation regulating it, nor regarding the monitoring of expenses as reported in an L3 emergency response audit.³⁵

The web-survey generally confirms these lacunae as more than half of respondents think that IOM systems and processes were not flexible enough to support a L3 emergency response.



Regarding procurement, recent adjustments were brought and a sole sourcing limit of 75,000 USD³⁶ is prohibitive and IOM should consider increasing it to allow for more efficient procurement processes. In addition, paragraph 3.2 of the procurement manual quotes a "fast track review" but does not stipulate a timeline, and some regulations³⁷ mention that an authorization is needed from the Regional Director this might be confusing, and needs to be clarified, as the L3 is managed by the HQ, and the RO generally does not authorize spendings.³⁸

As for recruitment, IOM is not addressing its shortcomings by making sure support functions are hired at a level that is conducive to support the L3 response, and to a similar degree as it is done for programme staff. Additionally, the surge management and deployment are not as effectively centralised as they could be, and decisions may not be clearly communicated across offices. Lastly, the HR systems for recruitment are not updated, allowing for speedier and more automated recruitment processes.

Investment in HDPN has started and should be strengthened and this should be continued and further emphasised, to efficiently include HDPN throughout L3 emergency responses, raising staff awareness and improving programmatic linkages.

Is IOM efficient in enhancing staff knowledge through training, guidance, tools, and support required to implement the L3 response?

Technical training, provided for instance in Syria for IOM staff and partners, has been undertaken. However, there is a lack of in-house or external structured programme for training, combined with experienced staff mentoring, which was already an important finding of the L3 evaluation of the Rohingya response in 2018, and it is still valid today.

Stakeholders across IOM offices have also expressed concern about the lack of training opportunities, including for new staff that have not been involved in L3 emergencies and end up learning by doing, with weaknesses in the application of L3 procedures, and possible inability to perform efficiently under pressure.

 $^{^{\}rm 35}$ Report on the Audit of IOM Global Emergency Response L3. Para 10.

 $^{^{36}}$ IOM procurement Guide IN 168 Rev 2023

³⁷ For instance the 2.14 regulation on advanced payments.

³⁸ IN 284 Changes to procurement, IP selection, and related contracting procedures (2021).



Impact

How does IOM assess the level of effects an IOM's L3 response has had, to bring changes in the global, regional, and national responses? How is IOM's contribution to the UN emergency mechanisms and L3 implementation protocols perceived by the UN system?

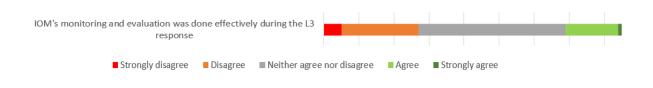
Generally, IOM collects relevant data on programme implementation in all L3 case study countries, either by conducting surveys through TPMs (such as in Syria), or through PDMs (Mozambique and Ukraine), as well as through in-country monitoring and DTM. This data is usually presented in annual reports, which highlight IOM's multi-sectoral response achievements indicating the extent to which IOM was able to address the targeted populations' needs. For example, in Mozambique a PDM conducted in August 2019 showed that 90 per cent of interviewed beneficiaries mentioned how the NFIs helped to improve their living conditions, yet highlighting how the shelter toolkits were not sufficient.³⁹

However, most of the information collected and reported relates to outputs and not sufficiently on the effects/outcomes of the interventions, which seems to be lacking throughout the case studies. For instance, when looking at the annual country reports for the Syria L3 response, the focus is placed on what IOM was able to deliver (distributions, trainings, etc.), and not sufficiently on the effect of these activities on the targeted populations or for the larger humanitarian community.

Some changes due to L3 implementation can however be noted, for instance in Ukraine, where the national programming has expanded since the scale-up from a focus to protection, health, housing and stabilisation to broader activities on IDPs support, commodities pipeline (NFIs), CCCM, rapid multi sector MPCA scale ups and MHPSS. IOM was also able to utilise its DTM expertise and outreach to provide real time monitoring on beneficiary demographics, locations, needs and gaps.⁴⁰ This extended programmatic coverage has generated substantial additional funding from donors, and a certain flexibility that allowed IOM to rapidly scale up activities and respond to identified needs on the ground as they evolved.

Due to the absence of field visits and direct feedback from IOM's beneficiaries, the actual programmatic impact could not be assessed extensively within this evaluation and such specific impact assessment of an operation was not included in the ToR. However, the evaluation noted that there is a lack of evidence on how IOM measures L3 operations performance, for instance through evaluations, and there are no Key Performance Indicators (KPIs) to follow-up for L3 implementation and adherence to protocols.

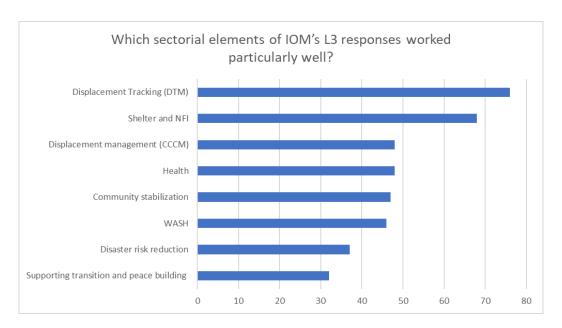
The focus on effectiveness has been highlighted previously looking globally at outputs delivery, rapidity of the intervention, and scale up of its programmes, resources and support systems to the rising needs. This was also confirmed by the web-survey results on M&E where only 15 per cent of respondents think IOM effectively applies M&E during L3 responses, with a relatively high percentage not answering it.



³⁹ Shelter /Food ECHO single form report - CABO DELGADO - 17/12/2019.

⁴⁰ IOM Flash Appeal Ukraine and surrounding countries - Feb 2022.

In terms of sectoral elements that stand out in IOM's work, the results from the web-survey from IOM staff and UN agencies show a clear appreciation of DTM, Shelter and NFI, and highlight other sectorial elements that are less valued such as Disaster Risk Reduction, transition support and capacity building.



One element that is consistent across the case studies is that IOM was quick and responsive compared to other UN agencies (as mentioned by donors), and they seem to be a reliable partner. The fact that IOM is involved in a variety of sectors and "gets creative" is on one hand appreciated (OCHA in Syria and Mozambique), and on the other hand UN agencies tend to think that IOM should focus on a few sectoral areas where they have a firm mandate and expertise.

Sustainability and Connectedness

Is the international and national support following the L3 response deactivation ensured, to enable recovery and rebuilding phases? Have the L3 implementation methodologies contributed to the sustainability of results and required capacities, i.e., transition strategy, leadership in HCT, coordination system.

One key element reported during the L3 workshop of November 2022 is that most deactivated L3 countries will have a greater country programme portfolio than before the crisis. Regional and in-country capacity will normally be augmented during the L3 response, with international and national staff numbers and capacity increased, but there is no guarantee that all or any of the planned recovery and rebuilding activities will be implemented. IOM CO staff interviewed have stated that there are little benefits associated with being nominated L2 or L1 phase.

In terms of generating funding, having a clear HPDN strategy established at an early stage of any L3 intervention may be a facilitative factor, but donors may not wish to support post-crises activities when still under L3 status, with difficulties sometimes in involving the government in place, the operational context not being conducive to developmental activities.

External factors aside, internal preparations for recovery and rebuilding activities need to be established early on into the lifespan of an L3 intervention, specifically in terms of the in-country and regional capacity building and expertise required. To guarantee such internal transition, the ROs need to be incorporated in L3 operations early in the process.

Such an approach is epitomised within IOM's new "whole of organization" outlook, where developmental and emergency activities should be developed in parallel from the outset of an L3 response. This has occurred in the Ukraine, building on ongoing pre crisis development activities and is well appreciated by the donors. In Mozambique, however, although an initial emphasis on emergencies⁴¹ was transitioned to a more durable solutions approach, recovery plans struggled to attract development funding.

There are no elements in the current L3 deactivation protocols that relate to recovery programming. In that respect, the protocols/L3 programming guidelines are not clearly expressing the necessity of integrating recovery planning early in the L3 response cycle while developing relations with donors that may be interested in development activities from the outset. L2 and L1 protocols and guidelines are not supporting COs to organize the transition to the recovery phase, for example in terms of staff planning to ensure having staff with the relevant expertise to undertake more developmental functions. IOM's institutional programming tool, the Migration Crisis Operational Framework (MCOF), which supports an HDPN approach, may be facilitating such planning. The 2022 HDPN evaluation⁴² also mentions that there is a lack of joined up integrated programming.

The prioritization of humanitarian and life-saving programming is expected to be considered at the outset of operations, and that is where donor funding is focused at that stage. IOM's L3 implementation approach has historically started from that perspective.

Transition strategies, as elaborated in Mozambique,⁴³ can facilitate the move towards more durable solutions including contributing to efforts to reduce future risks and to address the drivers and triggers of crises and displacement. Similarly, having an area-based approach undertaking developmental or humanitarian programming as appropriate (seen in both Ukraine and Mozambique), will also facilitate IOM's longer-term planning, with donors' relations having already been established, as with contextual knowledge by location. Such a transitional plan will be a useful tool to attract donor funding, which can be utilised alongside IOM's Crisis response plans and ongoing country strategies.⁴⁴

A question arises on the if and when "a development surge" should take place within an ongoing L3. The "whole of organization approach" would suggest that development actors should be present in-country from the outset, as a member of the Rapid Response Team, advising and suggesting ways in which emergency programmes can be designed. As with all L3 responses, this would need however to be context specific. It is not only within IOM, but currently also within IASC that implementing HDPN activities alongside humanitarian interventions is being promoted. Global, regional and national appeals should see the HDPN approach front and centre to its operational and strategic documentation, highlighting IOM's HDPN approach and facilitating its ambitions to become an effective development actor in time of crises.

Inherent within this is the short-term nature of contracts⁴⁵, understandable in some contexts due to security situation and IOM's projectized funding model, which are detrimental to any long-term planning and investment, especially with respect to staff retention.

⁴¹ There was a major initial scale up of emergency surge staff but not development staff.

⁴² Evaluation of IOM institutional approach to the implementation of HDPN, July 2022. "Only 17-21% of staff utilised HDPN factsheets when trying to implement HDPN activities". P23

 $^{^{\}rm 43}$ There was a shelter transition strategy elaborated in September 2019.

⁴⁴ Such crisis reponse plans are available online: https://crisisresponse.iom.int/

 $^{^{\}rm 45}$ Field level agreements tend to last 6 months to one year.

Has the IOM's engagement in the UN emergency mechanisms ensured sustainability to IOM operations/IOM's role within the UN?

The IOM has only recently joined the UN System (2016) albeit having previously been a member of UNCTs and cluster structures. This official presence within the UN is beneficial in terms of increased alignment, co-operation and co-ordination with other UN entities, but there is little evidence implying that this will ensure the sustainability of the benefits and support of IOM's L3 operations. The ability to convince donors of IOM's readiness and capacity to implement developmental programmes will be important to integrate HDPN activities into L3 emergency funding.

The IOM's willingness to engage with the UN emergency cluster mechanisms has been well received and the increased level of activity is encouraging. The influence at country level in UNCT meetings is also increasing, which should guarantee a stronger role for IOM during future interventions.

4. CONCLUSIONS AND RECOMMENDATIONS

A: L3 declaration and deactivation protocols: IOM's L3 activation protocols and working relations are well aligned with the IASC. One area for review is the L3 activation period. Currently IASC suggests a sixmonth period compared to three months for IOM. Considering that most L3s tend to become protracted crises, such a period is quite optimistic, even if renewable. Greater predictability and a longer-term perspective would be beneficial for those managing the L3 response. Perhaps different time standards could be set for crises based on conflict as opposed to natural disaster scenarios.

Similarly, IOM tends to activate and deactivate L3 status later than other UN members. The reasons for IOM's non-alignment should be reviewed and processes rectified as these periods of uncertainty have created confusion and may lead to operational delays. Furthermore, L3 deactivation protocols are currently minimal with no explanation on the follow-up support to be provided.

Recommendation A: IOM needs to review its protocols and decision-making procedures regarding:

- The current L3 activation period with greater flexibility between the types of emergencies and more predictability for response managers;
- Its own L3 declaration protocols for activation and deactivation; and
- A more detailed deactivation process providing clear roles and responsibilities post L3 responses for Regional and Country Offices.
- **B.** Contingency planning/preparedness: Donors and implementing partners' feedback has complimented IOM programmatic activities for having a broad geographical and sectoral coverage, and for its area-based approach in line with beneficiary needs and priorities identified through IOM DTM activities and sectoral assessments, and through its direct implementation approach at community level.

IOM is still an expanding Organization, including in humanitarian activities, and to improve its immediate L3 emergency response capacity, contingency planning needs to be scaled up in terms of funding available, usage of the MEFM and of the prepositioning of emergency stocks. The allocation of a higher volume of non-earmarked funding may be considered. Negotiating the inclusion of crisis modifiers into contracts and more suitable arrangements with suppliers would also facilitate the early release of items.

Furthermore, IOM's surge capacity could be strengthened, especially when more than one L3 are ongoing at the same time. Surge staff are reported at times to be inexperienced and insufficiently trained and deployed for short period of time. The SELAC training is well appreciated in that regard, but more investments are required to meet the needs for capacity building of IOM staff. More attention should also be paid to staff burn-out and psychological support when transferring a staff member from one emergency to the next, in addition to the rest and recuperation periods already in place. Staff contracts and benefits packages also deserve to be examined to be more aligned with those of other agencies.

Recommendation B: In terms of investments for contingency planning and preparedness, IOM should act on three fronts, i.e. availability of financial resources, prepositioning of goods and staff capacity building and support, by:

- Using its operational reputation to generate increased levels of non-earmarked funding;
- Exploring alternatives on the way to use existing funding mechanism such as MEFM or the allocation of income generated by overheads to support L3 operations scale up;

- Increasing usage of crisis modifiers to be negotiated into contracts with donors and set-up of LTAs with potential suppliers for the quick release of pre-ordered items;
- Expanding the surge roster with experienced and better trained staff on new procedures, also reviewing the deployment periods based on improved country needs analysis and taking into account staff psychological health; and
- Reviewing the training strategy using the positive experience of SELAC, including the feasibility of smaller country-based training covering L3 protocols and procedures for national staff and IPs.

C. L3 Roles and Responsibilities: IOM's operational flexibility and speed of response are well appreciated by external partners, as is its good contextual knowledge and DTM reports. IOM also plays an active role within the UN cluster system, through which operational coherence is generally managed.

L3 interventions have worked particularly well when implemented with an effective in-country team already in place, a well-established logistical presence, a relevant contextual knowledge and good relationships with the government(s).

The IOM faces sometimes problems in managing internal coherence when a lack of knowledge in the use of the L3 protocols becomes prevalent, with confusion occurring on decision-making processes, partially exacerbated by the recent restructuring. This is also illustrated while waiting for the announcement of L3 activation or when the roles of the relevant ROs are not clearly established.

The revised protocols need to be properly disseminated, with clear roles and responsibilities assigned to senior management for decision-making. The role of the ROs during and after the L3 response also needs to be clarified, considering the continuity of IOM's approach upon deactivation and local capacities' empowerment.

Recommendation C: IOM should revise L3 protocols to explicitly define the roles and responsibilities of the Migration Emergency Coordinator (MEC), the Chief(s) of Mission, the Regional Director(s) and offices, and relevant HQ staff mainly with responsibilities in IOM movements, procurement, human resources, finance and legal matters. Required competencies for Senior Management also need to be clarified for sound and effective decision-making. Clarifications on roles and responsibilities of the Regional Office versus Headquarters also need to be brought, in particular in preparation of deactivation of L3.

D. L3 Emergency "fast track" procedures: Another limiting factor of L3 responses efficiency is about the application of the emergency "fast track" procedures to L3 operations and related support services functions, which often experiences procedural delays.

Any lack of flexibility within support service staff in terms of their compliance with such fast-track procedures needs to be monitored and reviewed.

Recommendation D: IOM should revise protocols and procedures to make procurement, recruitment and legal management and endorsement more effective and responsive, by incorporating clear information on circumstances in which fast-track procedures are to be adopted for L3 operations and under which authority.

E. Accountability and Knowledge Management: IOM has been successful in managing and implementing sectoral interventions in a range of L3 operations, without being necessarily recorded as best practices and systematically replicated. Knowledge management of L3 successes have been noted as weak.

Similarly, there is a need for IOM to undertake external evaluations of ongoing L3 interventions more systematically, from which a more consistent understanding of organizational performance and accountability can be gauged and for contributing to knowledge management.

Recommendation E: IOM should focus more strongly on evaluation and knowledge management of its L3 approaches and interventions. Institutional efforts are already on-going in that regard with a greater focus on evaluation and the set-up of the Innovation and Knowledge Management Unit', but IOM's work in L3 situations should be specifically reinforced in these areas, in particular for innovative practices and for reporting on successes of IOM speedy and effective responses.

F. HDPN: Within IOM's whole of organization approach HDPN is currently receiving a high amount of internal support and promotion, which has already seen some positive results. However, clarifying when developmental activities should start within an L3 response needs to be further elaborated in the protocols, considering that life-saving activities are to be addressed first in such situations.

Working alongside government's counterparts to discuss longer-term intervention should be given due considerations as soon as possible, involving IOM staff possessing development background.

Recommendation F: The elaboration of IOM HDPN guidelines is an asset regarding improved management of L3's transition to development activities and they need to be properly disseminated to staff to facilitate incorporation into ongoing and new activities. The revised L3 protocols also need to be aligned to the recent institutional efforts for a sound HDPN approach. IOM may also consider elaborating a medium to long term staff planning strategy for L3 operations to ensure that adequate levels of expertise are available for thematic areas related to IOM peace and development interventions.

5. CASE STUDIES SUMMARY

Mozambique

L3 Background: Tropical cyclone Idai, a category-4 cyclone, made landfall in Beira, Central Mozambique in March 2019, with extreme winds and torrential rains generating flash floods. The Mozambique National Institute of Disaster Management (INGC) had reported that 1.5 million people in the country were affected by it, including 72.793 displaced people in the provinces of Sofala, Manica, Zambezia and Tete⁴⁶. After this event, on March 22, 2019, the IASC immediately declared a System-Wide Scale-Up and IOM during the same month had declared an internal L3. Soon after Typhoon Kenneth landed in Northern Mozambique in April 2019. As such, IOM needed to expand to both responses at the same time.

Key informants and web-survey respondents: amongst the interviewed stakeholders, the following key informants provided evidence to support the evaluation's assessment of IOM's performance during the Mozambique L3.

KII:

| IOM HQ/Missions | Bogdan Danila - Senior Emergency response and preparedness Andrew Lind - Senior emergency coordinator Cecile Riallant - Head of MSD and acting Director DPDC Tristan Burnett - Chief of mission Philippines, former Deputy Director DOE Antonio Torres - Global WASH |
|-----------------|--|
| IOM RO | John McCue - Emergency Specialist Nairobi RO |
| юм со | Laura Tomm-Bonde - Chief of mission Mozambique Priscila Scalco – CCCM Mozambique Sascha Nlabu - Deputy Chief of Mission Mozambique Katharina Schnoering (former CoM Mozambique) Maria Moita - Chief of Mission Afghanistan |
| Un Agencies | Fernando Hesse - OCHA Mozambique |

Web-survey:

| Office type | Number of respondents |
|--------------------|-----------------------|
| Country Office | 2 |
| HQ | 6 |
| Regional Office | 3 |
| UN Agencies | 6 |
| Grand Total | 17 |

Documents reviewed:

| Crisis response plans, strategies and | 2022 Mozambique Crisis Response Plan |
|---------------------------------------|---|
| appeals | IOM Mozambique appeal cyclone Idai response |
| | IOM Mozambique Eloise cyclone response plan |
| | IOM Mozambique cyclone response SitRep Oct-Dec 2019 |

⁴⁶ ECHO Proposal version 2 Idai - submitted (2019).

| | IOM Mozambique Maputo Country Strategy 2021-2023 IOM Roadmap for northern Mozambique accelerating Triple Nexus Mozambique HRP 2022 |
|--|---|
| Donor reports | ECHO Final Report 2019 ECHO Intermediate Report 2022 CH10P0501 Narrative Final Report CH10P0504 Narrative Final Report MZ10P0569 Narrative Final Report MZ30P0512 Narrative Final Report |
| M&E Data, factsheet and dashboards | Eloise sitrep Jan-Feb 2021 IOM Mozambique Sitrep Jan-Feb 2022 IOM Mozambique SitRep Cabo Delgado 2021 IOM Mozambique Crisis SitRep Cabo Delgado April, May, June 2021 Northern Mozambique Situation Update 2022 |
| National Plans and Government strategies | Policy and Strategy for Internal Displacement Management Plano de Reconstrucao de Cabo Delgado Predin - Resolucao Republica de Mocambique |

Main successes:

- PDMs conducted during the L3 implementation were informative about IOM's services and distributions, and about the beneficiaries' perception of their relevance and use. IOM's DTM activities also provided key data to the humanitarian community during the scale-up, and the needs identified through this service were used internally for proposals and externally for humanitarian appeals.
- The Mozambique L3 responses received a consistent level of funding through a range of government donors including UK, Ireland, Japan and Switzerland.
- Shelter and NFI interventions were relevant to the needs of the population at the time the L3 was activated.
- IOM's geographical coverage in Mozambique was considered adequate and was helped by IOM's
 pre-existing presence, government relationships and technical expertise and capacity in some of
 the affected areas. In addition, the area-based approach, for which activities in the central part of
 the country were aligned with local but different needs to Capo Del Gado in the North, was
 appreciated. This operational flexibility was one of the major successes of IOM's L3 intervention
 in Mozambique.
- Active contribution to the Linea Verde hotline.

Main issues/constraints:

- Protection concerns about the IDPs relocation coordinated by the Government was considered challenging as IOM and in general the humanitarian community could not find a solution for it.
- The Southern-Africa RO had limited emergency response capacity and expertise, which hampered the level of support they could provide to the scale-up and ended up being side-lined in the response.
- CO was sometimes not involved or consulted in the surge staff to be deployed from HQ, and communication on who was deployed was not circulated amongst the CO staff who seemed frustrated by some of these decisions. This was problematic as Mozambique represented the third

most supported country in terms of surge support, with 120 staff days corresponding to three deployments⁴⁷.

- While the shelter response was relevant to the population needs, procurement issues resulted in delays in the distribution of tarpaulins (also affected by the security situation in the North).
- Deactivation took longer compared to other UN Agencies and the transition period from L3 to L2 was confusing in terms of decision making and leadership, according to CO staff.
- HDPN and recovery efforts, despite the high level of investment in terms of policy making and proposal writing, did not seem to transition quickly in Mozambique because of an initial struggle to attract development donor funding.

Syria

L3 Background: In response to the ongoing conflict in Syria, IOM, together with other UN agencies and the IASC declared the L3 for Syria in January 2013, to be transitioned to an L2 emergency almost 10 years later in 2022 (IASC deactivated the L3 at the end of 2018⁴⁸). The crisis resulted in mass displacements, of which 5.5M people are said to remain in countries surrounding Syria, with 6.7M people internally displaced, 49 including approximately 2.7M in North-Western Syria. 50

Due to the regional nature of the response, IOM has been operational in Jordan, Lebanon, Iraq, Türkiye and within Syria itself, although 2017 saw the suspension of IOM operations within Syria resulting in the closure of their office in 2020. IOM's cross border activities started in 2014. In 2020 IOM assisted more than 1 million individuals in Syria and 850,000 refugees in the neighbouring countries.⁵¹ In 2021, IOM assisted 785.000 individuals in Syria and 650,000 refugees in the neighbouring countries.⁵²

Albeit the conflict has scaled down, humanitarian needs remain at significant levels, with vast number of IDPs still living in emergency shelters with limited access to safe water, food, medicine, and livelihoods.⁵³ With the only remaining functioning border crossing being in South East Türkiye (extended on a six monthly basis through a UN security council resolution), IOM's main operational hub is in Gaziantep, where cross border operations are focused on shelter and NFI support (being 62% of its 2022 budget), CCCM and mainstreaming protection AAP and PSEA.⁵⁴

This is of course somewhat different to what IOM were implementing at the outset of the crisis. In 2013 IOM was working on the repatriation of migrant workers out of Syria, rehabilitating shelters and collective centres, and providing health and psychosocial support and NFIs. Similar operations were ongoing in Iraq, Lebanon and Türkiye, including the provision of psychological and livelihood support.⁵⁵

Key informants and web-survey respondents: amongst the interviewed stakeholders, the following key informants provided evidence to support the evaluation's assessment of IOM's performance during the L3.

⁴⁷ IOM Annual Report 2021.

⁴⁸ https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-humanitarian-system-wide-scale-activations-and-deactivations

⁴⁹ https://www.unhcr.org/uk/syria-emergency.html November 2022.

⁵⁰ IOM Syrian Arab Republic Crisis response Plan 2022.

⁵¹ Syria crisis IOM achievement report 2020

⁵² Syria crisis IOM Year in review 2021

⁵³ IOM Syrian Arab Republic Crisis response Plan 2022.

⁵⁴ Ibid.

⁵⁵ IOM Emergency Appeal January – June 2013.

KII:

| IOM HQ/Missions | Lado Glivava, Director of the supply chain division Cecile Riallant - Head of MSD and acting Director DPDCTristan Burnett - Chief of mission Philippines, former Deputy Director DOE |
|-----------------------|--|
| IOM RO | Guglielmo Schinina, Head of MHPSS David Arnold, Regional emergency and post crisis response officer |
| юм со | David Savard, Türkiye mission, Emergency Coordinator Geraldine Ansart, L3 co-ordinator |
| Un Agencies | Paul Handley, OCHA Amman |
| Implementing partners | Firas Emusa, Programme Manager, Muzun Quitaba Alsaeed, Kudra, TPM |
| Donors | Cedric Perus, ECHO |

Web-survey:

| Office type | Number of respondents |
|--------------------|-----------------------|
| Country Office | 6 |
| HQ | 8 |
| Regional Office | 5 |
| Grand Total | 19 |

Documents Reviewed

| Crisis response plans, strategies and appeals | Syrian Crisis Response Plan 2022 IOM Emergency Appeal: Syrian Crisis January – June 2013 Syria crisis IOM achievement report 2020 Syria crisis IOM Year in review 2021 |
|---|---|
| Donor and other reports | Syria Coordinated Accountability and Lesson Learning (CALL) - Evaluation synthesis and gap analysis. Syria Crisis Common Context Analysis (2014) Syria Crisis Common Context Analysis Update (2015) OCHA infographic on Syria cross-border humanitarian reach and activities from Türkiye (Sept 2022) BHA Donor Report 2022 |
| M&E Data, factsheet and dashboards | IOM Regional Response to the Syrian Crisis, Jan 2013 Shelter situation - 2021 IDP report series from HNAP |

Main successes:

• IOM have provided broad range of multi sectoral activities supporting refugee/IDP needs including shelter, NFI, Health, Wash, Protection, and PSEA both within Syrian and also in the surrounding countries, either in situ, or through cross border support.

- IOM continues to provide much needed multi-sectoral support to displaced communities in North-Western Syria, especially shelter/NFI and winterisation support through its cross-border operations based in Gaziantep.
- In country IOM staff as well as those previously deployed had reported good co-ordination with Geneva HQ during the L3 response.
- The cross-border Gaziantep operations are implemented through a strong network of Syrian NGO/IPs operational in North-Western Syria, an area into which IOM has no access for its own staff. The response is monitored through a local TPM whose capacity IOM has been building.
- IOM staff support the OCHA led DTM/HNAP activities providing valuable information for the UN assessment system/planning cycle.
- IOM plays an active role in the Gaziantep based cluster system, although it does not lead on CCCM or any other clusters.
- IOM has established and hosts the regional PSEA Network aimed at integrating PSEA best practices into operational partners implementation albeit difficult within the region to get governments giving full attention to the issue.
- The Gaziantep office reported on the advantages of having a well-functioning local staff procurement team in country, making best use of the local warehousing facilities.
- IOM's effective management of the NFI pipeline has been beneficial to its own operations as well as that of other agencies involved in the NFI support sector.
- Similarly, the innovative Commodity Tracking System (Türkiye) has been well designed so as to generate extra confidence in IOM's cross border activities improving donor confidence that good transferred have actually reached the correct destination.
- Similarly, the AAP systems managed out of Gaziantep have generated high levels of feedback, to both the IPs and the TPM that IOM have been reported as being responsive to.

Main issues/constraints:

- The decision by the Syrian government to only allow a certain number of UN and INGO agencies
 to operate within Syria, and as such excluded IOM, has led to a lack of access into ongoing activities
 within Syria and eventually the closure of the IOM office. At the same time, not having to answer
 to the Syrian government has led to greater freedom for IOM with respect to the North-Western
 Syria operations.
- Albeit not being the only UN agency to have this problem, IOM have tended to be late in terms of delivering winterisation kits.
- It is not clear why IOM's deactivation has happened later than the other UN agencies. Considering operations would have been ongoing for ten years by that stage, the question arises as to the validity of maintaining an L3 status for so long, while questioning why the capacity of the Cairo Regional Office had not been scaled up earlier to enable deactivation to take place and operational supervision to be handed over.
- The Syrian context is not conducive to HDPN activities, neither in North-Western Syria where the lack of access and political stalemate give priority to humanitarian emergency nor currently within government-controlled areas of Syria due a lack of donor support for any activities that could be considered as being supportive to the current regime.
- Cross border operations are reliant on the six-month renewal of the UN Security Council (UNSC)
 resolution to extend cross border operations, which is inevitably decided at the last moment. Long
 term planning is therefore somewhat constrained.

• IP have reported that IOM can be slow in terms of the contractual payments and the frequent UNSC tied contract renewals. According to them, IOM does not pay overhead percentage to the IPs, albeit specific itemised support costs are allowed if included in the budget.

Ukraine

L3 Background: On 24 February 2022, the Russian Federation launched a broad military offensive against Ukraine. The situation in the country quickly deteriorated, with major attacks being reported across Ukraine, including in the capital, Kyiv⁵⁶. At the beginning of the crisis, it was estimated that over 24 million people would be in need of humanitarian assistance, and over 7.7 million people have been displaced. Since the start of the full-scale war in Ukraine, IOM has refocused its programmes and projects and from February to November 2022 has reached over one million persons with humanitarian support that includes provision of non-food and hygiene items; water, sanitation and hygiene support; multipurpose cash; emergency health and mental health and psychosocial support, assistance to collective centres, shelter assistance, winterisation kits, protection and other types of support⁵⁷.

Key informants and web-survey respondents: amongst the interviewed stakeholders, the following key informants provided evidence to support the evaluation's assessment of IOM's performance during the Ukraine L3.

KII:

| IOM HQ/Missions | Bogdan Danila - Senior Emergency response and preparedness Lado Glivava – Supply Chain Director Andrew Lind - Senior emergency coordinator Giovanni Cassani - MEC Rex Alamban – Head of Emergency Preparedness and Response Cecile Riallant - Head of MSD and acting Director DPDC Muhamed Rizki – DTM Global Coordinator Tristan Burnett - Chief of mission Philippines, former Deputy Director DOE Antonio Torres - Global WASH | |
|-----------------|---|--|
| IOM RO | Manfred Profazi – Director RO Vienna Guglielmo Schinina – Head of Mental Health and Psychosocial Support RO Brussels | |
| юм со | Anh Nguyen – Chief of Mission Ukraine Johannes Fromholt – Area Manager Ukraine Marco Chimenton – Emergency Coordinator Ukraine | |
| Un Agencies | Ildar Gazizullin – OCHA Ukraine James Weatherill – OCHA Ukraine | |
| Donors | Christoph Isenmann –KfW Claudia Amaral – ECHO Head of Office Ukraine Cedric Perus – ECHO Focal point for IOM Sacha Formanek – GAC focal point Ukraine Janelle Walikonis –USAID Ukraine | |

⁵⁶ IOM Ukraine Flash Appeal 2022.

⁵⁷ IOM Ukraine one pager 2022.

Web-survey:

| Office type | Number of respondents |
|--------------------|-----------------------|
| Country Office | 9 |
| HQ | 32 |
| Regional Office | 10 |
| UN Agencies | 2 |
| Grand Total | 53 |

Documents reviewed:

| Crisis response plans, strategies and appeals | 2021 Ukraine Crisis Response Plan IOM Flash Appeal – Ukraine and Neighbouring Countries – April 2022 IOM Ukraine Strategic Approach 2020-2024 IOM Ukraine winterization strategy October 2022 HRP Ukraine 2022 |
|---|---|
| Donor reports | BHA Ukraine – Informal monthly report – August, September and October 2022 ECHO Ukraine updates – October and November 2022 ECHO Ukraine one pager GFFO Ukraine one pager |
| M&E Data, factsheet and dashboards | IOM Ukraine one pager 2022 IOM Ukraine Regional Response 2022 – 6 months special report |
| National Plans and Government strategies | Romania national action plan April 2022 Slovakia summary contingency plan Ukraine National strategy on human rights Ukraine Recovery Conference URC2022 'Lugano Declaration' Ukraine's National Recovery Plan July 2022 |
| Project proposals and documents | BHA proposal narrative and budget 2022 BHA Winterization proposal narrative and budget 2022 |

Main successes:

- Donors (ECHO, KfW, USAID) are satisfied with IOM's L3 response in Ukraine, have provided significant funding since the start of the L3 and consider IOM a reliable and competent implementing agency.
- IOM has been a very active member of the cluster system in Ukraine, and with that earned trust they have recently secured the co-lead of the interagency cash working group.
- Having a pre-existing presence in the country has eased the scale-up of operations in Ukraine thanks to well established relationships with local authorities and the contextual knowledge.
- The broad geographical coverage of IOM's operation in Ukraine, probably facilitated by the pre-existing presence of IOM in the country, has been appreciated and instrumental to reach the most vulnerable affected populations, as well as to continue developmental activities in conducive areas.
- IOM's efforts in collecting data through DTM activities or through their involvement in the MSNA has been instrumental in providing necessary information for proposals and reports, as well as for larger inter-agency exercises such as the HRP.

- The establishment of IOM's migration information centres in the neighbouring countries has provided those displaced with information as to what support they are entitled to and how to access it, which has been appreciated and mentioned as a success.
- The mobile shelter repairs were considered as being innovative and have been instrumental to provide short-term solutions to shelter needs of the most affected families.
- The procurement and use of supplies from Gaziantep and Greece warehouses facilitated a quick response.
- Positive and clear communication was established, as well as division of roles between the country
 office staff (CoM, EC) and HQ staff (MEC and the crisis response team). Having seasoned and respected
 IOM staff already in the Ukraine seem to have contributed to this successful relationship.
- Developmental and emergency activities were initiated from the outset of the L3 response, which is important to mention as Ukraine is the first country where an L3 was activated under the new structure.

Main issues/constraints:

- Compared to other UN agencies, the activation process took longer than expected because of the change in internal systems (3 weeks compared to the 48h IASC guidelines).
- There are concerns vis-à-vis the use of national implementing partners who are being contracted to deliver the "last mile" in areas where IOM does not have access.
- High number of surge staff were deployed with little communication from HQ to CO on what gaps they were filling and where the surge was deployed to.
- In the 2022 Flash Appeal, and to a certain extent in the 2020-2024 Ukraine Strategic Approach, there is little detail on what development work is planned or ongoing.
- Donors would like IOM to increase operations in locations difficult to access.

Annex 1: Evaluation Terms of Reference

EVALUATION OF IOM'S LEVEL 3 EMERGENCY RESPONSES

Commissioned by: Central Evaluation Unit (EVA) and IOM Department of

Operations and Emergencies (DOE),

Managed by: EVA

1. EVALUATION CONTEXT

Crises, sudden events, or health pandemics cannot be predicted unfortunately. The <u>Inter-Agency Standing Committee</u> (IASC)⁵⁸, as the longest standing humanitarian forum, had been strengthening the collective humanitarian action of United Nations (UN) and non-UN humanitarian actors since 1991. The IASC advocates for common humanitarian principles and makes strategic, policy and operational decisions with a direct bearing on humanitarian operations on the ground.

The International Organization for Migration (IOM), as one of the largest humanitarian actors, provides comprehensive responses to at-risk populations and communities at all phases of a crisis (before, during, after). On average, IOM's crisis-related programming has an operational reach of over 30 million people in more than 80 countries per year. As a full member of the IASC, IOM commits to coordinated humanitarian action via the IASC, subscribes to IASC policies and frameworks, and ensures its policies and frameworks are aligned with those of the IASC. The Organization's strategic planning, preparedness, response, transition and recovery policies, frameworks and tools support the advocating for emergency humanitarian situations with national authorities and other partners, and the provision of technical assistance to strengthen national systems so adequate protection and assistance can be provided to migrants, mobile populations, displaced persons as well as at-risk national populations during a crisis.

The IASC replaced the previous system of classifying an emergency into three levels with the new "Scale-Up" protocols⁵⁹. The Level 3 (L3)⁶⁰ activation was a mechanism designed to improve humanitarian emergency response following the highly uneven responses to two major natural disasters: earthquake in Haiti in 2010 and massive floods in Pakistan in 2011. It was meant as an exceptional measure designed for exceptional circumstances to ensure that the collective humanitarian system was equipped to respond as best as possible to the needs of affected populations.

Towards the IASC goals of mobilizing agency capacity, each agency has established their own internal fast-track mechanisms. The activation of the "Scale-Up" protocols is followed by heightened IOM response through the IOM Emergency L3 Activation procedures. The IOM Director General activates a whole-of-IOM (global) L3 response when it is deemed that the needs of the humanitarian response exceed the capacity of the Country Office (CO) in the affected area to respond to the emergency. An L3

⁵⁸ The United Nations (UN) General Assembly created highest level humanitarian coordination forum (<u>UN General Assembly Resolution 46/182</u>) to join the executives heads of 18 organizations from within and outside the UN system, to formulate policy, strategic priorities and mobilize resources in response to humanitarian crises. The IASC is chaired by the <u>Emergency Relief Coordinator</u> (ERC), who facilitates the leadership role of the <u>UN Secretary-General</u>. Through ERC, the IASC brings critical issues to the attention of the UN Secretary-General and the <u>UN Security Council</u>.

⁵⁹ The "Scale-Up" protocol is activated when a humanitarian situation suddenly and significantly changes, and the IASC Principles deem a UN system-wide response is necessary based on an emergency's scale, urgency, complexity, the reputational risk, and capacity in-country to enable accelerated and scaled-up delivery of assistance and protection of people in need. Wherever possible, the IASC endeavors to avoid the need to activate a L3 response by taking early action in response to early warnings: link to SOP scale up protocol 2018.

⁶⁰ The L3 declaration commits IASC members to prioritizing response to a given crisis in terms of resources (both human and financial) as it pertains to their mandates and Cluster-Lead responsibilities and triggers a review of the in-country humanitarian leadership, the deployment of the Inter-Agency Response Mechanism (IARRM) and an initial CERF allocation. The policy also requires a preliminary response plan and an exit strategy, both to be developed at the onset of the crisis.

declaration activates special protocols within the IOM to ensure that adequate resources, decision-making capacity, and support are supplied to field offices on a "no-regrets" basis.

IOM generally activates an L3 in conjunction with a Scale-Up declaration by the IASC but may, or may not, do so independently as well. The initial response activation period should not exceed three months as during this period, the IASC member organisations should put in place the required capacities – i.e., longer-term funding, staffing and expertise, and leadership arrangements – to allow transition from a L3 response to a locally-managed response. However, practice to date showed that L3 responses in complex and protracted crisis settings – Syria, South Sudan, Afghanistan – were extended well beyond the initial three-month period due to the prolonged and severe nature of these crises⁶¹.

The Department of Operations and Emergencies (DOE)⁶² coordinates IOM's participation in humanitarian responses, movement operations and resettlement. It serves as the organizational focal point for IOM's crisis related work in the areas of preparedness and emergency response. It coordinates with and advises other migration services within the Organization, such as on risk reduction and prevention, protection, post crisis transition and recovery, health, climate change, humanitarian border management and counter-human trafficking when relevant to crisis contexts. It oversees individual specialized initiatives related to humanitarian principles, Humanitarian-Development-Peace Nexus (HDPN), cash-based interventions (CBI), protection mainstreaming, and protection from sexual abuse and exploitation⁶³.

The Preparedness and Response Division (PRD) serves as the institutional focal point in preparing for and providing timely response to sudden onset disasters as well as protracted crises. Within PRD, the Emergency Response Unit (ERU) is the institutional focal point for emergency mitigation, monitoring and response coordination. ERU provides technical and operational support to Regional and Country Offices (ROs and COs) in delivering responses to crisis through the management of surge staff capacities, the provision of guidance and remote/field support as needed. In case of System Wide emergencies, ERU is responsible for the activation and maintenance of the L3 Secretariat and protocols to ensure adequate support at all levels. ERU also supports the strengthening of inter-agency efforts, coordination and strategic partnerships⁶⁴, including Humanitarian Response Plans (HRPs), project development and interagency Appeals, and donors who support IOM's emergency response interventions (e.g., Central Emergency Response Fund (CERF), country-based pooled funds, traditional donor governments, etc.).

IOM's institutional and operational set up is regularly assessed, both internally and externally, to ensure Organization is on track with the implementation of mandated commitments (such as those stemming from the <u>Global Compact for Safe, Orderly and Regular Migration</u>). The IOM Office of the Inspector General (OIG) conducted an internal audit of the Global Emergency Response L3 structure in 2019 and recommended the clarification of standard operating procedures (SOPs) and protocols in terms of

⁶¹ In future, L3 response extensions will be considered only in exceptional circumstances and for a maximum additional period of nine months (bringing the maximum total duration of a response to one year). However, individual agencies may internally extend L3 status, depending on the nature and duration of the emergency.

⁶² DOE provides strategic recommendations on policy and operational decision-making and guidance to field operations on project development and implementation and inter-agency coordination related to forced migration, large population movements, and mixed flows including protracted internal and cross-border displacement and refugee situations. Its Director's Office coordinates among the divisions in the development of principled approaches and strategic documents, provides oversight of cross-divisional initiatives, and ensures IOM's crisis-related priorities are aptly reflected in internal and external systems and processes. Prior to the latest departmental restructuring (which is still ongoing), DOE included the Transition and Recovery Division, the Protection Unit, and the Displacement Tracking Matrix.

⁶³ Recent examples: IOM's support to Migrants in Countries in Crisis (MICIC) Initiative, IOM's participation in the IASC, roll out of the Accountability to Affected Populations (AAP) Framework and overseeing IOM's engagement in Secretary General's High-Level Panel on Internal Displacement.

⁶⁴ Crisis specific response plans are developed when the humanitarian community is called in to assess, respond and mobilize funds collectively. These include HRPs, Refugee Response Plans (RRPs), Migrant and Refugee Response Plans (RMRPs) and other response plans developed at country/ regional level. UN Office for the Coordination of Humanitarian Affairs (OCHA) manages two types of pooled funds for the rapid provision of assistance in humanitarian emergencies: 1) CERF funded: Global pooled fund for rapid initial funding for life-saving assistance at the onset of a crisis (Rapid Response Grants), and critical support for poorly, essential humanitarian operations (Underfunded Emergencies Grants), coordinated in country through the UN Country Teams/HCT. Country-based Pooled Funds (CBPF) fund NGOs and UN agencies to respond to unfunded humanitarian needs and time critical interventions. The Common Humanitarian Fund (CHF) is an example of CBPF funding.

leadership and accountability lines between Headquarters (HQ) and the field; strengthening institutional deployment protocols; preparing DOE's risk management plan; and improving the cash-based intervention internal SOPs, manual and monitoring, among others. The MOPAN review of IOM⁶⁵ in 2019 found IOM a highly flexible and adaptive organization, noting satisfactory planning, programming, approval procedures and mechanisms that enable agility in partnerships when conditions change (budget reallocations and roll-over, no-cost extensions and additional funding). The staff was distinguished as strongly aware of the need for agility, which is particularly evident in the Emergency and Post-Crisis Migration Management work, particularly for L3s, where fast-paced shifts in operating contexts demanded this flexibility (prioritizing staffing/recruitment decisions and increased project approval decision making authority).

Within the <u>IAHE Steering Group</u> (SG) there is an ongoing intention to examine L3 responses within the IASC, which is in line with the UN Secretary General's <u>Business Operations Strategy</u> (BOS), encouraging UN agencies to improve coherence and increase joint business operations to eliminate duplication, increase efficiency, and maximize economies of scale for a more effective programme delivery under the UN 2030 Agenda for Sustainable Development (<u>2030 Agenda</u>). Such efforts are aligned with the three pillars of <u>IOM Strategic Vision 2019-2023</u> i.e. resilience, mobility and governance, and <u>Internal Governance Framework</u> (IGF) initiative.

2. EVALUATION OBJECTIVE

IOM's Central Evaluation decided to conduct the evaluation of IOM's L3 responses in addition to evaluations planned in its biennial evaluation plan 2021-2022, per DOE request to assist generating lessons learned that can be taken into consideration at a thematic level and inform future approaches, strategies, and policies.

The overall objective of the evaluation is to assess the extent to which IOM is capable to timely and effectively implement the global L3 emergency response through a predictable process, so it is fit-for-purpose – i.e., with appropriate leadership and coordination mechanism to deliver assistance and facilitate protection as the scale, complexity and urgency of a crisis develops.

The evaluation will document the response process to L3 emergencies and assess IOM's performance in terms of its mandate elaborated in the IOM Migration Crisis Operation Framework (MCOF) and its recent addendum. It will provide inputs to the processes underway on IOM's improving its own corporate and standardized approach to L3 response, and identify good practices, approaches, and areas of further improvement relating to overall setup, division of roles, decision-making, risk, and management protocols as well as internal and external coherence. The evaluation will draw lessons learned from IOM's L3 responses implemented globally, to reinforce the Organization's global approaches to emergency response. As part of this objective, the evaluation will document innovative, or good, practices used in the humanitarian and emergency response, if any.

The evaluation will consider the IAHE SG initiative to review the L3 responses within IASC, to document the UN/IASC work and the extent to which coherence has been incorporated into the larger inter-agency response operations. UN High Commissioner for Refugees (UNHCR) is leading the comparative exercise of agency internal fast-track L3 mechanisms, which is expected to provide insights to IOM's institutional and operational role and ability to fulfil its mandate in system-wide emergencies. The evaluation will also

⁶⁵ The <u>Multilateral Organization Performance Assessment Network</u> (MOPAN) was launched in 2002 as a network of like-minded donor countries for monitoring the performance of multilateral development organizations at the country level. All members have a common interest in knowing more about the effectiveness of multilateral organizations, through joint assessments and exchange of information and expertise in M&E

consider System Wide Evaluation (SWE) and Inter-Agency Humanitarian Evaluations (IAHE) currently implemented, such as Covid-19, Afghanistan, Northern Ethiopia, and humanitarian evaluations conducted and/or planned by IOM offices and other evaluations, assessments and reviews planned in the humanitarian sector as long as they focus on the situation related to a L3 declared period.

The evaluation will take both a formative and summative approach, as it will inform future approaches, strategies, and policies related to L3 responses, and it will also look at the extent to which IOM effectively and efficiently implemented the global L3 response. This approach aims to increase IOM's accountability and learning, with lessons and recommendations drawn expected to inform management's strategic thinking in preparation for the future global response. For the accountability purpose, the evaluation will assess how IOM mobilized its strengths and knowledge, assigned roles and responsibilities, and worked in conjunction with other stakeholders, Member States, UN agencies and donors.

The target audience for this evaluation is IOM management, IOM staff involved in institutional and operational implementation of L3 emergency response (HQ and field levels), as well as interested donors, Member States, international and local partners.

3. EVALUATION SCOPE

The evaluation will analyze IOM's global L3 response efforts by using the <u>OECD/DAC criteria</u> of relevance, coherence, effectiveness, efficiency, impact and sustainability. It will also include an analysis of the integration of IOM cross cutting themes of gender, disability, accountability to affected populations, environment and human rights-based approaches in the strategic papers and guidance related to the global humanitarian and emergency response.

The evaluation will cover the period from 2018 onwards and all geographic regions to evaluate L3 response at the programme, country, regional and HQ levels. At the country level, the evaluation will assess the approach under the diverse emergency and humanitarian conditions in which IOM operates, including, but not restricted to, programme size, humanitarian and IASC contexts, and so on.

In terms of geographical scope, the evaluation will integrate a review of both global L3 response implementation, for the most part developed at HQ, and regional and/or national responses designed and implemented by IOM offices under L3 management. The evaluation will identify existing L3 responses that can properly illustrate IOM's contribution to the implementation of the emergency response and use them as case studies. This will serve the purpose of identifying best practices and constraints in operationalizing the approach, including possible cases when the use of the approach was challenged.

4. EVALUATION CRITERIA AND QUESTIONS

More specifically, the evaluation will answer the following questions:

Relevance:

- To what extent are IOM's global, regional, and national preparedness measures and responses during L3-declared emergencies aligned with the needs and priorities of Member States, UN systems, IASC Scale-up/L3 emergency protocols and mechanisms, and the needs of populations at risk (i.e., migrants, mobile populations, displaced persons, national populations at-risk, including most vulnerable populations of disabled, women, and children)?
- What changes need to occur for IOM's L3 response's set-up to be more relevant to the needs and priorities of Member States, UN systems, IASC, and populations at risk?

- Have IOM's mechanisms, guidance and decision making been relevant for IOM offices to undertake risk-informed operational preparedness and response measures of L3-declared emergencies?
- Have any comparative advantages or innovations relevant to a L3 response in the design and planning of IOM's approach been noted?
- What is the level of IOM's adherence to the humanitarian principles, as described within Organization's L3 declarations, emergency protocols and related decision-making?

Effectiveness:

- Which operational elements can confirm that IOM's global, regional, and national L3 response
 measures have been effective to address the humanitarian and emergency contexts of at-risk
 populations?
- What are the enabling and/or limiting factors to IOM's L3 response (in terms of SOPs, protocols, leadership, accountability, institutional deployment, risk analysis and management, CBIs, etc.)?
- Are the instructions for preceding or subsequent phases to the response L3 clear and helpful concerning its implementation?
- Is there evidence that IOM's L3 interventions are flexible enough to respond effectively to the unpredictable nature of response, to take into account field perspectives and to facilitate decisionmaking?
- What are the systems in place to monitor adherence to humanitarian principles and to address related constraints when operating under such principles?
- To what extent have gender and disability-based approaches, environment, and accountability to affected populations (AAP) perspectives been effectively addressed in the L3 approach?
- To what extent did the L3 response assist IOM in reaching the most vulnerable groups among the beneficiaries?
- How effectively does IOM coordinate, communicate, raise awareness, monitor, evaluate and report on the implementation of L3 approach?
- How is IOM ensuring adherence to its L3 protocols and that accountability frameworks are observed and followed throughout the emergency response?
- What lessons can be learned from the implementation of L3 response in IOM and be further mainstreamed through Knowledge Management platforms?

Coherence:

- How does IOM guarantee internal and external coherence in the implementation of L3 approach and programmes?
- Have IOM's responsibilities towards populations at risk been effectively supported by the HCT, UN Country Teams, and/or clusters within the L3 protocol set-up?
- When a L3 is declared, are IOM's internal roles and responsibilities well defined and collaboration effective following the restructuring of the Organization in 2022?
- Are internal and external roles and responsibilities clearly communicated to national authorities, local counterparts, and humanitarian partners?
- What lessons can be learned to improve overall coherence and related messages for L3 response implementation?

Efficiency:

- Have IOM's decision-making lines, protocols, systems, procedures, and resource mobilization and allocation been facilitating the efficient and timely activation of L3 response to respond to an emergency?
- Are the systems in place to support IOM offices to implement a L3 approach efficient, adaptive, and cost-effective?
- Are further investments in and adjustments of processes needed to improve the efficiency of IOM L3 response?
- Does IOM prepare a contingency plan/risk analysis that inform the emergency preparedness?
- Is IOM efficient in enhancing staff knowledge trough training, guidance, tools, and support required to implement the L3 response?

Impact

- How does IOM assess the level of effects an IOM's L3 response has had, to bring changes in the global, regional, and national responses?
- How is IOM's contribution to the UN emergency mechanisms and L3 implementation protocols perceived by the UN system?

Sustainability

- Is the international and national support following the L3 response deactivation ensured, to enable recovery and rebuilding phases?
- Have the L3 implementation contributed to the sustainability of results and required capacities, i.e., transition strategy, leadership in HCT, coordination system, to ensure response is contingent?
- How does IOM approach guarantee sustainability in the framework of its global, regional, and national appeals and responses, also with a view to support the HDPN?
- Has the IOM's engagement in the UN emergency mechanisms ensured sustainability to IOM operations/IOM's role within the UN?

5. METHODOLOGY, ROLES AND TIMEFRAME

The evaluation will be conducted by an external consultant(s) under the supervision of IOM Central Evaluation. The methodology will consist of an extensive documentation review, structured and semi-structured interviews with key staff and partners, electronic surveys with IOM staff and external partners and selected case studies, to take stock of existing mechanisms and practice pertaining to L3 response. The use of various data collection tools will facilitate triangulation of information collected, thereby increasing the reliability of the findings, lessons learned, good practices and recommendations that will be presented in the evaluation report.

DOE will provide support for the conduct of the evaluation, as the main focal point and member of reference group (RG), in terms of provision of relevant documentation, of answering the evaluation questions and in identifying the internal and external structures, processes, policies, strategies, and programmatic approaches utilized to implement the response. The documentation review will provide insights into the main features of the response. Furthermore, the evaluation consultant(s) will review relevant L3 evaluations and studies, such as the currently ongoing IASC, SWE and IAHE initiatives, to be able to compare the level of response implementation in IOM with that in other organizations. The RG will provide feedback on the ToR, the inception report, the draft and final evaluation reports.

In collaboration with IOM Central Evaluation, the RG will propose a list of key persons to interview inside and outside of IOM, which will be finalized in coordination with the consultant(s). In terms of stakeholder consultations, various stakeholders will be consulted through semi-structured individual and group interviews and possibly also surveys. Relevant stakeholders could include IOM management and staff directly and indirectly involved in L3 response (at HQ and field levels), other UN organizations and clusters, and permanent representatives and donors. The interviews will be carried out remotely (by phone, MS Teams, electronically via email or through similar means). If the recruited consultant(s) is(are) based in Geneva, some face-to-face interviews may be considered with HQ staff, Covid-19 measures permitting. Interviewees' inputs will be fully confidential.

The above data collection methods will be complemented by the selection of institutional activities, programmes and case studies (the external evaluation consultant(s) could assess the activation and implementation of L3 response in two latest cases of Afghanistan and Iraq for instance). The sampling of the programmes to be included as case studies will be purposive and aim at maximizing diversity with regard to the field office responsible for them and element of the dynamic triangle they represent, as well as include institutional activation, and surge mechanisms. The case study sample will be proposed in the inception report and include at least two field offices based on the geographical and financial criteria, where the L3 response has been implemented relatively successfully, and less successfully, for that matter. The evidence will be generated without placing additional operational pressure on the Organization, having also in mind the logistical challenges imposed by the pandemic on the travel and data collection.

IOM Central Evaluation will discuss the conduct of electronic surveys with the RG, finalize the survey material and the target groups selection in collaboration with the consultant(s). Two different surveys may be developed, one internal focusing on IOM and the other on external partners.

A draft evaluation report will be sent to the RG for comments after having been cleared by IOM Central Evaluation. The evaluation is expected to start in October 2022 and a final report should be made available in February 2023 at the latest. Central Evaluation will cover the costs of recruitment for the external consultant(s) through funding made available by DOE⁶⁶ and will be responsible for the overall implementation and management of the exercise. Participatory workshop may be organized to discuss preliminary findings, lessons learned and recommendations prior to the finalization of the evaluation report.

6. ETHICS, NORMS AND STANDARDS

IOM abides by the <u>Norms and Standards</u> of the UN Evaluation Group (UNEG) and expects all evaluation stakeholders to be familiar with the <u>Ethical guidelines for evaluation</u> of UNEG and the consultant(s) with the <u>UNEG code of conduct for evaluation in the UN System</u> as well. UNEG documents are available under IOM Evaluation Webpage <u>www.iom.int/evaluation</u>.

7. EVALUATION DELIVERABLES AND TIME SCHEDULE

The consultant(s) is(are) expected to provide the following deliverables:

- Inception report outlining data collection processes and analysis, including an evaluation matrix with further refinement of evaluation questions as well as the selection of case studies.
- Draft and final evaluation reports of no more than 50 pages (excluding annexes).
- Evaluation brief (template provided by IOM) and draft management response.

 $^{^{66}}$ Foreign, Commonwealth and Development Office (FCDO) Humanitarian Business Case funding

Below is an indicative work plan for the conduct of the evaluation.

| Activity | Timeframe/ | Indicative Working | Who is responsible |
|--------------------------------|---------------|----------------------|--------------------|
| | deadlines | Days for consultancy | |
| Inception phase (including | October 2022 | 10 days | Consultant(s) |
| kick-off meeting and | | | |
| inception interviews) | | | |
| Review of the inception | October- | | Central Evaluation |
| report | November | | reference group |
| | 2022 | | |
| Documentation review, | November- | 20 days | Consultant(s) |
| surveys, interviews, case | December2022 | | |
| studies, and synthesis | | | |
| Evaluation draft report | January 2023 | 10 days | Consultant(s) |
| | | | |
| Review of the draft report | January 2023 | | Central Evaluation |
| | | | reference group |
| Finalization of the report and | January- | 5 days | Consultant(s) |
| accompanying material | February 2023 | | |
| TOTAL DAYS CONSULTANT | | 45 days | |

8. CONSULTANT(S) QUALIFICATIONS

- A proven record of at least 10 years of experience in conducting and leading evaluations in the context of international cooperation and UN organization programmes (preferably IOM) and advanced degree in social and political sciences or related field.
- Thematic knowledge and experience in conducting at least five evaluations in the emergency and humanitarian sector, as well as with migration and/or displacement evaluations.
- Advanced knowledge and skills in evaluation principles, methodology and best practice, categorization, mapping, mixed methods and evidence synthesis.
- High proficiency in English, with knowledge of French and Spanish languages being an asset.

9. SUBMISSION OF APPLICATION

IOM is looking for proposals from service providers to deliver the outlined products. Service providers are requested to submit the following:

- A proposal with description of the approach, methodology, activities, work plan, deliverables and consultant(s) experience and expertise matching the ToR.
- Two examples of similar work.
- Three references.
- The budget in USD should include a detailed breakdown of costs per activity, personnel costs, and any other costs relating to the implementation of the tasks outlined in the ToR.

Contract period: October 2022 to February 2023.

Potential conflict of interest should be declared.

Only shortlisted candidates will be notified. IOM reserves the right not to accept any tenders submitted.

Proposals must be submitted via email sent on or before midnight **26 September 2022 (Geneva time)** to the following email address eva@iom.int.

Should you need any additional information, please send your queries in writing to eva@iom.int.

Annex 2: List of documents reviewed

| Protocols and | d guidelines | |
|---|--|--|
| | ls (Protocol 1: Definition and Procedures and Protocol 2: Empowered Leadership) | |
| · | for the Control of Infectious Disease Events | |
| Humanitarian Programme Cycle guidance | | |
| Paper on how the System Responds to Level 3 Emergencies | | |
| Corporate Em | nergency Activation Guidance from 2013 and the subsequent rationale, concept and SOP of 2015 | |
| UNSDG Busin | ess Operations Strategy | |
| Emergency a | nd Post-crisis Program info-sheet | |
| IOM's Strateg | gic Vision, Reference document for Chiefs of Mission | |
| IOM Migratio | n Crisis Operational Framework (and addendum) | |
| IOM emerger | ncy response organigram | |
| IOM Global r | eports, audit and evaluations | |
| IOM'S L3 Pro | cedures and Practices Through the Lens of the Rohingya Response | |
| Global Emerg | ency Response Level 3 Audit | |
| Evaluation of | IOM's Institutional Approach to the Implementation of Humanitarian Development Peace Nexus | |
| IOM Annual F | Reports from 2018 | |
| UN reviews, | | |
| | ale-up Mechanisms comparative analysis of 2022 | |
| | Evaluation of UNHCR's Response to the L3 Emergency in the Democratic Republic of Congo | |
| Inter-Agency | Humanitarian Evaluation (IAHE) for Covid-19 (2022) | |
| Syria | | |
| | Peer to Peer Support (P2P) in Syria of 2015 | |
| Meta- | Syria Crisis Common Context Analysis (2014) | |
| analysis | Syria Crisis Common Context Analysis - Update (2015) | |
| anarysis | IAHE Coordinated Accountability and Lessons Learning in Syria (2015) | |
| | Evaluation of OCHA response to the Syria crisis (2016) | |
| | Syria country report since 2018 | |
| | Selection of 5 donor reports | |
| IOM Docs* | Syria national policy on EPR and migration | |
| | M&E data from neighbouring countries | |
| | Project documents (workplan, budget, project description) from neighbouring countries | |
| Ukraine | | |
| | Peer to Peer Support (P2P) in Ukraine (ongoing)* | |
| Meta- | Real-time evaluation in Ukraine conducted by the Groupe URD in 2022 | |
| analysis | System-Wide Evaluations (SWE) of the Global Impact of war in Ukraine on food, energy and | |
| | finance system (Briefs 1 and 2). | |
| | Ukraine country report (if available) | |
| IOM Davis | Selection of 5 donor reports | |
| IOM Docs | Ukraine national policy on EPR and migration (or neighbouring countries?) | |
| | M&E data from neighbouring countries (selection) | |
| Mozambiaua | Project documents (workplan, budget, project description) from neighbouring countries | |
| Mozambique | Peer to Peer Support (P2P) in Mozambique (2019 and 2022*) | |
| Meta- | Inter-Agency Humanitarian Evaluation (IAHE) of the response to cyclone Idai in Mozambique | |
| analysis | (2020), | |
| | Mozambique country report since 2019 | |
| | Selection of 5 donor reports | |
| IOM Docs | Mozambique national policy on EPR and migration | |
| IOIAI DOC2 | M&E data | |
| | Project documents (workplan, budget, project description) | |
| | reject desaments (workplair) sudget, project description) | |

Annex 3: List of interviewees

| Category of key informant | Name | Position | | |
|---------------------------|----------------------|--|--|--|
| | Monica Goracci | Director of Programme Support and Migration Department | | |
| | Andrew Lind | Senior Emergency Coordinator | | |
| | Jeffrey Labovitz | Director of DOE | | |
| | Bogdan Danila | Senior emergency response and preparedness officer | | |
| | Muhammad Rizki | DTM Global Coordinator | | |
| | Rex Alamban | Head of Preparedness and Response division | | |
| IOM HQ | Giovanni Cassani | MEC and Senior IDP Advisor | | |
| | Cecille Riallant | Head of MSD Migration and Sustainable Development | | |
| | Ugochi Daniels | Deputy Director General for Operations | | |
| | Angela Staiger | Senior humanitarian policy advisor | | |
| | Lado Glivava | Head of the Supply Chain division | | |
| | Tristan Burnett | Chief of mission for Philippines, former Deputy DOE | | |
| | Jeanette Camarillo | Deputy Director of DOE | | |
| | Antonio Torres | WASH Global Coordinator | | |
| | John McCue | Emergency Specialist, Nairobi RO | | |
| 1014 00 | Manfred Profazi | Regional Director, Vienna RO | | |
| IOM RO | Guglielmo Schinina | Head of Mental Health and Psychosocial Support, Brussels RO | | |
| | Mohamed Reefat | Regional Syria response coordinator | | |
| | David Arnold | Regional Emergency Post Crisis Response Officer – Syria case study | | |
| | David Savard | Emergency Coordinator Türkiye – Syria case study | | |
| | Kyaw Phyo Wai | Head of M&E and Quality Control Türkiye – Syria case study | | |
| | Geraldine Ansart | L3 Coordinator – Syria case study | | |
| | Anh Nguyen | Chief of Mission Ukraine – Ukraine case study | | |
| | Johannes Fromholt | Area Manager – Ukraine case study | | |
| юм со | Marco Chimenton | Emergency Coordinator Ukraine – Ukraine case study | | |
| | Laura Tomm-Bonde | Chief of Mission Mozambique – Mozambique case study | | |
| | Sascha Nlabu | Deputy Chief of Mission Mozambique – Mozambique case study | | |
| | Priscila Scalco | Emergency Response and Recovery Coordinator Mozambique – Mozambique case study | | |
| | Katharina Schnoering | Former Chief of Mission Mozambique – Mozambique case study | | |
| | Maria Moita | Chief of Mission Afghanistan | | |
| | Ildar Gazizullin | OCHA Ukraine | | |
| | James Weatherill | OCHA Ukraine | | |
| UN Agencies | Fernando Hesse | OCHA Mozambique | | |
| | Paul Handley | OCHA Amman | | |
| | Ana Lukatela | RCO Office Ukraine | | |
| | Christoph Isenmann | KfW Ukraine | | |
| | Claudia Amaral | ECHO Head of Office Ukraine | | |
| Donors | Cedric Perus | ECHO Focal point for IOM Ukraine | | |
| | Sacha Formanek | GAC focal point Ukraine | | |
| | Janelle Walikonis | USAID Ukraine | | |
| Implementing | Firas Elmusa | Programme manager Muzun - Syria | | |
| partners | Qutaiba Alsaeed | TPM Syria (Kudra) | | |
| purtitors | Quitaina Alsaeea | Trivi Sytia (Nuuta) | | |

Annex 4: Evaluation matrix

| No | Main question | Sub questions | Indicators/Judgement criteria | Sources of information |
|-----------|--|---|--|--|
| Relevance | | | | |
| 1.1/1.2 | To what extent is the design and planning of IOM's L3 emergency responses aligned with the needs of Member States, UN system, IASC Scale-up/Emergency protocols ⁶⁷ , and those of the affected populations? What changes need to occur for IOM's L3 response's set-up to be more relevant to the needs and priorities of Member States, UN systems, IASC, and populations at risk? | a. How aligned are IOM L3 responses to the IASC Scale-up/Emergency protocols? b. What needs of the member states/UN system, do the IOM emergency responses meet? c. What needs of the affected populations do the IOM emergency responses meet (Generally, and context specific)? What specific health needs have been met? d. What needs are not met? Why not? How can IOM improve the design and focus of its L3 responses to better meet beneficiaries' needs? | Evidence that identified UN system needs are met. Evidence that sectoral responses have met priority beneficiary needs and to what extent this was done. Evidence that IOM L3 responses are aligned to IOM/IASC activation and deactivation protocols Evidence of alignment with national preparedness planning | KIIs with external partners (UNCT, Donors, Government representatives) Web-survey KIIs with IOM staff Programmatic Reports M&E reports CO Annual Reports |
| 1.3/4.4 | Have IOM's mechanisms, guidance and decision making been relevant for IOM offices to undertake risk-informed operational preparedness and response measures of L3-declared emergencies? Does IOM prepare a contingency plan/risk analysis that inform the emergency preparedness? | a. What systems/processes are in place to enable IOM CO teams to establish risk informed preparedness plans? What information is used as the basis for such plans? How is this gathered? b. Does your CO have a contingency plan? How often is this reviewed, and who is involved in its revision? How adequate are the contingency stocks? c. What challenges have been faced in terms of the preparation of preparedness planning? How have these been addressed? d. How do the IOM L3 SOPs/ protocols guide and facilitate the implementation of such planned responses? e. What challenges have been faced in terms of operationalizing such plans? How have these been addressed? f. How can IOM improve their L3 emergency response mechanisms/SOPs? | Availability and usage of L3 protocols and SOPs in guidance of L3 response design and Implementation Availability and quality of risk analysis/assessments and contingency plans. Evidence of a fit for purpose assessment system that informs preparedness plans and facilitates L3 response design and implementation. | KIIs with IOM staff IOM L3 protocols and SOPs. Preparedness planning protocols and contingency plans. Programme log frames Web-survey |
| 1.4 | Have any comparative advantages or innovations relevant to a L3 response in the design and planning of IOM's approach been noted? | a. In what way does IOM stand out/has a comparative advantage compared to other organizations/agencies within a L3 response? b. What innovations have you witnessed within the L3 response? | Identified comparative advantages and innovations | KIIs with IOM staff, UN agencies and Implementing Partners |
| 1.5/2.5 | What is the level of IOM's adherence to the humanitarian principles, as described within | How does IOM ensure that humanitarian principles are incorporated into all L3 IOM activities during | The inclusion of humanitarian principles within programmatic interventions | KIIs with IOM staff, UN agencies and Implementing Partners |

⁶⁷ IOM's L3 emergency response alignment to IASC Scale-up protocols will be enquired under the question 3.2/2.9.

| | Organization's L3 declarations, emergency protocols and related decision-making? What are the systems in place to monitor adherence to humanitarian principles and to address related constraints when operating under such principles? | emergency L3 interventions considering constrained resources and time? b. Have humanitarian principles ever been ignored or deprioritised? For what reason? c. How do you monitor adherence to humanitarian principles? And who ensures accountability to the adherence with humanitarian principles? | Evidence of a system is in place that ensures adherence. | Programmatic documentation M&E reports |
|-------------|--|---|---|---|
| Effectivene | ss | | , | |
| 2.1/2.2 | Which operational elements can confirm that IOM's global, regional, and national L3 response measures have been effective to address the humanitarian and emergency contexts of at-risk populations? What are the enabling and/or limiting factors to IOM's L3 response (in terms of SOPs, protocols, instructions, flexibility, leadership, accountability, institutional deployment, risk analysis and management, CBIs, etc.)? | a. Which sectorial elements of IOM's L3 responses have worked particularly well? (CCCM, Health, NFI? Etc.). What elements have not worked particularly well? Why not? b. How well have the L3 protocols facilitated such interventions? c. What are the enabling or limiting factors? How can these be mitigated? d. Is there a common understanding on how a country office should function re its working relations with RO/HQ, under a L3? | Programmatic performance against sectoral indicators Identified strengths and weaknesses of L3 protocols and systems Identifies enabling and limiting factors | KIIs with external partners Web-survey KIIs with IOM staff, UN agencies and Implementing Partners Programmatic Reports M&E reports CO Annual Reports |
| 2.3 | Are IOM emergency response classification and L3 Protocols clear as to how long the L3 activation should last, and when it can be deactivated? | Are L3 protocol/classification guidelines easily understood in terms of how long a L3 should last, and when it should be deactivated? | Classification clarity amongst IOM staff | KIIs with IOM staff |
| 2.4 | Is there evidence that IOM's L3 interventions are flexible enough to respond effectively to the unpredictable nature of response, to take into account field perspectives and to facilitate decision-making? | a. Do you feel there is flexibility inherent in the individual sectoral responses? Practical examples of this? b. Do you feel that IOM systems and processes are flexible enough to adequately and quickly respond with a L3? What are the main bottlenecks? c. How effective are the decision-making processes under a L3? How do CO-RO-HQ collaborate on this? d. Do you/staff feel empowered to make your own decisions? | Programmatic performance compared to beneficiary needs Examples of programmatic changes in light of contextual changes. Identified strengths and weaknesses of L3 protocols and systems Identified strengths/weaknesses/ timeliness of L3 decision making | Web-survey KIIs with IOM staff Programmatic Report CO Annual Reports |
| 2.6 | To what extent have gender and disability-based approaches, environment, and accountability to affected populations (AAP) perspectives been effectively addressed in the L3 approach? | a. Who is responsible for mainstreaming cross sectoral activities into your L3 interventions? Have sufficient resources (human and budget) been allocated to this? b. How have the needs of women/girls/men/boys, as well as vulnerable people (people with disabilities, elderly, PLW, etc.) been incorporated into your response? Are gender transformative interventions possible within L3 emergency responses? c. What beneficiary feedback mechanisms have been established within your responses? How well have they functioned? Been utilised by beneficiaries? Has | Availability of cross sectoral analysis documentation Evidence of cross sectoral thematic mainstreaming in programme interventions Availability and usage of complaints and feedback mechanisms | Cross sectoral analysis documentation (gender, climate change, PSEA) Web-survey KIIs with IOM staff, UN agencies and Implementing Partners Programmatic Reports CFM documentation M&E reports CO Annual Reports |

| | | such feedback led to changes in implementation methodologies? d. How have environmental considerations been incorporated into your response? What kind of environmental assessments have been undertaken? | | |
|-----------|---|---|---|--|
| 2.7 | To what extent did the L3 response assist IOM in reaching the most vulnerable groups among the beneficiaries? | a. How well has IOM been able to target the most vulnerable in your in-country L3 response? What targeting criteria have been used? b. Have any groups or communities been excluded? c. How well has the Displacement Tracking Matrix system/database worked? | Availability of targeting criteria and its usage Evidence of use and fit for purpose of DTM during the L3 | Web-survey KIIs with IOM staff, UN agencies and Implementing Partners Programmatic Reports M&E reports CO Annual Reports |
| 2.8 | How effectively does IOM coordinate, communicate, raise awareness, monitor, evaluate and report on the implementation of L3 approach? | a. How effective was the coordination and managed of CCCM under the L3? How was the level of participation and what achievements can you think of? b. To what extent was IOM able to communicate and report, internally and externally, on its achievements during the L3? | Partner feedback on IOM cluster performance and CCCM co-ordination Donor feedback on the quality and timeliness IOM communication and reporting | KIIs with external partners (UNCT, Cluster members and Donors) Web-survey KIIs with IOM staff, UN agencies and Implementing Partners, Donors Cluster level documentation |
| | LS approach: | c. Were the monitoring and evaluation functions fully active during the L3 response? Was IOM able to collect data, and identify lessons learned? Was any outcome-level analysis conducted? | Availability and quality of M&E assessment and PDM reports. | Assessment Reports M&E reports CO Annual Reports |
| 2.10 | What lessons can be learned from the implementation of L3 response in IOM and be further mainstreamed through Knowledge Management platforms? | a. Is there a knowledge management function within IOM that facilitates learning from operation to operation? If so, how well does this work? b. What lessons learnt would you like to pass on to other future L3 responses. | Evidence of a functional lessons learning and knowledge management process Examples of lessons from other L3 interventions that have been replicated within the current L3. | Web-survey KIIs with IOM staff Evaluation reports |
| Coherence | (internal and external) | | | |
| 3.1 | How does IOM guarantee internal and external coherence in the implementation of L3 approach and programmes? | a. Who is deemed as responsible for ensuring internal and external coherence?b. What protocols are in place for ensuring coherence when implementing interventions? | Identified responsibility within IOM structures Availability of protocols | KIIs with IOM staff Response staff ToRs |
| 3.2 | Have IOM's responsibilities towards populations at risk been effectively supported by the HCT, UN Country Teams, and/or clusters within the L3 protocol set-up? | c. What working relations have been established with the HCT, UNCT? How has this supported / facilitated /hindered IOM operations? d. What role has IOM played within the cluster system? e. How have IOM interventions complemented those of other operational organizations? UN agencies? Others? Examples? | Identified advantages/challenges of working within the UNCT system. The functionality of IOM led clusters Example of complementarity/synergy with other agencies' interventions | KIIs with external partners (UNCT, Cluster members) Web-survey KIIs with IOM staff, UN agencies and Implementing Partners, Donors |

| 3.3/2.9 | When a L3 is declared, are IOM's internal roles and responsibilities well defined and collaboration effective following the restructuring of the Organization in 2022? How is IOM ensuring adherence to its L3 protocols and that accountability frameworks are observed and followed throughout the emergency response? | a. Are L3 protocols clear with respect to who is responsible for each element of the IOM response? Were the protocols respected in this sense, do you see a discrepancy between the guidelines and the reality? b. Are the roles and responsibilities of regional offices and HQ divisions clear, and respected? c. Has the 2022 restructuring of the organization made a difference in this respect? If yes, in what aspects? d. How well do you feel the collaboration and coordination between the CO, RO, HQ has worked? How could this be improved? | Clarity and usage of IOM L3 protocols Clarity of accountability and responsibility L3 guidelines – identified areas for improvement Identified advantages and disadvantages of the 2022 restructure | Web-survey KIIs with IOM staff Restructure organigrams and narrative. |
|------------|--|---|---|---|
| 3.4 | Are internal and external roles and responsibilities clearly communicated to national authorities, local counterparts, and humanitarian partners? | a. How do you communicate IOM's role within the overall response to national authorities, local counterparts, and humanitarian partners? b. (Asked externally only) Is it clear to you what is the role of IOM, and the IOM staff with whom you communicate, within the ongoing emergency response? | Clarity of understanding within external partners of IOM's role in the response | External Partner KIIs KIIs with IOM staff |
| 3.5 | What lessons can be learned to improve overall coherence and related messages for L3 response implementation? | Have you identified areas for improvement with respect to internal and external coherence and how IOM's role is communicated to key stakeholders? | Identified areas for improvement in communication | External Partner KIIs KIIs with IOM staff |
| Efficiency | | | | |
| 4.1/4.2 | Have IOM's decision-making lines, protocols, systems, procedures, and resource mobilization and allocation been facilitating the efficient and timely activation of L3 response to respond to an emergency? Are the systems in place to support IOM offices to implement a L3 approach efficient, adaptive, and cost effective? | a. Which internal systems i.e. Planning/M&E, HR (Surge), Finance, Procurement, RM, Partnerships, ICT, Security, Communications etc., have most facilitated the L3 response you are working on/have worked on? Which ones are not meeting the expectations? How efficient was decision-making? b. How do you judge the adequacy and flexibility of resources allocated by IOM during a L3? c. Do protocols/procedures slow down decision making? Or are the controls reasonable? d. How is a budget for a L3 advocated for and managed at country level? Do you see any flexibility in its use, specifically during an L3 response? | Identified strengths and weaknesses of L3 protocols and systems (e.g. timeliness of surge deployments, timeliness and quality of stocks provided etc.) Level and diversity of funding. Quality and performance of surge and in country staff Flexibility of budgetary processes | Web-survey KIIs with IOM staff HR/Surge analysis Funding analysis CO Annual reports |
| 4.3 | Are further investments in and adjustments of processes needed to improve the efficiency of IOM L3 response? | a. Are the systems/platforms that IOM use to run its business, in the context of a L3 response, fit for purpose? b. Are the work processes (recruitment, support services, warehouse management, payments) managed efficiently? c. What additional resources do you believe are required to improve such processes/systems? | Identified strengths and weaknesses of L3 processes and systems Timeliness and flexibility of L3 processes Resource levels of relevant departments and functions that support the L3 protocols and systems. | Web-survey KIIs with IOM staff CO Annual reports |

| 4.5 | Is IOM efficient in enhancing staff knowledge through training, guidance, tools, and support required to implement the L3 response? | a. What training or guidance/support is provided to in country or deployed staff regarding L3 protocols and the inherent exceptions and procedures therein? b. What evidence have you seen that such training has worked well? Or not worked? c. What additional training do you think newly arrived staff should have? d. To what extent is the staff deployed to L3 ready to do the job required? | Utility of capacity building and training initiatives undertaken Surge staff suitability and adaptability on arrival | Web-survey KIIs with IOM staff, UN agencies and Implementing Partners |
|-------------|---|--|--|---|
| Impact | | | | |
| 5.1 | How does IOM assess the level of effects an IOM's L3 response has had, to bring changes in the global, regional, and national responses? | a. What M&E activities are ongoing that monitor L3 response sectoral performance in country/within the region? b. Are there KPIs that are commonly used to measure performance of a L3 response? What is your experience with them? c. How frequently is performance measured against objectives? | Evidence and quality of sectoral and M&E reporting Evidence of measuring performance against KPIs | Web-survey KIIs with IOM staff, UN agencies and Implementing Partners Programmatic Reports M&E reports CO Annual Reports |
| 5.2 | How is IOM's contribution to the UN emergency mechanisms and L3 implementation protocols perceived by the UN system? (Asked of UN counterparts) | a. What is your perception of the role IOM has played within the UNCT? Have their interventions been well co-ordinated with other actors? b. What is your perception of IOM's L3 intervention? Has it been timely and effective? Met beneficiary needs? | Quality of IOM response as seen by partners. | KIIs with IOM and external partners Web-survey |
| Sustainabil | ity and Connectedness | | | |
| 6.1 | Is the international and national support following the L3 response deactivation ensured, to enable recovery and rebuilding phases? | a. How have HDPN activities been incorporated into the L3 response you were involved with? Others that you have seen? b. Has this been prioritised? If so, at what stage of the intervention/response? | Performance of HDPN interventions Linkages between emergency programmes and development programming. | Web-survey KIIs with IOM staff, UN agencies and Implementing Partners, Donors Programmatic Reports CO Annual Reports |
| 6.2 | Have the L3 implementation methodologies contributed to the sustainability of results and required capacities, i.e., transition strategy, leadership in HCT, coordination system. | a. How has your L3 response, or elements therein led to a medium to long term impact? How does this compare to other responses that you have seen? b. What elements/supported capacities have endured more than others? What specific long-term capacity building exercises have been undertaken, within this L3 context? c. Has the L3 response you are working on/others that you have seen elaborated a transition strategy? Has this supported the sustainability of the response? | Evidence of the sustainability of medium/longer term interventions Availability and quality of in country transition plan | Web-survey KIIs with IOM staff, UN agencies and Implementing Partners, Donors Programmatic Reports Transition plans CO Annual Reports |
| 6.3 | How does IOM approach guarantee sustainability in the framework of its global, regional, and national appeals and responses, also with a view to support the HDPN? | Do you feel that sustainability is prioritised at a national, regional, global level? What evidence supports this opinion? | Presence and extent of HDPN programming implementation | Web-survey KIIs with IOM staff Programmatic Reports |

| | | b. | What efforts are being made within IOM to prioritise the incorporation of HDPN programming into L3 appeals and responses? | Evidence of prioritisation of HDPN within L3 responses | CO Annual Reports |
|-----|--|----------|--|---|--|
| 6.4 | Has the IOM's engagement in the UN emergency mechanisms ensured sustainability to IOM operations/IOM's role within the UN? | a. b. | What role did IOM play within the L3 emergency visà-vis other UN agencies (cluster, coordination, HCT)? Does this have an effect on the sustainability of IOM operations or IOM's approach towards sustainability? | Advantages/disadvantages of working together within the UN country team in terms of influencing /supporting sustainability and HDPN programming | Web-survey KIIs with IOM staff, UN agencies and Implementing Partners, Donors Programmatic Reports CO Annual Reports |

Annex 5: Key informant interviews guide

| Evaluation question | ІОМ НО | IOM RO | юм со | UN Agencies | Implementing partners | Donors and Government |
|--|---|--|--|--|--|---|
| Relevance | | | | | | |
| 1.1/1.2 To what extent is the design and planning of | How aligned are IOM L3 responses to the IASC Scale-up/Emergency protocols? | How aligned are IOM L3 responses to the IASC Scale-up/Emergency protocols? | What needs of the UN system, IASC Scale-up/Emergency protocols, do the IOM emergency responses meet? | | | What needs of the humanitarian commun IOM L3 emergency respect? |
| IOM's L3 emergency responses aligned with the needs of | What needs of the affected populations do the IOM emergency responses meet (Generally, and context specific)? What specific health needs have been met? | | What needs of the affected populations do the IOM emergency responses meet (Generally, and context specific)? What specific health needs have been met? | What needs of the affected populations do IOM L3 emergency responses meet? | What needs of the affected populations do IOM L3 emergency responses meet? | |
| Member States, UN system, IASC Scale- up/Emergency protocols, and those of the affected populations? | | | | | | |
| What changes need to occur for IOM's L3 response's set-up to be more relevant to the needs and priorities of Member States, UN systems, IASC, and populations at | What needs are not met? Why not? How can IOM improve the design and focus of its L3 responses to better meet beneficiaries' needs? | | What needs are not met? Why not? How can IOM improve the design and focus of its L3 responses to better meet beneficiaries' needs? | What needs are not met? Why not? How can IOM improve the design and focus of its L3 responses to better meet beneficiaries' needs? | What needs are not met? Why not? How can IOM improve the design and focus of its L3 responses to better meet beneficiaries' needs? | |
| risk? 1.3/4.4 Have IOM's mechanisms, guidance and decision making been relevant for IOM offices to undertake risk- | What systems/processes are in place to enable IOM CO teams to establish risk informed preparedness plans? What information is used as the basis for such plans? How is this gathered? | | What systems/processes are in place to enable IOM CO teams to establish risk informed preparedness plans? What information is used as the basis for such plans? How is this gathered? Does your CO have a contingency plan? How often is this reviewed. | | | |

| 1 . | | | • | | | |
|--------------------|------------------------------------|------------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--------------------------|
| informed | | | and who is involved in its revision? | | | |
| operational | | | How adequate are the contingency | | | |
| preparedness | | | stocks? | | | |
| and response | | | What challenges have been faced | What is your view on IOM's | What is your view on IOM's | What is your view on IOI |
| measures of L3- | | | in terms of the preparation of | preparedness and planning during | preparedness and planning during | preparedness and plann |
| declared | | | preparedness planning? How have | a L3? | a L3? | during a L3? |
| emergencies? | | | these been addressed? | a LS f | a L3 f | during a L3? |
| | How do the IOM L3 SOPs/ | | How do the IOM L3 SOPs/ | | | |
| Does IOM | protocols guide and facilitate the | | protocols guide and facilitate the | | | |
| prepare a | implementation of such planned | | implementation of such planned | | | |
| contingency | responses? | | responses? | | | |
| plan/risk analysis | What challenges have been faced | | What challenges have been faced | | | |
| that inform the | in terms of the operationalizing | | in terms of the operationalizing | | | |
| emergency | such plans? How have these been | | such plans? How have these been | | | |
| preparedness? | addressed? | | addressed? | | | |
| | How can IOM improve their L3 | How can IOM improve their L3 | How can IOM improve their L3 | | How can IOM improve their L3 | |
| | emergency response | emergency response | emergency response | | emergency response | |
| | mechanisms/SOPs? | mechanisms/SOPs? | mechanisms/SOPs? | | mechanisms/SOPs? | |
| 1.4 Have any | · | , | · | | • | In what does IOM stand |
| comparative | In what does IOM stand out/has a | In what does IOM stand out/has a | In what does IOM stand out/has a | In what does IOM stand out/has a | In what does IOM stand out/has a | out/has a comparative |
| advantages or | comparative advantage compared | comparative advantage compared | comparative advantage compared | comparative advantage compared | comparative advantage compared | advantage compared to |
| innovations | to other organizations/agencies | to other organizations/agencies | to other organizations/agencies | to other organizations/agencies | to other organizations/agencies | organizations/agencies v |
| relevant to a L3 | within a L3 response? | within a L3 response? | within a L3 response? | within a L3 response? | within a L3 response? | a L3 response? |
| response in the | | | | | | u Es response. |
| design and | | | What innovations have you | What innovations from IOM work | What innovations from IOM work | What innovations from I |
| planning of | What innovations have you | What innovations have you | witnessed within your L3 | have you witnessed within L3 | have you witnessed within L3 | work have you witnesse |
| IOM's approach | witnessed within L3 responses? | witnessed within L3 responses? | response? | responses? | responses? | within L3 responses? |
| been noted? | | | , cope.ise. | . coposco. | . espenses. | Within 20 responses |
| 1.5/2.5 | How does IOM ensure that | How does IOM ensure that | How does IOM ensure that | | | |
| What is the level | humanitarian principles are | humanitarian principles are | humanitarian principles are | | | |
| of IOM's | incorporated into all L3 IOM | incorporated into all L3 IOM | incorporated into all L3 IOM | | | |
| adherence to the | activities during emergency L3 | activities during emergency L3 | activities during emergency L3 | | | |
| humanitarian | interventions, considering | interventions, considering | interventions, considering | | | |
| principles, as | constrained resources and time? | constrained resources and time? | constrained resources and time? | | | |
| described within | | | | Have humanitarian principles ever | Have humanitarian principles ever | |
| Organization's L3 | Have humanitarian principles ever | Have humanitarian principles ever | Have humanitarian principles ever | been ignored or deprioritised | been ignored or deprioritised | |
| declarations, | been ignored or deprioritised? For | been ignored or deprioritised? For | been ignored or deprioritised? For | within the IOM response? If yes, | within the IOM response? If yes, | |
| emergency | what reason? | what reason? | what reason? | for what reason? | for what reason? | |
| protocols and | | | | Tot What reason. | Tot What reason. | |
| related decision- | | | How do you monitor adherence to | | | |
| making? | | | humanitarian principles? And who | How well does IOM monitor | How well does IOM monitor | |
| | | | ensures accountability to the | adherence to humanitarian | adherence to humanitarian | |
| What are the | | | adherence with humanitarian | principles, and ensures | principles, and ensures | |
| systems in place | | | principles? | accountability? | accountability? | |
| to monitor | | | principles: | | | |
| to monitor | | | | l . | <u>I</u> | |

| - alle annue an de | | | 4 | 1 | 1 | |
|-------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-------------------------|
| adherence to humanitarian | | | ⊿ | | | |
| principles and to | | | ⊿ | 1 | | |
| address related | | | ⊿ | 1 | | |
| constraints when | | | ⊿ | 1 | | |
| operating under | | | ⊿ | 1 | | |
| such principles? | | | ⊿ | 1 | | |
| Effectiveness | | | | | | |
| 2.1/2.2 | Which sectorial elements of IOM's | Which sectorial elements of IOM's | | | | |
| Which | L3 responses have worked | L3 responses have worked | Which sectorial elements of IOM's | 1 | | ' |
| operational | particularly well? (CCCM, Health, | particularly well? (CCCM, Health, | L3 responses have worked | In which sector did IOM stood out | In which sector did IOM stood out | In which sector did IOM |
| elements can | NFI? Etc.). What elements have not | NFI? Etc.). What elements have not | particularly well? (CCCM, Health, | and why? | and why? | out and why? |
| confirm that | worked particularly well? Why | worked particularly well? Why | NFI? Etc.). What elements have not | · | and wify: | Out and winy: |
| IOM's global, | not? | not? | worked particularly well? Why not? | 1 | | ' |
| regional, and | How well have the L3 protocols | Hote | How well have the L3 protocols | | | |
| national L3 | facilitated such interventions? | | facilitated such interventions? | | | |
| response | lacilitated sacri interventions. | | idelitated such interventions. | | | |
| measures have | ! | | ⊿ | | | |
| been effective to | ! | | ⊿ | | | |
| address the | ! | | ⊿ | | | |
| humanitarian | ! | | ⊿ | | | |
| and emergency | ! | | ⊿ | | | |
| contexts of at- | ! | | ⊿ | | | |
| risk populations? | ! | | ⊿ | | | |
| | ! | | ⊿ ' | | | |
| What are the | ! | | ⊿ | | | |
| enabling and/or | ! | | ⊿ | | | |
| limiting factors to | What are the enabling or limiting | | What are the enabling or limiting | | | |
| IOM's L3 | factors? How can these be | | factors? How can these be | | | |
| response (in | mitigated? | | mitigated? | | | |
| terms of SOPs, | ! | | ⊿ | | | |
| protocols, | ! | | ⊿ | | | |
| instructions, | ! | | ⊿ | | | |
| flexibility, | ! | | ⊿ | | | |
| leadership, | | | ⊿ | | | |
| accountability, | ! | | ⊿ | | | |
| institutional | | | ⊿ | | | |
| deployment, risk analysis and | | | ⊿ | | | |
| management, | ! | | ⊿ | | | |
| CBIs, etc.)? | ! | | ⊿ | | | |
| 2.3 Are IOM | Is there a common understanding | Is there a common understanding | Is there a common understanding | | | |
| emergency | on how a country office should | on how a country office should | on how a country office should | | | |
| response | function, and re its working | function, and re its working | function, and re its working | | | |
| classification and | relations with RO/HQ, under a L3? | relations with RO/HQ, under a L3? | relations with RO/HQ, under a L3? | | | |
| classification and | Telations with notified and a 201 | Telations with normal ander a 25. | Telations with Northe, and a 25. | | | |

| L3 Protocols clear as to how long the L3 activation should last, and when it can be deactivated? | Are L3 protocol/classification guidelines easily understood in terms of how long a L3 should be, and when it should be deactivated? | Are L3 protocol/classification guidelines easily understood in terms of how long a L3 should be, and when it should be deactivated? | Are L3 protocol/classification guidelines easily understood in terms of how long a L3 should be, and when it should be deactivated? | | | |
|---|--|--|--|--|---|--|
| 2.4 Is there evidence that IOM's L3 | Do you feel there is flexibility inherent in the individual sectoral responses? Practical examples of this? | Do you feel there is flexibility inherent in the individual sectoral responses? Practical examples of this? | Do you feel there is flexibility inherent in the individual sectoral responses? Practical examples of this? | Do you feel there is flexibility inherent in the individual sectoral responses? Practical examples of this? | Do you feel there is flexibility inherent in the individual sectoral responses? Practical examples of this? | Do you feel there is flexi inherent in the individua sectoral responses? Pra examples of this? |
| interventions are flexible enough to respond effectively to the unpredictable nature of | Do you feel that IOM systems and processes are flexible enough to adequately and quickly respond with a L3? What are the main bottlenecks? | Do you feel that IOM systems and processes are flexible enough to adequately and quickly respond with a L3? What are the main bottlenecks? | Do you feel that IOM systems and processes are flexible enough to adequately and quickly respond with a L3? What are the main bottlenecks? | Do you feel that IOM systems and processes are flexible enough to adequately and quickly respond with a L3? What are the main bottlenecks? | Do you feel that IOM systems and processes are flexible enough to adequately and quickly respond with a L3? What are the main bottlenecks? | Do you feel that IOM sys and processes are flexib enough to adequately ar quickly respond with a L What are the main bottlenecks? |
| response, to take into account field perspectives and to facilitate decision-making? | How effective are the decision- making processes under a L3? How do CO-RO-HQ collaborate on this? Do you/staff feel empowered to make your own decisions? | How effective are the decision- making processes under a L3? How do CO-RO-HQ collaborate on this? Do you/staff feel empowered to make your own decisions? | How effective are the decision- making processes under a L3? How do CO-RO-HQ collaborate on this? Do you/staff feel empowered to make your own decisions? | | | |
| 2.6 To what extent have | | | Who is responsible for mainstreaming cross sectoral activities into your L3 interventions? Have sufficient resources (human and budget) been allocated to this? | | | |
| gender and disability-based approaches, environment, and accountability to affected populations (AAP) perspectives been effectively addressed in the L3 approach? | How have the needs of women/girls/men/boys, as well as vulnerable people (people with disabilities, elderly, PLW, etc.) been incorporated into L3 responsea? Are gender transformative interventions possible within L3 emergency responses? | How have the needs of women/girls/men/boys, as well as vulnerable people (people with disabilities, elderly, PLW, etc.) been incorporated into L3 responsea? Are gender transformative interventions possible within L3 emergency responses? | How have the needs of women/girls/men/boys, as well as vulnerable people (people with disabilities, elderly, PLW, etc.) been incorporated into L3 responsea? Are gender transformative interventions possible within L3 emergency responses? | How well does IOM incorprorate the needs of women/girls/men/boys, as well as vulnerable people (people with disabilities, elderly, PLW, etc.) in their L3 response? | How well does IOM incorprorate the needs of women/girls/men/boys, as well as vulnerable people (people with disabilities, elderly, PLW, etc.) in their L3 response? | How well does IOM incorprorate the needs of women/girls/men/boys, well as vulnerable peopl (people with disabilities, elderly, PLW, etc.) in the response? |
| | What beneficiary feedback mechanisms have been established within your responses? How well have they functioned? Been utilised by beneficiaries? Has such feedback led to changes in implementation methodologies? | | What beneficiary feedback mechanisms have been established within your responses? How well have they functioned? Been utilised by beneficiaries? Has such feedback led to changes in implementation methodologies? | Did IOM implement beneficiary feedback mechanisms within their response? How well have they functioned? | Did IOM implement beneficiary feedback mechanisms within their response? How well have they functioned? | Did IOM implement beneficiary feedback mechanisms within their response? How well hav functioned? |

| | How have environmental considerations been incorporated into your response? What kind of environmental assessments have been undertaken? | | What beneficiary feedback mechanisms have been established within your responses? How well have they functioned? Been utilised by beneficiaries? Has such feedback led to changes in implementation methodologies? | Is there any evidence of IOM environmental considerations within their responses? | Is there any evidence of IOM environmental considerations within their responses? | Is there any evidence o environmental conside within their responses? |
|--|---|---|--|---|---|--|
| 2.7 To what extent did the L3 response assist IOM in reaching | How well have IOM been able to target the most vulnerable in your in-country L3 response? What targeting criteria have been used? | | How well have IOM been able to target the most vulnerable in your in-country L3 response? What targeting criteria have been used? | How well have IOM been able to target the most vulnerable in your in-country L3 response? What targeting criteria have been used? | How well have IOM been able to target the most vulnerable in your in-country L3 response? What targeting criteria have been used? | How well have IOM bee to target the most vuln in your in-country L3 response? What target criteria have been used |
| the most vulnerable groups among the beneficiaries? | Have any groups or communities been excluded? How well has the Displacement Tracking Matrix system/database worked? | | Have any groups or communities been excluded? How well has the Displacement Tracking Matrix system/database worked? | How well has the Displacement Tracking Matrix system/database worked? | How well has the Displacement Tracking Matrix system/database worked? | |
| 2.8 How effectively does | How effective was the coordination and managed of CCCM under the L3? How was the level of participation and what achievements can you think of? | | How effective was the coordination and managed of CCCM under the L3? How was the level of participation and what achievements can you think of? | How effective was the coordination and managed of CCCM under the L3? How was the level of participation and what achievements can you think of? | How effective was the coordination and managed of CCCM under the L3? How was the level of participation and what achievements can you think of? | How effective was the coordination and manage CCCM under the L3? Ho the level of participation what achievements can think of? |
| IOM coordinate, communicate, raise awareness, monitor, evaluate and | To what extent was IOM able to communicate and report, internally and externally, on its achievements during the L3? | To what extent was IOM able to communicate and report, internally and externally, on its achievements during the L3? | To what extent was IOM able to communicate and report, internally and externally, on its achievements during the L3? | To what extent was IOM able to communicate and report, internally and externally, on its achievements during the L3? | To what extent was IOM able to communicate and report, internally and externally, on its achievements during the L3? | To what extent was ION to communicate and rej internally and externally its achievements during L3? |
| report on the implementation of L3 approach? | Were the monitoring and evaluation functions fully active during the L3 response? Was IOM able to collect data, and identify lessons learned? Was any outcome-level analysis conducted? | Were the monitoring and evaluation functions fully active during the L3 response? Was IOM able to collect data, and identify lessons learned? Was any outcome-level analysis conducted? | Were the monitoring and evaluation functions fully active during the L3 response? Was IOM able to collect data, and identify lessons learned? Was any outcome-level analysis conducted? | Are you aware or were you involved in data collection exercises with IOM? Did IOM donduct surveys/consultations during the L3? | Are you aware or were you involved in data collection exercises with IOM? Did IOM donduct surveys/consultations during the L3? | What do you think of th collected by IOM during L3? |
| 2.10 What lessons can be learned from the implementation of L3 response in | Is there a knowledge management function within IOM that facilitates learning from operation to operation? If so, how well does this work? | Is there a knowledge management function within IOM that facilitates learning from operation to operation? If so, how well does this work? | Is there a knowledge management function within IOM that facilitates learning from operation to operation? If so, how well does this work? | | | |
| IOM and be further mainstreamed through | What lessons learnt would you like to pass on to other future L3 responses. | What lessons learnt would you like to pass on to other future L3 responses. | What lessons learnt would you like to pass on to other future L3 responses. | | | |

Knowledge

| | , | • | , | | | |
|---|---|---|---|--|---|--|
| Management | | | | | | |
| platforms? | | | | | | |
| Coherence | | | | | | |
| 3.1 How does IOM guarantee internal and | Who is deemed as responsible for ensuring internal and external coherence? | Who is deemed as responsible for ensuring internal and external coherence? | Who is deemed as responsible for ensuring internal and external coherence? | | | |
| external coherence in the implementation of L3 approach and programmes? | What protocols are in place for ensuring coherence when implementing interventions? | What protocols are in place for ensuring coherence when implementing interventions? | What protocols are in place for ensuring coherence when implementing interventions? | | | |
| 3.2 How are the partnerships/collaborations | What working relations have been established with the HCT, UNCT? How has this supported / facilitated /hindered IOM operations? | | What working relations have been established with the HCT, UNCT? How has this supported / facilitated /hindered IOM operations? | What role did IOM play within the HCT, UNCT? How did they participate in strategic discussions? | What role did IOM play within the HCT, UNCT? How did they participate in strategic discussions? | What role did IOM play the HCT, UNCT? How did participate in strategic discussions? |
| managed at | | | What role have IOM played within | What role have IOM played within | | |
| national and global levels? | | | the cluster system? How have IOM interventions complemented those of other operational organizations? UN agencies? Others? Examples? | the cluster system? How have IOM interventions complemented those of your agency, and if yes how? | How have IOM interventions complemented those of other agencies, and if yes how? | How have IOM interven complemented those of agencies, and if yes how |
| 3.3/2.9 When a L3 is declared, are IOM's internal roles and responsibilities well defined and collaboration effective following the restructuring of the Organization in 2022? How is IOM | Are L3 protocols clear with respect to who is responsible for each element of the IOM response? Were the protocols respected in this sense, do you see a discrepancy between the guidelines and the reality? Are the roles and responsibilities of regional offices and HQ divisions clear, and respected? Has the 2022 restructuring of the organization made a difference in this respect? If yes, in what aspects? | Are L3 protocols clear with respect to who is responsible for each element of the IOM response? Were the protocols respected in this sense, do you see a discrepancy between the guidelines and the reality? Are the roles and responsibilities of regional offices and HQ divisions clear, and respected? Has the 2022 restructuring of the organization made a difference in this respect? If yes, in what aspects? | Are L3 protocols clear with respect to who is responsible for each element of the IOM response? Were the protocols respected in this sense, do you see a discrepancy between the guidelines and the reality? Are the roles and responsibilities of regional offices and HQ divisions clear, and respected? Has the 2022 restructuring of the organization made a difference in this respect? If yes, in what aspects? | | | |
| ensuring adherence to its L3 protocols and that accountability frameworks are observed and followed | How well do you feel the collaboration and coordination between the CO, RO, HQ has worked? How could this be improved? | How well do you feel the collaboration and coordination between the CO, RO, HQ has worked? How could this be improved? | How well do you feel the collaboration and coordination between the CO, RO, HQ has worked? How could this be improved? | | | |

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|---|--|--|--|---|---|--|
| throughout the | | | | | | |
| emergency | | | | | | |
| response? 3.4 Are internal and external | | | | | | |
| roles and responsibilities clearly communicated to national authorities, local counterparts, and humanitarian partners? | How do you communicate IOM's role within the overall response to external stakeholders (i.e. donors in Geneva, NYC)? | | How do you communicate IOM's role within the overall response to national authorities, local counterparts, and humanitarian partners? | Is it clear to you what is the role of IOM, and the IOM staff with whom you communicate, within the ongoing emergency response? | Is it clear to you what is the role of IOM, and the IOM staff with whom you communicate, within the ongoing emergency response? | Is it clear to you what is role of IOM, and the ION with whom you commus within the ongoing emeresponse? |
| 3.5 What lessons can be learned to improve overall coherence and related messages for L3 response implementation? | Have you identified areas for improvement with respect to internal and external coherence and on how IOM's role is communicated to key stakeholders? | | Have you identified areas for improvement with respect to internal and external coherence and on how IOM's role is communicated to key stakeholders? | | | |
| Efficiency | | | | | | |
| 4.1/4,2 Have IOM's decision-making lines, protocols, systems, procedures, and resource mobilization and allocation been facilitating the efficient and timely activation of L3 response to respond to an emergency? | Which internal systems i.e. Planning/M&E, HR, Finance, Procurement, RM, Partnerships, ICT, Security, Communications etc have most facilitated the L3 response you are working on/have worked on? Which ones are not meeting the expectations? How efficient was decision making? How do you judge the adequacy and flexibility of resources allocated by IOM during a L3? Do protocols/procedures slow down decision making? Or are the controls reasonable? | Which internal systems i.e. Planning/M&E, HR, Finance, Procurement, RM, Partnerships, ICT, Security, Communications etc have most facilitated the L3 response you are working on/have worked on? Which ones are not meeting the expectations? How efficient was decision making? How do you judge the adequacy and flexibility of resources allocated by IOM during a L3? Do protocols/procedures slow down decision making? Or are the controls reasonable? | Which internal systems i.e. Planning/M&E, HR, Finance, Procurement, RM, Partnerships, ICT, Security, Communications etc have most facilitated the L3 response you are working on/have worked on? Which ones are not meeting the expectations? How efficient was decision making? How do you judge the adequacy and flexibility of resources allocated by IOM during a L3? Do protocols/procedures slow down decision making? Or are the controls reasonable? | | | |
| Are the systems in place to support IOM offices to implement a L3 approach | | | How is a budget for a L3 advocated for and managed at country level? Do you see any flexibility in its use, specifically during a L3 response? | | How do you judge the budget flexibility from IOM during a L3 intervention? | |

| efficient, adaptive, and cost effective? | | | | | |
|--|-------------------------------------|---|-------------------------------------|-------------------------------------|--------------------------|
| | | Are the systems/platforms that | | | |
| 4.2.4 | | IOM use to run its business, in the | | | |
| 4.2 Are further investments in | | context of a L3 response, fit for | | | |
| and adjustments | | purpose? | | | |
| of processes | Are the work processes | Are the work processes | | | |
| needed to | (recruitment, support services, | (recruitment, support services, | | | |
| improve the | warehouse management, | warehouse management, | | | |
| efficiency of IOM | payments) managed efficiently? | payments) managed efficiently? | | | |
| L3 response? | What additional resources do you | What additional resources do you | | | |
| 20 10000000 | believe are required to improve | believe are required to improve | | | |
| | such processes/systems? | such processes/systems? | | | |
| | What training or guidance/support | What training or guidance/support | | | |
| | is provided to in country or | is provided to in country or | | | |
| | deployed staff regarding L3 | deployed staff regarding L3 | | | |
| 4.4 Is IOM | protocols and the inherent | protocols and the inherent | | | |
| efficient in | exceptions and procedures | exceptions and procedures | | | |
| enhancing staff | therein? | therein? What evidence have you seen that | | | |
| knowledge | | such training has worked well? Or | | | |
| through training, guidance, tools, | | not worked? | | | |
| and support | What additional training do you | What additional training do you | | | |
| required to | think newly arrived staff should | think newly arrived staff should | | | |
| implement the L3 | have? | have? | | | |
| response? | nave. | To what extent is the staff | To what extent is the staff | To what extent is the staff | |
| | | deployed by IOM to L3 | deployed by IOM to L3 | deployed by IOM to L3 | |
| | | competent/ready to do the job | competent/ready to do the job | competent/ready to do the job | |
| | | required? | required? | required? | |
| Impact | | | | | |
| 5.1 How does | | What M&E activities are ongoing | Are you involved in any M&E | Are you involved in any M&E | |
| IOM assess the | | that monitor L3 response sectoral | activity with IOM? If yes how do | activity with IOM? If yes how do | |
| level of effects an | | performance in country/within the | you judge the collection and use of | you judge the collection and use of | |
| IOM's L3 | | region? | data? | data? | |
| response has | Are there KPIs that are commonly | Are there KPIs that are commonly | | | |
| had, to bring | used to measure performance of a | used to measure performance of a | | | |
| changes in the | L3 response? What is your | L3 response? What is your | | | |
| global, regional, | experience with them? | experience with them? | | | |
| and national | How frequently is performance | How frequently is performance | | | |
| responses? | measured against objectives? | measured against objectives? | | | |
| 5.2 How is IOM's | What is your perception of the role | What is your perception of the role | What is your perception of the role | What is your perception of the role | What is your perception |
| contribution to | IOM has played within the UNCT? | IOM has played within the UNCT? | IOM has played within the UNCT? | IOM has played within the UNCT? | role IOM has played with |
| the UN | Have their interventions been well | Have their interventions been well | Have their interventions been well | Have their interventions been well | the UNCT? Have their |
| emergency | co-ordinated with other actors? | co-ordinated with other actors? | co-ordinated with other actors? | co-ordinated with other actors? | |

| mechanisms and | | | | | | interventions been well ordinated with other act |
|--|--|--|--|---|---|---|
| implementation protocols perceived by the UN system? (Asked of UN counterparts) | What is your perception of IOM's L3 intervention? Has it been timely? Effective? Met beneficiary needs? | What is your perception of IOM's L3 intervention? Has it been timely? Effective? Met beneficiary needs? | What is your perception of IOM's L3 intervention? Has it been timely? Effective? Met beneficiary needs? | What is your perception of IOM's L3 intervention? Has it been timely? Effective? Met beneficiary needs? | What is your perception of IOM's L3 intervention? Has it been timely? Effective? Met beneficiary needs? | What is your perception IOM's L3 intervention? I been timely? Effective? beneficiary needs? |
| Sustainability a | nd Connectedness | | | | | |
| 6.1 Is the international and national support following the L3 response | How have HDPN activities been incorporated into the L3 response you were involved with? Others that you have seen? | How have HDPN activities been incorporated into the L3 response you were involved with? Others that you have seen? | How have HDPN activities been incorporated into the L3 response you were involved with? Others that you have seen? | How have HDPN activities been incorporated into the L3 response you were involved with? Others that you have seen? | How have HDPN activities been incorporated into the L3 response you were involved with? Others that you have seen? | How have HDPN activitie been incorporated into t response you were invol with? Others that you ha seen? |
| deactivation ensured, to enable recovery and rebuilding phases? | Has this been prioritised? If so, at what stage of the intervention/response? | | Has this been prioritised? If so, at what stage of the intervention/response? | | | |
| 6.2 Have the L3 implementation methodologies contributed to | How has your L3 response, or elements therein led to a medium to long term impact? How does this compare to other responses that you have seen? | How has the IOM L3 response, or elements therein led to a medium to long term impact? | How has your L3 response, or elements therein led to a medium to long term impact? How does this compare to other responses that you have seen? | How has the IOM L3 response, or elements therein led to a medium to long term impact? | How has the IOM L3 response, or elements therein led to a medium to long term impact? | How has the IOM L3 res or elements therein led medium to long term im |
| the sustainability of results and required capacities, i.e., transition strategy, leadership in HCT, | What elements/supported capacities have endured more than others? What specific long-term capacity building exercises have been undertaken, within this L3 context? Has the L3 response you are working on/others that you have | What elements/supported capacities have endured more than others? What specific long-term capacity building exercises have been undertaken, within this L3 context? Has the L3 response you are working on/others that you have | What elements/supported capacities have endured more than others? What specific long-term capacity building exercises have been undertaken, within this L3 context? Has the L3 response you are working on/others that you have | | | |
| coordination system. | seen elaborated a transition strategy? Has this supported the sustainability of the response? | seen elaborated a transition strategy? Has this supported the sustainability of the response? | seen elaborated a transition strategy? Has this supported the sustainability of the response? | | | |
| 6.3 How does IOM approach guarantee sustainability in | Do you feel that sustainability is prioritised at a national, regional, global level? What evidence supports this opinion? | Do you feel that sustainability is prioritised at a national, regional, global level? What evidence supports this opinion? | Do you feel that sustainability is prioritised at a national, regional, global level? What evidence supports this opinion? | | | |
| the framework of its global, regional, and national appeals and responses, also with a view | What efforts are being made within IOM to prioritise the incorporation of HDPN programming into L3 appeals and responses? | What efforts are being made within IOM to prioritise the incorporation of HDPN programming into L3 appeals and responses? | What efforts are being made within IOM to prioritise the incorporation of HDPN programming into L3 appeals and responses? | What efforts are being made within IOM to prioritise the incorporation of HDPN programming into L3 appeals and responses? | What efforts are being made within IOM to prioritise the incorporation of HDPN programming into L3 appeals and responses? | What efforts are being n within IOM to prioritise incorporation of HDPN programming into L3 ap and responses? |

| to support the HDPN? | | | | | |
|----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------|
| 6.4 Has the | What role did IOM play within the | What role did IOM play within the | What role did IOM play within the | What role did IOM play within the | What role did IOM play |
| IOM's | L3 emergency vis-à-vis other UN | the L3 emergency vis-à-v |
| engagement in | agencies (cluster, coordination, | agencies (cluster, coordination, | agencies (cluster, coordination, | agencies (cluster, coordination, | other UN agencies (clust |
| the UN | HCT)? | HCT)? | HCT)? | HCT)? | coordination, HCT)? |
| emergency | | | | | |
| mechanisms | | | | | |
| ensured | Does this have an effect on the | Does this have an effect |
| sustainability to | sustainability of IOM operations or | the sustainability of IOM |
| IOM | IOM's approach towards | IOM's approach towards | IOM's approach towards | IOM's approach towards | operations or IOM's app |
| operations/IOM's | sustainability? | sustainability? | sustainability? | sustainability? | towards sustainability? |
| role within the | · | · | | · | · |
| UN? | | | | | |

Annex 6: Web-survey questionnaire

As part of the **IOM L3 Emergency Response evaluation** currently being conducted, MDF Training & Consultancy has developed a web-survey to measure IOM's performance in L3 emergencies being administered to internal and external stakeholders globally.

This survey will be shared with IOM staff at HQ and other offices, to UN agencies, and to Implementing Partners of IOM globally. It will cover IOM's ability to meet beneficiaries' needs, respect humanitarian principles, IOM's coordination and management of the response, as well as early recovery considerations.

This survey is completely anonymous, meaning that none of the answers provided can be traced back to you as an individual or as an organization.

It will take approximately **15 minutes** to complete the survey.

Also, please try to answer the questions based on your/your Organization's experiences within IOM's <u>L3 emergency response</u> specifically, and not any other IOM interventions.

Thank you for your contribution!

| QN | Survey question | Answer options | Skip logic |
|----|---|--|--------------------------------|
| 1 | Which organization do you represent? | a. IOM b. Other UN Agency (OCHA, WFP, UNHCR or UNICEF) c. Implementing partner (National or International NGO) | |
| 2 | Which office do you work in? | a. HQb. Regional Officec. Country Office | If answered (a) to question 1. |
| 3 | Which L3 operation(s) were you involved in? (Multiple choice) | a. Yemen b. Syria c. Ukraine d. Mozambique e. Ethiopia f. Somalia g. Afghanistan h. Covid-19 i. DRC j. Iraq k. Philippines l. CAR m. South Sudan | |

| | T | a. Programme staff | |
|----|---|--|--|
| | | a. Programme staffb. Support staff (HR, admin, finance) | |
| | | c. Supply chain staff (including procurement and | |
| | What was your role/function in the most recent | logistics) | |
| 4 | one? | d. Policy staff | |
| | | e. Management (Country Director, Regional | |
| | | Director, Chief of Office) | |
| | | f. Other | |
| | Beneficiaries' needs and humanitarian princip | | |
| | Please indicate to what extent you agree with the | | |
| 5 | IOM L3's response fully addressed beneficiary | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor | |
| | needs | disagree; (4) Agree; (5) Strongly agree | |
| 6 | IOM's L3 response fully respected humanitarian | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor | |
| | principles | disagree; (4) Agree; (5) Strongly agree | |
| 7 | IOM's L3 response was gender transformative | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor | |
| | and inclusive IOM was able to target the most vulnerable | disagree; (4) Agree; (5) Strongly agree | |
| | (people with disabilities, elderly, pregnant and | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor | |
| 8 | lactating women, among others) within its L3 | disagree; (4) Agree; (5) Strongly agree | |
| | emergency response | albugices, (1) rigides, (6) out on gry agree | |
| | Climate change adaptation considerations have | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor | |
| 9 | been well incorporated into IOM's L3 response | disagree; (4) Agree; (5) Strongly agree | |
| | How can IOM improve the design and focus of its | (open text) | If (1) Strongly disagree; (2) Disagree |
| 10 | L3 responses to better meet beneficiaries' | (open text) | to question 5 |
| | needs? | | No answer is also possible |
| | Could you please briefly explain why you think | | If (1) Strongly disagree; (2) Disagree |
| 11 | that the most vulnerable were not targeted? | (open text) | to question 8 |
| | Ţ. | | No answer is also possible |
| | IOM's emergency response coordination and r | | |
| | Please indicate to what extent you agree with the IOM interventions complemented those of other | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor | |
| 12 | operational organizations/UN agencies | disagree; (4) Agree; (5) Strongly agree | |
| 13 | IOM's response under L3 was flexible and | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor | |
| 13 | adapted to the changing context | disagree; (4) Agree; (5) Strongly agree | |
| 14 | IOM effectively coordinated and managed the | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor | |
| 14 | CCCM cluster during the response | disagree; (4) Agree; (5) Strongly agree | |
| | IOM's beneficiaries feedback mechanisms during | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor | |
| 15 | the L3 were adequate to capture and address | disagree; (4) Agree; (5) Strongly agree | |
| | beneficiaries' complaints and requests | disagree, (7) Agree, (3) Strongty agree | |
| 16 | IOM's monitoring and evaluation was done | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor | |
| 10 | effectively during the L3 response | disagree; (4) Agree; (5) Strongly agree | |

| 17 | IOM was able to conduct quality needs assessments (on its own, or jointly with other agencies) | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | |
|----|--|--|--|
| 18 | The Displacement Tracking Matrix (DTM) provided timely and useful information for the humanitarian community during the response | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | |
| 19 | The role of IOM within the emergency response is clearly communicated externally | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | |
| 20 | IOM established good working relations with the HCT and UNCT in the country of the response | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ |
| | Any comments on above points: | | No answer is also possible |
| 22 | Which sectorial elements of IOM's L3 responses worked particularly well? (Select 3 maximum) | a. Shelter and NFI b. WASH c. Health d. Displacement management (CCCM) e. Displacement Tracking (DTM) f. Supporting transition and peace building g. Community stabilization h. Disaster risk reduction | Unrestricted question, no answer is also possible |
| 23 | Which sectorial elements of IOM's L3 responses need improvement? (Select 3 maximum) | a. Shelter and NFI b. WASH c. Health d. Displacement management (CCCM) e. Displacement Tracking (DTM) f. Supporting transition and peace building g. Community stabilization h. Disaster risk reduction | Unrestricted question, no answer is also possible |
| 24 | Could you please briefly elaborate on what improvements are necessary in your opinion? | (open text) | If answered to at least one option in the previous question No answer is also possible |
| 25 | Which were the sectors where IOM's response was complementary to the one of other agencies? (Select 3 maximum) | a. Shelter and NFI b. WASH c. Health d. Displacement management (CCCM) e. Displacement Tracking (DTM) f. Supporting transition and peace building g. Community stabilization h. Disaster risk reduction | Only for IOM CO and Implementing partners Unrestricted question, no answer is also possible |
| | IOM's internal management of L3 | | |
| | Please indicate to what extent you agree with the | following statements | |

| | 10.0 | (4) O1 | T | | |
|----|---|---|---|--|--|
| 26 | IOM's response elaborated detailed preparedness/contingency plans | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ | | |
| 27 | IOM's emergency stock was adequate to respond to beneficiaries' needs | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ | | |
| 28 | IOM systems and processes are flexible enough to adequately and quickly respond to an L3 crisis | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ | | |
| 29 | Surge staff was fully trained to undertake their roles | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ | | |
| 31 | IOM's knowledge management functions during the L3 were fully active and contributed to build on lessons learned | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ | | |
| 32 | Humanitarian, development and peace nexus (HPDN) activities were adequately incorporated into the IOM's L3 response | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ | | |
| 33 | IOM's transition strategy after the L3 is deactivated was fit for purpose and clearly defined | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ | | |
| | Any comments on above points: | | | | |
| 34 | What additional trainings would be required in your opinion? (Select 2 max) | a. Procurement processes b. IOM's sectorial competence c. Budget management d. Hostile environment awareness e. Administrative procedures f. Others (please specify) | If (1) Strongly disagree; (2) Disagree to question 29 | | |
| 35 | If others, which ones? | (open text) | If answered others to previous question | | |
| | IOM's internal processes under a L3 | | | | |
| | Please indicate to what extent you agree with the following statements | | | | |
| 36 | IOM's SoP and Protocols to respond to a L3 were fully adhered to during the response | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ | | |
| 37 | Working relations between IOM HQ and Regional and Country office were clear and efficient during the L3 | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ | | |
| 38 | Roles and responsibilities of IOM's staff at HQ level Involved In the L3 were clear and communicated effectively | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ | | |

| 39 | Roles and responsibilities of IOM's staff at Regional Office level Involved In the L3 were clear and communicated effectively | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ |
|----|---|---|--|
| 40 | Roles and responsibilities of IOM's staff at Country Office level Involved In the L3 were clear and communicated effectively | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ |
| 41 | The process for L3 deactivation/scale down was efficient and its consequences clear (as applicable) | (1) Strongly disagree; (2) Disagree; (3) Neither agree nor disagree; (4) Agree; (5) Strongly agree | Only for IOM CO, RO and HQ |
| | Any comments on above points: | | No answer is also possible |
| 43 | What would you consider being the main bottlenecks within IOM's L3 responses? (Select 2 maximum) | a. HR b. Surge capacity c. Inadequate systems (templates, platforms, etc.) d. Inadequate processes (slow recruitment, slow procurement, etc.) e. Lack of communication between offices f. Management decisions lacking consultation g. Unclarity on roles and responsibilities h. Other (please specify) | Only for IOM CO, RO and HQ |
| 44 | If others, which ones? | (open text) | If answered others to previous question |
| 45 | Could you please briefly elaborate on what specific elements need improvement? | (open text) | Only for IOM CO, RO and HQ No answer is also possible |
| | Final questions | | |
| 46 | Could you briefly mention the main success(es) of IOM's L3 response? | (open text) | Only for IOM CO, RO and HQ No answer is also possible |
| 47 | Could you briefly mention what could have been done better by IOM before, during or after the L3? | (open text) | Only for IOM CO, RO and HQ No answer is also possible |