



Independent Evaluation of UNHCR's Response to the L3 Emergency in the Democratic Republic of Congo

EVALUATION REPORT

DECEMBER 2018

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UNHCR Evaluation Service

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This is an independent evaluation and team members assume responsibility for all opinions, recommendations and any unintended errors that may appear in this report.

List of Abbreviations and Acronyms

AAP	Accountability to Affected Populations
ABOD	Administrative budget
AHC-O	Assistant High Commissioner for Operations
AIRD	African Initiatives for Relief and Development
CAR	Central Africa Republic
CBI	Cash Based Interventions
CCCM	Camp Coordination and Camp Management
CRIO	Réunion du Comité Régional Inter-organisation
DFID	Department for International Development
DRC	Democratic Republic of Congo
DSA	Daily Subsistence Allowance
ECHO	European Civil Protection and Humanitarian Operations
FGD	Focus Group Discussion
GPC	Global Protection Cluster
GTA	Shelter Working Group (<i>Groupe de Travail Abris</i>)
HALEP	High Alert List for Emergency Preparedness
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
HQ	Headquarters
IASC	Inter-Agency Standing Committee
ICCWG	Inter-Cluster Coordination Working Group
ICT	Information and Communications Technologies
IDP	Internally Displaced Person
INGO	International Non-governmental Organisation
IOM	International Organisation for Migration
KEQ	Key Evaluation Question
M&E	Monitoring and Evaluation
MONUSCO	Mission de Stabilisation de l'Organisation des Nations Unies en République Démocratique du Congo
NGO	Non-governmental Organisation
NRC	Norwegian Refugee Council
OPS	Operations
PoC	Persons of Concern
PPA	Project Partnership Agreement
PSEA	Protection against sexual exploitation and abuse

R	Recommendation
RBA	Regional Bureau for Africa
R&R	Rest and Recuperation
SDC	Swiss Agency for Development and Cooperation
SFCG	Search for Common Ground
TOR	Terms of Reference
UN	United Nations
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USD	United States Dollars
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

Executive Summary

Evaluation Purpose and Scope

1. The United Nations High Commission for Refugees (hereafter referred to as “UNHCR”) commissioned this evaluation for the purpose of accountability and learning. UNHCR anticipated that the results of this evaluation would inform the next phase of UNHCR’s programme in the Democratic Republic of Congo (DRC) while also providing insights and recommendations for UNHCR global operations in system-wide L3 emergencies that include Internally Displaced Person (IDP) populations. This evaluation covered the preparations and response by UNHCR, its implementing partners in DRC and coordination systems where UNHCR has a lead role related to the system-wide L3 emergency that was declared on 20 October 2017 and discontinued on 20 April 2018.

Methodology

2. The evaluation was divided into three-phases: inception, data collection and analysis/reporting. The data collection phase included a desk review and a four week visit to DRC. The team interviewed a total of 423 stakeholders, including representatives of government authorities, bilateral donors, United Nations (UN) Agencies, private sector, international and national Non-Governmental Organisations (NGO). Representatives from displaced and host communities were consulted during 26 Focus Group Discussions (FGD) with 156 (67 men and 89 women). Following the field visit, the evaluation team facilitated an After Action Review for UNHCR staff, and an interagency workshop in Kinshasa where staff from UNHCR, partners and other stakeholders were given the opportunity to validate preliminary findings and discuss emerging recommendations. The evaluation team encountered challenges when assessing achievements due to the variable quality of, and gaps in, monitoring data and relied to a large extent on qualitative data collected during interviews and FGD.

Summary of Findings

Key findings based on each of the five key evaluation questions (KEQ) are summarised below.

1. UNHCR and Partner Strategies

3. The scale of the needs exceeded capacities and resources of humanitarian actors and made it imperative that assistance was targeted and well-coordinated. UNHCR’s prioritisation of protection and shelter coordination was appropriate.
4. The interagency Protection Strategy of the Humanitarian Coordination Team (HCT) in DRC was approved in April 2018 following a prolonged process which meant there was no agreed protection strategy to guide the overall L3 response.
5. Needs assessments were carried out by UNHCR and partners to identify vulnerable populations and target assistance. Most of UNHCR’s own protection strategies for DRC were developed in a timely way but were not well-communicated internally and externally. At a provincial level there was a lack of practical guidance for targeted support to persons with specific needs.
6. UNHCR’s national protection strategy provided a useful reference to guide prioritisation of resources but was not sufficiently linked to inter-agency efforts, notably promoting protection mainstreaming.

7. UNHCR's Operations Plan for the Kasai crisis was relevant to the context but proved to be overly ambitious due to lack of funding.

2. Achievement of Results

8. UNHCR in DRC did not wait for the declaration of the system-wide L3 emergency to start providing assistance, but they did so with limited resources in a context where the government did not authorise an initial assessment by the protection cluster. Lack of funding, difficulties in deploying staff with the necessary skills and experience, delays in delivering vehicles and relief items all affected the timeliness and quality of UNHCR's response.
9. UNHCR's response was widely viewed as inconsistent with the level of effort expected in a L3 displacement emergency and there was a lack of clarity about who in UNHCR HQ had overall accountability for this corporate response.
10. The protection cluster reported achieving only 8% coverage of needs for the overall response. This underestimated coverage since information management and reporting systems did not consider protection mainstreaming activities in other clusters, and Monitoring and Evaluation (M&E) systems did not track how protection monitoring data was used. Community-based protection approaches encouraged a good level of participation by communities but UNHCR made little progress in establishing community communication systems and feedback/complaints systems.
11. The use of multi-purpose cash in Kasai during the initial phases of the L3 response was appropriate to meet basic needs of vulnerable Persons of Concern (PoC), including for shelter. Most non-food items (NFI) procured for L3 operations in Kasai were distributed 5-6 months after needs assessments had been conducted, reducing their effectiveness.
12. UNHCR's partner selection processes had unintended negative impacts on its interventions, particularly in Kasai where there were significant delays in identifying other partners after the Project Partnership Agreement (PPA) of one of their partners was not renewed.
13. There was a lack of systematic reporting of outcomes by UNHCR and most of their implementing partners during the period covered by the L3 declaration even though protection monitoring could have potentially provided outcome data for both advocacy initiatives and interventions at a community level.

3. Coordination Effectiveness

14. UNHCR-led coordination mechanisms were strategically positioned in L3 areas by April 2018. A key challenge for UNHCR-led coordination systems was not only to avoid duplication, but mainly to optimise value-added of the limited resources available.
15. The protection cluster contributed to the response by increasing the understanding of humanitarian actors of protection needs and by building capacity of national actors. Training facilitated by the protection cluster and advocacy within the HCT resulted in a heightened awareness of protection principles among humanitarian actors. Key gaps during the L3 response included the lack of protocols to address protection needs, lack of coherence between different protection working groups, difficulties in agreeing on harmonised standards, data management and turnover of cluster coordinators.
16. Prior to the L3 declaration, shelter was treated as non-food item (NFI) assistance, rather than a means to reinforce protection and durable solutions. UNHCR's efforts to revitalise shelter coordination began well but lost momentum due to a combination of recruitment challenges and lack of resources. UNHCR's investments eventually resulted in a more strategic approach to shelter coordination in eastern DRC and the Kasais after the L3 emergency had been discontinued.

4. Emergency Preparedness

17. The protection cluster drew OCHA's attention to early warning signals that pointed to a deterioration of the situation in the Kasais as early as August 2016.
18. UNHCR's preparedness focused on updating their 2016-2017 Regional Contingency Plan for elections and planning for refugee influxes from neighbouring countries. UNHCR also participated in the preparedness planning processes led by the Humanitarian Coordinator (HC) that was completed at the end of 2016.
19. UNHCR was the only humanitarian agency in DRC which didn't declare an internal L3 in mid-2017 prior to the system-wide declaration in October 2017. UNHCR nonetheless did not wait for a L3 declaration but took steps that helped to position themselves to scale up once the system-wide L3 had been declared.

5. Understanding of UNHCR's role and value-added in this IDP emergency

20. Up until mid-2017 UNHCR communications stressed they were focusing only on refugee operations in DRC due to the lack of capacity and resources, and this shifted in mid-2017 to include Internally Displaced Persons (IDP). High level missions from UNHCR HQ helped to support communications to some extent but even in mid-2018 there was not a consistent understanding among stakeholders, including UNHCR's own staff in DRC, about UNHCR's role and value-added in this IDP crisis.
21. UNHCR's national NGO implementing partners were the most positive when asked about UNHCR's role and value-added in this IDP crisis. The consensus amongst peer UN agencies and International Non-governmental Organisations (INGO) was that UNHCR had added value but not optimised their comparative advantage. Staff based in DRC from the United Kingdom (DFID), the European Union (ECHO) and Switzerland (SDC) interviewed claimed there was a lack of clarity about UNHCR's role in the IDP crisis.
22. Most stakeholders viewed UNHCR's relatively close relationship with the United Nations Organisation Stabilisation Mission in the Democratic Republic of Congo (MONUSCO) as value-added though some INGOs felt that it compromised UNHCR's impartiality.

Summary of Conclusions and Recommendations

23. This section on conclusions begins with an overall statement on UNHCR's interventions during the L3 emergency in DRC. This statement is followed by summary versions of conclusions and recommendations linked to a specific conclusion.

OVERALL STATEMENT: By the time the L3 was deactivated in April 2018, UNHCR had succeeded in increasing its capacity as originally planned. Significant delays in scaling up and gaps in systems and capacity compromised the effectiveness of the response.

24. During the L3 response UNHCR sought to fulfil its commitments to the Inter-Agency Standing Committee (IASC) to engage agencies with the required expertise to develop comprehensive and practical strategies that placed protection at the centre of humanitarian action. However, as UNHCR was not prepared to deal with a major IDP crisis in DRC it was not able to respond in a timely way and to a scale commensurate with HCR's status as a premier humanitarian organisation during a L3 displacement emergency. Due to a combination of internal and external factors, notably critical gaps in funding and staffing, protection monitoring did not influence delivery of services and assistance as planned. UNHCR was reviewing its approach in mid-2018 while being faced with the prospect of a

low rate of return on their investments due to uncertainties about future funding after deactivation of the L3 emergency in April 2018.

A Corporate Emergency: conclusions for UNHCR HQ and UNHCR DRC
1. Many stakeholders, including UNHCR staff and DRC-based representatives of some of UNHCR’s major donors, lacked a common understanding regarding UNHCR’s comparative value-added during the IDP crisis.
2. Except for Cash Based Interventions (CBI), outcome monitoring or post-distribution monitoring was not incorporated into UNHCR’s Monitoring and Evaluation (M&E) systems.
3. UNHCR’s partner selection processes had unintended negative impacts on its interventions, particularly in Kasai where there were significant delays in identifying other partners after the PPA of one of their partners was not renewed.
Conclusions for UNHCR HQ, UNHCR DRC and Clusters led by UNHCR
4. UNHCR encouraged community-based approaches during the L3 response but fell short in meeting other commitments to Accountability to Affected Populations (AAP), notably delays in establishing complaints and feedback systems for PoCs.
5. Current OCHA-led systems for data management and multi-sectoral reporting do not accurately reflect or provide an incentive for mainstreaming protection.
Conclusions specific to UNHCR DRC
6. Protection monitoring was a strategic use of limited UNHCR resources but did not add as much value to the L3 response as it could have, due mainly to the lack of a service-oriented approach that could have helped in better understanding what was needed by agencies working in other sectors and clusters to mainstream protection.
7. Community-based approaches to protection are essential for IDP operations in the DRC context and UNHCR’s approach was appropriate.
8. The relatively high cost of establishing and staffing UNHCR offices along with the lack of effective remote management and monitoring systems undermined coverage and cost effectiveness.
9. Although the risk of further displacements within DRC remains high, UNHCR preparedness remained limited.
Conclusions specific to UNHCR HQ
10. UNHCR lacked policies, approaches and tools that are specifically adapted for IDPs, including L3 protocols.
11. UNHCR lacked clear lines of accountability for decision-making during this L3 corporate response.

Summary of Recommendations

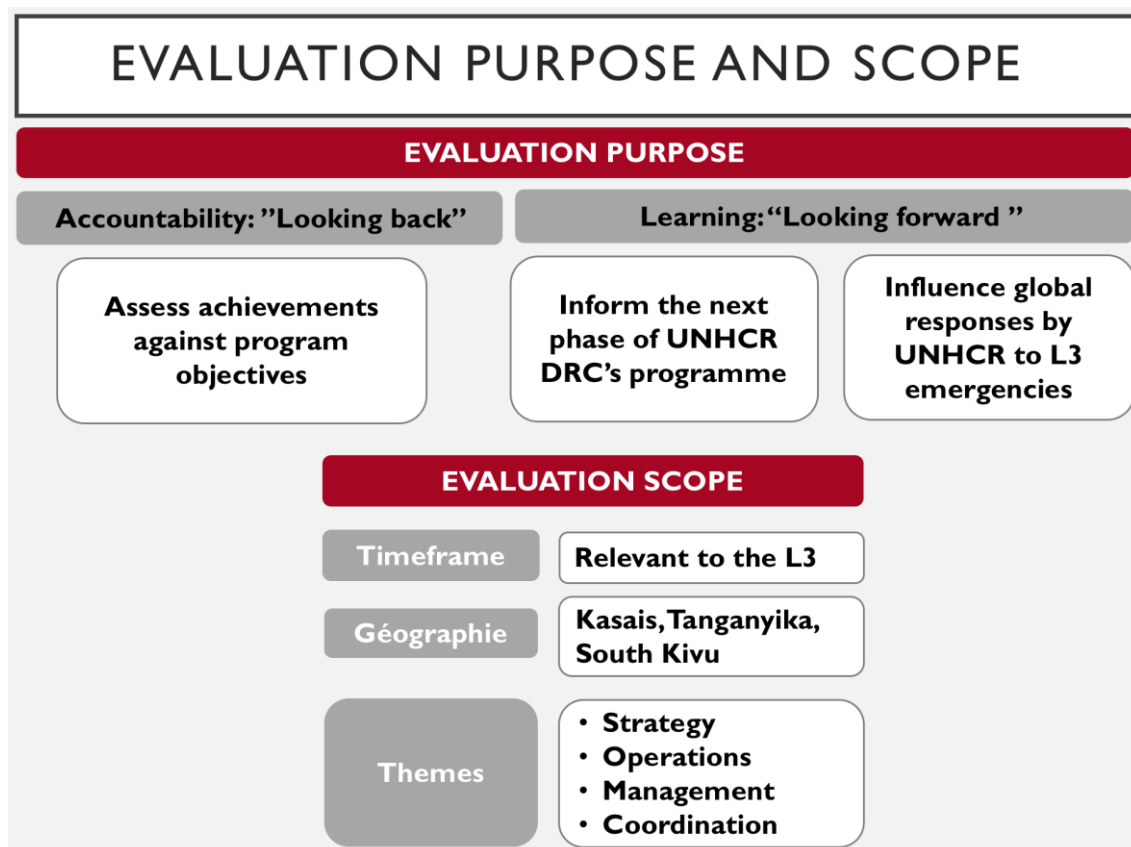
A total of eleven recommendations targeted at different units in UNHCR HQ, UNHCR-led clusters and UNHCR DRC appear at the end of this report. Those recommendations that are directly related to UNHCR’s work in IDP contexts include: development of a viable business model for UNHCR IDP operations; working with OCHA to revise information management and reporting systems to reflect protection mainstreaming; adopting a service-oriented approach to protection monitoring; and accelerating the development of guidance and tools required for IDP contexts, including improvements for emergency preparedness for IDP emergencies. Other recommendations include improvements to partner selection

processes in DRC, strengthening outcome monitoring systems and accountability to PoCs and improving cost effectiveness. Finally, UNHCR should clarify accountability for decision-making during L.3 emergencies to help ensure that the resources are allocated in a timely way and a scale that are consistent with a corporate emergency.

Introduction

This is the Evaluation Report of UNHCR-led operations and coordination mechanisms in during the L3 response in DRC. Figure 1 summarises its subject, purpose and scope.

Figure 1 – Evaluation subject, scope and purpose



25. This evaluation focused on preparations and the response by UNHCR, its implementing partners and coordination systems where UNHCR had a lead role, during the L3 emergency that was declared on 20 October 2017 and discontinued on 20 April 2018. In addition to assessing the overall effectiveness of the response, the evaluation focused on strategy, coordination, preparedness, communication of UNHCR's role and perceptions of value-added in this IDP response.
26. The **evaluation purpose** aimed to assess achievements against programme objectives related to UNHCR's response to the L3 crisis. The Terms of Reference (TOR) for the evaluation is attached as an annex to this report.

Country and Operational Context

2.1. Context in Democratic Republic of Congo

27. The Democratic Republic of Congo (DRC) has experienced armed conflict since the colonial era and a complex emergency has persisted for more than 20 years. Multiple drivers have contributed to conflict in DRC, including chronic political instability and weak governance; corruption and competition over resources and power; security concerns; ethnic tension; economic contraction, poverty, and unemployment; and regional instability. Competition for power, land, and resources by local political elites has exacerbated these tensions, and armed groups have capitalised on existing conflicts by exploiting ethnic and political divisions.
28. Although peace agreements in 2002 brought the Democratic Republic of the Congo (DRC) tenuous stability, armed actors continue to create insecurity, mainly in eastern provinces. In addition to the violence caused by armed groups, DRC is a country with a history of political instability and violence as well as tense elections. Postponing the presidential and parliamentary elections scheduled for 2016 caused further political instability in the country and triggered violent protests across the country.

2.2. Background to the Crisis

29. OCHA reported that 1.7 million people were forced to flee their homes during 2016 – 2017, mainly in the Kasai, South Kivu and Tanganyika regions. At the end of 2017, according to the humanitarian community, the total number of internally displaced people in the DRC had reached an estimated 4.1 million. DRC also hosted more than half of a million refugees, including from Burundi, Central African Republic (CAR), Rwanda and South Sudan.
30. In 2017 a new crisis erupted in Kasai Region. Tensions were initially triggered in 2016 by disputes about traditional authorities in Kasai Central that rapidly spread throughout the area during the first quarter of 2017. During the same period along Lake Tanganyika in eastern parts of the DRC, there was an escalation of inter-community tensions that subsequently spread to neighbouring South Kivu and Maniema provinces.
31. The humanitarian crisis not only worsened in provinces where the vulnerabilities of people affected by protracted conflict were already elevated, but also expanded, affecting people in areas previously considered stable. The humanitarian situation was characterised by renewed violence and inter-community tensions; new waves of population movements; disease outbreaks; a major increase in malnutrition and food insecurity; and increased protection risks.

Table 1 – Change in population numbers during the L.3 response

	Status	L.3 Activation	L.3 Deactivation ¹
Angola	Congolese refugees (from Kasai regions)	31,370 people	36,094 people (30 May 2018) ²
Kasai region³	IDPs	762,307 people ⁴	897,476 people
	Returnees (last 18 months)	710,451 people	1,452,020 people
Tanganyika province⁵, the Territories of Pweto (Haut-Katanga) and Malemba-Nkulu (Haut-Lomami)	IDPs	717,000 people (30 Nov., 2017)	809,183 people
	Returnees		203,237 people
South Kivu province and Maniema⁶	IDPs	609,000 people (30 Nov., 2017)	489,960 people
	Returnees		141,697 people

2.3. Operational Context

Legal framework for Internally Displaced Persons

32. The DRC government ratified the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa or the Kampala Convention in 2014. The government drafted legislation with support from UNHCR to be consistent with the Convention and took steps towards implementation. DRC is a member of the International Conference of the Great Lakes region signing its protocols on internal displacement in 2006 and has since taken some steps towards draft a national law protecting IDPs.

Coordination and Planning of the Response

33. The pre-crisis strategic framework informing humanitarian assistance in DRC was the multi-annual Humanitarian Response Plan (2017-2019). Despite the deterioration in the humanitarian situation in 2017, the HCT agreed that the multi-year, multi-sectoral approach of the 2017 - 2019 Humanitarian Response Plan (HRP) remained valid, but that a revised 2018 edition of the HRP reflecting updated objectives, indicators, and sectoral strategies was required to reflect the changed context. Each cluster, including protection and NFI/Shelter, were asked to develop specific guidelines (“Lignes Directrice”) detailing the strategic and sectoral objectives, minimum activity packages, and indicators in line with the HRP.
34. Following the declaration of a system-wide L.3 declaration, inter-agency operational plans for the three affected regions were developed during November-December based on limited

¹ OCHA, Urgence humanitaire de niveau 3 en R.D. Congo, Rapport de situation No 2 (Avril 18, 20189)

² UNHCR, Factsheet for DR Congo, May 2018

³ OCHA, Rapport de situation No 14 (October 23, 2017)

⁴ This figure considers the returns movement and the verification of alerts in 5 provinces.

⁵ Plan de réponse d’urgence, Nov 2017.

⁶ Plan de réponse d’urgence, Nov 2017.

available information due to access constraints. The response strategies for the operational plans of the three provinces were built on the first three strategic objectives in the HRP:

- (i) Immediate improvement of the living conditions of the people affected by the crisis and in particular the most vulnerable;
 - (ii) Protecting those affected by the crisis and ensuring respect for their human rights; and
 - (iii) Reducing the excess mortality and excess morbidity of people affected by the crisis.
35. Estimated requirements for UNHCR’s three provincial emergency operation plans were USD 241.6 million for the Kasai Region, USD 57.7 million for South Kivu and USD 106.4.2 million for Tanganyika for a six-month period. As of August 2018, only USD 35 million (15% of total requirements) for refugee and IDP operations had been funded.⁷

Table 2 – Operational plan – targets per region

Province/ region	People in needs	People targeted	Financial requirements (USD)	Sectoral requirements (USD)	
				Protection	Shelter/NFIs
Kasai region	1.9M	1.8M	\$241.6M	\$12,6M for 885,209 people	\$15.9M for 0.4M people
Tanganyika	0.9M	0.6M	\$106.4M	\$5.2 for 0.35M people	\$10.2 for .27M people
South Kivu	0.7M	0.4M	\$70.2M	\$5.2M for 0.30M people	\$3.9M for 0.14M people

36. OCHA led a review of the humanitarian architecture in the DRC from November 2017 to February 2018 to reflect the changing context which resulted in two key changes:
- The geographical division of the national territory into five regional areas of competence, each falling under the responsibility of a coordination centre.
 - Decentralised decision-making supported by newly-established Regional Inter-Agency Committees and Local Inter-Agency Committees in addition to Regional Intercluster/Clusters and Cash Working Groups.

UNHCR Structure and Capacity

37. Prior to the L3 activation, UNHCR had 326 staff spread between 18 offices in DRC.⁸ UNHCR placed an emphasis on protection by presence after the L3 declaration and opened three offices in Kananga, Tshikapa and Mbuji-Mayi in Kasai and in Bas Uele Province for refugees from CAR. UNHCR also set up two warehouses in Kananga and Tshikapa. In one of the L3 areas in Haut Katanga (Pweto), UNHCR used a remote management approach with an existing national partner and did not open an office.
38. During the L3 response UNHCR strengthened both protection cluster coordination and the shelter working group⁹ coordination at national, provincial and territorial levels, including the creation of five protection clusters in three provinces of the Kasai Region and in the territories of Fizi and Shabunda in South-Kivu and re-activation of three shelter working group in Kananga, Kalemie and Bukavu. UNHCR also played an active role in coordinating Cash Working Groups (CWG) at national level and in Kasai.

⁷ UNHCR (2018) Funding Update: DRC. 28 August 2018.

⁸ A Regional Representation, four sub-offices, four field offices and nine field units

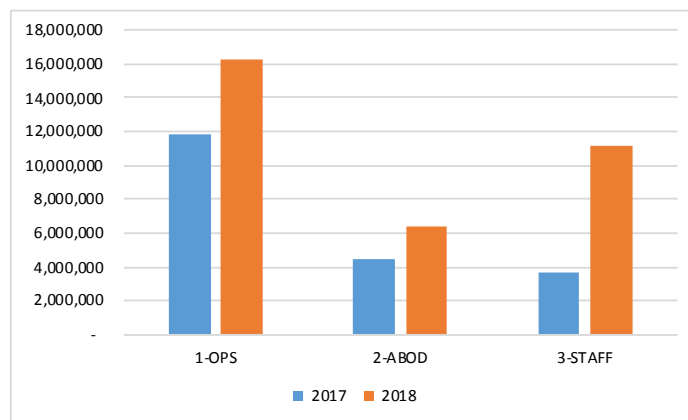
⁹ Prior to the L3 activation, UNHCR led the protection cluster and the shelter working-group as part of the NFI/shelter cluster under the leadership of UNICEF. The CCCM cluster was not active in early 2017 and was not activated after the L3 declaration.

39. UNHCR signed agreements with a total of eleven partners in 2017, of which six were new PPAs signed between May and October for the Kasais. Five others were annual PPAs that had been signed in January 2017 and revised to include L3 activities (details available in annex). Four partners were not extended into 2018 and three new partners signed PPAs so that in 2018 leaving a total of 10 implementing partners in the three L3 areas.

UNHCR Budget and Allocations

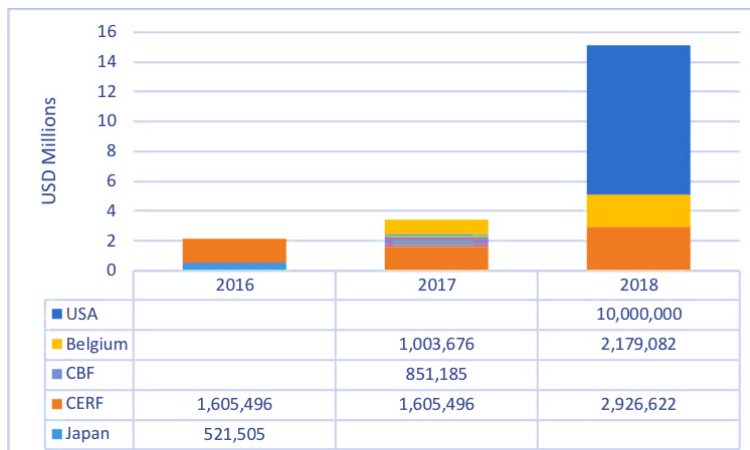
40. USD 500,000 was allocated under the administrative budget (ABOD) in July 2017 to fund the start-up in Kasai and was used to purchase ICT equipment, identify offices and daily subsistence allowance (DSA) for missions by UNHCR staff. These funds had been spent by the end of September and a second allocation of just over USD 2.8 was allocated for ABOD in December 2017. In addition, the Budget Committee approved on December 12, 2017 the creation of 100 positions for the L3 emergency with a budget of just over USD 9.1 million effective February 2018. The figure below shows budget allocations.

Figure 2 – L.3 Budget Allocations (USD Millions)



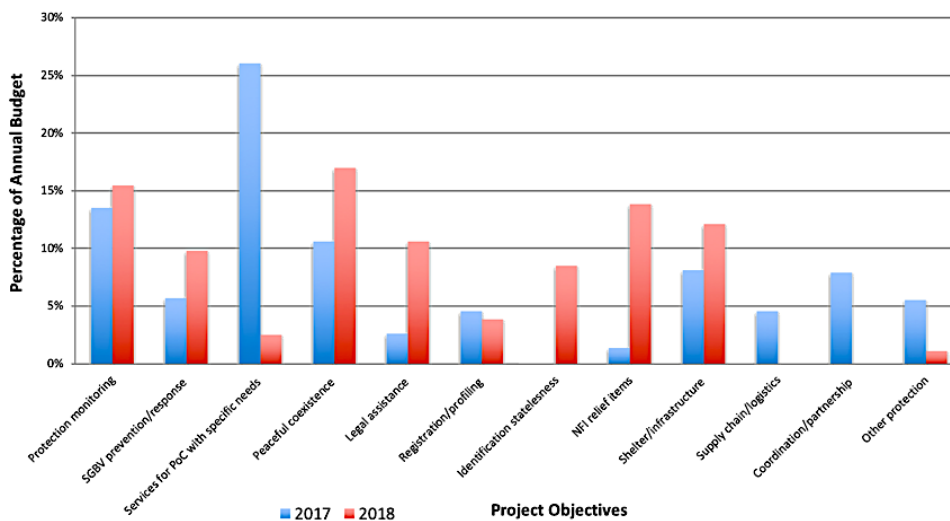
41. In February 2018, UNHCR published a supplemental appeal. UNHCR’s 2018 ExCom budget for the Democratic Republic of the Congo includes USD 58,752,673. UNHCR established a supplementary budget amounting USD 78,634,831 to address the needs of internally people displaced by violence in the affected territories. As shown in Figure 3, contributions lagged and UNHCR has relied heavily on CERF funding from the underfunded window to fund Pillar 4 operations for IDPs. Following the declaration of the L.3 emergency, contributions were supplemented by Belgium along with an increased CERF allocation. The US government contribution of USD 10 million in May 2018 came from funds earmarked for DRC, but not directly linked to the L.3 emergency.

Figure 3 – Main Donors to UNHCR’s Operations 2016-2018



42. Over 75% of UNHCR’s budget to partners for the L.3 crisis was allocated to Kasai, with another 17% and 7% being allocated to Tanganyika and South Kivu provinces respectively.

Figure 4 – Budget Allocation by objective for the L.3 crisis during 2017 and 2018¹⁰



43. UNHCR focused on two priorities: strengthening coordination and protection monitoring. As shown in Figure 4 above, UNHCR’s resources for the L.3 crisis were mainly allocated to different categories of protection activities; 63% during 2017 and 68% during 2018 respectively. Only around 10% of UNHCR’s operational budget was allocated to shelter.

2.4. Timeline

44. Key milestones for the L3 emergency are presented in Figure 5 below showing both UNHCR-specific events and external events. A more detailed version of this timeline can be seen in the annex. Early warning signals of a deterioration of the situation in the Kasais were brought to the notice of OCHA by the protection cluster as early as August 2016. Discussions about the humanitarian consequences of the conflict started at the HCT in late 2016 and a system-wide emergency was only declared in October 2017.

¹⁰ Source: UNHCR. “Other protection” during 2017 included: public attitudes towards PoC (4%), community mobilisation (0.3%), family reunification (0.4%), Reintegration (0.9%), solution strategy (0.5%), (4.6%). “Other protection” during 2018 included: community mobilisation (0.4%), reintegration (0.9%), Assessment and analysis (0.05%), detention and free movement (0.2%), civil status and documentation (0.01%).

Figure 5 – Timeline of key milestones

	UNHCR Internal key events	External key events		
2016	MARCH UNHCR COP for 2017, Pillar 4 for IDPs is not prioritised		2016	
	Start of the conflict opposing Balubakat & Batwa, Tanganyika	JULY		
	death of Chief Kamwina triggers conflict in Kasai	AUGUST		
	AUGUST Protection cluster flags early warning signals in Kasai to OCHA			
	Inter-agency contingency plan for electoral process	DECEMBER		
	DECEMBER Procurement needs submitted to UNHCR HQ			
2017		MONUSCO strengthens its presence in Kasai	FEBRUARY	2017
	HCT Kasai task force, access very limited after UN staff executed	MARCH		
	Flash appeal for DRC. HCT Protection Strategy process started	APRIL		
		Refugee influx from CAR	APRIL – MAY	
	MAY budget increase requested for posts in Kasai and increased of ABOD			
	MAY protection cluster strategy for Kasai, but assessment not authorised			
	MAY ADSSE PPA (data collection, monitoring and wet food distribution)			
		OCHA declares a corporate emergency for the Kasai crisis	MAY	
		HCT encouraged agencies to declare an internal L.3 emergency	JUNE	
		UNICEF declares an internal L.3 emergency	JULY	
	JULY USD 500,000 ABOD allocation under 2017 approved for Kasai			
	JULY Procurement process for vehicles started for Kasai			
	JULY Training of Kasai authorities by the protection cluster			
		End of mission for the HC, WFP Rep appointed HC <i>a.i.</i>	AUGUST	
		WFP and UNFPA declare an internal L.3 emergency	AUGUST	
	AUGUST UNHCR issues call for proposals			
	AUGUST Protection cluster mission to Kasai to activate sub-national clusters			
	AUGUST AHC-O & RBA mission recommends internal L.3			
	SEPTEMBER HR cell activated, request for 6 emergency deployments			
	OCTOBER UNHCR staff deployed in Kasai. IDP Special Adviser mission			
	** SYSTEM-WIDE L.3 ACTIVATION (20 October 2017) **			
	OCTOBER UNHCR declares L.3, effective 20 October (30 Oct.)			
	NOVEMBER RBA budget request for staffing, Ops, ABOD			
	NOVEMBER Snr. Emergency Coordinator (ERT) deployed			
		Inter-agency operational plans for South Kivu and Tanganyika	NOVEMBER	
		Humanitarian architecture review process started	NOVEMBER	
	NOVEMBER Shelter GTA adopted its shelter strategy			
DECEMBER UNHCR Protection strategy developed for South Kivu				
DECEMBER USD 2.8 m for ABOD and USD 9.1 m for 100 new posts				
DECEMBER Procurement started for prefab accommodations & offices				
DECEMBER Fast track recruitment for 35 positions on 22 Dec.				
DECEMBER First multi-purpose cash distribution in the Kasai.				
	multi-annual HRP for 2017-2019 updated	DECEMBER		
	Djugu crisis in Ituri resulting in 350,000 IDPs	DECEMBER		
2018			2018	
	JANUARY Sub-national shelter (GTA) coordinator positions filled			
	JANUARY NFIs received in UNHCR warehouses in Tanganyika			
	JANUARY First group of national positions advertised			

UNHCR Internal key events	External key events
JANUARY decisions on appointment of 24 positions	
JANUARY UNHCR DRC signed 11 PPAs for 2018	
	Launch of DRC HRP in Kinshasa JANUARY
FEBRUARY First fast track positions filled	
FEBRUARY Two protection cluster sub-national coordinator positions filled	
FEBRUARY UNHCR published a supplemental appeal	
	Arrival in country of the new Humanitarian Coordinator FEBRUARY
	Roll out of the revised humanitarian architecture FEBRUARY
MARCH NFIs received in UNHCR warehouses in Kinshasa for Kasai	
APRIL First distribution of UNHCR NFIs to Kasai	
APRIL National shelter (GTA) coordinator position filled	
	Donor conference in Geneva boycotted by DRC government APRIL
	Adoption of the HCT Protection strategy APRIL
** DE-ACTIVATION OF SYSTEM-WIDE L3 (20 April 2017) **	
JUNE Delivery of prefabs to field location in Kasai ¹¹	
SEPTEMBER Tanganyika Protection strategy approved	

¹¹ Pre-fabs were no longer needed since UNHCR staff were already installed in rented office premises and accommodation.

Methodology

3.1 Evaluation Phases

45. The evaluation was divided into three-phases: inception, data collection and synthesis. Key milestones during the evaluation process were the inception report, a mission report and two workshops facilitated by the evaluation team at the end of the field visit.

3.2 Evaluation Questions and Analytical Framework

46. This evaluation aimed to draw evidence-informed conclusions based on OECD/DAC evaluation criteria of appropriateness/relevance, effectiveness, coordination, connectedness and coverage. The key evaluation questions (KEQ) in the Inception Report for this evaluation are shown in Table 2 below were based on the TOR while taking account of relevant findings from the inception phase.

Table 3 – Key Evaluation Questions

KEQ	Theme	Evaluation criteria
KEQ 1	Since the activation of the L3 Emergency in October 2017, to what extent have UNHCR and partner strategies and objectives for the IDPs response been relevant and appropriate, considering the changing operational environment and evolving context?	Relevance
KEQ 2	To what extent have UNHCR and partners achieved the expected results, taking account of key contributing and constraining factors?	Efficiency, Effectiveness
KEQ 3	How effective has UNHCR coordinated the Protection clusters and Shelter working groups (GTA)?	Coordination, effectiveness
KEQ 4	How did existing emergency provisions ensure the operation was able to respond to the needs/fulfill its obligations under the IASC division of responsibilities?	Effectiveness, coordination
KEQ 5	To what extent were UNHCR's role and responsibilities towards IDPs clear to UNHCR staff, government authorities, donors and humanitarian partners? How did they perceive UNHCR's value-added in IDP crises?	Relevance, effectiveness

47. An analytical matrix was developed based on these evaluation questions together with indicators and potential sources of evidence to guide data collection and subsequent analysis. This allowed the evaluation team to organise data and make it easier to build a chain of evidence from findings to conclusions to recommendations.

3.3 Data Collection and Analysis

48. The evaluation team employed a mixed-methods approach to collect relevant qualitative and quantitative data which began during the inception phase with a desk review and preliminary interviews with selected key informants.

Table 4 – Summary of Key Informants and Focus Group Discussions

	Interviewees	♂	♀	Total	FGD
Kasais	UNHCR	6	2	8	0
	Other interviewees	83	60	143	7
	SUB-TOTAL	89	62	151	7
Tanganyika	Interviewees	♂	♀	Total	FGD
	UNHCR	5	1	6	0
	Other interviewees	45	43	88	11
	SUB-TOTAL	50	44	94	11
South Kivu	Interviewees	♂	♀	Total	FGD
	UNHCR	2	4	6	0
	Other interviewees	57	23	80	8
	SUB-TOTAL	59	27	86	8
Kinshasa	Interviewees	♂	♀	Total	FGD
	UNHCR	10	11	21	0
	Other interviewees	21	13	34	1
	SUB-TOTAL	31	24	55	1
Global and Region	Interviewees	♂	♀	Total	FGD
	UNHCR	19	14	33	
	Other interviewees	1	3	4	
	SUB-TOTAL	20	17	37	0
Overall	Interviewees	♂	♀	Total	FGD
	UNHCR	42	32	74	0
	Other interviewees	207	142	349	27
	GRAND TOTAL	249	174	423	27

49. Key informants interviewed during data collection phase were purposively selected based on stakeholder mapping developed during the inception phase. In addition to staff of UNHCR and implementing partners, representatives from government, UN agencies, PoCs, donors, international and national NGOs were also interviewed (Table 4). Interviewees included a total of 156 members (67 men and 89 women) IDPs, returnees and members of host communities. A list of key informants and additional details of FGDs is attached as an annex.
50. The team collected additional documents from partners during field visits including country and provincial strategies, assessment reports, monitoring reports, presentations, evaluations and lessons learned reviews.
51. As a whole, there was a high level of engagement with the evaluation process of staff from UNHCR and their partners. It was evident that most UNHCR staff viewed this evaluation as a useful exercise and this, along with the excellent logistic support provided, greatly facilitated the team's work to mitigate these constraints and helped to help the evaluation team develop a reasonable evidence base from which to draw concrete conclusions.

3.4 Evaluation Validation Processes

52. During the final stages of the field visit the evaluation team facilitated an After Action Review for UNHCR staff and an interagency workshop¹² where UNHCR and partner staff, including field-based staff participated during September 2018 when staff from UNHCR, partners and other stakeholders were given the opportunity to review preliminary findings and discuss emerging recommendations. The team also facilitated separate debriefing sessions for UNHCR staff in Kinshasa. Participant feedback from the workshops, debriefing sessions, subsequent desk research and key informant interviews helped to inform the conclusions and recommendations presented in this report.

3.5 Constraints and Limitations

53. The main challenges had already been identified during the inception phase and subsequent contingency planning helped to mitigate their effects. The main constraints and limitations encountered during this evaluation included:
 - **Availability and quality of data** from monitoring and evaluation (M&E) by UNHCR and their partners was of variable quality, notably the lack of outcome monitoring data and gaps in UNHCR's monitoring and quality control of partner reporting. Time and logistic constraints ruled out primary data collection through surveys and the evaluation team compensated by collecting qualitative data and creating opportunities to triangulate and validate findings whenever possible. However, these constraints meant that the team was unable to interview community members in remote locations and had to rely on a combination of secondary data and interviews with staff who regularly visited such areas. The team had intended to carry out randomised interviews with beneficiaries. In some locations, beneficiary lists were not be provided in time and in other locations where lists were available, beneficiaries could not be located.
 - **Interviews of key informants.** Staff turnover meant that many key informants were no longer in DRC. Some key informants who had previously worked with UNHCR in DRC were interviewed.
 - **The team was not able to visit a remote management context as planned.** The evaluation team had planned to visit Pweto in Haut Katanga to observe a remote management context first-hand and speak to PoCs. Due to a last-minute cancellation of the UNHAS flight, the visit was cancelled. Analysis of remote contexts was done on the basis of interviews with partner staff working in remote areas, UNHCR staff tasked with monitoring these areas and a review of relevant secondary data.
 - **Cost-effectiveness analysis:** It was evident during the inception phase that, given the limited scope, team profile, time constraints and lack of relevant data, it would not be feasible to carry out a Value for Money (VFM) or cost-effective analysis. Instead, the team used proxy indicators to define and assess VFM such as the extent to which cost considerations were included during decision-making processes.

¹² The workshop agenda is attached as an annex to this report.

Response to Evaluation Questions

54. This section presents findings for each of the five KEQ listed in the TOR. For each KEQ, there is a brief summary of findings followed by a narrative structured according to sub-questions for each KEQ describing the supporting evidence.

KEQ 1: Relevance of UNHCR and Partner Strategies

KEQ 1	<i>Since the activation of the L3 Emergency in October 2017, to what extent have UNHCR and partner strategies and objectives for the IDPs response been relevant and appropriate, considering the changing operational environment and evolving context?</i>
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55. This evaluation question looks at the relevance and appropriateness of the strategies of UNHCR and its partners, whether these were sufficiently tailored to the specific needs and priorities of PoC and the extent that they involved participation, community-based approaches.

Summary response to KEQ 1

UNHCR as a coordinator

- The scale of need exceeded capacities and resources of humanitarian actors and made it essential that assistance was targeted and well-coordinated. It was thus appropriate for UNHCR to prioritise investments in protection and shelter coordination for the response.
- The interagency HCT Protection strategy was approved in April 2018 after a prolonged process which meant there was no overall protection strategy guiding the L3 response.
- The approach of the GTA was appropriate, although not always consistent with the November 2017 strategy.

UNHCR as an implementer

- Needs assessments were carried out by UNHCR and partners to inform the development of proposals, and data was triangulated with local partners information in many cases.
- Except for Tanganyika, UNHCR's own protection strategies were developed in a timely way but were not well-communicated internally and externally.
- UNHCR's national protection strategy provided a useful reference to guide prioritisation but was not sufficiently linked to inter-agency efforts, notably protection mainstreaming. UNHCR's Operations Plan for the Kasai crisis was relevant to the context but proved to be overly ambitious due to lack of funding. At a provincial level there was a lack of practical guidance for targeted support to persons with specific needs.

Timeliness and Relevance of UNHCR Strategies

56. UNHCR's overall response strategy was anchored in the multi-annual HRP (2017-2019), which was updated in December 2017. UNHCR participated in the elaboration of the revised HRP for both protection and shelter.
57. The humanitarian community faced a major challenge in all three L3 areas during the first half of 2017 in the form of lack of access and the reliability of available information, which was often based on unverified assessments carried out by local actors. Rapid-interagency

assessments were carried out for development of the inter-agency operational plans to complement the analysis. Most clusters had to rely on partial and unverified secondary data for planning purposes.

58. Age, gender and diversity (AGD) commitments figured in strategies, guiding notes, and project documents although, as mentioned under KEQ2, there were delays in putting these into practice.

UNHCR's Cluster/Sector Coordination Lead

Protection Cluster

59. The protection cluster planned an interagency assessment in May 2017 but the necessary approvals from authorities did not materialise. **It was nevertheless evident that the estimated scale of protection needs exceeded capacities and resources of humanitarian actors. This underlined the need for carefully targeted assistance.**
60. **The inter-agency operational plans were the main strategic reference documents in all three provinces for the protection cluster members, as no protection cluster**
61. **specific operational plans were developed with the L3 activation.**¹³ While the provincial inter-sectoral emergency operational plans provide a good foundation, they lacked key elements of an effective inter-agency protection response.¹⁴ A more specific cluster operational plan could have helped to strengthen coherence between regions, with protection sub-clusters and with other clusters/working groups.
62. The protection cluster worked closely with the HCT to enhance the centrality of protection at that level and emphasise the system-wide commitment to be placed on protection. **The process of developing the HCT Protection strategy lasted from July 2017 until it was finally adopted on April 20th, 2018, the day the L3 was deactivated** with the result that the HCT lacked a coherent protection strategy during the L3 response.
63. UNHCR's strategy for the strengthening coordination of the protection cluster was in line with IASC guidance. UNHCR rapidly deployed internal capacity for coordination in the Kasais although coverage was irregular during the initial months of the response. In South Kivu and Tanganyika, dedicated capacity came much later in 2018 with the recruitment of staff using the fast track procedure. Despite these delays, **the additional capacity allocated for the protection cluster contributed to positioning UNHCR in the IDP response to be able to fulfil its global coordination responsibilities.**

Shelter working group

64. **The strategies and approaches of the GTA led by UNHCR were relevant and appropriate.** The GTA adopted a service-oriented approach, carrying out a user survey to understand needs of its members and did its planning jointly with its partners. Approaches and strategies developed were adapted according to different realities faced by IDPs/returnees promoting use of different modalities as appropriate.¹⁵ Implementation of the GTA strategy was impeded by lack of funding for the sector and gaps and turnover of cluster coordinators, including delays in appointing a national coordinator.

¹³ With the recognition that the National Protection Cluster has a 2016-2017 strategy.

¹⁴ Handbook for the Protection of Internally Displaced Person, Global Protection Cluster, 2012, part III.

¹⁵ Conditional & unconditional cash, in kind distribution, vouchers and community-based approaches including self-construction and local building practices

UNHCR's operational engagement - implementer

65. By mid-2018, all three L3 affected provinces had a UNHCR protection strategy that had been validated by senior management under the 2017 – 2019 national protection strategy for developed prior to the L3. The Kasai protection strategy was complemented with an operational plan in November 2017. UNHCR's national protection strategy for DRC developed in December 2017 was a high-level document that identified seven priorities for IDPs as PoCs without specific contextual guidance.
66. UNHCR's protection strategy developed for Kasai in May 2017 served as the foundation for the development of similar strategies for IDPs in South Kivu in December 2017 and for the Grand Katanga region in 2018. The three strategies were thus **relatively coherent in terms of proposed protection activities while highlighting specific characteristics and constraints of the different contexts. There was less alignment with strategic objectives and timeframes.**¹⁶
67. Provincial strategies **did not prioritise targeted support to persons with specific needs.** Mainstreaming figured as a cross-cutting issue in two of the three provincial strategies but **there was a lack of guidance on mainstreaming protection and how centrality concepts could be put into practice** by linking with other sector and cluster strategies. Multiple strategies developed at different times for different contexts and lack of alignment resulted in a certain lack of coherence and clarity.
68. It is only in the Kasais that UNHCR had a context-specific strategic framework that informed the choice of partners and priority interventions for the first round of PPAs during September – December 2017. Feedback was requested on a draft of the Kasai strategy from the other UN agencies with protection lead responsibilities. Apart from this example, key informants reported that protection strategies were not developed in a participative way or shared with external agencies and as a result were only used partially to guide relevant decisions and actions.¹⁷
69. **UNHCR prioritised protection cluster coordination and protection monitoring during the L3 response.** Protection monitoring, which is defined in the box below, was prioritised in all three L3 areas. The approach was revised at the end of 2017 to strengthen community-based approaches, which was an appropriate step given the context.

Protection monitoring is a tool that aims to:¹⁸

- Ensure that protection incidents are documented and, where possible, a referral system is established.
- Provide an early warning system to ensure the mobilisation of external assistance if local capacity cannot cope with the event.
- Analyse incident trends / statistics to better prioritise and target protection responses in affected areas and advocate at all levels (local, territorial, provincial, national) to prevent and respond to incidents.

¹⁶ The operational plan for the Kasai strategy had one overall objective and nine strategic objectives, the South Kivu strategy has no objectives and the Grand Katanga strategy three strategic objectives. The regional protection strategy for the Grand Katanga was the only strategy with a specified timeframe (2018 – 2019).

¹⁷ See UNHCR (2006) The UNHCR Tool for Participatory Assessment in Operations: Part III - Step 10: Participatory planning workshop

¹⁸ Extract from UNHCR DRC (2017b) Note d'Opérationnalisation de la Stratégie De Protection du HCR Pour Les Populations Affectées par la Crise du Kasai. December 2017. Unofficial translation.

- During the collection of information and interviews raise awareness of communities about their rights and assistance available.

70. As part of its strategy, UNHCR led the process to institutionalise coordination between the humanitarian community and provincial authorities, the Provincial Framework for Humanitarian Consultation in South Kivu, Tanganyika and Kasai.

Shelter

71. Protection was integrated into UNHCR overall strategy and in line with needs and priorities. This took different forms with different partners. For example, the African Initiatives for Relief and Development (AIRD) implemented a shelter project while relying on two other partners to complement the intervention with the protection component and the Norwegian Refugee Council (NRC) designed a protection project with a shelter component. NRC took a holistic approach so as to not only meet shelter needs, but also address legal issues related to land, housing, property and documents using community-based approaches.¹⁹
72. As part of basic needs and essential services, shelter and NFI interventions were a component of the protection strategy for Kasai. By taking into account the fluidity of the situation, the shelter component of the Kasai response was appropriate as it recognised the need to support displaced population in their respective settlement options while addressing specific needs of different groups. It also allowed use of multiple modalities, including CBI and in-kind interventions adapted to local contexts.

UNHCR Implementing Partners in DRC

73. UNHCR’s strategy for the L3 placed an emphasis on a community-based approach and almost all UNHCR’s Non-Governmental Organisation (NGO) implementing partners had budget lines for community empowerment. Notable examples identified by the evaluation team included Search for Common Ground’s (SFCCG) “peaceful coexistence” work with communities in Tanganyika, Action Aid’s efforts to promote community participation in clusters in Mbuji Maye and NRC’s participatory conflict-sensitive shelter interventions in Kasai.
74. In Kasai, NRC used conditional and unconditional CBI community-led approaches for its shelter interventions, combining this with raising community awareness about land and property rights. In Tanganyika, AIDES implemented a shelter reconstruction intervention for vulnerable households in villages where IDPs have returned. This was part of an integrated intervention with two other implementing partners who complemented shelter activities with community-based protection and peaceful coexistence activities. No UNHCR funding was allocated to shelter in South Kivu until after the L3 emergency had been deactivated, despite needs identified in the provincial operational plan.

KEQ 2: Achievement of Expected Results

KEQ 2

To what extent have UNHCR and partners achieved expected results, taking account of key contributing and constraining factors?

75. This question looks at the results of UNHCR’s response, including the extent that UNHCR’s protection and assistance interventions covered PoC needs. The question also examines the

¹⁹ NRC (2017) Strengthening Humanitarian Response in DRC through Community-Based Programming

timeliness of the response, accountability to affected populations, effectiveness of the response and programme support provided, constraints, effectiveness of evaluation M&E systems together with lessons that could be potentially be relevant to other IDP operations.

Summary response to KEQ 2

- UNHCR in DRC did not wait for the declaration of the system-wide L3 emergency to start providing assistance, but they did so with limited resources in a context where the government refused to authorise an initial assessment by the protection cluster.
- Lack of funding, difficulties in deploying required staff, delays in delivering vehicles and relief items all affected the timeliness and quality of UNHCR's response. UNHCR's response was widely viewed as inconsistent with the level of effort expected in a L3 displacement emergency and there was a lack of clarity about who in UNHCR HQ had overall accountability for this corporate response.
- The protection cluster reported achieving only 8% coverage of needs for the overall response. This underestimated coverage since information management and reporting systems did not consider protection mainstreaming activities in other clusters and M&E systems did not track how protection monitoring data was used.
- Community-based protection approaches encouraged a good level of participation by communities but UNHCR made little progress in establishing community communication systems and feedback/complaints systems.
- The use of multi-purpose cash in Kasai during the initial phases of the L3 response was appropriate to meet basic needs of vulnerable PoCs, including for shelter. Most NFI items procured for L3 operations in Kasai were only distributed 5-6 months after needs assessments had been conducted, reducing its effectiveness.
- UNHCR's partner selection processes had unintended negative impacts on its interventions, particularly in Kasai where there were significant delays in identifying other partners after the PPA of one of their partners was not renewed.
- There was a lack of systematic reporting of outcomes by UNHCR and most of their implementing partners during the period covered by the L3 declaration even though protection monitoring could have potentially provided outcome data for both advocacy initiatives and interventions community level.

Results of the response for PoCs and coverage of needs

76. Some UN agencies, including OCHA, UNICEF, WFP, UNFPA and FAO, declared internal L3 corporate emergencies prior to the system-wide declaration. MONUSCO reinforced their presence in Kasai in February 2017. **UNHCR did not wait for the declaration of the system-wide L3 emergency to start providing assistance, though they had to do so with limited resources** in a context where not all parts of the government felt that UNHCR had a legitimate role in this IDP crisis and UNHCR had to respond concurrently to refugee crises in other parts of DRC. A planned assessment in Kasai by the protection cluster in May 2017 was not authorised by the government. UNHCR operations were initially limited to documenting IDPs and distributing cooked food through a national implementing partner.²⁰

²⁰ The 2017 end-of-year report of the implementing partner reported 50,000 cooked food rations distributed and identification of 9,011 returnees from Angola and over 260,000 IDPs, of which 12% received food rations.

77. As described above, UNHCR largely relied on remote implementation through partners during the initial phase of the response due to limited access to L3 areas. The quality of these interventions proved challenging to accurately assess due to lack of outcome data but appears to have yielded mixed results. Assessments by ADSSE in the Kasais in mid-2017 prior to the declaration of the L3 provided UNHCR, and other agencies, with information to support strategy development and advocacy, though questions were raised by some key informants who had visited Kasai, notably about the extent that confidentiality of bio data of PoCs was being respected.
78. **Lack of clarity about decision-making and accountability by UNHCR's senior leadership at Headquarters (HQ) affected the timeliness and quality of UNHCR's response.** One result of the lack of clarity was that **UNHCR only succeeded in building sufficient capacity to respond to the crisis during the first quarter of 2018, 5-6 months after the declaration of the system-wide L3**, a year after the peak in the violence in the Kasais²¹ and the refugee influx into Angola.²²
79. As described above, UNHCR's Operational Plan guiding their response in the Kasais²³ envisaged interventions in five areas.²⁴ UNHCR was only able to mobilise less than 20% of their estimated requirements and funding was prioritised in three areas: coordination, protection monitoring and community empowerment.
80. A summary of the overall L3 response in selected sectors is attached as an annex.²⁵ Based on reports submitted by clusters to OCHA, including the protection cluster and GTA, 96% of targeted persons received some form of assistance. Most coverage was achieved in the WASH (103%) and the Food Security (88%) sectors. **Protection, the majority of which was contributed by UNHCR and their implementing partners, only reported achieving 8% coverage of assessed needs.** However, as described below, **this figure was lower than actual coverage achieved due to gaps in information management and reporting systems that did not account for protection activities that were mainstreamed into other clusters.**
81. Significant delays in procurement and delivery of NFI meant that, with the exception of limited CBI and shelter interventions and, in South Kivu and Tanganyika where UNHCR offices had access to limited contingency stocks, **most NFI items in Kasai were distributed several months after needs assessments had been conducted.** This undermined the effectiveness of assistance and raised questions about UNHCR's ability to adapt since NFIs were no longer a priority need for PoCs.
82. **UNHCR chose not to prioritise direct assistance to POCs based on the assumption that they would be met by other agencies based on protection monitoring analysis generated by protection clusters supported by advocacy.** A similar approach was adopted in Tanganyika and South Kivu. As illustrated by the Figure 6 below, results from interviews along with a review of outputs from the protection cluster found that analysis and

²¹ The peak of the crisis in the two other provinces, Tanganyika and South Kivu dated from 2016, but the crisis in the Kasais, was the trigger for the declaration of the L3 emergency due to the scale of the crisis and lack of humanitarian response capacity in the area.

²² During the first half of 2017, UNHCR HQ prioritised the influx of 31,000 refugees from DRC into Angola.

²³ UNHCR DRC (2017) Note d'Opérationnalisation de la Stratégie de Protection du HCR pour les Populations Affectées par la Crise du Kasai. Décembre 2017.

²⁴ The five were 1) Strengthening coordination and partnerships, 2) Security in the face of violence and exploitation, 3) Basic needs and essential services, 4) Community empowerment and self-reliance and 5) Sustainable Solutions.

²⁵ Source : OCHA DRC (2018) Urgence humanitaire de niveau 3 en R.D. Congo Rapport de situation n° 3 : Bilan final de la réponse L3 d'octobre 2017 à avril 2018. 22 June 2018.

dissemination of protection data in Tanganyika and in the Kasais were irregular. Only in South Kivu the process of protection data collection, analysis and communication was found to be systematic.

83. **There was no tracking of the use of protection monitoring data to help understand how other humanitarian actors were using this data.** UNHCR teams used the data from protection monitoring to produce and share protection and *do no harm* analysis with other humanitarian actors, with some of this analysis kept for internal purposes. Community-based approaches for data collection and identification of protection cases were used in some areas, mainly South Kivu.

Figure 6 – Protection Monitoring Sequence



84. When data and analysis were shared, the approach was supply-driven instead of being service-oriented. Unlike the shelter cluster, which carried out a user survey, there was no evidence that there was an attempt by the protection cluster to understand the specific needs of agencies they were targeting. During interviews with agencies who were not implementing UNHCR partners, only two examples were found when assistance had been prioritised based on monitoring data circulated by protection clusters.²⁶
85. FGD with beneficiaries, other members of affected communities and interviews with NGO implementing partners carrying out protection monitoring illustrated **the challenges of stand-alone protection activities in isolation from associated assistance activities in contexts where there are widespread unmet needs.** While communities that received material assistance generally expressed satisfaction about UNHCR (even those that said they would have preferred cash assistance instead of NFI) communities who were “beneficiaries” of stand-alone protection monitoring typically expressed frustration about UNHCR and partner staff asking questions, requesting lists of vulnerable people and distributing tokens without any evident follow-up.²⁷
86. For shelter interventions, with nearly 987,000 households assessed as needing assistance in the three L3 areas,²⁸ the limited resources mobilised by UNHCR and other shelter partners did not go far. As described in the CBI section below, UNHCR-supported CBI solutions for shelter were successful in targeting in delivery overall but in-kind distributions had mixed results. For returning IDPs in Tanganyika, pressures to meet deadlines and inadequate

²⁶ This is a challenge that goes beyond DRC. A 2015 survey commissioned by the GPC found the need to mainstream protection into all sectors was consistently cited. As one respondent stated, it “...*very much depends on a better understanding of what protection is and what we are, as a community, trying to achieve...by making the most of our different areas of expertise and mandates...Protection Clusters need to work in a more systematic and predictable manner across crises so that the response of, what is very often a similar group of actors, becomes more efficient - better understanding of who does, what and how.*” GPC (2015b) Whole of System Review of Protection in Humanitarian Crises: Survey Analysis Report. February 2015 (page 21)

²⁷ Follow up interviews with UNHCR and implementing partner staff indicated that there had been follow up on some cases but there were no protocols in place to communicate this back to communities in a systematic way. One exception was the UNFPA-led SGBV working group in Kasai which had developed referral protocols, though the team was not able to assess how well it was functioning.

²⁸ OCHA (2018d)

quality control by UNHCR resulted in flawed designs and poor-quality bricks. Over 20% of the structures required additional funds for repair a few months after completion after being hit by strong winds. Interviews with beneficiaries indicated a lack of clarity about selection criteria, with little understanding why they had been targeted. Shelter activities did provide a good entry point for protection and peaceful coexistence activities that, based on partner reports and FGD with community members, appear to have been successful in establishing links between different ethnic groups.

Coverage gaps of PoCs with specific needs

87. UNHCR's programme focused on identifying and, to the extent that limited resources allowed, addressing protection-related needs using a community-based approach. As described above, many partner reports referred to cases identified, not assisted. Based on community FGD, beneficiary interviews along with the lack of PDM and available outcome data, it was evident that some assistance did reach the most vulnerable, but coverage was inconsistent.²⁹ Analysis of implementing partner reports indicated that SGBV victims tended to be better served than other vulnerable groups. Interviews with beneficiaries of CIAUD and Action Aid CBI interventions in Kasai indicated good practice examples targeting vulnerability and utilisation of UNHCR-funded assistance using participatory approaches.³⁰
88. Implementing partners working in Kasai during the L3 response reported assisting 75,000 victims of violence, and 1,086 persons with special needs received a total of USD 64,600 in cash transfers and 5,302 SGBV victims.³¹ **Since protection interventions carried out within other sectors/clusters were not considered, overall coverage of vulnerable groups and individuals was under-reported.**

Implementing Partners Selection Processes

89. **UNHCR's networks and partner selection processes had a significant impact on the results of its interventions.** UNHCR's presence in Tanganyika and South Kivu provinces prior to the L3 declaration meant it was able to draw upon existing partnerships and networks. In Kasai, where the scale of unmet humanitarian needs was highest, UNHCR faced more challenges and this was reflected in partner turnover. Only three out of the six NGO implementing partners selected in 2017 for Kasai were extended into 2018.³²

²⁹ Interviews with randomly selected samples of 18 NFI beneficiaries in two sites, one in Tshikapa and the other in Kalemie, found fewer than half satisfied the selection criteria. CARITAS assumed responsibility for distributions after the PPA with CIAUD was not renewed. A sample of beneficiaries of CARITAS NFI distributed in July 2018 (over 7 months after the NFI had been requested) who were interviewed by team members in Tshikapa found only 2 out of 9 beneficiaries to have satisfied the selection criteria. None of the beneficiaries were aware of the selection criteria or why they received NFI and others didn't. All those interviewed expressed a preference cash instead of NFI. A sample of beneficiaries and non-beneficiaries in a community where CIAUD had a CBI intervention found a clear understanding of selection criteria and effective targeting of vulnerable women-headed households.

³⁰ Based on interviews with beneficiaries and non-beneficiaries, the multipurpose cash distribution of CIAUD Canada in late 2017/early 2018 in Tshikapa enabled female headed households to move out of a church and rent accommodation. The women used the remainder of funds to purchase essential items and invest in small business ventures. Unfortunately, most of which did not succeed due to lack of experience and continued support.

³¹ OCHA DRC (2018) Urgence humanitaire de niveau 3 en R.D. Congo Rapport de situation n° 3 : Bilan final de la réponse L3 d'octobre 2017 à avril 2018. 22 juin 2018

³² Three out of six were extended; Action Aid, NRC and CNR were extended. ADSSE, CIAUD and SAVE Congo were not. UNHCR added two additional partners in Kasai in 2018.

90. UNHCR decision-making about extending partner PPAs was not always clear to the partners. **Review of partner selection meeting minutes, interviews and FGD with communities indicated that UNHCR did not always give sufficient attention to the potential negative impacts on PoCs.**³³ One example was UNHCR’s decision to reverse a decision to extend the PPA of a partner in Kasai based on advice from UNHCR HQ and despite indicators of a good performance. The subsequent delay in identifying alternative partners resulted in protection and assistance gaps to affected communities that lasted almost three months in the midst of an L3 emergency response. Another example was identified in Tanganyika, where a partner who was performing well in promoting peaceful coexistence was not extended.

M&E and learning systems

91. An initial assessment by the evaluation team during the inception phase of the evaluation found a number of gaps in monitoring, information management and data quality control systems, a finding that was subsequently validated during subsequent phase. Indicators in partner logical frameworks and partner reporting were mainly limited to activities and outputs and discrepancies between reported results and observations, interviews and mission reports cast doubts about the quality of some of the data. There were significant variations in quality and format of partner narrative reports. In particular, with the exception of SFCG and NRC,³⁴ **outcome-level reporting by partners was not systematic.**³⁵ UNHCR reviewed programme implementation progress periodically but there was no evidence that lesson learned reviews had informed annual planning exercises.³⁶
92. While the shelter working group (GRT) conducted a user survey amongst its members during March 2018 and was planning to conduct additional surveys in future, there was no evidence that the protection cluster had carried out similar surveys of potential users. Similarly, there appeared to be no M&E systems in place, either within UNHCR or in the protection clusters, to monitor use to help ensure that products were adapted to user requirements. **Protection monitoring data could have helped in understanding of how humanitarian agencies were contributing to improvements in the protection environment.**
93. The evaluation team was unable to observe UNHCR interventions in Haut Katanga³⁷ but available evidence indicated some gaps in quality of UNHCR-funded interventions and

³³ UNHCR (2013) Implementing Partnership Management Guidance Note No. 1: Selection and Retention of Partners for Project Partnership Agreements (page 13). The applicable guidelines are in paragraphs 54 a) and b), i.e. “*Performance of the partner and quality of delivery of desired results*” and “*Whether a change of partner may negatively impact on resources, continuity and/or effective response to the persons of concern*” respectively. A review of minutes of UNHCR DRC’s partner selection committee for the L3 response indicated that, while partner performances were reviewed, the likely impact on affected communities was not considered.

³⁴ CIAUD had planned to carry out PDM on their cash interventions during early 2018 but were unable to do so since UNHCR reversed their decision to extend their contract.

³⁵ UNHCR was rolling out CBI PDM systems during the evaluation team’s field visit.

³⁶ In another departure from L3 protocols, a Peer to Peer review was not carried out. Based on interviews, it was decided not to go ahead with this due to government sensitivities.

³⁷ As described in the Methodology section, the evaluation team had planned to visit Pweto in Haut Katanga to observe a remote management context first-hand and speak to PoCs. Due to a last-minute cancellation of the UNHAS flight, the visit was cancelled. Analysis of remote contexts was done on the basis of interviews with partner staff working in remote areas, UNHCR staff tasked with monitoring these areas and a review of relevant secondary data. The partner was also working in areas where UNHCR had an office, so was able to compare with a remote management context.

challenges in liaising with local authorities. UNHCR in Kalemie had cancelled planned monitoring visits, which appeared to have an adverse effect on capacity building, support to the partner and quality of the programme. UNHCR DRC reported that they were in the process of improving their remote management systems.

To what extent have CBI proven to be a timely and effective modality to address the needs of the most vulnerable POCs?

94. The first UNHCR CBI pilot in DRC was in mid-2016 to support refugees from the Central African Republic (CAR). During the last quarter of 2017, UNHCR reported using CBI to target 3,200 households in Kasai, of which 3,000 vulnerable households received a one-time multipurpose cash transfer to help cover their urgent basic needs and support recovery of productive assets and another 200 households were supported with cash and material assistance to re-build their shelter. Cash transfers were managed by implementing partners, through mobile money (Vodacash) and direct cash payment by bank agents.³⁸ This was the first UNHCR experience with multipurpose cash assistance in DRC and, based on interviews and partner reports, it was largely successful at reaching objectives.
95. Virtually all of the beneficiaries interviewed by evaluation team members who received NFI assistance said that, although they would be using the items, they would have preferred cash. When the NFIs arrived at the community level, updated need assessments and have not been carried out before distribution and without consideration for the time elapsed between the initial plans and the actual delivery. As a whole, CBI was a more cost effective and accountable form of assistance, aided by the expertise and experience within UNHCR and some of their implementing partners in DRC that existed prior to the L3 declaration.
96. Based on beneficiary interviews and NRC PDM reports, **the use of multi-purpose cash in Kasai early in the response was also appropriate for shelter interventions.**³⁹ FGD revealed that the majority of beneficiaries of multi-purpose cash typically used around half of the amount given to rent houses so they and their families could move out of crowded collective shelters.

Community-based approaches

97. Given that assistance and protection by the humanitarian community felt well short of meeting PoC needs and was delayed due to problems in access populations and difficulties in mobilising funds, **communities in DRC were the first and, in many cases, the primary responders to this IDP crisis. Promotion of community-based approaches by UNHCR and the clusters and working groups that it led was appropriate.**
98. The evaluation team noted some good practice examples amongst NGO implementing partners, but at the same time found that **UNHCR did not met its IASC AAP commitments to PoCs, notably in establishing community communication systems, feedback/complaints systems or promoting participation standards** amongst UNHCR staff and clusters and working groups that they lead. Mission reports by senior staff seen by

³⁸ UNHCR (2018) Progress Report: DRC Cash Based Interventions Institutionalization. 25 June 2018.

³⁹ As described in the Methodology section, the team were unable to travel to remote areas so all interviews with beneficiaries were done in areas with relatively easy access to markets. NRC interventions were, however, done in remote areas where they used a “foire” approach.

the team described some consultations, but many UNHCR staff on mission from Kinshasa did not have any contact with communities.

99. UNHCR lacked an AAP action plan and this can partially be attributed to a decision by the HCT in DRC in February 2018 to give UNFPA a lead role in coordinating AAP and Protection against sexual exploitation and abuse (PSEA).⁴⁰ Funds were allocated from pooled funds which should have, among other things, enabled the appointment of a coordinator. As of mid-2018, UNFPA had still not recruited a coordinator and the initiative had stalled. UNHCR was nevertheless proceeding with the process of setting up community level communication and complaints systems.

Staffing, logistical and financial resources

100. **Delays were seen in recruiting both national and international staff and it was only in March 2018 that UNHCR had the capacity envisaged in their operational plans in L3 areas.** Based on data from UNHCR, fast track appointments took an average of 36 days between the time they were advertised, and appointments were confirmed. However, positions were first advertised on 22 December 2017 following the UNHCR's Budget Committee approval on 21 November 2017 of the creation of 100 positions for the L3 emergency with a budget of just over USD 9.1 million. As of June 2018, only 54% of planned positions had been confirmed, with effective dates of appointments ranging from February to September 2018. Since the area covered by the L3 declaration also covered South Kivu and Tanganyika, necessitating another revision of staffing needs and further delaying the recruitment process.
101. During the period October 2017 – Feb 2018, nine ERT staff⁴¹ were identified and deployed with the first deployment starting on October 21, 2018 and the last deployment on 03 December 2017. Other temporary solutions to cover positions before fast track assignments were completed included internal missions by UNHCR staff, three temporary assignments, three UNVs, a national contractor and three standby partner deployments.
102. These temporary solutions addressed some of the staffing gaps, but the combination of delays in approving budgets, French language requirement, problems in obtaining visas and demand for staff in other humanitarian crises had a significant negative impact on the timeliness, consistency and quality of UNHCR's response.⁴² UNHCR relied on standby partners for shelter coordination staff, highlighting the lack of capacity within the organisation for a sector under UNHCR's global leadership. Difficulties in filling information management officer positions proved to be a significantly important gap for this L3 response.
103. A notable exception was South Kivu which was able to fill key positions by January 2018, including an IDP Coordinator and Head of Field Office, which helped to put the planned protection monitoring system by February 2018. UNHCR was also able to deploy a Head of Sub-Office in Kananga in October 2017 to start-up UNHCR operations in Kasai.
104. Delays in recruitment of national staff were attributed to cumbersome processes and bugs in a new online system installed in early 2018, which UNHCR had hoped would streamline recruitment. The result was that in mid-2018 a number of national positions created for the

⁴⁰ HCT Minutes 09 February 2018

⁴¹ Five in Kasai, two in Kinshasa, one in Tanganyika, and one ERT member was roving.

⁴² Notably the L3 emergency in Bangladesh and the Middle East.

L3 emergency had not yet been filled. The result was a predominance of international staff in offices in Kasai with insufficient national staff to provide support and provide coverage during absences of international staff on Rest & Recreation leave and for other reasons.⁴³

105. UNHCR-led coordination in shelter was also impacted by recruitment problems. Despite temporary deployment of senior specialists when the L3 was declared and subsequent deployments of standby partners to fill GTA coordinator positions in each of the three L3 areas, UNHCR was unable to recruit a national coordinator until April 2018.
106. A P.5 level Emergency Officer from DESS was deployed to DRC in November in a programme support role, primarily to help set up new offices. There had been prior discussions between UNHCR and UNHCR HQ about deploying a senior level staff to help coordinate emergency operations. A staff member had reportedly been identified and accepted by UNHCR but was subsequently deployed to Bangladesh. Given the various delays and challenges that UNHCR faced when scaling up the response, the evaluation team's judgement was that **an experienced emergency coordinator could have helped to streamline operations. A more efficient and effective start up could have helped to justify UNHCR spending nearly 50% of resources allocated to the L3 on UNHCR's own staffing and administrative support.** At the end of the L3 period, the results achieved had not yet justified the investments in staffing and UNHCR was having genuine concerns about being able to sustain their scaled-up staffing and administrative structures into concrete results without continued financial support.
107. Supply and logistics also faced many challenges. Staff received support from HQ in the form of training on procurement procedures in November 2017 and again during a regional training January 2018. **A combination of delays in approving funding, customs clearance procedures and poor road conditions meant that vehicles, temporary offices/living quarters and NFI ordered in November 2017 only started arriving in Kasai at the end of the L3 period** and were still arriving during the team's field visits during August 2018.⁴⁴ Procurement and delivery processes for UNHCR offices in South Kivu and Tanganyika were much quicker, largely attributed to their presence prior to the L3 declaration, access from the eastern border, pre-existing networks and lack of preparedness.

Impact on other UNHCR programmes in DRC

108. Impacts on other programmes were mainly felt in the Kivus following the activation of the L3. Following the activation of the L3, external support was mainly allocated to the Kasai region in order to set up operations. South Kivu, in order to staff its L3 operations, relied mainly on opportunities, assigning employees at the end of their SAL to the L3 and on internal missions using existing resources.

Key contributing or constraining factors influencing effectiveness

109. UNHCR and their partners faced a number of constraints during the L3 response. Some of these constraints were specific to DRC, others were linked to UNHCR's global systems. UNHCR HQ did activate relevant protocols⁴⁵ following declaration of the L3 in October 2017, but **UNHCR's response was inconsistent with the level of effort to be expected**

⁴³ As an example, the international Supply Officer arrived in Kananga as an ERT deployment in November 2017 and was subsequently recruited on a fast-track appointment. As of August 2018 the national position remained unfilled.

⁴⁴ Offices and living quarters were no longer needed since staff had long since moved into rented accommodation. As described above, NFI was based on needs assessments done several months previously and its effectiveness was questionable.

⁴⁵ L3 UNHCR role and accountabilities <https://emergency.unhcr.org/entry/119887/humanitarian-systemwide-level-3-emergency-declaration-policy-iasc>

with a response to a L3 displacement emergency in terms of timeliness and mobilisation of resources (funds and staffing). This was due to various factors, most notably French language requirements, lack of preparedness, donor reservations on the potential value-added of UNHCR in this IDP crisis, competing L3 emergencies (e.g. Bangladesh), lukewarm support from the DRC government to UNHCR's involvement in the L3 crisis (particularly in the Kasais) and other DRC contextual factors, including poor infrastructure and security constraints in all L3 areas. Key constraints which were observed to negatively impact value for money (VFM) or could potentially be applicable to other IDP emergencies are listed in the table below.

Table 5 – Constraining factors influencing effectiveness of the response

Category	Constraining factors
Shared with other L3 emergencies	<ul style="list-style-type: none"> • Delays in delivery of relief goods, vehicles and staffing gaps. • Lack of clear accountability for decision-making about a L3 response. • Lack of policies, guidance and tools adapted to IDP emergencies.
DRC-specific (common to the humanitarian system)	<ul style="list-style-type: none"> • Difficulties in accessing many PoCs due to security restrictions and poor road conditions, particularly during the rainy season. • Apart from UNICEF and MONUSCO, which had small offices in the Kasais prior to the crisis, there was no presence of UNHCR or other UN agencies. • Underfunded emergency, donor fatigue. • Lack of functioning community feedback/complaints systems. • Protection strategy only approved by the HCT towards the end of the L3 period. Protection mainstreaming not yet operationalised. • Frequent staff turnover and, for UN agencies, absence of staff due to relatively short R & R cycles in field duty stations (4-8 weeks). • French language skills, security, remoteness and other contextual factors acting as a disincentive when recruiting staff for field locations.
DRC-specific (UNHCR)	<ul style="list-style-type: none"> • Reluctance of UNHCR HQ to declare an internal L3 emergency. • UNHCR was simultaneously responding to other L3 crises. Within DRC, UNHCR was dealing with various refugee crises, notably refugees from Burundi and the Central African Republic. • Difficulties experienced by UNHCR and the protection cluster in getting government authorisation to operate in Kasai during mid-2017 at a time when other international actors began operations. • Lack of a common understanding about UNHCR's role and value-added for IDP contexts. • Lack of prior experience of remote monitoring and monitoring systems. • Lack of outcome monitoring systems, except for CBI. • Delay in deployment and recruitment of staff. • Transaction costs due to UNHCR's participation in the global review by UNHCR's Department of Human Resources Management during December 2017.

Accountability during a L3 emergency response

110. When the evaluation team asked UNHCR staff “*who was accountable for the decisions taken during the L3 response?*”, fingers pointed in different directions. Many UNHCR key informants at HQ felt that the UNHCR Regional Representative was the individual who was ultimately responsible. Other UNHCR staff, both in DRC and at HQ, emphasised that the L3 response should be a corporate response. They cited examples that were inconsistent with a corporate response, including not deciding to declare an internal L3 emergency even though this was recommended by both the Regional Representative and Assistance High Commissioner for Operations and delays in allocating adequate funding for the response.

Notable Achievements

111. Despite various internal and external challenges and constraints, UNHCR and the coordination mechanisms it led managed some notable achievements during this L3 crisis. Prior to the L3 declaration, early warning signals from the Kasais were communicated in mid-2016 and used innovative approaches to assist PoCs and identify their protection needs even though UNHCR did not have access itself. Although challenged by staff turnover and delays in recruitment, UNHCR’s deployment of competent protection cluster and shelter coordination staff contributed positively to the overall response to this L3 crisis. UNHCR’s lead role in CBI both prior to and during the L3 crisis was widely recognised by peer agencies.

KEQ 3: Effectiveness of Coordination

KEQ 3	<i>How effective has UNHCR coordinated the Protection clusters and Shelter working groups (GTA)?</i>
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112. This evaluation question looks at the effectiveness of UNHCR’s coordination, both in its lead roles in protection and shelter and as an operational agency coordinating with its partners. Specific themes under this question included promotion of synergies, harmonisation of approaches and standards, protection mainstreaming and division of roles between UNICEF and UNHCR in the NFI/Shelter cluster.

Summary response to KEQ 3

- UNHCR-led coordination mechanisms were strategically positioned in L3 areas by April 2018. A key challenge for UNHCR-led coordination systems was not to avoid duplication, but rather to optimise the limited resources available.
- The protection cluster contributed to the response by increasing the understanding of humanitarian actors about protection needs and by building capacity of national actors. Key gaps during the L3 response included the lack of protocols to address protection needs, lack of coherence between different protection working groups, difficulties in agreeing on harmonised standards, data management and turnover of cluster coordinators.
- Efforts by the cluster and UNHCR resulted in a heightened awareness of protection principles among humanitarian actors although there was little evidence that protection mainstreaming had been put into practice.
- Prior to the L3 declaration, shelter was treated as NFI assistance rather than a means to reinforce protection and durable solutions. UNHCR’s efforts to revitalise shelter coordination began well but lost momentum due to a combination of recruitment challenges and lack of resources. UNHCR’s investments eventually resulted in a more

Summary response to KEQ 3

strategic approach to shelter coordination in DRC, but only after the L3 emergency had been discontinued.

Synergies with concerned actors

113. **One of the main results of UNHCR's L3 response was that, by April 2018, UNHCR-led coordination mechanisms were strategically positioned within DRC.** The protection cluster had dedicated coordinators based in all three L3 areas and, at a national level, the protection cluster coordinator also represented the Inter-Cluster Coordination Working Group (ICCWG) at the HCT. UNHCR was also facilitating the Cash Working Group at both a national level and in Kasai. Shelter was slower to mobilise but by mid-2018 had succeeded in raising the profile of shelter interventions in this protection crisis.
114. **The Camp Coordination and Camp Management (CCCM) cluster was not activated for the L3 response,** based on an analysis by UNHCR and the HCT that indicated that the vast majority of IDPs would be staying in host communities with few staying in camp-like situations.
115. There was a consensus amongst interviewees that in the DRC context where there is such a high level of unmet needs and access to PoCs was difficult, **the main challenge for coordinators had not been to avoid duplication, but rather to help maximise the limited resources available to optimise added value of protection and assistance to affected communities.**
116. **External key informants generally viewed UNHCR as a constructive participant in coordination systems.** Exceptions cited by interviewees were lack of representation of senior staff UNHCR in the protection cluster at a national level and gaps in UNHCR engagement in Tanganyika in senior level provincial coordination systems.⁴⁶

Protection coordination⁴⁷

117. The protection clusters, together with the food security cluster, have had the largest consistent participation, although there were significant differences in member capacities.
118. As noted above, protection cluster coordinators did not conduct any user surveys during the L3 response but based on interviews with UNHCR staff and members of protection clusters in different areas, **the protection cluster was generally appreciated by its members for the information it provided to help increase their understanding of the crisis and protection needs. Three main areas for improvement were cited,** including lack of a follow up system for issues raised and individual protection cases, the need for more coherence between different protection working groups and the frequent turnover of cluster coordinators due to staff rotations and absences due to UNHCR's rest and recuperation (R&R) cycle.⁴⁸
119. **The protection cluster, supported by UNHCR, played an important role during the L3 crisis in supporting advocacy by the HCT members,** primarily through sharing information and analysis generated by protection monitoring.

⁴⁶ Réunion du Comité Régional Inter-organisation - CRIO

⁴⁷ This section complements coordination-related findings under KEQ2.

⁴⁸ R&R entitlement is every 4-6 weeks, depending on the duty station.

Shelter coordination

120. UNHCR had limited institutional capacity for shelter coordination when the L3 was declared with only one double-hatted position for both refugees and IDPs assistance in charge of shelter coordination, quality design and control and partner liaison.
121. **UNHCR's efforts to kick start GTA coordination began well** with the deployment of two senior-level UNHCR shelter specialists to Kasai in October 2017 at the time the L3 was declared but subsequently stalled due to lack of resources and delays in recruitment of a national coordinator. Supported by an information manager and in close cooperation with UNHCR's shelter office, by mid-2018 GTA coordination had gained significant momentum in a relatively short period of time. GTA members and other stakeholders described how the GTA had helped to change perspectives on shelter so that its potential value-added, including to protection, was evident.
122. **As part of the revitalisation efforts, the GTA adopted a service-oriented approach promoting support to members, joint planning and partnership principles.** The national GTA coordinator conducted surveys for its members to better understand their coordination needs. Although investment in the shelter sector had shown some increase in the latter phase of the L3 period, it is still limited compared to needs.
123. **The GTA proactively engaged with other clusters working groups to improve relevance and effectiveness of assistance and protection to PoCs.** As of mid-2018, the GTA was working with the cash working group to compile lessons learned and develop technical directives for use of cash in shelter programming. The GTA was working with the Water, Sanitation and Hygiene (WASH) cluster on a baseline assessment with a view to improving the quality of analysis and understanding of housing value chains to be able to improve shelter assistance for affected communities and develop a business case they could use to advocate with donors.

Coordination of Implementing Partners

124. **UNHCR was perceived differently by its implementing partners in each L3 area. Feedback from partners on the quality of coordination tended to be consistent with UNHCR's performance in each L3 area,** with the most positive feedback about the effectiveness of UNHCR's coordination from partners working in South Kivu and more mixed feedback in the other two areas varying from being perceived as "just a donor" with limited involvement to being described as a valued partner. **Feedback on coordination and partner relations with UNHCR in Kinshasa, where contractual decisions were ultimately made, was also mixed.** On one hand, UNHCR's willingness to involve partners in its strategic discussions was appreciated,⁴⁹ and on the other, UNHCR was perceived by many of its implementing partners as overly directive and opaque with its decision-making.

Assistance delivery, harmonising of approaches and standards

125. **UNHCR and protection cluster staff were widely recognised as having contributed significantly to improving coordination through providing capacity building for local government authorities and national NGOs on protection issues.** While little outcome monitoring data was available, interviews indicated that capacity building interventions contributed to a common understanding of the fundamentals of protection and how the

⁴⁹ This was a comment in a number of feedback forms from non-UNHCR participants following the interagency workshop in Kinshasa during September 2018 to review preliminary findings from this evaluation.

system should have worked, even while expressing doubts that protection monitoring had improved the effectiveness of assistance to PoCs.

126. The protection cluster succeeded to some extent in promoting a standardised approach to protection monitoring. **A major challenge that the protection cluster faced in facilitating consensus on harmonised approaches and common standards was the number of other agencies that include protection in their mandates**, notably UNICEF, UNFPA, UN Women, MONUSCO and ICRC. Each agency had different approaches and priorities based on their respective mandates and sharing of protection-related information was often a sensitive issue. The different perspectives of protection actors were one of the main factors contributing to the delay in reaching consensus on the DRC HCT's Protection Strategy.
127. Another challenge to harmonisation for the protection cluster, apart from the lack of protocols to follow up on protection issues already described previously, **were gaps in data management systems so that it was difficult to get a comprehensive understanding of protection across all sectors and clusters.**⁵⁰

Protection mainstreaming

128. **UNHCR and other protection cluster members invested a considerable amount of resources in developing protection mainstreaming guidance in the years prior to the L3 declaration.**⁵¹ The development of the HCT Protection Strategy for DRC should have been an opportunity to help put these into practice during the L3 response.
129. As described above, agreeing on the HCT Protection Strategy for DRC was an extended process and was only validated by the HCT in April 2018. The strategy placed a specific emphasis on the need for a mainstreamed approach and this was reflected in DRC's revised HRP for 2017-18. However, **the difficulties the HCT experienced in reaching consensus on a common strategy, together with the lack of a service-oriented approach by protection clusters and a lack of outcome monitoring systems, resulted in limited evidence of protection mainstreaming.**⁵²
130. UNHCR and the protection cluster have nevertheless succeeded in helping the humanitarian community to better understand the implications of the centrality of protection in the DRC context, mainly through their engagement with the HCT. Interviews with representatives in other humanitarian agencies working in other clusters and sectors indicated a **heightened awareness of protection principles and the importance of considering protection aspects during design and implementation though there were few examples observed where this had been put into practice.** Members of food security clusters interviewed expressed particular interest in receiving practical support.⁵³ Exceptions where protection had been mainstreamed into the design and execution of activities noted by the team included UNHCR-funded shelter and CBI interventions along with interventions in different sectors

⁵⁰ An example cited by a key informant was Oxfam's WASH interventions. Even though these had a strong protection component, they were categorized in budgeting and reporting systems as WASH interventions which had the effect of understating investments and outcomes of protection interventions.

⁵¹ Cluster Protection RDC and UNHCR (2015) Guide Pratique pour L'intégration de la Protection Transversale

⁵² As per guidance in the Global Protection Cluster (2015). "*Support other clusters in delivering protection mainstreaming trainings, and in developing sector-specific guidance, action plans and assessment surveys or questionnaires as well as identifying protection mainstreaming focal points. Undertake joint missions...to assess the protection mainstreaming components in the activities of other clusters.*" (pages 13 and 14)

⁵³ Food security cluster had approached the protection cluster in Tshikapa in mid-2018 to request protection training,

by INGOs such as NRC and Oxfam which both have an institutional *modus operandi* globally that prioritises protection mainstreaming.

Division of tasks for NFI and Shelter with UNICEF

131. Shelter coordination was influenced by the existing NFI/Shelter working group led by UNICEF, where **there was a tendency prior to the L3 declaration to treat shelter as NFI rather than as a means to reinforce protection and durable solutions.**
132. Despite delays in recruitment of a national GTA coordinator, the combination of a robust strategy, service-oriented approach with its members and good collaboration with UNICEF has **enabled UNHCR to fulfil its responsibilities as global lead agency for shelter by mid-2018.** The collaboration with UNICEF was strengthened when UNHCR seconded an information manager at the end of 2017 to support the NFI/shelter working group.

KEQ 4: Emergency Preparedness

KEQ 4	<i>How did existing emergency provisions ensure the operation was able to respond to the needs/fulfil its obligations under the IASC division of responsibilities?</i>
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133. This evaluation question looks at the extent to which UNHCR was prepared to respond to an L3 emergency, its use of the activation protocols and the influence the activation has had on the mobilisation of resources, including the ERT and surge deployments along with the impacts of the L3 activation on other UNHCR activities.

Summary response to KEQ 4

- UNHCR's preparedness efforts focused on updating their 2016-2017 Regional Contingency Plan for elections, considering risk of refugee influxes from neighbouring countries. UNHCR also participated in the HC-led preparedness planning processes completed at the end of 2016 in anticipation of the upcoming elections.
- UNHCR was the only humanitarian agency in DRC who did not declare an internal L3 before the system-wide declaration. UNHCR did not wait for a L3 declaration but took steps that position them to scale up once the system-wide L3 had been declared.

Preparedness levels and compliance with protocols.

Inter-agency preparedness efforts for IDP crisis

134. UNHCR participated in the RC/HC-led interagency process for the **development of an emergency preparedness plan related to electoral tensions** which was completed in December 2016. The plan was reported to be based on a compilation of provincial level contingency plans although UNHCR staff in the provinces demonstrated little awareness of the plans.
135. Beyond reporting on that contribution, no evidence of additional preparedness steps taken by the activated clusters under UNHCR's responsibility at the national or evidences of sub-national EPP/contingency plans were provided to the evaluation team.

136. The protection cluster raised the alert in the Kasai about a deterioration of the situation based on early warning signs as early as August 2016. This did not however trigger the development of an inter-agency contingency plan, which put constraints on planning for a joint response.⁵⁴

UNHCR preparedness efforts for IDP crisis

137. UNHCR completed the High Alert List for Emergency Preparedness (HALEP) diagnostic report for 2016 and 2017 for DRC. The self-assessment report described concrete readiness steps⁵⁵ taken by country office to face a deterioration of the situation.
138. **UNHCR's preparedness efforts mainly focused on regularly updated the Regional Contingency Plan for Election in DRC for 2016-2017⁵⁶ considering risk of refugee influx on neighbouring countries.** Scenarios were based on civil unrest and armed conflict. Deteriorated situations in both Kasai and Tanganyika were described and although scenarios have triggers and indicators for monitoring purposes there was no clarity on responsibilities for alert monitoring and early warning triggers for activation of the contingency plan. Capabilities analysis, response framework and financial requirements were provided for all countries in the region, except for DRC. The plan noted that particular attention be given to IDPs and hosting families and that UNHCR would lead the response in protection and the shelter sector.
139. There were different perspectives among UNHCR staff in DRC regarding the level preparedness for an IDP crisis and the extent to which UNHCR's Policy on Emergency Preparedness and Response applied to IDP emergencies. While some argued that **engaging with OCHA on contingency planning for IDPs was sufficient, others favoured a more proactive approach in addition to the inter-agency engagement to strengthen institutional preparedness and planning.** Given the lack of clarity about UNHCR's role and value-added⁵⁷ and the delays in responding it was judged that a more proactive approach by UNHCR could have contributed to a more effective response.

Timeliness of Activation & Compliance with L3 Protocols

140. **UNHCR was the only humanitarian agency who did not declare an internal L3 prior to the system-wide declaration.** UNHCR had not allocated any resources for IDPs in DRC during 2016 or 2017 under pillar 4, in large part since UNHCR was dealing with refugee influxes during with limited funding.⁵⁸

⁵⁴ The IASC approach provides a group of Advanced Preparedness Actions to help Country Teams increase preparedness once they identify a specific moderate or high risk. These actions take the humanitarian community to a state of readiness to respond and build on the plans already in place. They include: (1) Reaching out to national counterparts, local partners, communities to coordinate preparedness plans and assess response capacity; (2) Deploying appropriate coordination, information management, needs assessments and response monitoring systems and developing a sourcing strategy for priority relief items; and (3) Contingency planning.

⁵⁵ These included an updated mapping of partners, engagement with these partners on their capacity to scale up, the identification of specific geographical areas more at risk, the establishment of an early warning structure, an analysis of staffing needs.

⁵⁶ Version 7 for the period July – December 2017.

⁵⁷ UNHCR's role and value-added in IDP crisis is explored in more detail under KEQ5 below.

⁵⁸ The number of refugees increased from 453,000 to 540,000 from December 2016 and July 2017. Similarly, the number of IDPs rose from 2.2 million to 3.8 in the same period.

141. **Protocols for the activation of L3 (as per the Policy on Emergency Preparedness and Response) were partially followed.** The declaration of the Emergency L3 triggered the establishment of headquarters coordination mechanisms, deployment of staff and supplies, access to additional resources. The Africa Bureau and DESS did not however carry out a real-time review within three months of the L3 activation, which could have contributed to take stock of the timeliness, appropriateness and effectiveness of UNHCR’s operational response and recommended corrective actions.

Early actions (prior to L3 activation)

142. The absence of an early internal L3 declaration on a no a regret-basis, as recommended following the mission of the Assistant High Commissioner for Operations (AHC-O) to DRC in August 2017, or of the use of the L1 or L2 emergency levels was inconsistent with UNHCR’s policy of putting people affected by emergencies⁵⁹ at the centre of its preparedness and response efforts. There was a **lack of clarity within the organisation about what clearly triggers an activation and about the accountabilities** linked with the activation of a L3 emergencies.
143. As described under KEQ2, UNHCR did start operations that helped with subsequent scale up of their operations once an L3 had been declared. Key activities included developing UNHCR’s protection strategy for Kasai, signing a PPA with a national partner to carry out documentation and protection monitoring in May 2017 that helped to position the agency to subsequently scale up its operations in Kasai. Capacity building initiatives led by the protection cluster were also conducted for local authorities in Kasai during July, which also improved UNHCR’s positioning. These actions were soon followed by UNHCR’s call for proposals for Kasai in August and September.

KEQ 5: UNHCR’s Role and Value-Added in IDP Crises

KEQ 5	<i>To what extent were UNHCR’s role and responsibilities towards IDPs clear to UNHCR staff, government authorities, donors and humanitarian partners? How did they perceive UNHCR’s value-added in IDP crises?</i>
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144. This evaluation question looks at how UNHCR’s role and value-added in this IDP crisis were understood both internally and externally and how this affected UNHCR’s ability to mobilise support externally? Have perceptions about the UN peacekeeping mission (MONUSCO) affected the perception of or access for UNHCR?

Summary response to KEQ 5	
<ul style="list-style-type: none"> • During the period prior to mid-2017 UNHCR communications stressed they lacked resources to support IDP operations and instead were prioritising refugee operations. • UNHCR’s national NGO implementing partners were the most positive about UNHCR’s perceived role and value-added in this IDP crisis. There was a consensus 	

⁵⁹ Using UNHCR definition of a humanitarian emergency: a humanitarian emergency is as any situation in which the life, rights or well-being of refugees and other persons of concern to UNHCR will be threaten unless immediate and appropriate action is taken, and which demands an extraordinary response and exceptional measures because current UNHCR capacities at country and regional levels are insufficient. Source: UNHCR 2017 Policy on Emergency Preparedness and Response.

amongst peer UN agencies and INGOs that UNHCR had not optimised their comparative advantage.

- Knowledge of affected communities about UNHCR was limited to activities they had observed themselves and they had little understanding of UNHCR's role or mandate.
- Most stakeholders viewed UNHCR's relatively close relationship with MONUSCO as value-added though some INGOs felt that it compromised UNHCR's impartiality.

Communication of UNHCR's responsibility towards IDPs

145. **UNHCR was involved in IDP operations in the past in DRC,⁶⁰ but during a number of years prior to mid-2017 internal and external communications emphasised that UNHCR was focusing its attention and limited resources solely on refugee operations.** Despite successive high-level missions from UNHCR HQ to help communicate UNHCR's IDP crisis at senior levels within government and humanitarian agencies it was evident during the evaluation team's visit to L3 areas **in mid-2018 there nevertheless remained a lack of common understanding among external stakeholders and UNHCR staff, about UNHCR's role and value-added in this IDP crisis.** Interviews with external stakeholders found only a small number appeared to be aware of UNHCR's strategy for the L3 crisis and UNHCR did not appear to have common messages or talking points that could have helped in clarifying UNHCR's role and demonstrate the organisation's value-added during this IDP crisis. This lack of clarity can be partly attributed to the difficulty in communicating protection outcomes, which is a global challenge for UNHCR.⁶¹
146. Out of a total of twenty-six community FGDs, the team found only one group of adolescent boys where three participants had a reasonably clear understanding of UNHCR's role and mandate with both refugees and IDPs. **FGD participant knowledge of UNHCR was mainly limited to the partner and project activities they observed themselves.**

Perceptions of UNHCR's value-added in this IDP emergency

147. The lack of clarity about UNHCR's role and value-added during the L3 crisis was also evident amongst those donor key informants who regularly undertook field visits. This included representatives of DFID and ECHO who, despite representing two of UNHCR's largest donors both in the Great Lakes region and globally,⁶² chose to channel funds allocated to this IDP L3 emergency through other humanitarian agencies where they perceived greater value-added. ECHO's reluctance to fund UNHCR could be partially attributed to a shift to

⁶⁰ See, for example, Bourgeois, C., Diagne K. and Tennant, V. (2007) Real time evaluation of UNHCR's IDP operation in the Democratic Republic of Congo

⁶¹ "We are not communicating clearly what protection means in simple, human and relatable terms. Conflict-related displacement almost invariably results from failures of protection. When we do not place protection risks and outcomes at the centre of our concern, our analysis and our response, we may only treat humanitarian symptoms without addressing the underlying causes". Extract from UNHCR (2018f) Introductory Remarks of Steven Corliss Special Adviser on Internal Displacement Update on UNHCR's engagement with internally displaced persons (EC/69/SC/CRP.9) 72nd Meeting of the Standing Committee. 19 June 2018

⁶² During 2018, the European Union and DFID were UNHCR's second and sixth largest donors respectively.

a protection mainstreaming approach which has resulted in a progressive decline in ECHO funding allocated to the protection sector over the past few years.⁶³

148. **Other categories of stakeholders were more positive about UNHCR's value-added during the L3 emergency, of whom the most positive were UNHCR's national NGO implementing partners.** When asked about UNHCR's value-added, the list consistently included: 1) UNHCR's liaison role with government and other UN agencies, notably with MONUSCO, 2) technical expertise, such as protection analysis, 3) capacity building for national organisations and local government, and 4) a source of funding.
149. **Perceptions of interviewees from peer UN agencies and INGOs could be summarised as acknowledging that UNHCR had added value during this IDP crisis, both in clusters/sectors they are leading and in promoting interethnic coexistence, but that UNHCR had not optimised their comparative advantage.** In contrast to the views of national NGO implementing partners, some INGOs were wary of UNHCR's close relationship with MONUSCO feeling that it compromised UNHCR's impartiality.⁶⁴

⁶³ ICF (2018) Comprehensive evaluation of the European Union humanitarian aid, 2012-2016: Annexes to the Final Report Volume 2: field reports

⁶⁴ The team was not able to visit areas under control of militia groups, so was not in a position to validate this. Interviews with staff from NGOs working in those areas indicated that communities were able to differentiate between MONUSCO and UN humanitarian agencies such as UNHCR.

Conclusions

150. This chapter presents conclusions emerging from findings and analysis of this evaluation. They are structured as follows:
- An overall statement for UNHCR's response to the L3 crisis in DRC;
 - Conclusions linked to corresponding recommendations based on an analysis of evidence collected during the course of answering the evaluation questions.
151. As described in the Methodology section, many of these emerging conclusions were discussed during workshops with UNHCR and partner staff in Kinshasa. The conclusions below have taken into account feedback from these interactive sessions.

OVERALL STATEMENT: By the time the L3 was deactivated in April 2018, UNHCR had succeeded in increasing its capacity as originally planned. Significant delays in scaling up and gaps in systems and capacity compromised the effectiveness of the response.

During the L3 response UNHCR sought to fulfil its IASC commitments to engage agencies with the required expertise to develop comprehensive and practical strategies that place protection at the centre of humanitarian action.⁶⁵ However, since UNHCR was not sufficiently prepared to deal with a major IDP crisis in DRC, it was not able to respond in a timely way or at a scale commensurate with HCR's status as a premier humanitarian organisation responding to a L3 displacement emergency. Due to a combination of internal and external factors, protection monitoring did not influence delivery of services and assistance as much as been had hoped, and UNHCR faced the challenge of justifying investments in strengthening their capacity in DRC due to uncertainties about future funding following the deactivation of the L3 emergency in April 2018.

A Corporate Emergency: conclusions for UNHCR HQ and UNHCR DRC

CONCLUSION 1. Many stakeholders, including UNHCR staff and DRC-based representatives of some of UNHCR's major donors, lacked a common understanding regarding UNHCR's comparative value-added during the IDP crisis.

External stakeholders, including peer UN agencies, INGOs, local government, donors and PoCs themselves felt that UNHCR were not optimising their value-added in the crisis. National NGO implementing partners were more positive about UNHCR's value-added in IDP operations, citing their useful liaison role with government, MONUSCO, technical expertise and capacity building of partner staff. UNHCR was handicapped during the L3 response by its high cost relative to other humanitarian actors, the lack of outcome level performance data, along with the absence of a coherent communication strategy that could have helped clarify UNHCR's role and specific value-added in IDP operations.

Based on findings from KEQ 2 and 5

⁶⁵ IASC (2018) IASC Principals Meeting: Refocusing on Internal Displacement. May 2018.

CONCLUSION 2. Except for CBI interventions, outcome monitoring or post-distribution monitoring was not an integral part of UNHCR's M&E systems.

With the exception of CBI, there was no evidence that UNHCR, either at country or HQ level, had promoted systematic approaches to outcome measurement or facilitated relevant learning for UNHCR staff or partners. CBI outcome monitoring systems were only rolled out during 2018 and monitoring of post-distribution outcomes, either for NFI distribution or protection monitoring information, had not yet become a way of working for UNHCR staff. Some INGO implementing partners had their own outcome monitoring systems, but UNHCR has not been in a position to either fulfil a quality assurance role or build capacities of partners who do not have such systems. This resulted in significant variations in the quality of reporting along with an emphasis on activities and inputs when reporting. This gap along with the lack of community level complaints and feedback systems, limited UNHCR's accountability to PoCs and their ability to demonstrate their comparative advantage in IDP operations.⁶⁶

Based on findings from EQ 2 and 5

CONCLUSION 3. UNHCR's partner selection processes had unintended negative impacts on its interventions.

UNHCR's partner selection processes had unintended negative impacts on its interventions, particularly in Kasai where there were significant delays in identifying other partners after the PPA of one of their partners was not renewed. UNHCR selection procedures in DRC did not always fully respect global partnership guidelines, including consideration of partner performance and assessing the probable impacts of decisions on PoCs.

Based on findings from KEQ 2

Conclusions for UNHCR HQ, UNHCR DRC and Clusters led by UNHCR

CONCLUSION 4. UNHCR has encouraged community-based approaches during the L3 response but has fallen short with its AAP commitments to PoCs.

Responses to L3 emergencies provided an opportunity to operationalise UNHCR's and IASC (cluster) accountability commitments to affected communities, notably the establishment of effective complaints/feedback mechanisms, transparency/information sharing and promoting participation. The protection cluster had a particularly important role in this respect.

Based on findings from KEQ 1, 2 and 3

⁶⁶ The team that carried out the Real Time Evaluation of the UNHCR 2007 IDP response in DRC made a similar recommendation to improve measurement of outcomes, indicating that this has been a long-standing gap in UNHCR's systems.

CONCLUSION 5. OCHA-led systems for data management and multi-sectoral reporting did not accurately reflect and incentivise protection mainstreaming.

OCHA's final report on the response to the L3 emergency in DRC showed only 8% of targeted PoCs being reached while WASH and shelter sectors show 103% and 43% coverage respectively. This was a misleading picture of coverage since many agencies working in these sectors, including some of UNHCR implementing partners, mainstreamed protection into their interventions but coverage was only reflected in the sector in which they were working.

Based on findings from EQ 2, 3 and 5

Conclusions specific to UNHCR DRC

CONCLUSION 6. Protection monitoring was potentially a strategic use of UNHCR resources but did not add as much value to the L3 response due in large part to lack of a service-oriented approach.

During the L3 crisis, UNHCR invested the bulk of its resources in protection monitoring where it was able to draw upon its UNHCR global coordination mandate and technical expertise though this resulted in very little direct UNHCR assistance to PoCs. This was a strategic use of UNHCR resources since the HCT in DRC, and humanitarian agencies in general, recognised the centrality of protection in this L3 emergency response its potential to help in addressing the significant gap between resources and unmet needs. Protection monitoring products were produced with an assumption that they would be used to improve the humanitarian situation of PoCs although indications are that protection monitoring data did not significantly influence prioritisation by other sectors or clusters. Protection clusters lacked accountability systems and resources to help ensure follow up.

Based on findings from KEQ 1, 2, 3 and 5

CONCLUSION 7. Community-based approaches to protection are essential for IDP operations in the DRC context.

International assistance during the L3, from UNHCR and other international humanitarian agencies, was far from being adequate to meet the widespread humanitarian needs. Communities in DRC were the first and, in many cases, the primary responders. Efforts by UNHCR to promote community-based approaches were relevant, not only in recognition of the role of the community in supporting displaced populations but also in view of the relatively high cost of establishing and staffing UNHCR and partner offices and difficulties in accessing PoCs due to security and logistic constraints.

Based on findings from KEQ 1, 2 and 3

CONCLUSION 8. The relatively high cost of establishing and staffing UNHCR offices along with the lack of effective remote management and monitoring systems undermined coverage and cost effectiveness.

Establishing and staffing offices during the L3 response UNHCR needed a permanent presence to work effectively, but it was difficult to justify their cost effectiveness in the DRC context due to the high costs and funding gaps.

Based on findings from KEQ 2 and 5

CONCLUSION 9. Although the risk of further displacements within DRC remains high, UNHCR preparedness remained limited.

UNHCR lacked preparedness planning and capacity to respond to an IDP crisis prior to the declaration of the L3. Early warning triggers did not trigger advanced preparedness efforts in L3 areas. The absence of an internal L3 declaration on a no regret or the use of the L1 or L2 emergency level or a timely internal L3 declaration on a no regret basis delayed and impacted the agency's ability to take early actions and to activate internal support systems.

Based on findings from KEQ 4

Conclusions specific to UNHCR HQ

CONCLUSION 10. UNHCR lacked policies, approaches and tools that are specifically adapted for IDPs, including L3 protocols.

UNHCR had already begun to modify and develop global guidance and tools that are better adapted to IDP contexts prior to the L3 emergency, including contingency planning guidance and protection monitoring tools. UNHCR collaboration with IOM in DRC to strengthen displacement movement tracking and protection profiling could have helped mitigate the challenges with numbers and vulnerability/prioritisation during the L3 response.⁶⁷

Based on findings from KEQ 1, 2, 3 and 5

CONCLUSION 11. UNHCR lacked clear lines of accountability for decision-making during this L3 response.

Lack of clarity about decision-making and who was ultimately accountable within UNHCR's senior leadership for decision-making for this corporate emergency adversely affected the timeliness and quality of UNHCR's response, including responsibility for declaring an internal L3 emergency. There was a consensus by UNHCR staff at all levels that their response to the L3 could have been timelier, more efficient and much more effective. A lesson learned from the DRC L3 emergency is that delays are very likely when declaring system-wide L3 emergencies for an IDP crisis due to national government sensitivities and UNHCR should have clear protocols for declaring internal L3 emergencies for such emergencies.

Based on findings from KEQ 2 and 4

⁶⁷ However, the joint UNHCR-IOM project was still at a pilot stage and learning processes did not sufficiently consider perspectives of its intended users to be able to judge its value-added in the DRC context.

Recommendations

Recommendations targeted at UNHCR DRC and UNHCR HQ units are listed below, although many are also relevant to UNHCR partners. Each recommendation follows from the corresponding conclusion in the previous section.

UNHCR DRC with support from the Division of Programme Support & Management at UNHCR HQ:

R1. UNHCR should develop a viable business model⁶⁸ for IDP operations at both country and global level supported by a communication strategy targeted at internal and external stakeholders.

Immediate priorities: within the next 6 months:

- UNHCR HQ should sustain the momentum created by the former Special Adviser on Internal Displacement to operationalise UNHCR's value-added in IDP crises.
- Draft a business model for UNHCR's value-added based on concrete examples from DRC and other country contexts.
- Validate the draft business case by internal and external stakeholders, including representatives from affected populations.

Medium-term priorities: within the next 12 months:

- Improve value for money by, for example, identifying alternative supply chain solutions (including more effective use of CBI), using innovations to improve efficiency and effectiveness.

R2. Strengthen monitoring systems so as to better inform UNHCR interventions and more clearly demonstrate outcomes at a community level.

Immediate priorities: within the next 6 months:

- Review systems of organisations, including implementing partners, that measure protection outcomes.
- Facilitate outcome monitoring learning process with partners.

Medium-term priorities: within the next 12 months:

- Revise UNHCR DRC monitoring and reporting systems based on learning and a Theory of Change (link with R6).
- Consider piloting a write-shop⁶⁹ approach to capture outcomes in a participatory format.

⁶⁸ The term “business model” here refers to the rationale of how an organization or a programme creates, delivers, and captures value (economic, social, cultural, or other forms of value). It represents a broad range of descriptions to represent key aspects of a programme including purpose, offerings, strategies, infrastructure, organizational structures, practices, and operational processes and policies. A key feature of a business model is that it defines the manner by which the programme delivers value to key stakeholders to the extent that they are motivated to contribute either with funding in the case of donors and international partners or, in the case of partners and PoCs, their active participation.

⁶⁹ See <http://www.kstoolkit.org/Writeshops>, <http://www.writeshops.org/> and [a LWF case study from Kenya](#)

UNHCR DRC and the UNHCR Regional Bureau for Africa:

- R3. Ensure that UNHCR DRC's partner retention decision-making processes reflect relevant global guidance, notably in assessing partner performance and the likely impact on UNHCR's response for PoCs if a partner is not continued.**

Immediate priorities: within the next 6 months:

- Update partnership selection processes to align these with UNHCR's global guidelines and principles of partnership.

Medium-term priorities: within the next 12 months:

- Apply the revised processes during subsequent partner selection and, given these are revised processes, gather feedback from UNHCR staff and partners about the timeliness, quality and accountability of selection processes and adjust where needed.

UNHCR DRC and Clusters/Working Groups in DRC where UNHCR has a lead role:

- R4. In consultation with partners, develop an action plan to fulfil IASC accountability commitments to PoCs.⁷⁰**

Immediate priorities: within the next 6 months:

- Share relevant lessons learned and tools with UNHCR and implementing partner staff using an interactive approach;⁷¹
- Review relevant guidelines, Standard Operating Procedures, etc. with an AAP lens to identify improvements needed when next revision;
- Facilitate discussions and/or workshops to agree, both internally and with partners, on what changes in ways of working that would improve AAP to fulfil relevant commitments;⁷²
- Ensure that the design of the AGD participatory assessment fulfils UNHCR's commitment to meaningfully engage women, men, girls, and boys to mobilise capacities.

Medium-term priorities: within the next 12 months:

- Incorporate relevant AAP elements into capacity building, strategies and guidelines.

UNHCR DRC and the Global Protection Cluster:

- R5. Work with OCHA and other key partners to revise IASC data management and reporting systems to more accurately reflect protection mainstreaming while providing appropriate incentives.**

⁷⁰ See IASC (2017) and IASC (2018b)

⁷¹ For example, UNHCR could look to the RRMP for potential value in learning from their assessment and assistance tools and protocols. For a practical AAP tool, see the [Good Enough Guide for Accountability](#).

⁷² For example, UNHCR's AGD core actions, IASC AAP commitments, [the Core Humanitarian Standard](#), accountability frameworks of individual agencies. These workshops should be an opportunity to validate the revised guidelines and SOPs, and improve as needed based on feedback, and promote their use.

Immediate priorities: within the next 6 months:

- Carry out a mapping of protection mainstreaming (existing and key gaps), which should be integrated into follow up on R3 and R6;
- Draft a joint concept paper with OCHA based on lessons learned from DRC and other relevant contexts that considers incentives for non-protection agencies to share good quality data.

Medium-term priorities: within the next 12 months:

- Pilot systems for collecting and reporting on protection mainstreaming.

R6. UNHCR DRC should develop a service-oriented approach to protection monitoring to ensure data is used effectively to improve the quality and timeliness of assistance and advocacy to the benefit of PoCs.

Immediate priorities: within the next 6 months:

- Conduct a survey of agencies targeted for protection mainstreaming to determine their needs for information and technical support.⁷³
- Develop a Theory of Change⁷⁴ in consultation with key partners illustrating how protection monitoring will add value for PoCs at a community level through influencing different categories of partners and other stakeholders, including local and national government;
- Draft a corresponding results framework to measure progress, including outcomes, and a communication strategy for internal and external stakeholders, including clarifying what is shared with MONUSCO; and
- Develop protocols to strengthen accountability amongst partners and peers by clarifying roles and responsibilities for collecting, analysing, communicating and acting upon protection monitoring data.

Medium-term priorities: within the next 12 months:

- Pilot joint protection mainstreaming activities with agencies working in other clusters/sectors (food security, RRMP) to support protection mainstreaming, increase coverage and use of protection data and address the perception amongst communities that UNHCR is not meeting their needs.

R7. Prioritise community-based approaches to strengthen protection for PoCs.

Immediate priorities: within the next 6 months:

- Revise the community-based protection strategy⁷⁵ at the same time as developing the Business Model, a Theory of Change and monitoring systems (linked with R1, R4 and R5).

⁷³ This would be similar to the approach taken by the GRT.

⁷⁴ Useful guidance for developing a Theory of Change can be found in Taplin, D. and Clark, H. (2012) A Primer on Theory of Change https://www.theoryofchange.org/wp-content/uploads/toco_library/pdf/ToCBasics.pdf and Taplin et al. (2013) Theory of Change Technical Papers: A Series of Papers to Support Development of Theories of Change Based on Practice in the Field. <https://www.actknowledge.org/resources/documents/ToC-Tech-Papers.pdf>

⁷⁵ This strategy is likely to feature strengthening CBOs, conflict-sensitive analysis, participatory needs assessments (including identification of vulnerable individuals), participatory beneficiary selection criteria and community feedback systems.

- Pilot revised approaches, with built-in reflection events to learn and refine systems.

Medium-term priorities: within the next 12 months:

- Expanded roll out of revised community-based protection systems, supported by increased mainstreamed approaches (linked with R5).

UNHCR DRC:

R8. UNHCR DRC should improve cost effectiveness, including through more effective use of remote management and monitoring approaches.

Immediate priorities: within the next 6 months:

- Develop options based on lessons learned from DRC and other remote management contexts.⁷⁶
- Describe and cost different operating options for remote management and monitoring, giving due emphasis to community-based approaches and protection mainstreaming (links with R4 and R6).

Medium-term priorities: within 12 months

- Draft and implement a transition strategy to roll out the most viable model(s).

R9. Improve emergency preparedness for IDP emergencies.

Immediate priorities: within the next 6 months:

- Advocate for a more proactive approach to inter-agency emergency preparedness, including agreed protocols for early warning triggers.
- Facilitate development of preparedness plans within the protection cluster and GRT linked to overall contingency plans to strengthen preparedness and optimise use of limited resources.

Medium-term priorities: within the next 12 months:

- As part of the inter-agency efforts, develop a plan to improve UNHCR DRC level of readiness to respond to potential emergencies, both at the national and provincial level, including basic operational readiness actions to enable a response in a timely and coordinated manner (linked with R1, R9).
- Take actions based on the plan to improve UNHCR DRC level of readiness and monitor progress.

Division of Programme Support & Management at UNHCR HQ:

R10. Accelerate the development of guidance and tools required for IDP contexts.

Immediate priorities: within the next 6 months:

⁷⁶ Unlike some other contexts where remote management has been used, such as Syria and Somalia, UNHCR has more physical access to PoCs. The main constraints have often not been security-related but more related to the cost of establishing a UNHCR presence and physical access due to logistics and poor infrastructure. DRC is thus a more conducive environment for remote management than contexts where UNHCR has virtually no access. See, for example, Mercy Corps (2015) Remote Management Annotated Bibliography and UNHCR (2014b) Remote Management in High-Risk Operations: Good practice and Lessons Learned.

- Based on experience of IDP operations from DRC and other countries, draft an inventory of guidance and tools required.
- Prioritise guidance and tools that specifically support the Business Model for IDPs (R1)

Medium-term priorities: within 12 months

- Draft and field test guidance and tools.
- Develop and or revise training modules for UNHCR and partner staff on working in IDP contexts.⁷⁷

Division of Emergency, Security and Supply at UNHCR HQ:

R11. UNHCR should clarify accountability for decision-making during L.3 emergencies to help ensure that the resources are allocated consistent with a corporate emergency. Key steps could include:

- Conduct a comparative study of systems of peer agencies, such as WFP and UNICEF, who have developed protocols based on lessons learned will be useful references.
- Review the Policy on Emergency Preparedness and Response for contexts prone to IDP crisis. Activation protocols should consider both the humanitarian imperative and the capacity of the field office with the aim of enabling early action to address situations of internal displacement.
- Ensure that UNHCR is prepared to declare an internal L3 emergency in IDP crises when it is justified by humanitarian need.

⁷⁷ Similar to modules UNHCR has developed for Refugee Status Determination, Resettlement, or Statelessness.

Annex 1: L3 Area Contextual Analysis

Kasai region (Kasai, Kasai Central, Kasai Oriental, Sankuru and Lomami)

153. The Kasai conflict erupted in August 2016, when a traditional chief, known as “Kamuina Nsapu”, was killed in a clash with the Congolese authorities. The death of the customary chief in Dibaya resulted in a strong mobilisation of the militia and sparked claims for self-management by the customary power. The volatility of the political situation at the national level, in connection with the electoral process, as well as the issue of the recognition of customary power, have gradually pushed other customary chiefs in bordering areas to join the movement and the conflict spread significantly. The conflict between militia and security forces resulted in rising inter-communal tensions and violence between communities which has had peaceful coexistence in the past.
154. As a result, as of October 2017, more than 1.4 million people were displaced within Kasai and neighbouring provinces⁷⁸ and 36,000 refugees in Angola⁷⁹, many of whom have been displaced multiple times, and required support. The vast majority were scattered in the forest making needs assessments and humanitarian responses difficult. Infrastructure and villages have been destroyed, and basic services have largely stopped in some areas, creating acute needs in areas of protection, shelter, health, nutrition, water and sanitation.
155. The violence declined during the second semester of 2017, with large parts of the region under government control. As of October 2017, OCHA reported a total of 710,000 returnees in the provinces of Kasai Central, Lomami and Kasai Oriental⁸⁰, as well as spontaneous returns of both migrants and refugees from Angola. Unfortunately, these returnees could not always return to their area of origin due to the inter-communal tensions and the insecurity. Indeed, the conflict exacerbated old local level inter-communal violence and tensions between communities (which transformed into militia groups associated with Luba and rival Pende and Tchokwe populations). Ethnic tensions between the Luba and Lulua and the Tchokwe ethnic groups have continued to exacerbate the conflict. While access to Kasai region was long limited due to security reasons and military reasons, access to populations opened up in May 2017, although it remained constrained by some insecurity and the poor quality of the infrastructure.

⁷⁸ OCHA, Rapport de situation No 14 (October 23, 2017)

⁷⁹ UNHCR, Factsheet for DR Congo, May 2018.

⁸⁰ OCHA, Rapport de situation No 14 (October 23, 2017). Data reported by IOM : Rapport n°1 de la matrice de suivi des déplacements de l'Organisation internationale pour les migrations (OIM), 26 August to 16 September 2017

South Kivu and Maniema

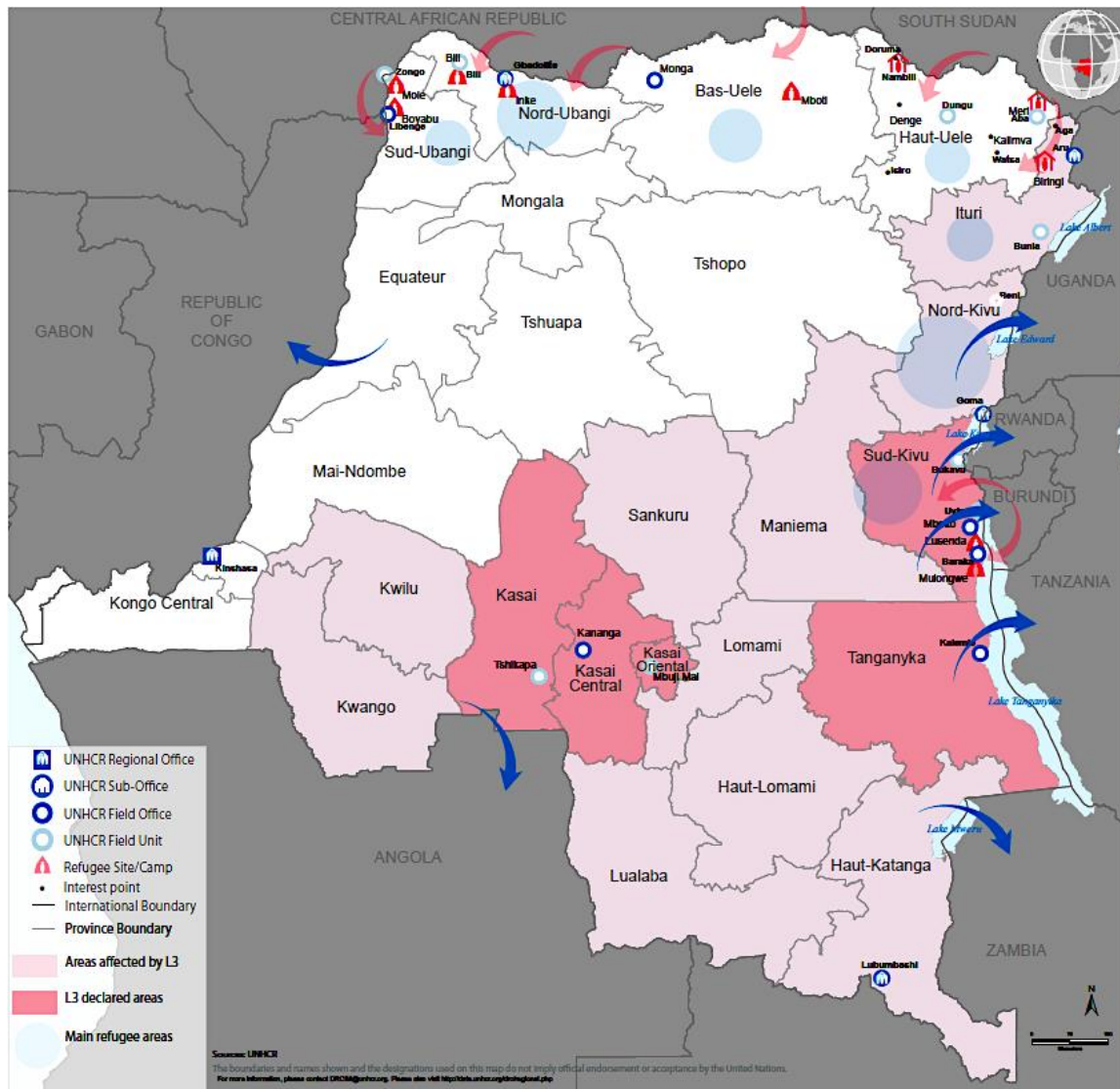
156. The evolution of the security context in South Kivu resulted from the interaction between several triggers and aggravating factors. First of all, the armed militias changed their modus operandi in border areas between the provinces of South Kivu, Maniema and Tanganyika during the year 2017. Then the inter-communal tensions and open conflict between Batwa and Bantu in neighbouring Tanganyika province also had a significant impact. Finally, the situation deteriorated starting in June 2017 in the Province of Maniema, following the activities of a new militia born end of 2016 and claiming access to mining resources in the territory of Kabambare.
157. From the beginning of 2017 and as a result of the deterioration of the security conditions in the provinces of South Kivu and Maniema, 326,000 new internally displaced persons (IDP) were reported (176,000 in South Kivu, and 150,000 Maniema) bringing the total number of IDPs in these two provinces to 925,000 people by the end of the year.

Tanganyika, Territories of Pweto (Haut-Katanga province) and Malemba-Nkulu (Haut-Lomami province)

158. In mid-2016, inter-communal tensions and violence between the Luba and Twa ethnic groups re-escalated and continued into 2017. This conflict goes back several generations with origins related to tribal-ethnic tensions, land and inheritance rights, and a real or perceived unequal access to basic services. In January 2017, the conflict between the Twa and Luba groups reached the territory of Moba in Tanganyika, which had been relatively peaceful up until then.
 159. Thereafter the conflict also took on political dimensions and expanded, spilling over to Pweto in Haut-Katanga. The province of Tanganyika was home to nearly 720,000 IDPs when the L.3 emergency was declared and a high number of return movements had been observed, with nearly 94,000 returnees in the territories of Kalemie and Manono.
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Annex 2: Map of L3 Areas

Locations of L3 areas are shown below, highlighted in red.



Source: UNHCR (December 2017)

Annex 3: Key Event Timeline 2016-2018

Timelines were constructed during the After Action Review workshop in Kinshasa with inputs from UNHCR staff and completed by the evaluation team based on interviews and desk research. Only key events directly relevant to the L3 emergency have been included.

	UNHCR Internal key events	External key events	
2016		MARCH	2016
	UNHCR COP for 2017, allocation of resources to Pillar 4 for IDPs is not prioritised		
		JULY	
		Start of the conflict opposing Balubakat & Batwa, Tanganyika	
		AUGUST	
		The death of Chief Kamwina triggers the start of the conflict, Kasai region (12 Aug. 2016)	
	AUGUST		
	The Protection cluster raised the alert in the Kasai about a deterioration of the situation based on early warning signals		
		NOVEMBER	
		UNICEF first assessment in Kasai region (15 Nov)	
	NOVEMBER		
	South Sudanese refugee influx into DRC ⁸¹		
	NOVEMBER		
Internal L.2 declaration impacting UNHCR capacity to respond to multiple crisis			
	DECEMBER		
Deployment of UN peacekeepers begun in Kasai (16-22 dec.)			
	DECEMBER		
	HC inter-agency contingency plan for DRC electoral process completed		
2017		JANUARY	2017
	UNICEF provided assistance to some 20,000 people in Kasai region (Jan. – Mar.)		
		JANUARY	
	HCT and ICN discussed CERF allocation for Kasai and Tanganyika.		

⁸¹ Peak in November (21,600 reported refugees from South Sudan in the only month of November 2016, UNHCR Regional overview of population of concern, as of 30 September 2017) and continued throughout 2017: At the end of 2017, there were a total of 88,970 South Sudanese refugees compared to 66,672 (increase of 25%).

UNHCR Internal key events	External key events
	FEBRUARY
	MONUSCO strengthen its presence (12 Feb.) and the five provinces of the Kasai region are affected by the conflict
	MARCH
	OCHA organised three missions in Kananga, Tshikapa and Mbuji Maye to start establishing coordination structure, to build capacity and to consolidate the 3W.
	MARCH
	The HCT launched a special task force for the Kasai and OCHA started issuing sitreps
MARCH	
UNHCR requested to update the HCT on Congolese refugee situation in Angola	
	MARCH
	Peak of the conflict in the Kasais and access was limited for most agencies
	MARCH
	Execution of the two UN experts in Kasai (12 Mar.)
	MARCH
	The Humanitarian community developed the Kasai emergency plan
	APRIL
	Flash appeal for DRC and 1M displaced reported (24 Apr.)
	APRIL
	Development process for the HCT Protection strategy started
	APRIL - MAY
	Refugee influx from CAR in Bas-Uele ⁸² , and deterioration of the security situation in North Kivu (May) impacting UNHCR capacity to respond to multiple crisis
MAY	
UNHCR internal discussion regarding the opening of offices in the Kasai region started (1 May)	
MAY	
UNHCR DRC requested for 2018 budget increase (OP/OL) for the creation of positions in the Kasai and a supplemental budget (SB) for an increased of ABOD in 2017 for mission/deployment/offices in the Kasai region (4 May)	

⁸² 100,000 refugees over time

	UNHCR Internal key events	External key events	
	<p>MAY The Protection cluster developed its protection strategy for the Kasai and planned an inter-agency assessments, access was denied by the government</p>		
	<p>MAY UNHCR entered into a partnership with ADSSE for data collection, protection monitoring and assistance in the form of cooked food.</p>		
		<p>MAY OCHA declares a corporate emergency for the Kasai crisis</p>	
		<p>JUNE HCT encouraged agencies to declare an internal L.3 emergency as a step towards a system-wide activation</p>	
	<p>JUNE UNHCR informed the HCT of its internal discussions with Geneva about the possibility for L.3 activation (28 Jun.)</p>		
		<p>JULY UNICEF declared an internal L.3 emergency</p>	
	<p>JULY USD 500,000 ABOD allocation under 2017 approved to launch emergency operation in the Kasai (13 Jul.)</p>		
	<p>JULY Procurement process for vehicles started (26 Jul.) for the Kasai region</p>		
	<p>JULY Training of Kasai authorities on protection issues by the Protection cluster (Jul.)</p>		
		<p>AUGUST End of mission for the Humanitarian Coordinator, WFP rep appointed HC a.i.</p>	
		<p>AUGUST WFP and UNFPA each declared an internal L.3 emergency</p>	
	<p>AUGUST UNHCR issued call for proposals for the protection of IDPs and returnees for 2017 (Sept. – Dec.) for the Kasai and call for proposals for protection of IDP for 2018 (Jan – Dec.) for Katanga, North and South Kivu, Ituri, Tanganyika and Kasai (3 Aug.)</p>		
	<p>AUGUST Protection cluster mission to the Kasai for activation of the sub-national clusters</p>		
	<p>AUGUST Multiple missions (using internal UNHCR and national cluster capacity) to cover for the protection</p>		

	UNHCR Internal key events	External key events	
	cluster coordinator position in Kasai ⁸³ (Aug. – Sept.)		
	AUGUST UNHCR High-level field visit to DRC: AHC-O & RBA (22 - 26 Aug.), The AHC-O recommended the activation of the L.3		
	SEPTEMBER HR cell activated (26 Sept), first meeting initial focus on the Kasai (29 Sept.) with first request by UNHCR DRC for 6 emergency deployments. (3 Oct.)		
	SEPTEMBER HR priority needs for the Kasai shared by UNHCR DRC with HQ in line with SB plan, three candidates immediately identified (27 Sept.)		
	OCTOBER Deployment of first UNHCR staffs (6) in Kasai: Field safety (mission – Oct. 9), Snr Field coordinator/Head of SO (TA, Oct. 11), Programme (ERT, Oct. 20), Admin (mission – Oct. 26), 2x Field (local recruitment, Oct. 26)		
	OCTOBER UNHCR DRC revised staffing needs responding to a request by HQ regarding a possible 2018 budget increase.		
	OCTOBER UNHCR High-level field visit to DRC: Special advisor for on IDPs (15 – 21 Oct.), highlighting the need to take action.		
	OCTOBER ** SYSTEM-WIDE L.3 ACTIVATION (20 Oct.) **		
	OCTOBER Kamanyola Refugee crisis & deterioration of the security situation in South Kivu, Mboko-Uvira, impacting UNHCR capacity to respond to multiple crisis		
	OCTOBER UNHCR officially declared L.3, effective 20 October (30 Oct.)		
	NOVEMBER HQ Africa Bureau asked for a prioritisation of staffing needs (priority one and two), a budget of USD 9 million for Ops, ABOD and staffing in the pipeline (Nov.8). Two revised tables with priority 1 (USD 6,950,343) and priority 2 (USD 3,609,778) for the IDP situation are sent to the Africa Bureau (Nov.20).		
	NOVEMBER Snr. Emergency Coordinator (ERT) deployed from Geneva to support DRC operation		

⁸³ Aug.-17, Denis Oulai on mission followed by additional national protection cluster short missions.

	UNHCR Internal key events	External key events	
		NOVEMBER Development of the inter-agency operational plans, South Kivu and Tanganyika (Nov. - Dec.)	
		NOVEMBER Humanitarian architecture review process started	
	NOVEMBER The Shelter GTA adopted its shelter strategy for the IDP response and additional staffing support ⁸⁴ jointed national GTA in Kinshasa.		
	DECEMBER UNHCR Protection strategy developed for South Kivu		
	DECEMBER USD 2,815,000 obtained under 2017 ABOD (5 Dec.), 2 nd ABOD allocation under 2017 after initial USD 500,000 in July 2017, allocated to armoured vehicles, prefabs, generators, communication equipment, GFM 12 vehicles for the 3 offices in the Kasai.		
	DECEMBER Procurement process started for prefab for staff accommodations and offices (4 Dec.) & for NFIs (12 Dec.) for all three provinces		
	DECEMBER HQ Budget Committee approves the creation of 100 positions (40 internationals and 60 nationals) for USD 9,173,214.02 in DRC, effective 1 Feb 2018 (12 Dec.).		
	DECEMBER HQ PBS updates positions in MSRP, which enables DHRM and Kin HRU to prepare the fast-track compendium (19 dec.).		
	DECEMBER Fast track recruitment launched (22 Dec.) advertising the 35 newly created P positions approved, exceptionally opened for 2 weeks due to the Holiday Season		
	DECEMBER 1 st multi-purpose cash distribution by implementing partner in the Kasai.		
		DECEMBER The multi-annual HRP (2017-2019) updated to reflect the change of situation in all three provinces	
		DECEMBER Djugu crisis in Ituri –resulting in 350,000 IDPs, impacting UNHCR capacity to respond to multiple crisis	
201	JANUARY Shelter coordinators position GTA sub-national filled		201

⁸⁴ Assistant Coordinator GTA national (20 Nov.) rapidly followed by the IMO (27 Nov.)

UNHCR Internal key events	External key events
using stand-by partners rosters in Tanganyika (6 Jan.), Kasai (25 Jan.) and South Kivu (Feb.)	
JANUARY NFIs received in UNHCR warehouses in Kalemie (21 Jan.) and Uvira (8 Jan.) via Nairobi.	
JANUARY Advertisement of first group of national positions using the Job Portal for the first time in DRC (22 Jan.), advertisement of the 2nd group of national PNs (Feb 9), advertisement of the 3rd group of national PNs (apr. 5).	
	JANUARY Appointment of the new Humanitarian Coordinator
	JANUARY Launch of DRC HRP in Kinshasa
JANUARY Teleconference took place (DHRM and Africa Bureau) to shortlist applicants. 8 jobs in Shelter, Field Safety and External Relations did not attract any candidate (22 Jan.).	
JANUARY Re-advertisement of the above-mentioned 8 jobs (Jan. 26)	
JANUARY HC Decision for the appointment of 24 positions over 35 (26 Jan.)	
JANUARY UNHCR DRC signed 11 PPA for 2018 for the IDP situation in Kasai (6), Tanganyika (5) and South Kivu (1) (starting Jan.)	
FEBRUARY 1 st Fast track position filled with arrival of staff in country (1 Feb.).	
FEBRUARY Protection cluster sub-national coordinator positions filled in Thiskapa (16 Feb.); Kananga (19 Feb.); Kalemie (March).	
FEBRUARY UNHCR published a supplemental appeal	
	FEBRUARY Arrival in country of the new Humanitarian Coordinator, ending the 6 months interim
	FEBRUARY Roll out of the revised humanitarian architecture
MARCH NFIs received in UNHCR warehouses in Kinshasa for the Kasais, via Doula (13 Mar.) and via Accra (26 Mar.)	
APRIL Delivery of NFIs to field location started in the Kasai with Tshikapa and continued (between 12 Apr. and 5 Jun.)	
APRIL National shelter coordinator position GTA filled (11 Apr.)	
	APRIL Donor conference for DRC in Geneva boycotted by DRC government (16 Apr.)

	UNHCR Internal key events	External key events	
		APRIL	
		Adoption of the HCT Protection strategy (20 Apr.)	
		APRIL	
		** SYSTEM-WIDE L.3 DE-ACTIVATION (20 Apr.) **	
	JUNE	Delivery of prefab to field location in Kasai (Starting in Jun.)	
	JULY	Delivery of NFIs to Kananga (starting 26 Jul.)	
	SEPTEMBER	Tanganyika Protection strategy approved (Sept.)	

Annex 4: Partnership Agreements

Province / region	2017			2018		
	Partner	# of partners	Budget (USD)	Partner	# of partners	Budget (USD)
Kasai region		6	\$2,323,894		6	\$3,378,328
	CIAUD		\$340,000	CIAUD ⁸⁵		\$43,637
	Action aid		\$642,750	Action Aid		\$1,499,645
	NRC		\$500,000	NRC		\$900,000
	CNR		\$70,000	CNR		\$198,480
	SAVE Congo		\$300,000	War Child		\$536,566
	ADSSE		\$471,144	IOM		\$200,000
South Kivu province		1	\$548,379		1	\$520,792
	Intersos		\$548,379	Intersos		\$520,792
Tanganyika province		4	\$1,372,629		4	\$1,193,508
	SFCG		\$251,169	AIDES		\$371,460
	SAVE Congo		\$283,187	SAVE Congo		\$577,481
	AIRD		\$575,919	AIRD		\$129,387
	CNR Katanga		\$262,354	CNR Katanga		\$115,180

⁸⁵ 3 months fund allocation, 01.01.2018 – 31.03.2018 for operations management only.

Annex 5: Field Visit Itinerary

Dates	Place / Activities
July 23 - 24	Arrival of international team members in Goma, DRC
July 25 - August 2	Meetings/site visits in the Kasais (Tshikapa, Mbuji-Mayi, Kananga)
August 3 - 4	Key informant interviews in Goma
August 6 - 10	Meetings and site visits in Tanganyika (Kalemie, Katanika, Kabutonga)
August 13 - 17	Meetings and site visits in South Kivu (Bukavu, Uvira)
August 18	Departure of international team members from Goma
Sep 2 - 4	Key informant interviews in Kinshasa
September 5	After Action Review for UNHCR staff in Kinshasa
September 6	Interagency validation workshop in Kinshasa
September 7	Debrief for UNHCR staff in DRC
Sep 10 - 14	Interviews at UNHCR HQ in Geneva

Annex 6: Interview Guide

Guide d'entretien (v. 180726)

Le guide d'entretien ci-dessous est basé sur la matrice d'évaluation du rapport de démarrage. Les questions marquées d'un « * » devraient être particulièrement pertinentes pour les groupes de discussion avec les déplacés et les communautés d'accueil.

Conseils aux membres de l'équipe : Ce guide d'entretien n'est pas destiné à être un questionnaire, mais plutôt à servir de « liste de contrôle » lors d'entretiens semi-structurés et de groupes de discussion pour s'assurer que nous recueillons des données pertinentes afin de soutenir nos conclusions et recommandations pour chaque question clé.

Il est souvent utile de poser des questions de haut niveau telles que « parlez-moi de l'évolution de ce projet? », « Quels-ont été les événements clés? » et « quelles-ont été les réalisations et les défis particuliers des interventions du HCR et comment cela se compare-t-il aux projets financés par d'autres bailleurs? ». Ces dernières permettent de guider la discussion en sondant les sous-questions pertinentes.

Nous ne devrions pas nous attendre à ce que les informateurs clés puissent répondre à toutes les sous-questions. Il importe d'essayer d'abord de comprendre le contexte et l'expérience de l'informateur clé afin de mieux déterminer à quelles sous-questions ils devraient pouvoir répondre.

Il est important de respecter les normes d'évaluation, l'éthique et les standards. Nous vous suggérons de passer en revue les Normes et Standards du Groupe des Nations Unies pour l'évaluation (GNUE) sur www.uneg.org, en particulier celles qui concernent directement les évaluateurs.

Questions clés	Sous-Questions
KEQ 1) Pertinence : Depuis l'activation de la situation d'urgence L3 en octobre 2017, dans quelle mesure les stratégies et objectifs du HCR et des partenaires de mise en œuvre pour la réponse aux personnes déplacées ont-ils été pertinents et appropriés, en tenant compte de l'évolution	<ol style="list-style-type: none">1.1. Dans quelle mesure les stratégies et objectifs du HCR et des partenaires de mise en œuvre sont issues d'évaluations des besoins fait en temps opportun et adaptées aux besoins et priorités des personnes relevant du mandat, notamment les groupes vulnérables, les femmes et les enfants?*1.2. Quelles sont les principales mesures prises par le HCR afin de répondre aux besoins de protection et d'assistance des populations touchées par la crise (PDI, retournées et populations hôtes)?*1.3. La priorisation du monitoring de protection par le HCR était-elle une utilisation appropriée des ressources ?

Questions clés	Sous-Questions
<p>du contexte opérationnel et du contexte de mise en œuvre en RDC ?</p>	<p>1.4. Dans quelle mesure la réponse abris dans le Kasai était-elle appropriée dans la mesure où 80% des PDI sont hébergées par la population locale?*</p>
<p>KEQ 2) Résultats : Dans quelle mesure le HCR et ses partenaires ont-ils atteint les résultats escomptés en tenant compte des principaux facteurs contributifs et contraignants ?</p>	<p>2.1. Quels sont les résultats attendus et non-attendus de la réponse sur les personnes relevant du mandat (femmes, hommes, garçons et filles)?*</p> <p>2.2. Dans quelle mesure les interventions de protection et d'assistance répondent aux besoins des personnes relevant du mandat?*</p> <p>2.3. Existait-il des lacunes dans la couverture des besoins de personnes relevant du mandat? Dans quelle mesure l'assistance et/ou la protection fournie étaient-elles proportionnelles aux besoins identifiés ?*</p> <p>2.4. Quelle est la portée du système de suivi et évaluation et de l'apprentissage en place, et quel est son degré d'efficacité dans le suivi des indicateurs de résultats et d'apprentissage? Quel est le degré d'efficacité des mécanismes de <i>remote management</i> mis en place par le HCR principalement au début de la crise?</p> <p>2.5. Dans quelle mesure les interventions <i>cash</i> se sont avérées des stratégies efficaces afin de répondre aux besoins des personnes les plus vulnérables?*</p> <p>2.6. Dans quelle mesure les stratégies basées sur une approche communautaire incluent-elles des systèmes de rétroaction communautaires? Comment l'inclusion ou l'omission de ces approches a-t-elle contribué à la pertinence de ces approches ?*</p> <p>2.7. Est-ce que le HCR a fourni des ressources humaines, logistiques et financières suffisantes, appropriées et en temps opportun afin d'obtenir les résultats visés?</p> <p>2.8. Quels sont les facteurs qui ont favorisés ou limités la réponse du HCR? Est-ce que le HCR aurait pu recourir à d'autres stratégies ou approches pour être plus efficaces et favoriser l'optimisation des ressources (<i>value for money</i>)? Quelles leçons tirées de cette réponse pourraient également être transposable à d'autres situations de personnes déplacées?</p>
<p>KEQ 3) Efficacité : Dans quelle mesure le HCR a-t-il coordonné les</p>	<p>3.1. Dans quelle mesure le rôle de coordination du HCR a-t-il favorisé les synergies entre les acteurs concernés et a-t-il permis d'éviter les lacunes ou les duplications d'assistance?</p>

Questions clés	Sous-Questions
groupes de travail sur la protection et les groupes de travail Abris / AME ?	<p>3.2. Dans quelle mesure le HCR et ses partenaires ont-ils coordonné l'assistance aux niveaux national, provincial et local? Dans quelle mesure le HCR et ses partenaires ont-ils établi et adopté des approches harmonisées et des normes communes pour la réponse sectorielle et l'intégration de la protection ?</p> <p>3.3. Dans quelle mesure les normes / considérations de protection ont-elles été intégrées dans les stratégies et les programmes des autres <i>clusters</i>?</p> <p>3.4. La répartition des tâches entre le HCR et l'UNICEF pour la coordination du cluster Abris / AME était-elle propice à une réponse efficace ?</p>
<p>KEQ 4)</p> <p>Préparation aux urgences : Comment les dispositions d'urgence existantes ont-elles permis à l'opération de répondre aux besoins / remplir ses obligations dans le cadre de la division des responsabilités de l'IASC ?</p>	<p>4.1. Quelle influence a eu l'activation du L3 pour les agences des Nations Unies sur la disponibilité des ressources pour soutenir la réponse du HCR?</p> <p>4.2. Dans quelle mesure le bureau régional du HCR RDC était-il préparé à répondre à une urgence de niveau L3 (incluant les plans de contingence et analyse des risques)? Comment la préparation aux situations d'urgence du siège du HCR a-t-elle soutenu la réponse L.3 en RDC?</p> <p>4.3. Dans quelle mesure l'ERT et les autres déploiements d'urgence ont-ils soutenu la réponse? Quels ont été les avantages de ces déploiements sur l'opération?</p> <p>4.4. Dans quelle mesure les groupes de travail dirigés par le HCR étaient-ils préparés pour une réponse rapide?</p> <p>4.5. Le HCR a-t-il fait le nécessaire pour s'assurer que la réponse était dotée d'un personnel suffisant? Est-ce que l'organisation aurait pu mieux faire, reconnaissant qu'elle faisait face à de multiples urgences, y compris la réponse L3 au Bangladesh ?</p> <p>4.6. Dans quelle mesure la réponse à l'urgence L3 a-t-elle affecté les programmes réfugiés en cours du HCR (par exemple redéploiement du personnel et des ressources) ?</p>
<p>KEQ 5)</p> <p>Clarté du rôle du HCR dans cette crise : Dans quelle mesure le</p>	

Questions clés	Sous-Questions
<p>rôle et les responsabilités du HCR vis-à-vis des personnes déplacées étaient suffisamment clairs au personnel du HCR, aux autorités gouvernementales, aux bailleurs et aux partenaires humanitaires ?</p> <p>Comment ont-ils perçu la valeur ajoutée du HCR dans les crises de personnes déplacées ?</p>	<p>5.1. Dans quelle mesure la responsabilité du HCR à l'égard des personnes déplacées a-t-elle été communiquée, à l'interne et à l'externe?*</p> <p>5.2. Quelles sont les perceptions parmi les parties prenantes de la valeur ajoutée potentielle du HCR pendant cette situation d'urgence ?</p> <p>5.3. Dans quelle mesure le HCR a-t-il pu mobiliser l'appui du HCT, des bailleurs et du gouvernement ?</p> <p>5.4. Les perceptions au sujet de la mission de maintien de la paix de l'ONU (MONUSCO) ont-elles affecté la perception par rapport au HCR et l'accès à ses services ?</p>

Annex 7: Evaluation Matrix

Annex – Evaluation Matrix

Independent Evaluation of UNHCR’s Response to the L3 Emergency in the Democratic Republic of Congo (extract from the Inception Report, vers. 23 July 2018 (rev.1))

Evaluation questions	Indicators.	Data sources
KEQ 1: Since the activation of the L3 Emergency in October 2017, to what extent have UNHCR and partner strategies and objectives for the IDPs response been relevant and appropriate, considering the changing operational environment and evolving context?		
1.1. To what extent have the design of UNHCR and partner strategies and objectives been based on timely needs assessments and tailored to the specific needs and priorities of PoC, notably women and children and vulnerable groups?	<ul style="list-style-type: none"> • Reflection of relevant UNHCR policies within the strategy (e.g. protection, AGD core actions). • Links between needs assessments and strategic priorities. • UNHCR strategies have been used as a reference by partners to guide their own response. 	<ul style="list-style-type: none"> • Review of UNHCR and partner strategic plans, reports and assessments • Key informant interviews with UNHCR and partner staff • FGD with disaggregated community groups (women, disabled, youths, etc.)
1.2. What were the key actions taken by UNHCR to address the protection and assistance needs of the affected populations (IDPs, returnees, host population)?	<ul style="list-style-type: none"> • Relevant elements of UNHCR strategies have been translated into operational plans and guidance • Disaggregated data guided prioritisation of assistance and protection 	<ul style="list-style-type: none"> • Review of UNHCR and partner reports, meeting minutes and guidelines • FGD with disaggregated community groups
1.3. Was the prioritisation of protection monitoring by UNHCR an appropriate use of resources?	<ul style="list-style-type: none"> • Protection monitoring data was viewed as relevant and useful by humanitarian agencies • Evidence of use of protection monitoring data 	<ul style="list-style-type: none"> • Interviews with primary and secondary users of protection monitoring data • Agency reports, needs assessments

Evaluation questions	Indicators.	Data sources
	<ul style="list-style-type: none"> • Level of UNHCR investment in protection monitoring was appropriate in terms of meeting needs of affected populations 	<ul style="list-style-type: none"> • Financial analysis
1.4. To what extent was the selected shelter response in Kasai appropriate given that 80% of the IDPs were hosted by the local population?	<ul style="list-style-type: none"> • Alignment of the response with needs and extent of coverage • Comparison of response with peers 	<ul style="list-style-type: none"> • Needs assessments, strategies • Key informant interviews • Focus group discussions with IDPs and host communities

KEQ 2: To what extent have UNHCR and partners achieved the expected results, taking account of key contributing and constraining factors?		
2.1. What have been the intended and unintended results of the response for PoCs (women, men, girls and boys)?	<ul style="list-style-type: none"> • Alignment of results with priority needs of PoCs (women, men, girls and boys) • Degree to which outputs and outcomes have achieved objectives. • Effects of unintended outcomes on UNHCR and partner interventions 	<ul style="list-style-type: none"> • Document review • Key informant interviews • FGD with disaggregated groups • Rapid participatory AAP assessment • Field observations
2.2. To what extent did protection and assistance interventions cover PoC needs?	<ul style="list-style-type: none"> • Timeliness of assessments and interventions by UNHCR and partners • Coverage of unmet needs • Appropriateness, efficiency and effectiveness of interventions 	<ul style="list-style-type: none"> • Assessments, monitoring reports • Key informant interviews • FGD with disaggregated groups
2.3. Were there any coverage gaps in terms of PoCs with specific needs? To what extent has the level of assistance	<ul style="list-style-type: none"> • Existence and evidence of use of relevant tools to assess vulnerability and reach vulnerable groups 	<ul style="list-style-type: none"> • Document review • Key informant interviews • FGD with disaggregated groups

<p>and/or protection provided been proportional to identified needs?</p>	<ul style="list-style-type: none"> • Evidence and analysis of serious gaps in meeting overall needs • Level of HCR interventions compared with total needs and overall gaps • Progress against UNHCR’s obligatory core actions for AGD⁸⁶ 	
<p>2.4. What is the extent of M&E and learning systems put in place, and how effective are these in tracking outputs, outcomes and lessons? How effective have been remote management systems used by UNHCR during the earlier phases of the crisis?</p>	<ul style="list-style-type: none"> • Understanding and knowledge amongst UNHCR and partner staff of UNHCR’s M&E systems • Level of investment in M&E and learning • Chronology of remote monitoring systems established by UNHCR and partners and how these have been adapted over time based on learning and the operating environment • Evidence of use of data generated by M&E systems to generate lessons and inform operations 	<ul style="list-style-type: none"> • M&E policies, guidance and related training materials • Agency reports • Key informant interviews • FGD discussions
<p>2.5. To what extent have CBI proven to be a timely and effective modality to address the needs of the most vulnerable POCs?</p>	<ul style="list-style-type: none"> • Evidence of CBI based on systematic market research • Outputs and outcomes of CBI interventions • Comparison of UNHCR-supported CBI interventions with peers 	<ul style="list-style-type: none"> • CBI project documents, relevant market research undertaken for CBI, guidance and related training materials • Key informant interviews

⁸⁶ Based on the minimum set of core actions in UNHCR’s Policy on Age, Gender, and Diversity (UNHCR/HCP/2018/1).

<p>2.6. To what extent have UNHCR and partner strategies relied community-based approaches including community feedback systems? How has the inclusion or omission of these approaches contributed to the relevance and appropriateness of the strategic approach undertaken?</p>	<ul style="list-style-type: none"> • Consistency of UNHCR and partner strategies and approaches with UNHCR’s IASC AAP commitments and the core actions in UNHCR’s AGD policy, notably relating to information sharing, participatory approaches and effective community feedback and complaints systems • Evidence that community-based approaches have contributed to good practice 	<ul style="list-style-type: none"> • UNHCR and partner strategies and guidance • Monitoring reports • Key Informant interviews • Disaggregated FGD
<p>2.7. Has UNHCR provided timely, adequate and appropriate staffing, logistical and financial resources to achieve intended results?</p>	<ul style="list-style-type: none"> • Alignment of staffing requests with strategy and relevant needs assessments • Timeliness and quality of staff deployed • Extent of compliance with L.3 protocols related to staffing 	<ul style="list-style-type: none"> • Staffing timelines • Performance assessments of short-term staff • Key informant interviews
<p>2.8. What factors, external and internal, enabled or constrained UNHCR’s response? Could UNHCR have used other strategies and approaches that could have been more effective and provided better value for money (VFM)? What lessons from this response could be applied to other IDP emergencies?</p>	<ul style="list-style-type: none"> • Evidence of enabling and constraining factors common to humanitarian agencies and/or specific to UNHCR • Consideration of different options when designing UNHCR’s response to the L.3 emergency to achieve its strategic objectives • Alternative strategies and approaches supported by lessons learned from the L.3 emergency in DRC or similar crises 	<ul style="list-style-type: none"> • Agency reports, meeting notes • Key Informant interviews • Lessons learned, evaluations
<p>KEQ 3: How effective has UNHCR coordinated the Protection Working Groups and Shelter/NFI working groups (GTA)?</p>		

<p>3.1. How effectively has UNHCR's coordination role promoted synergies with concerned actors and avoided gaps or duplication?</p>	<ul style="list-style-type: none"> • Degree of coherence and complementarity between humanitarian actors involved in providing assistance to PoCs • Evidence that UNHCR was able to mobilise support from clusters, the HCT and other relevant coordination mechanisms during the L.3 crisis 	<ul style="list-style-type: none"> • Document review, including meeting records and protocols • Key informant interviews
<p>3.2. How effective has UNHCR and their partners been at coordinating the delivery of assistance at the national, provincial and local level? To what extent have UNHCR and partners established and agreed harmonised approaches and common standards for the sectoral response and protection mainstreaming?</p>	<ul style="list-style-type: none"> • Perception of UNHCR's effectiveness in its coordination role • Evidence of existence of agreed standards and harmonised approaches • Factors influencing the change standards and/or approaches 	<ul style="list-style-type: none"> • Document review • Key informant interviews
<p>3.3. To what extent have protection standards/considerations been mainstreamed in strategies and programmes of other clusters?</p>	<ul style="list-style-type: none"> • Evidence of mainstreaming of protection in cluster strategies and guidelines • Understanding of cluster members of mainstreaming protection • M&E systems for cluster managers measure relevant protection indicators 	<ul style="list-style-type: none"> • Review of cluster strategies, guidelines, meeting minutes and reports • Key information interviews with cluster members • Field observations • FGD with disaggregated community groups
<p>3.4. Was the cluster-level division of tasks for Shelter/NFI with UNICEF conducive to an effective response?</p>	<ul style="list-style-type: none"> • Clarity of division of roles and responsibilities • Extent to which division was able to meet identified needs 	<ul style="list-style-type: none"> • Key informant interviews • FGD • Assessments, reports, meeting notes

KEQ 4: Emergency Preparedness: How do existing emergency provisions ensure the operation is able to respond to the needs/fulfill its obligations under the IASC division of responsibilities?		
4.1. What influence did the activation of a System Wide L3 emergency on the availability of resources to support UNHCR's response?	<ul style="list-style-type: none"> • Change in resource levels (funding, staffing) pre- and post-declaration of L.3 • Compliance at all levels of UNHCR with L.3 protocols 	<ul style="list-style-type: none"> • Staffing timelines • Document review (UNHCR L.3 protocols, reports, meeting notes) • Key informant interviews
4.2. To what extent was UNHCR DRC and UNHCR's Regional Bureau prepared to respond to an L3 emergency (including contingency plan and risk analysis)? How did UNHCR HQ emergency preparedness support the L.3 response in DRC?	<ul style="list-style-type: none"> • Updated contingency/preparedness plans relevant to this L.3 emergency • Timeliness of activation of L.3 protocols • Extent to which preparedness plans were put into practice 	<ul style="list-style-type: none"> • Timeline of key actions • Reports, meeting notes • Key informant interviews
4.3. To what extent were the ERT and other surge deployments support the response to the IDP emergency? What were the benefits of these deployments on the operation?	<ul style="list-style-type: none"> • Timeliness of activation of L.3 protocols • Availability of required ERT profiles • 	<ul style="list-style-type: none"> • Staffing timelines • ERT performance assessments • Key informant interviews
4.4. How prepared were the working groups led by UNHCR for a timely response?	<ul style="list-style-type: none"> • Existence of updated preparedness plans and protocols by working groups led by UNHCR • Relevance of preparedness measures to the IDP crisis • Timeliness of engagement of working groups in the L.3 response 	<ul style="list-style-type: none"> • Documents (preparedness plans, meeting notes, lessons learned documents) • Key informant interviews (working group members, OCHA, UNHCR)

4.5. Did UNHCR do enough to ensure that the response was adequately staffed? Could they have performed better, given that the organisation was dealing with multiple emergencies, including another L.3 emergency in Bangladesh?	<ul style="list-style-type: none"> • Evidence that the L.3 response in DRC was appropriately prioritised in relation to other regional and global responses • Comparison of staffing needs with positions filled 	<ul style="list-style-type: none"> • Desk review (preparedness plans, meeting notes, comparison with responses to other emergencies) • Key informant interviews
4.6. To what extent did the response to the L3 emergency impact UNHCR's ongoing refugee programmes (e.g. redeployment of staff and resources)?	<ul style="list-style-type: none"> • Evidence of influence of L.3 response on UNHCR's ongoing operations (e.g. gaps in staffing, funding, implementation delays) 	<ul style="list-style-type: none"> • Monitoring reports • Staffing tables • Key informant interviews
KEQ 5: To what extent are UNHCR's role and responsibilities towards IDPs clear to UNHCR staff, government authorities, donors and humanitarian partners? How do they perceive UNHCR's value-added in IDP crises?		
5.1. To what extent have UNHCR's responsibility towards IDPs been communicated, internally and externally?	<ul style="list-style-type: none"> • Communication strategy that helps clarify UNHCR's role and responsibilities towards IDPs • Stakeholder understanding of specific communications disseminated by UNHCR regarding their programmes/assistance for different populations of concern? 	<ul style="list-style-type: none"> • Document review • Key informant interviews
5.2. What were perceptions amongst key stakeholders about UNHCR's potential value-added during this IDP emergency?	<ul style="list-style-type: none"> • Alignment of perceptions about UNHCR's value added with UNHCR's approach and investment of resources. • Any distinctive role played by HCR – i.e., roles other agencies could not perform 	<ul style="list-style-type: none"> • Key informant interviews • UNHCR strategy and communications

<p>5.3. To what extent HCR has been able to mobilise support from HCT, donors and the government?</p>	<ul style="list-style-type: none"> • Understanding by the government, communities and armed elements of UNHCR's role and value-added in this L.3 emergency • Evidence of communications and other support by external stakeholders to support UNHCR's interventions. 	<ul style="list-style-type: none"> • Document review • Key informant interviews
<p>5.4. Have perceptions about the UN peacekeeping mission (MONUSCO) affected the perception of or access for UNHCR?</p>	<ul style="list-style-type: none"> • Understanding by the government, communities and armed elements of UNHCR's relationship with MONUSCO • Evidence that UNHCR's difficulties in accessing PoCs were linked to MONUSCO 	<ul style="list-style-type: none"> • Agency reports, correspondence • Key informant interviews

Annex 8: Summary results for the L3 response⁸⁷

The number of persons targeted by L3 area is shown in the table below for the overall response and for selected clusters/sectors is shown below. Those (protection, shelter) where UNHCR had a lead coordination role are highlighted.

Table 6 – Number of persons targeted and covered during the L3 response

	Kasai region			South Kivu and Kabambare			Tanganyika, Pweto, Malemba-Nkulu			Total		
	Targeted	Covered	%	Targeted	Covered	%	Targeted	Covered	%	Targeted	Covered	%
Overall	1,725,151	1,476,961	86	359,402	492,696	137	541,237	553,070	102	2,625,790	2,522,727	96
Protection	859,128	57,376	7	541,237	75,801	2	359,402	8,083	14	1,759,766	141,260	8
WASH	628,006	947,421	151	359,402	372,120	104	531,913	254,803	48	1,519,321	1,574,344	103
Food Sec	1,725,151	1,476,961	86	295,764	203,327	69	505,454	553,070	109	2,526,369	2,233,358	88
NFI/ Shelter ⁸⁸										531,799	421,734	79

⁸⁷ Source : OCHA DRC (2018) Urgence humanitaire de niveau 3 en R.D. Congo Rapport de situation n° 3 : Bilan final de la réponse L3 d'octobre 2017 à avril 2018. 22 juin 2018.

⁸⁸ Figures in the OCHA report were not disaggregated either by area or between shelter and NFI. However, but based on interviews and data from GTA reports indicated that over 90% of these numbers was for NFI.

Annex 9: Workshop Agendas

Revue après Action (RAA) – Agenda et directives

Kinshasa, 5 septembre 2018 (ver. 180904)

Contexte

La revue après action (RAA) du HCR est un exercice interne d'identification de leçons apprises pour la réponse L.3 du HCR. La revue prendra la forme d'un atelier animé par l'équipe d'évaluation dont l'objectif principal est de contribuer à la compréhension par le HCR de ses performances en matière de réponse à la situation d'urgence et d'aider à promouvoir l'apprentissage et la redevabilité au sein de l'organisation. L'atelier aura lieu avant l'atelier de validation inter-agences et inclura du personnel du siège, du Kinshasa, des sous-délégations et des bureaux terrain. L'atelier permettra aux participants de discuter ce qui s'est bien passé et ce qui aurait pu être mieux afin de tirer des leçons positives et négatives et de formuler des recommandations à l'intention de la direction pour améliorer les politiques et les pratiques d'urgence.

Objectifs

- Fournir un espace au personnel pour identifier les principaux enseignements à un moment critique de l'intervention d'urgence;
- Générer des leçons apprises pouvant être partagées
- Examiner et valider les constatations, les conclusions et les recommandations préliminaires figurant dans le projet de rapport.

Agenda

Heure	Sessions	Format
09:30-09:45	Mot de bienvenue Introduction des participants	Plénière
09:45-10:15	Session d'introduction <ul style="list-style-type: none">• Objectifs et méthodologie de la RAA• Présentation des principales réalisations du HCR• Directives pour les groupes de travail	Plénière
10:15-10:30	Pause	
10:30-13:00	<ul style="list-style-type: none">• Cartographie de la crise et de la réponse• Les groupes de travail répondront aux questions suivantes:<ol style="list-style-type: none">1. Qu'est-ce qui s'est bien passé et pourquoi? Quels sont les principaux enseignements tirés de ces éléments2. Qu'est-ce qui aurait pu être mieux et pourquoi? Quels sont les principaux enseignements tirés de ces éléments?	Groupes de travail & Plénière
13:00 -14:00	Lunch	
14:00 15:30	Recommandations : <ul style="list-style-type: none">• Présentation des conclusions et recommandations préliminaires• Groupes de travail pour la validation des conclusions et recommandations.	Groupes de travail & Plénière
15:30-v16:00	Conclusions et prochaines étapes	Plénière

Ordre du Jour pour l'Atelier de Validation

Kinshasa, le 6 Septembre 2018 (ver. 180905)

Background

L'atelier est programmé de manière à ce que vos commentaires puissent être pris en compte lors de la rédaction du rapport d'évaluation. L'atelier donnera aux participants l'occasion d'examiner et de discuter des résultats provisoires en plénière et en petits groupes de travail pour discuter de projets de recommandations afin d'évaluer leur pertinence et leur faisabilité et de suggérer des révisions et / ou des ajouts. Le chef d'équipe et un autre membre de l'équipe d'évaluation animeront les sessions.

Objectifs

- Proposer les recommandations ; et
- Assurer que l'équipe d'évaluation bénéficieront des différentes perspectives de l'HCR, ses partenaires et d'autres parties prenantes) sur les priorités, la fiabilité de preuves et l'utilité de l'évaluation.

Time	Topic	Format
09 : 00-09 : 15	Introduction des participants	Plénière
09 : 15-10 : 00	<ul style="list-style-type: none">• Introduction• Objectifs et méthodologie de l'évaluation	Plénière
10 : 00-10 : 30	Pause-café	
10 : 30-12 : 30	<ul style="list-style-type: none">• Présentation des résultats provisoires• Questions et discussion	Plénière
12 : 30-13 : 30	Repas	
13 : 30-14 : 30	Présentations des principales conclusions de la discussion en groupe	Plénière
14 : 30-15 : 30	Synthèse et prochains étapes	Plénière

Annex 10: Documents Consulted

The following bibliography presents the list of documents that contributed to the evidence base for this the evaluation report. It is presented by order of author (alphabetical) and then year (ascending).

- African Union (2009) Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention)
- Bourgeois, C., Diagne K. and Tennant, V. (2007) Real time evaluation of UNHCR's IDP operation in the Democratic Republic of Congo
- Cluster Protection RDC and UNHCR (2015) Guide Pratique pour L'intégration de la Protection Transversale. March 2015.
- Davies, A. (2017) ProCap End of Mission Report
- DG ECHO (2106) Humanitarian Protection: Improving protection outcomes to reduce risks for people in humanitarian crises. Thematic Policy Document n° 8
- Global Protection Cluster (2015) Protection Mainstreaming Toolkit: Field Testing Version
- Global Protection Cluster (2016) Strategic Framework 2016 – 2019
- Global Protection Cluster (2017a) Centrality of Protection in Humanitarian Action
- Global Protection Cluster (2017b) Protection Mainstreaming Toolkit: Field Testing Version
- Global Protection Cluster (2018) Stratégie de protection de l'Equipe humanitaire du pays en République démocratique du Congo (avril 2018 – décembre 2019)
- IASC (2017) 2017 IASC Commitments on Accountability to Affected People and Protection from Sexual Exploitation and Abuse
- IASC (2018a) IASC Principals Meeting: Refocusing on Internal Displacement. May 2018.
- IASC (2018b) IASC Revised Commitments on Accountability to Affected Populations (AAP) Guidance Note for Principals and Senior Managers
- ICF (2018) Comprehensive evaluation of the European Union humanitarian aid, 2012-2016: Annexes to the Final Report Volume 2: field reports
- Mercy Corps (2015) Remote Management Annotated Bibliography
- NRC (2017) Strengthening Humanitarian Response in DRC through Community-Based Programming.
- NRC (2018) Rapport Monitoring Post-Foire E-Voucher a Mbulungu/Kasai Central
- OCHA (2017) Appel Éclair : Plan de Réponse d'Urgence. République Démocratique du Congo (Région des Kasai). April 2017.
- OCHA (2018) Statement on United Nations and Humanitarian Community Making Progress in Scaling Up Aid to People in the Democratic Republic of the Congo
- OCHA DRC (2017) Plans de Réponse : Kasai, Tanganyika and South Kivu

OCHA DRC (2018a) DR Congo: 2017-2019 Humanitarian Response Plan - 2018 Update

OCHA DRC (2018b) Révision de l'Architecture humanitaire : Propositions à l'Équipe humanitaire de pays

OCHA DRC (2018c) Stratégie de protection de l'équipe humanitaire du pays (EHP) en République démocratique du Congo (RDC) v.5

OCHA (2018d) Urgence humanitaire de niveau 3 en R.D. Congo Rapports de situation (bilan, n° 1, n° 2 et n° 3) published between 20 October 2017 and 22 June 2018

Oxfam (2017) Oxfam and Protection: A guidance note. Oxfam Technical Briefing.

UNHCR (2006) The UNHCR Tool for Participatory Assessment in Operations: Part III - Step 10: Participatory planning workshop

UNHCR (2013) Implementing Partnership Management Guidance Note No. 1: Selection and Retention of Partners for Project Partnership Agreements. July 2013

UNHCR (2014a) UNHCR Policy on Alternatives to Camps

UNHCR (2014b) Remote Management in High-Risk Operations: Good practice and Lessons Learned

UNHCR (2016a) UNHCR Policy on Cash Based Interventions

UNHCR (2016b) UNHCR Policy on Evaluation

UNHCR (2016c) Guidance on Evaluation and related Quality Assurance: Pilot Version. UNHCR Evaluation Service

UNHCR (2017a) Operational Review of UNHCR's Engagement in Situations of Internal Displacement

UNHCR (2017b) Policy on Emergency Preparedness and Response

UNHCR (2017c) Report on the Assistant High Commissioner for Operations' Mission to the Democratic Republic of Congo: 22-26 August 2017

UNHCR (2018a) Angola Inter-Agency Refugee Appeal: January – December 2018

UNHCR (2018b) Congolese Situation - Supplementary Appeal. February 2018

UNHCR (2018c) Democratic Republic of Congo Regional Refugee Response Plan (RRRP) 2018. March 2018

UNHCR (2018d) DIP-Africa Bureau Mission to DRC. March 2018

UNHCR (2018e) Emergency Response Team: the ERT Commitment, Eligibility Criteria, Selection Procedures and User Guide

UNHCR (2018f) Introductory Remarks of Steven Corliss Special Adviser on Internal Displacement Update on UNHCR's engagement with internally displaced persons (EC/69/SC/CRP.9) 72nd Meeting of the Standing Committee. 19 June 2018

UNHCR (2018g) Policy on Age, Gender, and Diversity - UNHCR/HCP/2018/1

UNHCR (2018h) UNHCR Emergency Handbook (online version accessed 10 June 2018)

UNHCR DRC (2017a) DRC Situation: Regional Contingency Plan Electoral Process 2016-2017

UNHCR DRC (2017b) Note D'opérationnalisation de la Stratégie de Protection du HCR Pour Les Populations Affectées par la Crise du Kasai. Décembre 2017

UNHCR DRC (2017c) Protection Strategy 2017-2019: Democratic Republic of the Congo.

UNHCR DRC (2018a) Congolese Situation: Responding to the Needs of Displaced Congolese and Refugees. Supplementary Appeal. January - December 2018.

UNICEF (2015) Simplified Standard Operating Procedures (SSOPs) for Corporate Emergency Activation Procedure in Level 3 Emergencies.

WFP (2014) WFP Emergency Response Classifications.

WFP (2018) Report of the External Auditor on the Scale-up and Scale-down of Resources in Emergency Operations.

In addition to the above list, a range of relevant partner reports and other documents have also been consulted during the evaluation process.

Annex 11: List of Persons Interviewed

UNHCR DRC Interviewees

Name	Org. and function	♂	♀	Date	Interviewee Location
Olivier Beer	Asst. Regional Representative (Protection)	1		3-Sep-18	Kinshasa
Ann Encontre, Eric Malu Mukandila	UNHCR Regional Representative, Special Advisor	1	1	4-Jun-18	Kinshasa
Sahdia Khan	Senior Cluster Coordinator		1	3-Sep-18	Kinsaha
Shelubale Paul Ali-Pauni	Asst. Regional Representative (Admin)	1		7-Jun-18	Kinshasa
Julien Morel	Administrateur Régional Interventions monétaires	1		7-Jun-18	Kinshasa
Olivier Beer	Asst. Regional Representative (Protection)	1		8-Jun-18	Kinshasa
Valerie Berodier – Sulpice	Administratrice Régionale Principale des ressources humaines		1	3-Sep-18	Kinshasa
Samira Keita	Coordinatrice Associée Cluster Protection National		1	8-Jun-18	Kinshasa
Loutfi Mahamoud Houssein, Jean-Robert Tavasimwa, Antoine Muzindutsi, Diakanua	Supply Officer, Assistant Supply Officer, Fleet Manager, Assistant Supply Officer	2	2	7-Jun-18	Kinshasa
Filippo Rossi, Sabine Akpa	Assistant Regional Rep Programme, Programme Officer	1	1	5-Jun-18	Kinshasa
S. Lahantra (Lala) Rakotondradalo	Shelter Officer		1	3-Sep-18	Kinshasa
M Loutfi Houssein, Pascal Mugiraneza	Supply Officer, Associate Supply Officer	1	1	3-Sep-18	Kinshasa
Andreas Kirchhof	Senior Regional External Relations Officer	1		7-Sep-18	Kinshasa
Denis OULAI, Baiwong MAHAMAT, Liehi DIGBEU	Cluster Coordinator, Protection Officer (Cluster support), Field Safety Adviser	3		4-Jun-18	Tshikapa (phone)
Dereje MEKURIA, Hussein Watfa	Head of Field Office, Protection officer	2		2-Aug-18	Mbuji-Mavi
Lynn Ngugi	Head of Sub Office, Kananga		1	30-Jul-18	Kananga
Assouan I. Tahi Mozou	Assc Protection Officer		1	30-Jul-18	Kananga
Ibrahima Drame	Associate Supply Officer	1		1-Aug-18	Kananga
Mamadou Yaya Diallo, Thierry Bidias, Boncana Sidi Maiga	Chargé de programme, Protection officer, Coordinateur cluster protection	2	1	4-Jun-18	Kalemie (phone)
Roger Ebanda	Chef de Bureau	1		9-Aug-18	Kalemie
Thierry Bidias	Former Protection officer, UNHCR Kalemie	1		10-Aug-18	phone
Boucana Sidi Maiga	Protection cluster coordinator	1		9-Aug-18	Kalemie
Marie-Helene Verney	Head of Sub Office		1	6-Aug-18	Goma
Alimata Ouattara	Administratrice à la protection – Appui au cluster		1	6-Aug-18	Goma

DRC – Other Interviewees

Name	Org. and function	♂	♀	FGD	Date	Interviewee Location
Thomas Dehermann-Roy	Chef de bureau, ECHO Grands Lacs	1			29-May-18	Kinshasa
Rein Paulsen	Chef du Sous-Bureau, OCHA DRC	1			4-Jun-18	Kinshasa
Boniface Nakwagelewi ata DEAGBO, Arsème MINGA, Dr. Emmanuel MBUDA, Abbé Eric ABEDILEMBE	Secrétaire Exécutif, Caritas, Chargé de programme aux urgences, Responsable des urgences, Adjoint au SE, Finance et administration	4			5-Jun-18	Kinshasa
Heather Kerr	Chef de mission, Save the Children		1		5-Jun-18	Kinshasa
Laurent Tchelu Mwenyimal, Raymond Bongole Efoya, Adophe Doug, Salumu Mulenda	Secrétaire général, Ministère de la Solidarité et action humanitaire ; Dir. En charge d'assistance aux victimes des catastrophes naturelles et autres calamités, Ministère de la Solidarité et action humanitaire ; Chef de Direction RRC, Ministère de la Solidarité et action humanitaire	3	1		5-Jun-18	Kinshasa
Dr. Ulrika Blom, Sophie Dupont	Country Director-Chef de mission, NRC ; Co-facilitateur protection cluster, NRC		2		6-Jun-18	Kinshasa
Katherine Weir, Clémentine Olivier	Coordonnatrice Protection adjointe en charge de la PPC, CICR ; Conseillère juridique aux opérations, CICR		2		6-Jun-18	Kinshasa
Protection cluster - National : Cynthia Keza Birikundavyi; Alexandre Becquevort; Dieudonné Kalala; Mireille Ikoli; Sophie Dupont	Chargée de programme, Mine action ; Chef de mission, War Child; CBS, Secrétaire Général ; Program Specialist UNFPA; Co-facilitateur protection cluster, NRC	2	3	1	6-Jun-18	Kinshasa (Protection cluster meeting)
Ian Byram, Rachell Meyer	Humanitarian advisor, DFID	1	1		5-Jun-18	Kinshasa
Ciaran Lavery	Directeur Pays ACTED, Rép. Dém. du Congo, Rép. du Congo (Brazzaville) & Burundi	1			7-Jun-18	Kinshasa
Moukhtar Mahamat	Deputy Country Director - Operations ACTED, Rép. Dém. du Congo, Rép. du Congo (Brazzaville) & Burundi	1			7-Jun-18	Kinshasa
Claude JIBIDAR	Représentant et Directeur Pays, WFP	1	1		8-Jun-18	Kinshasa
Jean Philippe Chauzy	Chef de Mission, IOM	1			3-Sep-18	Kinshasa
Cally Mulankubikila, Benedetta Di Cintio	Humanitarian affairs officer associate, Point Focal / CERF; Humanitarian affairs officer pour l'unité du cycle de programme	1	1		4-Sep-18	Kinshasa
Nuno M. C. Crisostomo	Spécialiste Urgences, Coordinateur National du Cluster AME (Articles Ménagers Essentiels) / 'NFI' (Non-Food Items) et Abris / Shelter	1			4-Sep-18	Kinshasa
Dr MBAKATA PUTU Freddy & Freddy MUNYOLOLO	Dir. Gén ADSSE; /chargé de suivi de projet	2			4-Sep-18	Kinshasa
Ms. Kim Bolduc	Deputy Special Representative for the United Nations Mission (Monusco) in DRC.		1		7-Sep-18	Kinshasa
Aimé Malonga	CIAUD Canada	1			7-Sep-18	Kinshasa
Cedric Fuamba, César Papy Nendumba	CNR - Assistant de protection et Chef d'antenne	2				

Name	Org. and function	♂	♀	FGD	Date	Interviewee Location
Cluster Protection - Tshikapa		25	6	1	27-Jul-18	UNHCR office Tshikapa
Elie Mayeko	Chef de bureau ai. War Child	1			27-Jul-18	War child office - tshikapa
Hubert Mbingho N'vula	Vice - Gouverneur, Province du Kasai.	3			27-Jul-18	Gouvernorat
Pablo Mompie & Meshac Kingombe	Chef de bureau et gestionnaire de projet DTM	2			28-Jul-18	Hotel - Tshikapa
Ntumba Diane Bitoli	Child Protection Officer UNICEF		1		31-Jul-18	UNICEF office Mbuji Maye
Marius Ilangata	Chef de sous-bureau - FAO	1			1-Aug-18	FAO office Mbuji Maye
CIMANGA CUBAKA Alain, Jacques Kikuru Kaleramire	Assistant DTM, OIM	2			1-Aug-18	OIM office Mbuji Maye
Desire Mirindi	OCHA, Chef de bureau	1			31-Jul-18	OCHA office Mbuji Maye
Joseph Kayembe Mubiayi	UNFPA, Chargé de Programme	1			30-Jul-18	UNFPA office Mbuji Maye
Madame Marthe	Humanitarian Action Division, Chargée des affaires humanitaires		1		31-Jul-18	Humanitarian Action Division Office Mbuji Maye
Van Zigabe Murhabazi, Yakubu Saani, Bijolie Nsamba, Marthe Ndaya	Chef de bureau, Directeur Pays - Action Aid, Officier de protection, coordinateur protection	2	2		30-Jul-18	ActionAid Mbuji Maye
Marius Ilangata	Chef de sous-bureau - FAO	1			1-Aug-18	FAO office Mbuji Maye
CIMANGA CUBAKA Alain, Jacques Kikuru Kaleramire	Assistant DTM, OIM	2			1-Aug-18	OIM office Mbuji Maye
Desire Mirindi	OCHA, Chef de bureau	1			31-Jul-18	OCHA office Mbuji Maye
Joseph Kayembe Mubiayi	UNFPA, Chargé de Programme	1			30-Jul-18	UNFPA office Mbuji Maye
Madame Marthe	Humanitarian Action Division, Chargée des affaires humanitaires		1		31-Jul-18	Humanitarian Action Division Office Mbuji Maye
Thomas Dechentines & Freddie Mantchombe	WASH cluster Coordinator (UNICEF) ; Head of office, Tshikapa & WASH cluster coordinator.	2			2-Aug-18	UNICEF Office Kananga
FS cluster - Kananga		6	2	1	2-Aug-18	WFP Office Kananga
FGD - Moniteur & Volontaire de protection, Assistant Social et Parajuristes	Actionaid: KAPINGA MULAMBA Ariette (parajuriste), NOELLA KAGUNJA (Parajuriste), KABANJA VERO (Volontaire de protection, CLEMENT MULUMBA (volontaire de protection), PLACIDE LUFULWABO (Moniteur de protection), Jean Marie KABASELE (volonteur de protection), Sylvain KALUBI (Volontaire de protection), KALENDA KALEBO (Assistant Social),	5	5	1	31-Jul-18	Miambi (MujiMayi)

Name	Org. and function	♂	♀	FGD	Date	Interviewee Location
	KANYEBA MARIE (Parajuriste), Dorcas BITAINDAYI (volontaire de protection)					
Dieudonne Basemi, Cabla Kandonae, Abeer Mezher	Team Leader, GTLP Coordinator, Area Manager, NRC	1	2		2-Aug-18	Kananga
CBI beneficiaires & non-beneficiaries	Site Ebenezer	2	9		27-Jul-18	Tshikapa
NFI Beneficiaires	Tschikapa		9		2-Aug-18	Tshikapa
Longonya Emile, Mayeti Tamba Gretan	Assistant du Protection, Chef d'Antenne	1			2-Aug-18	Kananga
Christine Nane Kabor, Dechentines Thomas, Dr. Kone Moriba, Filly Diallo	Chef de bureau, WASH Specialist, Health Specialist, Child Protection Specialist	2	2		2-Aug-18	Kananga
Moinanga Muamba Ciauste, Albert Diboano, Dduabo Jean Marie	Assistant Administratif, Coordinateur, II Simbabo (Member), Mine Action Sub-Cluster	3			2-Aug-18	Kananga
NFI Beneficiaires	Tschikapa		9		2-Aug-18	Tshikapa
Justin Luratana Muzeri	Humanitarian Affairs Officer, OCHA	1			2-Aug-18	Kananga
Field Assistant	IOM Kananga	1			27-Jul-18	Kananga
	FGD IDP boys	12		1	27-Jul-18	Tshikapa
	FGD IDP girls		15	1	27-Jul-18	Tshikapa
	FGD IDP men	6		1	27-Jul-18	Tshikapa
	FGD IDP women		6	1	27-Jul-18	Tshikapa
Chef de la communauté	Tshikapa	1			27-Jul-18	Tshikapa
IDP Camp Leaders FGD		5	2	1	6-Aug-18	Site PDI Katanika 2 - Kalamie
IDP Women Committee			6	1	6-Aug-18	Site PDI Katanika 2 - Kalamie
FGD Leaders				1	7-Aug-18	-"
FGD Women - Mediation committee			8	1	7-Aug-18	-"
FGD Jeune fille			7	1	8-Aug-18	-"
IDP Camp Leaders FGD		5	2	1	6-Aug-18	-"
FGD Garçons		6		1	8-Aug-18	-"
FGD Vulnérables		3	3	1	8-Aug-18	-"
FGD jeunes filles			8	1	8-Aug-18	-"
FGD Graçons		6		1		-"
FGD Distribution beneficiaires		3	3	1	8-Aug-18	-"
FGD - Vulnérables		8		1	8-Aug-18	-"
Flori Byamungu	SFCG - Chef de projet	1			9-Aug-18	SFCG Kalemie
Anny Tchowa, Franck Lusumba, BaLL Lange,	UNICEF Head of sub-office, Education officer, NFIs officer, Health officer,	2	3		9-Aug-18	UNICEF Kalemie

Name	Org. and function	♂	♀	FGD	Date	Interviewee Location
Chantal Nzeba,, Benjamin Mukala						
Cluster coordinators		5			9-Aug-18	OCHA Office
Micky Yuma	Programme Officer et Chef de Bureau a.i Save Congo	1			9-Aug-18	HCR Office
Jean Pierre Mbiyavan	Chef de Projet , AIDES	1			9-Aug-18	HCR Office
Carmen Blanco	Cheffe de Bureau OCHA	1			9-Aug-18	OCHA Office
M. Hubert	Chef d'Antenne CNR	1			9-Aug-18	HCR Office
Germain Mikobi	AIRD	1			9-Aug-18	HCR Office
Dr Mayatezulua Salanga	Chef de Bureau UNFPA	1			9-Aug-18	UNFPA Office
	Ministre de l'action humanitaire		1		9-Aug-18	
Boncana Maiga	Coordinatrice du Cluster Protection		1		9-Aug-18	HCR Office
	OIM Kalemie		1			
	Ministre de l'intérieur , Dir. de Cabinet	2			13-Aug-18	Ministère Provincial de l'intérieur et sécurité
Augustin Bulimuntu Kikuni, Safi Mukando, Ernest Bwami	Chef d'antenne CNR, Assistante sociale & Assistant protection	2	1		13-Aug-18	CNR Office Bukavu
Christian Muzalia	Assistant Protection, Chef de bureau a.i Intersos				13-Aug-18	Bureau intersos Bukavu
Noroarisoa Rakotomalala, Godelieve Sipula, xxx	Chef de sous-bureau Sud-Kivu, Chargée des Affaires humanitaire assistante, chef d'antenne Uvira OCHA	1	2		14-Aug-18	OCHA office, Buavu
CRIO Bukavu Members		4		1	14-Aug-18	OCHA office, Buavu
René de Vries, Janvier Chihambanya	Head of office, Program manager ECHO	2			14-Aug-18	ECHO Office, Bukavu
Ibrahim Abdoulaye Ly	Chef de bureau Sud Kivu NRC	3			14-Aug-18	NRC Office Bukavu
Claude Wandeler	Directeur Adjoint, Coopération Suisse	1			14-Aug-18	Cooperation Suisse Office Bukavu
Mathilde Mihigo Ntakobajira, Jean-Pierre Mastaque, Valérie Kalumuna	Chargée de projet d'appui aux OSC, protection, droits humains et médiation. Responsable d'un projet de Monitoring de protection, Dir. Adjoint, Caritas	2	1		14-Aug-18	Caritas officce - Bukavu
Food security cluster		4	2	1	14-Aug-18	PAM Bukavu
Rashidi KASANGALA	Administrateur de territoire Uvira	1			15-Aug-18	Office of the AT
Josué BAJIRENGE	Assistant Humanitarian Terrain - OCHA	1			15-Aug-18	OCHA office Uvira
Soledad Mamador	Chef de bureau CICR, Uvira	1			15-Aug-18	CICR Uvira
NNGOs Uvira - Protection and shelter		4	3	1	15-Aug-18	HCR Office Uvira
Adolphe DUNIA Jp Le Bon Sup	F.O, MP Intersos	2			15-Aug-18	Field

<i>Name</i>	<i>Org. and function</i>	♂	♀	<i>FGD</i>	<i>Date</i>	<i>Interviewee Location</i>
Abdourahamane Ganda	Chef de bureau Adjoint Sud Kivu et Maniema MONUSCO	4			15-Aug-18	MONUSCO Uvira
Jacques Mwimule Yagmua, David Lubola Heritier	Président société civile/Président jeunesse	2			15-Aug-18	Cité de Senge
	Commissaire PNC & Chef de poste ANR	2			15-Aug-18	Cité de Senge
Community focus group Senge - Women			8	1	15-Aug-18	Cité de Senge
Community focus group Senge - Leaders host community		5	2	1	15-Aug-18	Cité de Senge
Community focus group Men		6		1	15-Aug-18	Cité de Senge
Community focus group Vulnerable		3	3	1	15-Aug-18	Cité de Senge
Kone M. Firmin, Penda Ly	MONUSCO Civil Affairs Officers, Bukavu	1	1		15-Aug-18	MONUSCO Bukavu
Protection cluster - Christian Muzalia, Jules Paluku, Ichukwe Wilondja, Jean Pierre Mastaki	Field Officer (InterSOS), Programme Officer (ADIC), Administration & Finance, (ADIC), Chef de projet monitoring de protection (Caritas)	4		1	16-Aug-18	Caritas office

UNHCR HQ Interviewees

<i>Name</i>	<i>Org. and function</i>	♂	♀	<i>Date</i>	<i>Interviewee Location</i>
Eva Garcia Bouzas	Protection Cluster Coordinator, UNHCR HQ		1	30-May-18	Geneva
Miquel Urquia, Davide Nicolini	Sr. Emergency Shelter Coordinator, Emergency Shelter Coordinator, DPM	2		30-May-18	Geneva
Stephen Corliss	Special Adviser on Internal Displacement, UNHCR HQ	1		30-May-18	Geneva
Isabelle Misisic	Chief of Section (Emergency Preparedness), Emergency Service, DESS		1	25-Jun-18	Geneva (phone)
Shelley Gornall, Nur Amalina Abdul Majit, Milindi Illangasinghe, Souleymane Gueye	Senior IMO Officer (Ext. Relations), Registration Officer, Global IMO Officer, Sr. IMO Officer	2	2	25-Jun-18	Geneva and Copenhagen (phone)
Vanno Noupech	Principal Emergency Coordinator, DESS during the L3 crisis	1		31-Aug-18	Geneva
George Okoth-Obbo	Assistant high commissioner (operation)	1		10-Sep-18	Geneva
Ahmed Warsame	Director – DESS	1		10-Sep-18	Geneva
Angelita Cecere, DHRM	Head - Recruitment & Postings Unit		1	10-Sep-18	Geneva

Name	Org. and function	♂	♀	Date	Interviewee Location
Simon Russell, Coordinator	Global Protection Cluster	1		10-Sep-18	Geneva
Miquel Urquia	Sr. Emergency Shelter Coordinator	1		10-Sep-18	Geneva
Daniela Raiman	Senior Policy Officer, CCCM Cluster		1	20-Sep-18	Geneva (Phone)
Rita Richter	Chief, Asset and Fleet Management Section (AFMS)		1	12-Sep-18	Geneva
Laura Lo Castro and Serge Ruso,	Africa Bureau	1	1	12-Sep-18	Geneva
Machioudh ADEROMOU	Snr Compliance Officer (Supply Chain) DESS/CRMU	1		12-Sep-18	Budapest (phone)
Stephen Corliss	Special Adviser on Internal Displacement, UNHCR HQ	1		12-Sep-18	Geneva
Valentin Tapsoba	Director, Africa Bureau	1		12-Sep-18	Geneva
Axel Bisshof	Deputy Director, Africa	1		13-Sep-18	Geneva
Isabelle Misc	Chief of Section (Emergency Preparedness), Emergency Service, DESS		1	13-Sep-18	Geneva
Nancy Polutan-Teulieres & Charles MBALLA	Sr. Protection Office (Internal Displacement), Senior protection coordinator, DIP	1	1	13-Sep-18	Geneva
Jean-Paul Habamungu	Head of Unit, Emergency Response & Temporary Staffing needs Career Management Support Section, DHRM	1		13-Sep-18	Geneva
Louise Aubin	Deputy Director, DIP		1	14-Sep-18	Geneva
Axel Bisshof	Deputy Director, Africa Bureau	1		25-May-18	Geneva
Eva Garcia Bouzas	Protection Cluster Coordinator, UNHCR HQ		1	14-Sep-18	Geneva
Fatima Sherif-Nor	Head of Service, Implementing Partner Management Service		1	28-Sep-18	Geneva
Stephanie Daviot, Suleyman Gueye, Andrew Cusak	DTM Expert (IOM), Senior Information Officer (UNHCR), Senior Adviser (UNHCR)	2	1	26-Sep-18	Phone

Other Interviewees

Name	Org. and function	♂	♀	Date	Interviewee Location
Anne Davies	PROCAP Surge		1	12-Jun-18	Beirut (Skype)
Stephanie Daviot	DTM Project Officer, Project Mission Support, IOM HQ		1	13-Jul-18	Addis Ababa (Skype)

Name	Org. and function	♂	♀	Date	Interviewee Location
Kristen Engel	Attaché, Humanitarian Affairs, U.S. Mission Geneva		1	12-Sep-18	Geneva
Toure Mahamadou	CIAUD Canada	1		19-Sep-18	Ottawa (Phone)

Annex 12: Terms of Reference

EVALUATION OF UNHCR'S RESPONSE TO THE L3 SYSTEM-WIDE EMERGENCY IN Kasai region, and Tanganyika and South Kivu provinces in the Democratic Republic of Congo (DRC), activated on 23 October 2017

Key Information at a glance	
Title of the evaluation:	Response to L3 Emergency - DRC
Type of evaluation:	Centralised
Evaluation commissioned by:	UNHCR Evaluation Service
Evaluation manager's contact / Contacts in UNHCR	Marcel van Maastrigt maastrigt@unhcr.org +41-22 739 8646
Date:	ToR published on: Dd/mm/yyyy

Introduction

On 20 October 2017, the Emergency Relief Coordinator declared a Humanitarian System-Wide Emergency (level 3 emergency) in the Kasai region, and Tanganyika and South Kivu provinces in the Democratic Republic of Congo (DRC). The High Commissioner informed all staff of the L3 activation on October 30.

In line with UNHCR's revised Evaluation Policy approved by the High Commissioner on 15 October 2016, the L3 emergency activation requires UNHCR to evaluate its preparation-, and response activities through an evaluation managed by the Evaluation Service (ES). The evaluation is typically conducted 9 months after the L3 activation.

These Terms of Reference (ToR) have been prepared by the Evaluation Service (ES) and provide the evaluation with its overall purpose, focus and deliverables. They also set out the key evaluation questions to be answered and the methodology to be followed.

The final ToR will be based on comments on this draft document and during the inception phase which will involve the desk/literature review and interviews with key stakeholders at HQs. The evaluation is scheduled to start in April 2018.

Context

Ongoing fighting between forces loyal to the Government of the DRC and various armed entities—including the Allied Democratic Forces, the Democratic Forces for the Liberation of Rwanda, and Mai-Mai militants — contributed to high levels of insecurity and population displacement in (Eastern DRC) throughout 2017. Ethnic tensions and fighting between armed groups have also contributed to the displacement of persons inside the country and across borders into neighbouring countries.

There are currently 4.49 million internally displaced people (IDPs) in the DRC – more than in any other African country. More than 2 million people were displaced in 2017 alone.

Intensified fighting between the Armed Forces of DRC and local militia in central DRC's Kasai region since August 2016 has generated displacement and additional humanitarian needs in the country. Humanitarian access constraints, poor infrastructure, forced recruitment into armed groups, reduced access to agricultural land and traditional markets, and violence have contributed to the deterioration of humanitarian conditions in DRC and mass internal displacement and refugee outflows since 2016.

Local Kamuina Nsapu militia in the Kasai, Kasai Central and Kasai Oriental provinces have clashed with national security forces since August 2016. The clashes have expanded to have a devastating effect on several provinces and regions, causing the destruction of houses and public infrastructure and leading to displacement of the affected populations.

Inter-ethnic conflict in the Kasai region increased in the first part of 2017, triggering mass displacement in Kasai, and Tanganyika regions.

In December 2017, North Kivu hosted the highest number of displaced persons (1,1 million), followed by the Kasai region (762,000) with lower numbers in neighbouring provinces: Tanganyika (654,000) and South Kivu (545,273).

As a result of the conflict, the humanitarian needs in Kasai are enormous. More than 760,000 IDPs, many of whom have been displaced multiple times, are in need of support in the Kasai region. Access to IDPs scattered in the forest makes needs assessments difficult.

Destruction of shelters and public buildings is widespread, with reports of schools being targeted. As a result of the displacement, crops are abandoned, further aggravating the rise in acute hunger (increase estimated at 30% in parts of the country).

In light of the increasing humanitarian needs as a result of the Kasai conflict, UNFPA, UNICEF and WFP had declared corporate level L3 emergencies in 2017 to mobilise additional resources (prior to the system-wide L3 activation).

Populations of concern

UNHCR in DRC currently assists 44,500 refugees from Burundi, 181,917 from CAR, 220,377 from Rwanda and 88,970 from South Sudan.

Furthermore, the operation supports returnees, including Congolese refugees returning to the conflict affected areas.

The UNHCR L3 protection strategy targets the internally displaced and returnee populations, the repatriated populations, and the affected host populations in the L3 regions (Kasai, Tanganyika and South Kivu).

Out of the total of 4.49 million IDPs, 2.5 million IDPs are affected by the current crisis in Kasai.

Background L3 Areas

KASAI REGION (Kasai, Kasai Central, Kasai Oriental, Sankuru and Lomami)

The Kasai conflict erupted in August 2016, when a traditional chief, known as “Kamuina Nsapu”, was killed in a clash with the Congolese authorities.

Since April 2017, the conflict between the Kamuina Nsapu and the FARDC spread significantly displacing more than 1.4 million IDPs within Kasai and neighboring provinces.

Large-scale political violence in the greater Kasai has declined with large parts of the region now under government control. However, the conflict transformed into local level inter-communal violence and tensions between militia groups associated with Luba and rival Pende and Tchokwe populations. OCHA reports a total of 710,000 returnees in the provinces of Kasai Central, Lomami and Kasai Oriental. Ethnic tensions between the Luba and Lulua and the Tchokwe ethnic groups continue to be exacerbated by conflict, and are often exacerbated upon return, according to interviews with returnees.

The humanitarian situation is particularly dire as infrastructure and villages have been destroyed, and basic services have largely stopped in some areas and there are acute needs in areas of protection, shelter, health, nutrition, water and sanitation. While access was long limited due to security reasons, access to populations is now mainly constrained by the deplorable quality of some of the main roads in the Kasai region.

SOUTH KIVU PROVINCE

South Kivu registered 23,000 newly displaced IDPs in the third quarter of 2017. More than 80 per cent of the displaced moved in the Fizi Territory, which was affected by clashes between the Congolese army and armed groups.

The unstable security situation limits humanitarian access and movement. Since late August, an increase in armed group activities in the southern part of South Kivu (Fizi territory) led to a new wave of displacement. Specifically, in late September Mai Mai militia took over the village of Mboko (where a UNHCR office is located) and advanced to Uvira, before the armed forces supported by MONUSCO regained the control of the area.

TANGANYIKA

Since mid-2016, inter-communal tensions and violence between the Bantu and Twa ethnic groups re-escalated and continued into 2017. This conflict goes back several generations with origins related to tribal-ethnic tensions, land and inheritance rights, and a real or perceived unequal access to basic services. In January 2017, the conflict between the Twa and Luba groups reached the territory of Moba in Tanganyika, which was peaceful until then.

Thereafter the conflict also took on political dimensions and expanded, spilling over to Pweto in Haut-Katanga. The province of Tanganyika is home to nearly 654,000 IDPs. A high number of return movements has been observed, with nearly 94,000 returnees in the territories of Kalemie and Manono. More than half of these returns result from a relocation and returns programme for IDPs of the city of Kalemie; a programme which is currently

being discussed between provincial authorities and the humanitarian community, also with a view to ensuring voluntariness.

Timeline main events 2017

2017 March – the Security Council renewed MONUSCO’s mandate until 31 March 2018 in **resolution 2348**, lowering MONUSCO’s troop ceiling to 16,215 military personnel.

2017 June - UN reports 2,000 people have been killed in ethnically-inspired violence in recent months in Kasai province, where numerous mass graves have been found.

2017 October - 17 October, the UN Emergency Relief Coordinator activated an IASC system-wide L3 Emergency Response in DRC, with a focus on the Kasai region, Tanganyika and South Kivu provinces for six months, effective 20 October. UNHCR has confirmed declaration of an internal Level 3 emergency for the same areas on 30 October.

2017 November - Electoral commission publishes a timetable scheduling elections for December 2018.

Humanitarian Leadership and Coordination

(DRC operation to provide additional information on HC/HCT, contingency planning, and division of roles in the L3)

A system wide operational plan for the L3 locations, coordinated by OCHA, has been developed, budgeted at USD 237.6 million for the Kasai Region, USD 57.7 million for South Kivu and USD 72.7 million for Tanganyika, for the next 6 months.

UNHCR Response

(DRC operation to provide updates/details on assistance provided, and protection activities and programs).

In line with the Emergency Policy and the IASC division of responsibilities in emergencies, UNHCR has assumed leadership over the Protection Cluster, and is actively engaged in the Shelter Sector by leading the Working Group (GTA).

The Protection Strategy of December 2017 defines the strategic objectives:

- Provide an emergency and rights based response to IDPs, returnees and host populations;
- Develop self-reliance and community resilience by supporting livelihoods for IDPs, returnees and host communities;
- Registration and profiling of IDPs, in order to find durable solutions;
- Instigate prevention and response to SGBV;
- Strengthen the capacity of local authorities;
- Ensure effective coordination/mainstreaming of protection activities;

Community structures are supported and strengthened to enable individuals and communities to participate in the planning, design, delivery and evaluation of protection and

assistance programmes, and multi-channel feedback mechanisms are established that allow refugee views to be collected and responded to, including those related to Sexual Exploitation and Abuse (SEA).

Cash based interventions (CBI) are a priority tool in the strategy; as of December 2017, 16,000 vulnerable individuals (IDPs, returnees and host population) in Kasai had received cash assistance.

UNHCR added three field offices to respond to the needs in the L3 affected areas. ERT teams have reinforced the existing staff in the Kasai region, long term positions being established through Fast Track appointments.

On 6 December, UNHCR activated the Protection Cluster in Mbuji-Mayi, Kasai Oriental province. All three provinces (Kasai, Kasai Central and Kasai Oriental) now have active Protection Clusters led by UNHCR.

Purpose, objectives and expected use of the evaluation

The purpose of this evaluation is to analyse the extent to which UNHCR is providing a timely and effective response to the L3 emergency in DRC, including enabling and constraining factors in this response.

The evaluation aims to assess the extent to which protection has been successfully integrated into the larger inter-agency response to a Level 3 Emergency operation that addresses internal displacement, in an UNHCR operation that simultaneously responds to a large, regional refugee situation.

The evaluation is meant to provide insights and recommendations for UNHCR's operational role and ability to fulfil its protection mandate in system-wide emergencies that include IDP populations.

Finally, the evaluation will be used to draw lessons from UNHCR's response to the emergency that could be used to reinforce the organisation's global approaches to emergency response. As part of this objective, the evaluation will document innovative, or good, practises used in the response.

The primary users of the evaluation will be the key UNHCR stakeholders, particularly managers, involved in the field response to this refugee emergency. Other internal users will be the Regional Bureau for Africa, the Division of Emergency, Security and Supply (DESS), Division of Programme Support and Management (DPSM), the Division of International Protection (DIP), Department of Information Systems and Telecoms (DIST), and the Division of Financial and Administration Management (DFAM) and the Department for Human Resources Management (DHRM). External stakeholders with an interest in the evaluation include the refugees, national and local authorities, UN and NGO partners, and donors.

Key Evaluation Questions

The evaluation will address the following Key Evaluation Questions (KEQs) questions. The analysis needed to answer them is likely to touch on other possible sub-questions.

KEQ 1: Emergency Response: Since the activation of the L3 Emergency in October 2017, what have been the key actions taken by the operation to address the protection needs of the affected populations (IDPs, returnees, host population)?

Sub Questions:

- What factors (external, internal) constrained, or enabled UNHCR's response?
- How are protection standards/considerations included in the strategies and programmes of other clusters?
- How were the beneficiaries identified to ensure the assistance was targeted the most vulnerable groups affected?
- Protection monitoring being a priority, how did the operation ensure presence on the ground in the affected areas?
- On the Shelter response, what approach was chosen in the Kasai situation (with 80% of the IDPs being hosted by the local population)?

KEQ 2: Impact/Outcomes: what was the impact of UNHCR's actions and what are the key protection outcomes?

Sub Questions:

- To what extent are protection and assistance interventions reaching the maximum possible number of persons of concern?
- What is constraining or hindering effective delivery of interventions?
- To what extent did the (limited) assistance reach the most vulnerable groups among the beneficiaries?
- What can be done to strengthen and improve the delivery of protection, especially to correctly identify and quickly target vulnerable groups (women and children, people with disabilities, vulnerable host communities, etc.).
- Have CBI proven to be effective in addressing the needs of the most vulnerable POCs swiftly?
- What additional/different strategies might be effective?
- How did the operation include a community based approach the emergency response?

KEQ 3: Coordination: How effective has UNHCR been in coordinating the Protection Working Group(-s) and the Shelter/NFI working group (GTA)?

Sub Questions:

- How did the coordination at national level/HCT support UNHCR's role?

- What actions have ensured the operation assume leadership of the protection cluster?
- How effective have the working groups been in coordinating assistance delivery?
- Given UNHCR's responsibilities towards Protection coordination and mainstreaming, and Shelter/CCCM in the response to an internal displacement emergency, what actions or preparations would enable a more swift response?
- Is the cluster-level division of tasks on Shelter/NFI with UNICEF conducive to an effective response?
- What lessons, if any, can be drawn for other IDP emergencies?

KEQ 4: Emergency Preparedness: How do existing emergency provisions ensure the operation is able to respond to the needs/fulfill its obligations under the IASC division of responsibilities?

Sub Questions:

- Did the activation of a System Wide L3 emergency have a positive effect on resources available for UNHCR's response?
- Were emergency resources, and funds, made available in an effective manner by HQ?
- Did the operation/Regional Bureau prepare a contingency plan/risk analysis that informed the emergency preparedness?
- Is the ERT deployment effective in responding to an IDP emergency? Did the operation benefit from the deployment of experienced staff (coordination of IDP response etc).
- Did the response to the L3 emergency have an impact on the ongoing refugee programmes (transfer of staff and resources)?

KEQ 5: UNHCR's acceptance/protection space: How did the office's engagement with the IDP response affect the relation with the local authorities on refugee issues?

Sub Questions:

- Are UNHCR's role and responsibilities towards IDPs clear to authorities, local counterparts, and humanitarian partners?
- Have UNHCR's responsibilities towards the IDP population been confirmed/supported by the HCT?
- Did the office provide specific PI/MI messages on the programmes/assistance for different populations of concern?
- The UN peacekeeping mission (MONUSCO) is perceived by some armed groups to be a (pro-government) party to the conflict, how does this affect the perception of/access for UNHCR?

Organisation, management and conduct of the evaluation

The evaluation will be undertaken by two independent consultant(s), familiar with UNHCR's mandate, as well as its protection and programme role and functions. One of the consultants

will act as team leader and will be responsible for the design of the evaluation and the drafting of the various reports. The evaluation team could additionally include local enumerators/data collectors, as the need might arise.

The team is expected to produce analytical and written products of high standards (i.a. analytical framework for the evaluation; data collection instruments; ethics protocol for primary data collection; inception and final report). All the evaluation deliverables are expected to be informed by evidence and triangulated data and analysis, copy-edited, and free from errors.

The Evaluation Service will manage the contract, in line with the Evaluation Policy and its principles of independence, impartiality, credibility and utility. Following agreement on fees and charges, the independent consultants will enter into a standard contract with the Evaluation Service stipulating terms and conditions regarding payment and travel.

The UNHCR Evaluation Manager is responsible for managing the day to day aspects of the evaluation process; acting as the main interface with the evaluation team; and for providing the evaluators with required data and facilitating communication with relevant stakeholders.

The UNHCR Country office will designate a focal point to assist the evaluation manager with logistical and administrative arrangements if needed. The Africa Bureau and other HQ Divisions will provide necessary support, including time for interviews and documents, data and other materials

The deliverables include the inception report, the evaluation matrix and final report. Additional updates/reports could be requested, as the need arises.

The language of work of this evaluation and its deliverables is English.

Evaluation Timeline:

Pending the decision on a separate scoping mission to be completed in March, the proposed timeline for the evaluation is as follows:

Inception Mission:

23 April – 05 May

The consultants travel to Kinshasa and the field (location TBC). The mission will result in an inception report outlining the scope and methodology of the evaluation. The inception report, and evaluation matrix, will be agreed upon with the DRC operation. Preliminary data will be collected.

First Data Collection Mission

25 June – 07 July

The mission will meet with the staff and counterparts identified in the inception phase, to continue the collection of data.

Second Data Collection Mission

20 – 30 August

The consultants will continue to collect quantitative and qualitative information with DRC staff, counterparts and beneficiaries.

The preliminary results of the evaluation will be presented to the management of the DRC operation, for comments and feedback.

Final Report: 30 September

Approach

UNHCR encourages the use of participatory evaluation methods. The methodology – including details of data collection and analytical approaches– will be designed by the evaluation team during the inception phase, and presented in an evaluation matrix.

The evaluation team is expected to use different approaches in order to collect, and analyse, both quantitative and qualitative information. The methods will include document and literature review, stakeholder interviews and frequent feedback on findings and indicators with the UNHCR staff in the DRC.

Evaluation Quality Assurance (EQA)

The evaluation consultants are required to sign the UNHCR Code of Conduct, complete UNHCR’s introductory protection training module, and respect UNHCR’s confidentiality requirements.

In line with established standards for evaluation in the UN system, and the UN Ethical Guidelines for evaluations, evaluation in UNHCR is founded on the inter-connected principles of independence, impartiality, credibility and utility, which in practice i.a. call for: protecting sources and data; systematically seeking informed consent; respecting dignity and diversity; minimising risk, harm and burden upon those who are the subject of, or participating in the evaluation, while at the same time not compromising the integrity of the exercise.

The evaluation is also expected to adhere with pilot ‘Evaluation Quality Assurance’ guidance, which clarifies the requirements expected for UNHCR evaluation processes and products.

The Evaluation Manager will share and provide an orientation to the EQA at the start of the evaluation. Adherence to the EQA will be overseen by the Evaluation Manager with support from the UNHCR Evaluation Service as needed.