



IOM International Organization for Migration
OIM Organisation Internationale pour les Migrations
OIM Organización Internacional para las Migraciones

**Evaluation of the International Organization for Migration's
Ongoing Activities on Support to the Flash Appeal
for the Haiti Earthquake and Cholera Outbreak
(Sida/IOM Agreement January 2010 – May 2011)**

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Executive Summary

This report is an external evaluation of the International Organization for Migration's Ongoing Activities on Support to the Flash Appeal for the Haiti Earthquake and Cholera Outbreak (Sida/IOM Agreement), undertaken by Jeremy Condor and Raj Rana. The evaluation is part of the original agreement with Sweden signed on 24 January 2010, and was undertaken 2 months after the completion of project activities. The detailed Terms of Reference (ToR) are found in Annex 6.

IOM's Sida-funded projects have all contributed substantially to IOM's reputation as a leading humanitarian agency in Haiti. In general **all the projects evaluated have fulfilled their planned outputs** as stand-alone projects. As a portfolio of projects they have been clearly complementary to each other, thus enhancing both efficiency and effectiveness. Viewed together, they add up to substantially more than the sum of their parts, especially in terms of the wider IOM program in Haiti, thus leveraging support for – and adding content value to – other programming. This holistic approach has also facilitated diversified funding. Considering that Sida funding constituted only 5.5% of IOM's operating costs in 2010, Sweden's contribution has delivered conspicuously high value for taxpayers' money.

Sida's flexibility and rapid response to IOM's programming support requests has complemented and enhanced the evident agility of its implementing partner. The fact that Sida has been open to project design adjustment, and has been able to act quickly is a demonstration of a good level of partnership between IOM and its funding partner. IOM has proved amply worthy of Sida's trust. While Sida has provided further funding for IOM Haiti in 2011, it is not linked to the original Flash Appeal donation of 2010. There is a clear commitment by both partners to the value added by the CAP process.

Project design has been generally good, although the evaluators noted disparities in the development and presentation of individual project Logframes. Coordination has been complex, because different projects came on stream at different times. Nonetheless, coordination between projects is of a high level. Project reporting has been regular and of consistently good quality.

IOM Haiti has enjoyed an **unusually low level of staff turnover at the management level**. This is complemented by the general high level of staff technical qualifications and experience, which has provided IOM with consistency and a deep understanding of its volatile and highly complex programming environment. This has clearly benefitted the program as a whole, and the Sida funded projects in particular. Staff members at all level manifest commitment, energy and an impressive level of team cohesion – all elements that have contributed significantly to project and program quality and potential impact.

IOM now finds itself at a **programming and funding crossroads**. The CCCM Petionville pilot project for camp closure is evidence that the agency is thinking ahead, and that planning is informed by the Common Humanitarian Action Plan. However, a somewhat scattershot funding approach to project maintenance, while understandable, will not support a strategic approach to camp closure or an effective transition to longer-term development investment. What is needed now is a country program strategy that funding partners co-own with IOM, and that supports a coherent transition while preserving life-saving services, especially in the case of WASH and shelter.

It is time to bring IOM's funding partners together to discuss how their funds can be best used to support a **genuinely strategic approach to the future**, building on IOM's hard-earned experience in project delivery and program coordination. The alternative would effectively be a 'fizzle out' of existing projects, the loss of key internal capacity

and a missed opportunity to take IOM's considerable gains forward into the next programming phase.

IOM needs to **reconsider the manner in which it uses its frontline service expertise**. The logic of project-specific community mobilization/facilitation teams no longer applies to the programming challenges of the transition. The organization would be better advised to consolidate its current program portfolio and to bring project level teams together into a multi-disciplinary frontline team, deployed as needed through the transition, and at the service of the entire program. Such an approach would mitigate against critical loss of basic services as camps close down or transition to neighbourhoods. It would also mean that the organization could retain its best national staff, and open the door to potential cost reductions and greater synergies across projects.

The consultants note that many of their recommendations and suggested steps forward are aligned with suggested strategic options proposed by IOM international and national staff during facilitated self-assessment and ideas generation workshops conducted during the evaluation. A SWOT overview presentation in Annex 4 provides an illustrative overview of staff suggestions and recommendations and further demonstrates IOM staff capacity, creativity and commitment.

Summary of Major Recommendations

Further increase visibility for IOM

IOM is commended for its active membership of the UNCT and also for its active participation in inter-agency processes such as the CAP. It should further increase its visibility efforts in order to capitalise on its credibility and strengthen its fundraising opportunities.

Retain capacity and add value as an interim measure

Consolidate existing field animation and mobilization personnel into a multi-disciplinary team to support all projects, as dictated by needs and funding.

If funding fails to match ambition scale back ambition and reset achievable goals

In cases where ambitious projects are not supported by sufficient funding as per design, (e.g. the Psychosocial Project) IOM should consider project redesign rather than simply scaling back on ambitious goals.

Prepare now for continuing cholera outbreaks

Given the likelihood of on-going outbreaks of cholera during the rainy season and beyond, IOM and Sida should plan for a rapid response and funding support as part a jointly agreed transition strategy. WASH teams should be retained as part of the plan.

Integrate business-like and humanitarian approaches

IOM should share its substantial knowledge of what works in the Haitian context – and what does not - with partners and peers. This could range from the mechanics of using private contractors for highly efficient demolition, to commissioning an academic case study on Haiti considering the challenges of humanitarian response to natural disasters in urban areas.

Leverage IOM's conspicuous credibility as a first responder, and as an agency with a (pre-earthquake) record of investment in capacity development

IOM should at length keep investing in long-term capacity development at the government level. It should leverage its current program success to ensure that the organization plays a leading role in long-term change in Haiti.

Forge closer links between Shelter and CCCM internally and at the Cluster level

IOM should leverage its privileged position in terms of CCCM (Cluster lead) and Shelter (major actor). These Clusters and IOM units would punch well above their weight if they found new ways to bring together the breadth of their capacities and worked towards common strategic solutions. Given that the IOM will again assume the Shelter Cluster lead, this approach could be piloted within IOM Haiti and then projected to the Global Cluster level.

Use the Haiti experience as a platform for learning

Institutionally, IOM should invest in its own capacity in global fundraising, Human Resources, knowledge management and policy development to channel the best of its learning in Haiti to future emergency responses.

Sida should encourage project integration and added value in its project design and reporting requirements

Sida and IOM would both benefit if they agreed that projects should be designed as far as possible to be complementary, with a reporting line indicating how this is being achieved.

Conduct a program-wide strategy review

IOM and its key funding partners should conduct a program level strategic review as soon as possible. Key national and international staff should be brought into the process to assist in the development of a country program strategy that ensures lessons learned are acted upon and that the considerable value of project level outputs is harnessed for the benefit of IOM and its funding partners.

Glossary of Abbreviations and Acronyms

CAG	Community Action Group
CMA	Camp Management Agency
CAP	Consolidated Appeals Process
CCCM	Camp Coordination and Camp Management
CfW	Cash for Work
CHAP	Common Humanitarian Action Plan
CMO	Camp Management Operations
DPC	<i>la Direction de la Protection Civile</i>
DRR	Disaster Risk Reduction
DTM	Displacement Tracking Matrix
GoH	Government of Haiti
GBV	Gender Based Violence
HCT	Humanitarian Country Team
HR	Human Resources
IASC	Inter Agency Standing Committee
IC	International Community
IFRC	International Federation of Red Cross and Red Crescent Societies
IDP	Internally Displaced Persons
IHRC	Interim Haitian Reconstruction Commission
IOM	International Organization for Migration
ISF	(UN) Integrated Strategic Framework
KAP	Knowledge/Attitude/Practice
MSPP	<i>Ministère de la Santé Publique et de la Population</i>
MHPSS	Mental Health & Psychosocial Support
OSE	Office (of the UN) Special Envoy
PDNA	Post Disaster Needs Assessment
PM	Project Manager
PREPEP	<i>Programme de Revitalisation et de Promotion de l'Entente de la Paix</i>
PCSU	Programme Coordination and Support Unit
Sida	Swedish International Development Agency
SWOT	Strengths, Weaknesses, Opportunities, Threats
T-shelters	Transitional Shelters
ToC	Theory of Change
ToR	Terms of Reference
UNCT	UN Country Teams
WASH	Water, Sanitation and Hygiene

Table of Contents

1. Introduction	7
2. Methodology	8
3. Findings	9
Project Context and Implementation	9
Psychosocial Project	10
WASH Project	12
Cholera Project	14
CCCM Project	15
Cash for Work Project (CfW)	17
Shelter Project	19
4. Conclusions and Recommendations	22
Annex 1 – Documents Consulted	28
Annex 2 – Sida funding relative to overall IOM funding	30
Annex 3 – List of Interviews	31
Annex 4 – Summary of Focus Group Sessions	33
Annex 5 – Theory of Change Model and Evaluation Framework	36
Annex 6 – TOR	40
Annex 7 – Credentials of the Consultants	50

Disclaimer: The views expressed in this evaluation are those of the independent consultants and are not necessarily those of the International Organization for Migration or Sida.

1. Introduction

The purpose of this external evaluation is to assess the performance and whenever possible the outcome and impact of the activities carried out by IOM, with a main focus on funding received from SIDA, in order to identify lessons learnt and good practices for IOM's implementation of projects and management. The evaluation was planned to take place during the implementation in order to provide IOM Haiti program managers with useful inputs that could be used as suggestions before the end of the project itself and for the implementation of other projects.

The evaluation specific objectives are:

- To assess the projects through evaluation criteria (relevance of the intervention to the humanitarian situation, effectiveness, efficiency, impact and sustainability. A particular attention will be paid to the coverage, coherence, connectedness, coordination among other subjects) with a particular focus on the results (Results-Based Evaluation) and in particular to identify the lessons learnt and related recommendations based on the qualitative and quantitative analysis of results in terms of the changes occurred in the lives of beneficiaries and the degree to which the level of previous living condition have improved.*
- To identify best practices that could be applied on a wider scale in the activities implementation, taking into account the particular profile and vulnerability of the target beneficiaries.*
- The evaluation should also serve as accountability purposes towards the donor, in particular towards the SIDA-IOM agreement, and partners and providing transparent information between programmes and IOM units allowing improvement in the planning and management of current and future projects.*

[From the evaluation ToR]

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In terms of *how* the evaluation will be used, it was agreed that the full version of the report would be used for learning and accountability by IOM and its donor, the Swedish International Development Agency (Sida). Given that the evaluation is being undertaken after the project's completion, and not during its implementation, the results of this report are intended to inform on-going IOM activities in Haiti. The executive summary and key recommendations can be shared with project stakeholders and beneficiaries at IOM's discretion.

The report was written with the goal of being a brief working document. The section **Findings** examines the six projects' objectives, outputs and outcomes as laid out in the project logical frameworks; lessons and recommendations conclude the findings for each project. The **Conclusions and Recommendations** section is structured around evaluation criteria of IOM, and draw broader conclusions about the Sida-funded projects as a portfolio. The evaluators have added a section entitled **Strategic Issues Emerging**, which groups together observations about IOM and its programming that go somewhat beyond the scope of the ToR, in response to specific requests by Sida.

In total, over 60 documents were provided to the consultants before and during the evaluation, and 29 interviews and focus group discussions were conducted during 9 days of site visits in Haiti. These activities allowed for the collection of substantiated triangulated findings, to establish patterns and to draw corresponding lessons and recommendations.

2. Methodology

The **evaluation process** included preparation, data collection, data analysis and reporting. The methodology for the data collection was comprised of:

- Documentation review of reports, project proposals, and other material produced by the projects (Annex 1);
- Individual interviews and focus group discussions with IOM project managers and staff and a selection of specific stakeholders, and target beneficiaries (Annex 3 + 4);
- Direct observation during field evaluation visits; and,
- Follow-up interviews after field visits

In the Inception Report, the evaluators confirmed the evaluations stated intent and suggested some additions in scope and approach to the Terms of Reference (Annex 6), which were in turn agreed with IOM and Sida. These included:

- Designing the methodology to ensure a **shared focus on accountability and learning/best practices**.
- Exploring **how the evaluation can ‘zoom in’ on the Sida-funded portion of IOM projects**, which represents only a portion of the IOM-programming in the same sectors. The consultants recognize that the respective project managers and their teams had to guide them in being able to limit the evaluation to the scope of Sida-funded activities.
- Sida requested a particular examination of the **role that the Swedish contribution has had on the IOM operation as a whole**, and whether their funding contributed to specific results, and in what ways its support was different from that of other funding partners. The evaluators have written the report with a **balance between project-level findings and a more program-centred approach**.
- The findings section of the report looks at the results and outcomes of the individual projects, while the conclusions to focus on the evaluation criteria at a meta - or program-level.
- Given that this is an **ex post evaluation**, and given that the **SIDA-funded projects represents only a portion of similar on-going activities of IOM**, there did not appear to be added value in undertaking surveying of beneficiaries. It was agreed that IOM monitoring data would provide a further evidence base for the evaluation.

Theory of Change and the Evaluation Framework

As a means of compiling the projects into a unified framework, the evaluators have developed a **reconstructed theory of change (ToC) model**. A theory of change model is used to illustrate the pathway from project activities to the intended impact. The model assists the evaluation team in identifying the intended and actual outcomes and impact of the projects and considers external influences on the changes seen. This has equipped the evaluators in developing an evidence-based measure of in how far the projects achieved - or can be expected to - achieve their outcomes and impact. It is understood that as we move from outputs to impacts, we are moving from attribution towards contribution. The complete reconstructed ToC and the evaluation framework are found in Annex 5. Each project presented in section 4 includes a tabular version of the project's revised results chain.

3. Findings

This section presents a broad overview of the Sida-funded projects and their activities, organized according to the project proposals and their logical frameworks and budgets. The evaluators consider the achievements of each project underline strengths and weaknesses and consider the dimensions of coverage, coherence, connectedness and coordination illustrated within. Following each project a selection of lessons and recommendations have been included.

Project Context and Implementation

To situate the six projects being evaluated, it should be highlighted that the Sida funding was received via IOM's contribution to the Haiti Flash Appeal 2010. Both organizations have reinforced their commitment to the Flash Appeal and CAP processes. This is a very positive development. As stated in the funding agreement, '*IOM may reallocate funds between the approved projects as per need*'. This clause has allowed the requisite flexibility and agility to IOM to use Sida-funding towards its planned and unplanned activities (cholera).

For the sake of brevity, this report does not include an exhaustive introduction to the successive Haitian earthquake and cholera crises in 2010. It should be underlined that the cholera outbreak of October 2010 was an unexpected chapter in an already complex earthquake response affecting urban populations. The **cholera emergency took attention and funding away** from the progress that had been made by the humanitarian community since January 12. This crisis was compounded by the political paralysis leading up the December election, and the instability that accompanied the election itself. These are only a few of the factors that IOM Haiti had to accommodate in its project implementation.

Project Design

In general all the Sida **project designs were based on sound assessment and drew on IOM's long experience in Haiti**. Overall, the Logframes were presented in a clear and user-friendly manner. Logframes were generally well balanced between ambition and pragmatism, and no unrealistic expectations were proposed in terms of projected project budgets.

Given that the funding was provided within days of the January earthquake, **Sida accepted that the actual use of funding would vary as the response evolved**. For the final reporting, and with the agreement of Sida, IOM revised the project objectives to ensure that they accurately reflected the activities implemented.

The consultants acknowledge that all the Sida-funded projects were delivered in the broader context of a wider IOM program, and could not always be easily disaggregated from their wider sector framework. Nonetheless, it would have been more helpful for Sida if IOM had used a consistent Logframe model for all the projects. This would also have been helpful for IOM's reporting consistency and quality, and the 'evaluability' of the projects themselves. The **nature and timeframe of the Sida-funded projects themselves are quite different**, with some projects being models of brevity (CfW, Shelter), while others worked in a mid-term timeframe at a wide range of levels (Psychosocial).

Psychosocial Project		
Outputs	Short Term Outcomes	Medium Term Outcomes
<ul style="list-style-type: none"> • Persons living in camps and other settlement identified by the CCCM Cluster will receive psychosocial first aid. • Persons living in camps and other settlements identified by the CCCM Cluster will receive counselling follow up and referral. • IASC MHPSS working group provides guidance and referral services. • Humanitarian workers able to provide psychosocial first aid. • Community, primary, secondary health workers trained on psychosocial first aid. • Recreational and counselling centres are available for patients needing psychosocial assistance. • Needs assessment elaborated as a basis for the implementation of a national in service course of academic level, to enhance the national capacity of response on the long term. 	<ul style="list-style-type: none"> • Provide psychosocial support, and psychosocially aware humanitarian assistance and shelter, for affected victims resettled in the IOM, or CMCC identified shelter including facilitating referrals to other required services, while facilitating the country's capacity to respond, through capacity building of professionals, and creation of decentralized centres. 	<p>Reduce morbidity and mortality due to emotional distress of the population, particularly the most vulnerable groups over the short term, prevent the stagnation of relevant behavioural, emotional and cognitive outcomes, and guarantee that basic psychosocial awareness informs the assistance provided.</p>

Objective: *To provide psychosocial support and psychosocially aware humanitarian assistance and shelter, for earthquake-affected victims in identified¹ settlements.*

The five psychosocial teams manifest enthusiasm and commitment in their work with affected communities, bringing a high-energy approach to their target audiences that is clearly appreciated. Field visits provided opportunities to see them at work with displaced communities, including their animation of children's activity sessions and hands-on work with a group of patients at a Port au Prince psychiatric unit and in a camp. Some inputs (notably with children) seemed somewhat didactic, but overall the approach was participative.

The teams provide a **wide range of psychosocial support services** to communities and individual patients as per the Logframe design. Each team works in what seems to be a complementary manner, depending on the demands of any given situation. Staff members have benefited from IOM's staff capacity building investments and are convinced advocates for the notion that psychosocial support services are a critical investment for disaster-affected communities.

Referral services constitute a key element of the project, especially where teams are not positioned to provide services directly. Training provision for government health staff has been well received, and this constitutes one way in which the project aims at sustainability of effort, even if the GoH cannot ensure accreditation in psychosocial support services. The simple act of exposing non-specialist health workers to basic psychosocial service provision has **helped to demystify the notion of psychosocial support and to de-stigmatize mental health issues** among hospital staff trained or provided with in-service exposure opportunities by IOM. Similar training efforts were made to support humanitarian workers in integrating psychosocial concerns in their programming. This training further reinforced the CCCM focus of IOM.

The IOM served as co-lead of the Mental Health and Psycho Social Support (MHPSS) Working Group, in addition to being an active member. Its teams worked to accepted norms of psychosocial support for disaster-affected communities and established best

¹Sites identified by IOM and other CCCM partners.

practices, including the ethno-systemic approach. These norms were established based on findings from an inter-agency assessment, where IOM played a key role.

Some anecdotal feedback from non-IOM interlocutors suggests that foreign psychosocial support services are overly generic and insufficiently adapted to Haitian realities. Some NGO (and IOM) interlocutors even questioned the value of providing psychosocial support at all, favouring a livelihoods-based approach to rebuilding self-confidence and optimism about the future. However, IOM was aware of this challenge and ensured that it verified its assessment tools and therapeutic instruments with national specialists and university supervisors, thus building academic credibility for its intervention.

The initial project design as per CAP 2010 submission was ambitious in its scope and was truncated in scale as it was only 35% funded- Sida provided 557,880 USD of a projected budget of 1.6 million USD. Even though the Logframe provided priorities based on specific criteria (e.g. relocation, eviction, community unrest, etc.) IOM was thus obliged to re-prioritize the work of its psychosocial teams after it became clear that funding would not be forthcoming from other funding partners.

In Petit Goave, respondents in a community meeting in Sector 7 all spoke of their continued fears and concerns about the earthquake, as well as mentioning the long-term impact of the quake on their overall wellbeing. While psychosocial support services have not been made available to them directly by IOM (who provided technical support to the organisations providing psychosocial support services in Petit Goave); they mentioned radio programmes and the church as possible sources of support. In another example, the evaluators met privately with seven women in one camp who all expressed their hopelessness and pessimism about the future. They expressed no particular view about the psychosocial support service other than their appreciation that it provided what amounts to a crèche facility, thus giving them an occasional break from childcare.

Psychosocial programming results are hard to measure at any level. Nonetheless the team claims to have seen significant reductions in the manifestation of trauma and stress among camp dwellers, as well as increasing demand for their animation services for children – as a direct result of their work. The team claims particularly significant patient benefits in its work with distressed individuals and families.

The teams, the Director of one of the city's Psychiatric Hospital and indeed two professors from the University of Port au Prince all voiced concern about the lack of accreditation for psychosocial professionals. They also voiced worries about the potential **sustainability of psychosocial services at the level of state provision into the medium and long-term.**

Overall, this project proposed in the CAP was an ambitious scope of activities that sought to provide support from the tactical to the strategic levels. The Psychosocial Project Logframe would have benefitted from a redesign after it became clear that the project would not be multi-donor funded. Rather than reduce the number of activities to a more feasible level, the project simply limited their geographic scope and the number of teams. This may not have been the most effective way of addressing the budgetary limitations. The IOM contribution to the more strategic dimensions was equally constrained and appeared to be a scattershot approach that achieved some results, though not to the scale intended. There is a key question of the compatibility of emergency/Flash appeal funding with a project that demands a sustained, mid-term investment in order to bring about enduring results in partnership with state institutions.

Lessons and Recommendations:

- When a large-scale project of this kind finds itself with only partial funding, there would be **value in a project redesign** rather than simply scaling back on current deliverables and thus diminishing potential value and impact.
- The **psychosocial support team could be the basis of a core team of multidisciplinary community mobilizers** working as an internally deployed service to all appropriate IOM projects/units.

WASH Project		
Outputs	Short Term Outcomes	Medium Term Outcomes
<ul style="list-style-type: none"> • Effective WASH monitoring system for IDP settlements established. • Hygiene promotion activities to reduce public health risks. • Urgent needs and WASH emergencies in IDP settlements are resolved. • Vector Control measures are increased in IDP settlements. 	<ul style="list-style-type: none"> • To contribute to on-going Government and international community efforts to enhance IDPs' access to water, sanitation and hygiene facilities, through WASH interventions. 	<p>The living conditions and health of IDPs in temporary settlements are improved.</p>

Objective: *To contribute to ongoing Government and international community efforts to enhance IDP's access to water, sanitation and hygiene facilities through situation monitoring and rapid response coordination.*

WASH Project

The WASH Cluster took on the overall monitoring system for IDP settlements described in the project Logframe, thus slightly modifying the project design, though not to its detriment. According to WASH interlocutors, IOM remained a key contributor to the Cluster's functioning. Vector control, mentioned as further activity in the project Logframe, was conducted by the IOM's Health Unit and is thus not reported on here. The key activities of the project were in hygiene promotion to reduce public health risk, and addressing urgent needs and WASH emergencies in IDP settlements.

The bulk of WASH activities have focused on the urgent needs of WASH within IDP (camp) settlements, balanced with a parallel provision of similar services in neighbourhoods. Through the project's high quality WASH infrastructure delivery, **IOM has reinforced its role as an acknowledged leader in the WASH sector.** Project reporting has been accurate and timely and has made good use of existing resources within the CCCM unit. Project planning has been informed by generally high quality assessment and feasibility studies, thus ensuring appropriate structures and services being installed in camps and neighbourhoods. All service users interviewed reported consistently high levels of satisfaction with IOM's approach to its infrastructure provision and indeed to the manner in which communities have been consulted and involved.

A major hygiene promotion investment was conducted through the **employment of Community Action Groups (CAGs)**. All the evidence available suggests this has been a successful way of scaling up the required awareness raising. The 600 individuals were salaried by IOM for the 12 months of the project. Since January 2011, they are provided with small incentives to continue their work, though no data is available on whether the volunteers are continuing to function as actively as before. The **CAGs remains IOM's best investment in the continued propagation of**

community health messages within targeted communities. However it remains unclear to what extent all CAGs have assumed ownership of the projects from which their communities have benefitted.

Radio Tap Tap² and IOM's cartoon newspaper *Chimen Lakay* represent highly innovative, creative and successful ways of reaching specifically targeted audiences for the transmission of WASH, cholera and other health messages. Radio Tap Tap broadcasts have been taken up by a variety of sponsors and have proven a low cost, high impact investment, adding significant value to the project, especially as these elements were not Sida funded. Equally innovative approaches to sanitation provision (e.g. digesters for sewage, producing piping gas for cooking) have provided useful lessons to be learned about how to derive optimum value and impact from even a short to medium-term project investment.

Overall the project's efficiency and effectiveness has not only **reinforced IOM's credibility as the CCCM Cluster lead, but committed the organization to its role as the provider of last resort. This is a commitment rarely implemented by other Cluster leads, and has to be strongly applauded.** The transfer of the WASH unit from the Health to the CCCM unit in 2010 was a relevant decision, and allowed IOM to fully engage in the substantial WASH needs in Haiti and ensure the connectedness with its large scale CCCM activities. The project has clearly been designed with medium-term outcomes in mind, even in an environment where solutions are short-term and urgent and where infrastructure may be removed further to camp dweller relocations. Overall, Sida funding has played a role in reinforcing a comprehensive and connected CCCM strategy in Haiti.

The onset of cholera as described earlier caused some delay to the intended activities of the WASH project. The WASH project strategy would probably be further advanced had the cholera outbreak not happened, but it has not detracted from the **WASH project's evident focus on sustainability of effort and public awareness building.** Interviewees did lament the fact that cholera drew not only funding away from the planned WASH activities, but also took focus away from the importance of prevention activities.

The Project Manager has been given approval to fundraise directly with potential funding partners in order to extend the life of the project and the essential services it provides in camps and in neighbourhoods. While the PM is tireless in this effort, **questions remain about the viability of the WASH project's future funding in a declining funding environment for camp-based WASH solutions, against a policy of camp closures despite the fact that IOM Haiti plans for WASH includes camps and return areas. Activities in return areas have the objective to ensure successful returns and improve hygiene in the return communities.**

WASH is serving as the provider of last resort for CCCM in assuring minimal WASH conditions in camps, while attempting to extend its WASH services towards neighbourhoods in support of the policy of return. Given that the volume of available funding and WASH implementing agencies are in steady decline, it can be assumed that IOM will be forced to allocate its diminishing funds to the most urgent situations in camps, to the detriment of the return policy. The worst-case scenario has conditions in the camps continuing to degrade, and limited evidence suggesting that numbers of cholera cases are already rising. There is a clear case to be made that IOM WASH should be funded to ensure that it can continue its parallel focus on camps and neighbourhoods, while ensuring minimal conditions to avoid a further cholera outbreak.

²<http://citizenhaiti.com/radio-tap-tap.html>

Lessons and Recommendations:

- The decision to employ 600 CAGs had income generation for the displaced as its secondary agenda. This approach might have been to the detriment of other, possibly more sustainable or efficient approaches to hygiene promotion and community building.
- The measurement of CAG success could be attributed to the number of CAG-driven actions that have directly contributed to WASH infrastructure maintenance, protection (anti-theft) or repair thus assisting IOM in demonstrating **both short-term success and sustainability of effort**.
- Ongoing funding efforts for WASH, while admirable, will yield fewer and fewer funds unless the **WASH project is integrated into a consolidated and integrated IOM return and longer-term infrastructure development/reconstruction program**. A review of IOM's overall program is now needed to ensure that WASH and other projects are completed strategically rather than permitted to close down on a piecemeal basis.

Cholera Project		
Outputs	Short Term Outcomes	Medium Term Outcomes
<ul style="list-style-type: none"> • Conditions in up to 250 IDP sites improved through hygiene promotion and WASH facility construction/rehabilitation /cleaning (including hand washing stations, water tanks and latrines) to support efforts of ORS focal points. • Capacity of CCCM partners to carry out Cholera response and prevention activities improved through continued support from the CCCM Cluster. 	<ul style="list-style-type: none"> • To augment prevention initiatives through community mobilization and hygiene promotion in up to 250 high risk sites with no clear WASH or camp management agency • To support cholera response initiatives through improving WASH conditions in IDP sites where ORS focal points are established and in need of additional support. • To continue to provide support to partners as CCCM Cluster lead ensuring that basic services, particularly in relation to prevention and treatment of cholera, remain accessible to the displaced population. 	<p>Within the framework of Camp Coordination and Camp Management, this proposal aims to carry out cholera prevention and response activities in support of the GoH and the Humanitarian Community's cholera response strategy.</p>

Objective: *To support GoH and the Humanitarian Community's cholera response strategy towards the implementation of prevention and response activities within the framework of Camp Coordination and Camp Management*

The Cholera Project provides a striking example of the level of confidence enjoyed between IOM and its Swedish funding partner. The project began rapidly and effectively, with IOM responding to the outbreak without up-front funding. IOM was convinced of the importance of an immediate response and was vindicated by the developing health crisis. **Few other agencies were similarly positioned to undertake such an immediate reaction.** Sida was flexible and adaptable with its operating partner and thus allowed IOM to take a creative approach to response and prevention. This represents a model of good programming methods and of funding partner-implementing partner relations.

The project design and Logframe indicate a **realistic approach built upon IOM's experiences** in similar contexts, leveraging its investment and knowledge of Haiti and the tools and data of the CCCM Cluster and the Site Planning Unit. The design raised no false expectations about short-term success, while nonetheless proposing appropriate and timely inputs. All deliverables were achieved.

The project brought together all relevant IOM units in taking **an integrated approach to the cholera response- the same credit which can be extended to Sida's flexible**

and rapid funding. IOM’s overall response to the cholera outbreak reinforced existing WASH programming investments in both infrastructure and awareness raising and health message transmission. To this extent the project became an integral part of WASH, while nonetheless retaining clearly ring-fenced activities for essential reporting purposes. Health messages from the WASH teams were seamlessly adapted and refocused to ensure the cholera response became an integral element of community awareness building. This was particularly effective in camps where there was no camp management agency, which was the focus of IOM’s WASH cholera response. The project leveraged the parallel IOM investment in DPC agents (CCCM project).

The project benefitted significantly from IOM’s communications approaches and techniques that were designed to reach service users and the public. Thus **Sida’s funding was unusually well leveraged to capitalize on the agency’s proven communications methods.** Radio Tap Tap continues to target cholera hit areas, and the WASH teams continue to promote cholera prevention methods in all areas served by IOM.

Lessons and Recommendations:

- The value of incorporating cholera response into WASH adds significant value and impact, and represents excellent value for finding partner investment.
- **Two-way communications with affected populations** and the general public is a critical factor in achieving scale in cholera prevention health messages.
- **IOM and Sida should be ready to launch a similar project during the rainy season and beyond.** The cholera threat will remain a chronic health challenge as long as living conditions for camp dwellers and displaced people remain precarious.

CCCM Project		
Outputs	Short Term Outcomes	Medium Term Outcomes
<ul style="list-style-type: none"> • Increase local risk and disaster management capacities within the camps in coordination in strong coordination with the <i>Civil Protection Direction</i> (DPC) 	<ul style="list-style-type: none"> • To ensure the implementation of risk management strategies in the camps to increase awareness regarding current risks faced by IDPs, promote the development and implementation of mitigating measures. 	To reduce the vulnerability of Internally Displaced Persons (IDP) living in spontaneous settlements and organized priority camps.

Objective: *To reduce the vulnerability of Internally Displaced Persons (IDP) living in spontaneous settlements and organized priority camps.*

This project adopted a hands-on approach to individual capacity building, with some potential impact at the level of institutional capacity building. Through a formal cooperation agreement with the *Direction de la Protection Civile* (DPC), 111 agents were seconded to IOM and trained to support camp management operations in line with the CCCM strategy. Particular focus was placed on the **deployment of these agents to camps that lacked CMO presence.**

During the project lifespan the DPC staff received a comprehensive training in all aspects of camp management and DRR, including crosscutting themes such as protection, GBV and psychosocial support. There was a high level of commitment displayed by DPC staff, not least of which was their pride in having been key Haitian contributors to the success of CMOs, and providing assistance to the Haitian people.

That said the **loyalty of the staff appeared to be greater towards IOM than to the DPC.**

This initial project was seen as a pilot project for a more robust investment in DRR and the DPC. Funding was not obtained, and IOM reduced its support to DPC at the project's conclusion in January 2011. Today, some 50 DPC agents, receiving allowances from IOM, continue in their CMO role. The remaining 61 continue to contribute to CCCM on a voluntary basis; respondents noted that they are less committed and available than before.

IOM used this project to support objectives beyond those included in the project's revised Logical framework:

- To **strengthen the Government of Haiti's capacity, in particular in camp management** and disaster preparedness, through the provision of trainings, technical support and the integration of the DPC team leaders in the CMO teams active in earthquake-affected communes.
- To **enhance the collaboration with the Government of Haiti and improve the relationship with the local authorities**, in particular the Department of Civil Protection, which is the entity designated by the Government for camp management.

These objectives struck the evaluators as being the core of the CCCM project: magnifying the visibility and implication of the GoH by having the IOM-trained DPC agents actively involved in camp management and coordination. The run-on effect was the strengthening of the CCCM Cluster as a whole. The project's investment in DPC CMOs resulted in the **GoH being able to state that it was leading camp management in over 50% of the camps**. Equally, the 111 DPC staff became resources that IOM and other humanitarian partners were able to use in support of their own operational/CCCM activities. This included direct support to the cholera response, in monitoring the situation in camps in general and in specific situations where IOM and the international staff were not able to travel to camps due to security restrictions (elections in December 2010).

The DPC project (similarly to WASH), was consistent with IOM's lead and investment in CCCM as a whole, and **underlined a high level of operational coherence and consistency**. The individual agents brokered connections between IOM and DPC beneficiaries with assistance/support, and enabled connections between the individual camps and the CCCM Cluster. In some instances the DPC agents were credited with being catalysts for greater IOM inter-unit coordination, in their role as camp managers. The scale of the DPC teams trained is small, but represents high quality and a good return for the Sida investment.

The CCCM project is a good case study for the question of capacity building that emerges in different projects considered by this evaluation. There was clearly a robust investment in building **individual capacity**- the DPC secondees have received an impressive volume of training, and IOM has even influenced their participation in training by other humanitarian actors. While the stature of the DPC was increased through this project, there appeared to be **limited explicit institutional capacity building of the department itself**. While IOM argues that the DPC has been strengthened with this pool of experienced staff, and the provision of infrastructure (phones, laptops), there was limited investment in the efficient functioning or capacity of the department itself. It is a telling sign that the DPC is not seen as a well-functioning state entity, as evidenced when IOM made the deliberate choice to pay the secondees directly, as opposed to providing salaries through the DPC. Any criticisms have to be

balanced with the reality that camps were a new phenomenon for Haiti. Thus IOM was attempting to transfer its institutional knowledge to the DPC in a manner that developed quick, operational capacity to deal with a major crisis. The true measure of how effectively institutional capacity has been built will be future autonomous operational response by the DPC.

In parallel with diminishing funding for the Haiti earthquake response, there is an **ongoing reduction in the number of non-DPC camp managers**. It can be assumed that there is a growing gap in camp management that will increase over time. The sustainability of the project will be tested in the coming months, as the DPC will be obliged to significantly increase its contribution and coordination of the trained DPC agents and its participation to the CCCM Cluster. Lacking resources, there appears to be limited optimism that this will be the case; this might again test IOM's commitment as provider of last resort to the CCCM Cluster.

Lessons and Recommendations:

- The project identified some operational sufficient **time should be taken to ensure the quality and breadth of partnership that such an investment requires**. At a more administrative level, more thought must be given to the possibility of providing a fixed office space for the DPC agents, and consider the cost/logistics of transport for such work.
- **Future capacity building should put equal emphasis on institutional as well as individual capacity building**. Without this there is little hope for enduring results/sustainability, and fully leveraging Sida/IOM investment.

Cash for Work Project (CfW)		
Outputs	Short Term Outcomes	Medium Term Outcomes
<ul style="list-style-type: none"> • Labour-intensive rehabilitation/reconstruction projects are identified in most vulnerable areas. • Rubble, garbage and debris removal, street cleaning and repairs, as well as rehabilitation/reconstruction of minor infrastructure (such as small scale basic infrastructure, critical social facilities, public lighting, etc.) is carried out, through cash-for-work and/or cash-and-food-for-work program; • Immediate income-generating opportunities are created for the displaced population, thereby reducing their vulnerability and supporting their early recovery. 	<ul style="list-style-type: none"> • To facilitate clearance and removal of rubble and debris and rehabilitation of minor infrastructure 	<p>To facilitate clearance and removal of rubble, garbage and debris and to engage into rehabilitation, in order to support reconstruction in view of facilitating the eventual return and reintegration of displaced people and to initiate the resumption of economic and social activities.</p>

Objective: *To facilitate swift clearance and removal of rubble and debris and rehabilitation, in order to facilitate reconstruction, the return and reintegration of displaced people and the resumption of economic and social activity.*

The evaluators found that this **project clearly delivered on its intended results**. The project design was clear in its intent: to contribute to early recovery through quick impact projects and to avoid competing with other similar projects by other actors. The project was flexibly written and addressed relevant needs. It should be underlined that **IOM undertook rubble removal in schools on a large scale in Port-au-Prince**. As such, Sida funding was supportive a broader strategic focus of the organization. IOM is seeking funding to enable it to engage in school reconstruction in future programming.

The CfW activities were emergency responses launched within 3-4 weeks of the earthquake, addressing immediate needs and identified in coordination with relevant stakeholders. Stakeholders portrayed **IOM as having been a genuine partner**,

working closely with relevant GoH authorities, the Early Recovery (ER) Cluster and other actors. IOM announced its intentions to undertake rubble removal, selected projects from lists provided by ER Cluster and mayor office, conducted joint site visits and subsequently delivered on promises made. This was achieved while avoiding duplication of effort in a period when there was fierce competition with other international actors for projects and visibility. Respondents underlined that they found the partnership and project delivery to be timely, professional and in line with their needs. In most sites visited by the consultants, the rubble removal had been followed by temporary school structures.

The focus of the project was limited to rubble removal and did not stray into the range of other potential cash for work projects included in the project description. This choice was based on the long experience of IOM and its staff in Haiti, in knowing ‘what works and what doesn’t’ in the context. In particular, there have been- and remain- examples of ineffective CfW approaches by other actors, disparagingly described as ‘cash for sitting’. The **IOM approach was underlined by interlocutors as being a successful operational choice**. If IOM were to have undertaken a traditional CfW approach, overseeing the project with IOM staff, it would have been far less efficient.

Rubble removal contractors were hired in a competitive and transparent bidding process, in accordance with established IOM procedures. In turn, these contractors, to varying degrees, **naturally hired local daily workers** therefore generating income-generating opportunities for the displaced population, selected from lists of the local *Mairie*, or through their own networks. The project reports that the 10 sites that were cleared generated 21,934 days of work. In some instances, contractors were contractually obliged to hire up to 30% local labour. In other examples the rubble removal was undertaken with more manual labour than was strictly necessary, explained as having been a means to provide more work to displaced populations, as opposed to simply bringing in heavy machinery. Although a perhaps semantic detail, evaluators questioned the title of ‘Cash for Work’ for this project, given that private sector contractors bid and then managed the actual work. The project appeared to be a highly efficient recovery activity that generated income opportunities for affected populations as an implicit result. The CfW title risks becoming a ‘humanitarian veil’, rather than highlight the pragmatism of the project’s intent.

The **level of flexibility in this project is to be highlighted for both IOM and Sida in its funding partnership**. IOM provided a general orientation for the types of work they intended to undertake, and then took the time to identify projects where they felt would have the greatest impact. The reconstruction of a key bridge in Delmas municipality is an excellent example of IOM pragmatism and Sida flexibility. An important road link was quickly and efficiently restored as a result of a flexible funding partnership, and was possibly a project that would not have attracted another international partner.

Lessons and Recommendations:

- Project staff highlighted two operational lessons to be learned for future responses to natural disasters in urban areas. These included: **organize the transport of rubble at night** to avoid adding to traffic problems in a disaster-affected city. Secondly, better prepare for the **discovery of mortal remains in demolition operations**. This would include proper equipment for workers who unearth and subsequently bury the dead and the capacity to provide them with psychosocial support.
- In light of IOM Haiti’s strong opinions as to appropriate cash for work approaches, the organization should **clarify its CfW position and share best practices with other actors** both in Haiti and globally.
- Given the uncertainty expressed by respondents as to when- or if- reconstruction funding would be made available by the GoH, and in light of IOM’s strategic and

historic investment in school construction, **there is an opportunity for Sida to consider extending its relationship with IOM in this domain.**

- The planned IOM audit of the Sida-funded projects could be used to further assess the transparency and rigour of the contracting mechanism and the recruitment process of daily workers.

Shelter Project		
Outputs	Short Term Outcomes	Medium Term Outcomes
<ul style="list-style-type: none"> • Up to 100 transitional shelters are provided to medical institutions in Carrefour feuille (20), Croix des Bouquets (58) and Port au Prince (22). • 250 IDP families in Petit Goave provided with transitional shelters. • Affected populations are informed and updated of shelter assistance interventions, through community outreach and public information activities. • Guidance and technical support is availed to the Government of Haiti for the development of the design and establishment of durable shelters and human settlements. 	<ul style="list-style-type: none"> • To provide transitional shelter assistance to earthquake-affected medical institutions and IDP families in Haiti. The objective of the proposal is in line with the strategy of the Cluster for information sharing and coordination of activities, through established Cluster mechanisms. 	<p>To provide comprehensive shelter assistance to earthquake-affected communities in Haiti. The objective of the proposal is in line with the strategy of the Cluster for information sharing and coordination of activities, through established Cluster mechanisms.</p>

Objective: *To provide comprehensive shelter assistance to earthquake-affected communities in Haiti in line with the goal of the shelter Cluster for information sharing and coordination of activities, through established Cluster mechanisms.*

The shelter provision funded by Sida represents a small portion of the funding available to IOM in the shelter domain: IOM is ranked as the second largest transitional shelter provider in Haiti. Historically, IOM led a joint CCCM-Shelter Cluster from 2008 until February 15th, 2010. The IFRC was appointed as the Shelter Cluster lead; in November 2010 it handed over to UN-HABITAT.

The quality and sophistication of the shelter unit's business processes and approach to assessment, identification of beneficiaries, coordination with authorities, construction, and post-construction monitoring **represented what the evaluators would comparatively describe as best practice in transitional shelter provision.** The community outreach component of the project was similar to the best practices observed in other projects. The IOM shelter unit was perceived by its peers as being a committed and professional member to the Shelter Cluster, making technical and policy contributions in the appropriate forums at the right time. IOM's shelter design and provision were seen as in line with the Cluster strategy and coordinated through established mechanisms. IOM is credited with pushing the initial emergency thinking from a limited approach of shelter kits to a more robust transitional shelter standard. The organization also funded a shelter policy advisor to work with OSE in the Haitian commission.

Evaluators conducted site visits to the t-shelters provided to IDPs and medical institutions in Petit Goave and Port-au-Prince, respectively. In both cases there were high levels of satisfaction with the quality and timeliness of the shelter provided.

The approaches for medical institutions and IDP contexts were significantly different:

- **Medical Institutions:** Site visits were made to the central hospital, psychiatric facilities and the TB hospital. In all cases, the buildings had sustained earthquake damage to varying degrees, and the IOM shelters were providing temporary capacity to ensure continued functioning of these institutions. There were **indications that IOM adapted shelter design over time**; the t-shelters, designed for residential use, were gradually adapted for their use in medical contexts. This

included rain gutters, providing extra roofing sections to keep the passages between buildings dry and later designs having metal frames and higher foundation walls. This operational choice of transitional shelter in the health sector appeared to be a logical one, given that others actors have made pledges for the longer-term reconstructions of major medical institutions and infrastructure. There was a consistent message of, 'IOM promised, and IOM delivered'.

- **IDP families:** Evaluators visited the Petit Goave constructions and found that the IOM example reinforced the perception of the organization as having been a **committed partner with the Shelter Cluster and local authorities and coordination mechanisms**. IOM took responsibility for selected geographic sectors, undertook assessment, made promises and delivered. The IOM commitment to build t-shelters in hard to reach areas was a valued contribution to the global effort, given that other actors showed a tendency to build in easily accessible areas.

The Petit Goave region posed particular challenges and specific responses from the IOM Shelter Team. Given the limited number of construction firms and the quality of their work, **IOM supported the creation of small firms by independent trades people**. Equally, given the proximity to shelter recipients, IOM managed greater beneficiary contribution to the construction of their shelters than was found in Port-au-Prince. These successes suggest some question as to whether there were missed opportunities:

- Could more have been done in **enhancing the construction skills of locals** through the construction process- and supporting future reconstruction efforts?
- Were there **possibilities to involve the beneficiaries more in construction activities in the urban context of Port-au-Prince?**

The evaluators uncovered some broader questions concerning the integration of the shelter unit in IOM Haiti. While WASH, CCCM, Cholera and Psychosocial were firmly structured around the CCCM Cluster and unit, shelter appeared to be working somewhat separately. This is not to say that there was no coordination; it was simply stated that the approach and agility of these project groupings were less compatible. While CCCM acts- and reacts- in a fairly agile manner, the shelter unit and its business processes are more rigid. Between the decision to provide t-shelters and the handover of keys, a minimum of 3-4 months is required - the procurement demands alone are demanding, dependent on sophisticated logistics efforts and verification of land tenure. Given the interdependence of the CCCM policy of camp closure, and the requirement to ensure new shelter solutions for those camp dwellers, there **could have been greater synergies to ensure the connectivity and complementarity between IOM CCCM and Shelter units**.³

There is an **unclear strategic horizon for the shelter unit**. By the end of 2011, the planned t-shelter constructions will be completed. Funding and political decisions for future reconstruction remain at best uncertain. The challenges of finding housing solutions for current camp residents will only increase in complexity, and there is no clear indication that IOM has developed a strategy for addressing this challenge, nor attempted to bundle its funding approach into a holistic strategy for IOM. Two ideas did emerge in discussions: In terms of shelter solutions, it was observed that perhaps the Shelter Cluster initially adopted a limited view of transitional shelter. In order to address increasingly complex solutions, a **more varied range of shelter solutions will be required**. In considering the future of the CCCM and Shelter Clusters, one respondent

³In late July, following the field visit by evaluators, IOM was formally requested by the UN Humanitarian Coordinator to assume the coordination of the Shelter Cluster and to shift the emergency related aspects of 'Shelter and NFI' to a broader CCCM and Shelter framework.

suggested that the CCCM and Shelter Clusters should merge, in order to force the required synergy that the coming months and years will require. This latter solution is one that IOM Haiti could consider as an internal restructuring; as IOM will lead both Clusters in future, they are positioned to consider the former as well.

Lessons and Recommendations:

- IOM should explore means to **forge closer links between Shelter and CCCM at the Cluster level and internally**. IOM Haiti could serve as a laboratory that would eventually feed into debates at the Global Cluster level.
- Given IOM's expertise and credibility in shelter construction, there is **clear potential for the organization to position itself as a key reconstruction actor in future**. This will demand an investment in development of strategy and in ensuring that the unit possesses the right technical capacities to address an invariably growing palette of shelter solutions.
- IOM staff identified a key lesson from Haiti earthquake: the **importance of taking time to study local building techniques and material availability, and to design and construct pilot shelters to test feasibility**. This is clearly a best practice to be institutionalized, and reflected the means, expertise and experience that IOM deployed in the Haiti response.

4. Conclusions and Recommendations

This section takes the adopted criteria of the evaluation and draws some broader conclusions on the project's effectiveness, impact, efficiency, sustainability and relevance/appropriateness.

It should be noted that the portfolio funded by Sida covers projects, which by their nature have very approaches and different timelines for their results (e.g.: CfW vs. Psychosocial). The evaluators have provided broad conclusions in order to leverage optimum value from the evaluation findings.

4.1 Relevance/Appropriateness: *concerned with assessing whether the project is in line with local needs and priorities (as well as donor policy).*

In general all projects were well designed. All projects were appropriate to - and consistent with - the assessed needs of the situation. Logframes were not overly ambitious, though they could in some cases have been more specific and SMART. Logframes provided a level of flexibility for IOM and Sida appropriate to a volatile programming environment. Logframe designs also permitted IOM to make minor modifications to project inputs without needing to refer constantly to Sida.

Logframes of the different projects, if compared, were not consistent in terms of layout, detail or focus. This suggests to the evaluators that projects may have been developed in relative isolation at the unit level, compiled at the management/Project Support Unit level, and then integrated at the delivery level.

Given its credibility and visibility, the evaluators suggest that IOM could have been a stronger voice as an advocate to both funding partners and the GoH. Such an approach would also have supported transition funding and enabled a more strategic funding package for transition projects.

It is assumed by the evaluators that the projects are in line with Sida policy. The Sida funding of 2010 and 2011 has apparently been allocated to different projects and targets. This strikes the evaluators as a missed opportunity for the donor to have made a continued commitment to the projects under evaluation, and play a greater role in their transition and future strategy setting.

Lessons and Recommendations:

- In future multi-project initiatives of this kind, Sida should consider **requiring its operating partners to provide evidence of how each funded project is designed to complement and add value to other projects** – as appropriate.
- **IOM should organize a funding partner forum in Haiti** (and indeed in Geneva) in order to showcase its success in integrating projects and deriving value added for service users and funders. Sida could become a partner in such an initiative, as a means of reinforcing its funding partnership with IOM.

4.2 Effectiveness: *measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of outputs (attribution). Implicit is the question of timeliness.*

IOM has **conspicuously and consistently delivered on its promises**. All the projects delivered as designed, and monitoring of their effectiveness has resulted in appropriate modifications and adjustments where called for. While psychosocial programming is perforce harder to measure the project has nonetheless reported well on planned outputs. The evaluators would conclude that IOM has met the standard in terms of accountability to donors.

As a frontline service the various field mobilization and support teams are often the corporate face of IOM to communities and community leaders – regardless of their specific technical focus. It is not clear to what extent IOM at a broader service level has understood **how to benefit from the unique access and feedback opportunity these teams provide**. Given that other projects (Psychosocial, WASH, Shelter, CCCM) employ their respective teams of community mobilizers and animators, and employ a variety of community engagement approaches, it seems that the IOM may have missed an opportunity to obtain optimal value of out its frontline communications with - and its mobilization of- disaster-affected communities. A core, multidisciplinary team of community mobilisers could have been strategically deployed across all the Sida-funded projects according to need, thus adding coherence, value and potentially reducing staff costs for all Sida-funded projects.

There is little doubt that without IOM's unique programming, technical, logistics, procurement and design capability, **few other agencies could have responded with a similar level of effectiveness and speed**. The IOM Cluster lead of CCCM has anchored and underwritten much of the effectiveness of the program as a whole.

Lessons and Recommendations:

- IOM should consider how to **capitalize on its learning gains from the emergency phase** in order to carry forward critical programming elements into a strategic investment in Haiti's development.
- IOM should consider the **recruitment and deployment of multi-sector front line teams in future emergency programming**. This would support sustainability of effort, enable efficiency and effectiveness, gains and foster inter-project learning.
- IOM Haiti should urgently **design a strategic scale-down plan**, in order to streamline its business costs and approach, and to identify the greatest synergies between its operational units and teams.

4.3 Efficiency: *measures the outputs- quantitative and qualitative- achieved as a result of inputs. This implies considering alternative approaches to achieving an output to see whether the most efficient approach has been used.*

Many of the comments mentioned under 'Effectiveness' can be equally applied in terms of efficiency. In the example of integrated, multi-sectoral frontline teams would be an efficiency gain for IOM even if initial deployment would be more complex. Even if IOM judges the notion of multi-sector frontline teams impracticable at the early stages in the implementation of a broad and rapidly developing project portfolio, the gradual melding together of separate frontline teams is still viable as an option, especially as the transition period evolves and consolidation opportunities emerge.

The CfW project is a strong contender as an example of efficiency. As a direct result of the project other organizations have been able to construct temporary school buildings, thus leveraging IOM's initial support and reducing their own costs. This is complemented by the relative efficiency of having employed private contractors for the actual rubble removal, as opposed to having to directly manage traditional CfW activities. Sida obtained good value for its investment in the clearance of rubble – and the investment can be seen as having enabled the work of other actors and funding partners.

Two-way communications with service users has been a relatively unsung success story of IOM Haiti, and yet this area is critical to success in terms of preventative messaging on health (notably cholera and WASH), security and a myriad other key issues in both emergency and post emergency programming (managing

expectations of beneficiaries, for example). These relatively inexpensive add-ons greatly increased project and programme efficiency.

Relative to IOM's overall budget for 2010 and 2011, (see Annex 2) the proportion of Sida funding is 5.6% and 16.6% respectively.⁴ It is clear that this relatively small proportion of overall funding (most notably in 2010) has added value to IOM's existing (non Sida-funded) programming, and provided both Sida and IOM with good value for the investment. In virtually all projects, linkages with other, non-funded Sida projects contributed to enhanced value.

Lessons and Recommendations:

- Before losing some of IOM's best performing and most talented Haitian and international human resources, the organization should consider the **composition of a multi-sectoral frontline team under the leadership of CCCM**. The teams would be deployed to support any project as required. All members would be trained in community mobilization and negotiation, while sub-groups would be retained for specific sector-related work as required.
- **Invest in M&E capacity** to learn how initiatives like Radio Tap Tap, the cartoon newspaper *Chimen Lakay* and other forms of two-way communications are utilized and their impact and leverage IOM program effectiveness and efficiency.
- **Capitalize on the learning and approaches of two-way communications** with beneficiaries as best practices that IOM can use in Haiti and globally.

4.4 Impact: *looks at the wider effects of the project- social, economic, technical, capacity. Can be intended and unintended, positive and negative, macro and micro.*

In the Haiti post-earthquake emergency, impact is a moving target. There is no doubt that many of the Sida-funded projects in this portfolio are potentially significant contributors to impact in terms of the movement towards land tenure for the landless, improved health, governance reform and DRR-related issues.

Some projects' impact are obvious – the Cash For Work project has evidently enabled other agencies to set up temporary schools, ensuring that the school year could begin with basic infrastructure in place. The impact is powerful, if not easily measurable in simple CfW terms. The CCCM project can be looked at in the same ways- there is the potential that the investment in the DPC agents will have contributed- or been a catalyst- for broader organizational change within the department. While IOM will have been a *contributing* investment in the results chain, other external factors and actors will play critical roles in seeing that impact in future. Similar comparisons could be made for the psychosocial project, where a mid-term view is necessary to consider the wider effects- real, potential and unexpected- that the project may have in the mental health domain in Haiti.

What remains unclear to the evaluators is the **specific direction IOM intends to take beyond its highly agile and well-organized response to the earthquake and cholera outbreak**. The current program portfolio - Sida-funded projects included - provides a strong platform of learning, capacity and indeed infrastructure that would provide powerful leverage for IOM in moving to post-transition stage programming. The evaluators were not given access to the IOM Haiti strategic plan during the evaluation,⁵ but understand that it is fundamentally driven by the CCCM focus on camp closure. Current CCCM pilot programming in Petionville suggests that IOM is taking a habitually

⁴The figures for 2010 represent the annual operating budget plus the funding received for the cholera outbreak response; the 2011 figure considers only the funding received for the first six months of the operating year.

⁵The document '*La Strategie de l' IOM en Bref*' was only provided following submission of the first draft of the evaluation.

Careful and integrated approach to the closure of camps, with both humanitarian and systemic issues fully to the fore.

Lessons and Recommendations:

- **IOM should leverage its programming credibility to design, in concert with its funding partners, a coherent and impact driven development program beyond camp closure and its immediate transition.** This would involve the consolidation of existing projects under a simple and coherent management structure.

4.5 Sustainability: the probability of long-term, enduring benefits.

Interviews with IOM project managers all indicate that senior staff members at IOM have divergent views about what a sustainable approach should look like. Senior staff seemed unaware of IOM's strategic direction for Haiti. This suggests to the evaluators that even if a strategy has been developed, it is not entirely clear to those who will drive it forward.

WASH and CfW offer abundant evidence of medium level sustainability – both in terms of effort and of service. Medium level sustainability is evidenced by value-added elements such as the WASH methane digester project, or the demolitions works that served as enabling activities for future actors. IOM has made some investments in GoH capacity, and the potential to go deeper into this approach remains available. This is particularly the case re housing, infrastructure and education.

While more complex to measure in terms of sustainability, IOM's community mobilization and awareness raising investments at all levels will be key sustainability elements as the camps are closed down or are converted into permanent settlements – and as neighbourhoods are developed into areas that act as a magnet for people to move out of camps. It is the knowledge, the attitudes and the practices/behaviours (KAP Indicators) engendered in many of the Sida funded projects that will form the backbone of community ownership going forward.

Essential services (e.g. WASH, Shelter) are now struggling to obtain extension funding for maintenance and new infrastructure. As the provider of last resort in CCCM, this represents a considerable challenge for IOM during the transition from camps to permanent solutions. No strategy seems to be in place to ensure that essential services of last resort are not closed arbitrarily because of a funding hiatus. **The potential weaknesses of a project-driven approach are disguised when project funding streams are strong.** Now that project funds are diminishing rapidly, the value of the project-driven approach is diminished and its weaknesses are potentially more damaging to sustainability. There seems little point in struggling to hold on to diminishing funding resources at the project level without putting in place a jointly funded strategy for transition. The evaluators recognize that IOM and other humanitarian agencies have worked collectively to develop strategic and sustainable plans (inter-Cluster Cholera Response Plan, CAP exercise) with poor response from donors. Good Humanitarian Donorship⁶ include commitments to longer-term financing partnerships and supporting emergency response that support recovery and long-term development.

The consultants note that in 2011, the proportion of Sida funding relative to the overall IOM budget has risen to 16.6% (of the total budget for the first six months of the year). This represents a risk for IOM as it seeks to maintain and sustain essential services during the transition while both the amount of funding and the number of funding partners winds down. IOM is now more dependent on a less diversified group of

⁶ <http://www.goodhumanitariananddonorship.org/gns/principles-good-practice-ghd/overview.aspx>

committed funding partners at a time when a major injection of funds is required to build an effective transition out of camps and towards livelihoods, permanent housing solutions and governance reform. The project driven approach is not an appropriate way forward in such circumstances. There is no evidence yet that other finding agencies or the GoH will step in.

Having led the field with such conspicuous success during the Haiti emergency response, IOM has amply earned the right to play a key role in an innovative approach to the transition and the post-transition. The evaluators were left with the impression that IOM Haiti's intent was to scale-down its emergency activities while focusing on the transition strategy and plan to return to its earlier more traditional migration-associated and community development issues. This strategy strikes the evaluators as a missed opportunity- not only for IOM, but also for Sida. While this may well correspond with IOM's IASC-mandated responsibilities, it effectively excludes the possibility of making a more enduring contribution beyond the emergency response.

Lessons and Recommendations:

- IOM **should leverage its current program success to ensure that the organization plays a leading role in long-term change in Haiti.** IOM should retain external technical assistance to design and market a transition strategy that optimizes all existing project level achievements. The strategy should be rolled out as soon as possible at a funding partner forum.
- Project level fundraising should be reconsidered as a viable way of sustaining current projects. Such fundraising should be subsumed into a **transition funding strategy.**
- Sida could **encourage funding counterparts to work closely with IOM** to design an effective and jointly funded transition and post transition strategy that mitigates against emergency project sustainability losses- even if Sida itself has not committed itself to a longer-term partnership in Haiti. The principles of Good Humanitarian Donorship should be underlined by IOM in its dialogue with funding partners, and signatories targeted in the development of such a strategy.

4.6 Strategic Issues Emerging

The consultants noted critical and common strategic issues that emerged from interviews with project interlocutors, and observations of project sites and activities:

Staff (both national and international) have more to offer at the program strategy level:

The SWOT overview in Annex 4 provides a matrix of consolidated recommendations and suggested steps forward as proposed by both international and national staff. While this material is not exhaustive it does illustrate:

- National staff has much to contribute to IOM's broader strategic thinking at the country program level.
- All participating staff (10 management and approximately 40 field staff) perceives the current program to be in imminent danger of 'fizzle out' rather than phase over to a coherent next stage in programming.

'Fizzle-out' or phase over?

Most national and international staff members understand the current transition strategy of IOM as being focused on camp closure and continued to efforts to sustain ongoing operations. Most interpretations of current planning direction indicate that projects will gradually close, staff declared redundant and offices will be shut down. Few staff encountered during the course of the evaluation seemed to have a clear idea what direction their projects would take in the coming weeks and months.

Project driven fundraising policy reflects tactics, not strategy

Project Managers' freedom to fundraise at this stage in the program cycle, while fostering entrepreneurship, has significant downsides, notably it:

- Makes it hard to ensure funder partner coherence
- Fosters silo thinking
- Exacerbates tactical rather than strategic thinking at a time when transition strategy is crucial for IOM and its funding partners

Project level evaluations will be valuable, but they will not deliver strategy

Evaluations at the project level will certainly provide useful lessons to be learned. However without a strategic review of the entire IOM program, the benefits of project level evaluations may be lost and opportunities for an effective program transition missed. There is a rich body of learning to be harvested from the IOM Haiti earthquake and cholera responses, and an operational-level evaluation of the country programme would facilitate the capture of this knowledge.

Was Haiti the 'Perfect Storm' of factors for IOM success?

Questions were posed as to the degree to which the IOM Haiti success could be replicable in other contexts. Evaluators were presented with some doubts as to whether there is sufficient institutional backstopping in terms of global fundraising, knowledge management/organizational learning and policy development that would support the transition of IOM Haiti experiences to future emergency responses.

The evaluators would like to thank the entire IOM Haiti team for its tireless efforts and forbearance during the evaluation. In particular, the evaluators thank Ms Valeria Falaschi for her organizational skills in ensuring the appropriate focus for the evaluation.

Jeremy Condor, Raj Rana

the WolfGroup Consultants
<http://www.theWolfgroup.org>

Annex 1 – Documents Consulted

Internal Documents

- *Various Briefing Notes on the IOM Haiti Response Programmes/Projects (fact sheets), IOM CAP Compendium 2011, Flash Appeal 2010, La Strategie de l'OIM en Bref*

Sida Grant Documents

- *Agreement between Sweden and the International Organization for Migration on Support to the Flash Appeal for Haiti Earthquake 2010, 24 January 2010*
- *Amendment of the agreement for the cholera response*
- *Report to Sida 16 January 2010 – 17 December 2010*
- *Initial Project Logframes and Budgets*
- *Sida Visit Report (including updated project briefs, and comparison of CAP funding requested/received), September 2010*

Cash for Work

- *Final Report to Sida: 'Cash for Work: Facilitating Return and Restoring Livelihoods Through Rubble Removal', 09 December 2010*
- *Before and After Photos of Rubble Removal Sites*

CCCM

- *CCCM Cluster Haiti: Camp Coverage, October 2010*
- *CMO Organigram*
- *DPC/IOM Camp Manager's Involvement in Emergencies Response*
- *Human Resources and Team Structure of DPC agents*
- *IOM Haiti Earthquake Disaster Response*
- *List of DPC Camp Coverage*
- *List of DPC Camp Managers and Team Leaders by Commune*
- *List of DPC Camp Managers Remaining in July 2011*
- *Maps of DPC Camp Coverage*
- *Narrative: DPC Ability to Function in [security] Conditions when the International Community Actors Cannot*
- *Press Release: IOM Partners with Government of Haiti in Disaster Preparedness, August 2010*
- *Official Partnership Agreement with the GoH Ministry of the Interior*
- *Samples of Weekly Reports from DPC agents*
- *Statistics of Camp Management Coverage by DPC agents*
- *Terms of Reference + Letters of Commitment for DPC Staff (Coordinator, Team Leaders, Camp Managers)*
- *Training Curriculum and Attendance Statistics of the DPC Agents*

Psychosocial

- *Assessment of the Psychosocial Needs of Haitians Affected by the January 2010 Earthquake, September 2010*
- *Document de réponses psychosociales liées aux croyances et perceptions des gens vivant dans les camps vis-à-vis du choléra, December 2010*
- *Emergency Psychosocial Assistance Project Presentation*
- *Mental Health, Psychosocial Assistance, and Cultural Integration in Emergency and Displacement: the IOM Perspective*

WASH/ Cholera

- *Baseline Report, IOM EH/WASH Assessment, March 2010*

- *Interim Report: Emergency Support for IDPs Through Provision of Water and Sanitation Facilities, July 2010*
- *Environmental Health in IDP Settlements Presentation*
- *Maps of Cite Soleil, Croix de Bouquets IDP sites and cholera facilities*
- *Map of IOM run ORPs functioning in IDP sites during the reporting period*
- *Recommendations for the Distribution of Long Lasting Insecticide Treated Nets (LLIN)*
- *Sample Initial Land Suitability Reports (sites for Cholera Treatment Units)*

Shelter

- *Community Integrated Approach to Transitional Shelter Programme, June 2011*
- *IOM Beneficiary Selection Criteria*
- *IOM Guidelines for Beneficiary Identification and Transitional Shelter Provision*
- *IOM Haiti Initial Registration Form*
- *IOM Initial Community Assessment Form*
- *IOM Transitional Shelter Flowchart*
- *IOM Transitional Shelter Needs Analysis*
- *IOM Transitional Shelter Provision Scenarios*
- *Post Construction Monitoring Report: December 2010 Fond-Fable (Petit-Goave)*
- *Post-Earthquake Response: Shelter Presentation, January 2011*
- *Sample Beneficiary Study*
- *Sample Correspondence with Local Authorities*
- *Sample IOM Handover Certificate*
- *Samples of Post-Construction Monitoring Reports*
- *Shelter Provision Request Form*
- *Technical Assessment Form for Selection of Beneficiary*
- *Training Tool- Engagement with Local Leaders and Initial Assessment*
- *Transitional Shelter Contracts for Owners*

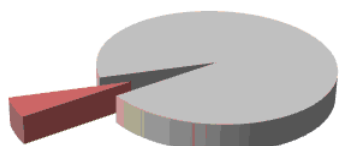
External Documents

- *At Risk Tiger Team Analysis, Operation Unified Response, Joint Task Force Haiti US SOUTHCOM*
- *Crisis Reports: Haiti, DARA*
- *'Dye mon, gen mon' (Beyond the mountains, more mountains). Social Theatre, community mobilization and participation after disasters: The International Organization for Migration Experience in Haiti, after January 2010's Earthquake. Research in Drama Education, The Journal of Applied Theatre and Performance, 2011*
- *Haiti PDNA (Post-disaster needs assessment), GoH and the International Community*
- *Cholera Inter-Sector Response Strategy for Haiti, November – December 2011*
- *IASC Guidance Note for Mental Health and Psychosocial Support- Haiti Earthquake Emergency Response, January 2010*
- *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2009*
- *Psychosocial Support: Psychosocial Response to the Haiti Earthquake: The Experiences of the International Organization for Migration in Intervention Journal of Mental Health and Psychosocial Support, 2010*
- *Public Health Risk Assessment and Interventions, WHO, January 2010*

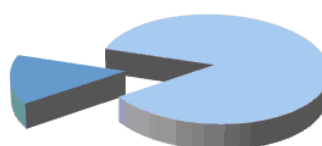
Annex 2 – Sida funding relative to overall IOM funding

Haiti: Proportion of Sida funding relative to overall IOM funds

2010: 5.5%



2011: 16.6%



	2010	2011
Sida funds	4,878,158	3,892,868
Sida funds: cholera	2,921,841	
Total Sida	7,799,999	3,892,868
Total IOM Haiti	141,472,696¹	23,390,492²
% of Sida funds relative to total IOM Haiti	5.5%	16.6%

1) 2010 Total IOM Haiti amount includes cholera emergency received in 2011 but allocated in 2010 budget and all IOM funding not related to the emergency (i.e. PREPEP, CBMM2)

2) 2011 Total IOM Haiti amount refers to the total budgets of new projects IOM Haiti mission received in the period 1 January 2011 until 30 June 2011.

Annex 3 – List of Interviews

Interviews, briefings, focus groups and site visits: 11 July - 20 July

Focus	Interlocutor
Chief of Mission briefing	Bakary Doumbia, Program Support & Support Unit, Manager Rosalia Gitau, Liaison Officer
Evaluation briefing	Project Managers from all Sida funded projects
Community Stabilization and Early Recovery Unit	Matt Huber, Project Manager
Health Unit Psychosocial	Dr Patrick Duigan, Project Manager Amal Ataya, Project Manager
Shelter Unit Health Unit	Takuya Ono, Technical Coordinator Dr Patrick Duigan, Project Manager Miriam Mutalu, Community Mobilizer
WASH Health & CCCM Units (WASH & Cholera)	Nicole Klaesener-Metzner, Project Manager Dr Patrick Duigan, Project Manager Marc Levesque, Project Manager
CCCM- DPC	Fouad Diab IOM/DPC liaison officer
CCCM	Marc Levesque, Project Manager Antanas Jurksaitis, Program Support Officer
Institutional relations between IOM and GoH/MoPH	Dr Claude Surena, MoPH National Commissioner
Transitional pediatric wards built at hospital	Dr Patrick Duigan, Project Manager
Psychosocial	Hospital staff Dr Eunice Alcindor Dr Wilma Isidor Dr Louis Psychosocial team Patients at the hospital
Shelters at Carrefour faille TB Centre	Dr Dorlette, Director
Shelters at Buedet Psychiatric Hospital	Dr. Roger Malary
Psychosocial (Tabbarrelssa camp activities)	Psychosocial team Beneficiaries (camp residents)
Hospital Shelters Psychosocial	Dr Marie Vanete Daniel, TB Hospital Psychosocial team Patients at the hospital
Petionville Visit JPHRO CCCM/ORPs/WASH	Dr Patrick Duigan, Project Manager Nicole Klaesener-Metzner, Project Manager Felix-Antoine Veronne, JPHRO
University of Port au Prince	Drs Serge and Professor Lenz
Focus group discussion with psychosocial stakeholders including UN and NGOs	Agencies and NGO staff Presline, TchakaDanse Gina UNICEF Patricia. UNICEF Katia. UNIFEM Patricia: ADRA
Focus group and workshop with psychosocial team	5 Psychosocial teams (25 people)

CFW rubble removal sites	Francisco Furlani, Program Officer Wooley Bolivar, Community Mobilizer Matt Huber, Community Stabilization and Early Recovery Manager Deputy Mayor of Delmas Mode Eddy Sinclair Jean Yvon IOM Contractor Père Brutus Mr. Charles Sister Genoveva Director: Frere Fahrel Responsible: Frere Wilner
Shelter staff briefing Service users (6 individuals) Neighbourhood committee Site visit (Zone 7)	Miriam Francois Fournier, Head of Sub Office Petit Goave staff Service users
Community Action Groups WASH infrastructure Review of built and maintained toilets, water points, recycling centres	Nicole Klaesener-Metzner, Project Manager Junior Joseph Mayra Charles Engineer Rubens Bien Aime
WASH Cluster	Nicole Klaesener-Metzner Kelly Naylor, UNICEF Julio
Focus group with hygiene promotion staff	9 HP staff
Focus group with DPC agents	1 DPC project Coordinator 1 DPC Team Leader 1 DPC camp managers
Shelter Cluster discussion	Denise Venturini, UN Habitat Gerhard Tauscher, IFRC
DINEPA briefing	Paul Christian, DINEPA
Debriefing workshop	Project Managers (all)
Evaluation findings presentation	IOM staff (40 attendees)
Psychosocial project feedback review	Patrick Duigan AmalAtaya
Public Information	Leonard Doyle, Public Information Officer
CCCM Cluster debrief	Giovanni Casani, CCCM Cluster Coordinator

Annex 4 – Summary of Focus Group Sessions

The evaluators have collected the following summaries from focus group sessions undertaken with IOM national staff from psychosocial, WASH units and the IOM/DPC agents. The sessions were structured around exploring IOM's strengths, weaknesses and in giving space to staff to present their views of what IOM should become in future. This was complemented by an 'ideas marketplace' conducted with a group of some 40 IOM staff during the presentation of initial findings on 19 July 2011.

Where is IOM strong?

- Commitment, enthusiasm, passion, goodwill of the teams/staff
- Teamwork and team spirit
- Cohesion and coherence within/across IOM units/projects
- Needs-based approach
- Strong experience in the activity domains- Camp management, DRR, WASH, Shelter, etc.- in very different ways- direct assistance or construction, repairs and maintenance, advice, coordination, individual and community support, innovation, emergency and recovery approaches, DRR- the list is long
- Coverage of camps, access to beneficiaries, being on the 'frontline', supporting the return of IDPs
- IOM has been a leader in various domains, serving as the spearhead and driving initiatives
- Multi-disciplinary nature of IOM teams
- Working through mobilization teams to force-multiply IOM messaging, goals
- Community-driven approach, community sensitization, community involvement in activity planning, reinforce the structure and routine in community life
- Reinforcing the resilience and autonomy of earthquake-affected populations, look after their well-being
- Contributing to behaviour changes through promotion activities, social change
- Tool available to GoH (DPC)
- 'Eyes and ears' of IOM/DPC
- Capacity building
- Undertaking prevention activities, thinking beyond emergency needs

Where is IOM weak?

- Lack of coordination/communication across IOM units, need more communications between management/staff
- Defining exit strategies, in particular to find ways to support camp closure ensuring that IDPs can return in appropriate conditions
- DPC is too dependent upon international assistance
- Lack of GoH resources (funding, structure, will)
- No influence on decreasing volumes of assistance, inability to meet needs with diminishing resources
- Problems starting projects on time due to logistics constraints, or inadequate planning
- Lack of diversity in activities (funding constraint)
- Limited logistics to support project activities (computers, vehicles, etc.)
- Better inter-departmental awareness of projects
- Approach of fire-fighting in the use of some units, leading to an overload of work or taking focus away from core business

Where should the future look like for IOM?

- Continue to build staff capacity
- Increase the size of teams
- Reinforce relations between IOM and state actors (DPC, Hygiene Promotion, Psychosocial, etc.)
- Help to structure the use of DPC volunteers
- With IOM support, DPC develops tools and material stocks to equip volunteers to respond to catastrophes
- Shift to more durable forms of assistance
- Find ways to support more beneficiaries, despite decreasing funding
- Focus IOM operational footprint on neighbourhoods and schools [WASH]
- Extend the IOM coverage to regional and national level in order to improve conditions more globally, and to reduce the attraction of camps to non-earthquake affected populations
- Support the CCCM strategy of camp closure by developing a robust livelihood approach, extending the psychosocial program
- Invest in the planned psychosocial activities- the Executive Master program, alternative certificate programmes, more training for psychiatric staff, construction of psychosocial centres, enhance the partnership with the University of Haiti, develop a case study of the psychosocial approach in Haiti

Ideas generated in the 'ideas marketplace' for IOM in the coming 3-5 years:

- 'Progressively reduce emergency response programmes to focus on longer term development through infrastructure construction, income generation and livelihood projects, community access to health care and capacity building from community to national level authorities.'
- 'Communities have access to healthcare facilities through capacity building of community health workers and staff in the hospitals and clinics including Ministry of Health (MSPP).'
- 'Develop the psychosocial Masters degree with the goal of improving professional capacity of mental health workers and psychosocial support.'
- 'Increase the capacity of psychiatric centres in Haiti.'
- 'Psychosocial support centres, research and study in partnership with the State University of Haiti (UEH).'
- 'Active participation in the Haitian education system (construction of 1000 lycées).'
- 'Build schools for at least 750,000 children in coordination with the GoH.'
- 'Construct 10,000 permanent homes in Haiti over the next five years, in coordination with the GoH with beneficiaries contributing 10% towards the total cost.'
- 'Construct earthquake resistant structures in partnership with the GoH and communities.'
- 'Construct roads, bridges, schools and hospitals with the GoH and the Haitian people.'

The red and green matrices on the following page indicate raw SWOT data following industry standards. ***Bold italicized text*** in the red and green fields represents issues prioritized by participants after generating broad data. The yellow shaded fields are the result of cross referencing the SWOT data and using it to propose steps forward. IOM staff generated this material during facilitated discussion with the consultants.

<p>SWOT focus:</p> <p>IOM's unique value in the transition from emergency programming</p>	<p>Strengths</p> <ul style="list-style-type: none"> • CCCM mandate bridges field-strategic policy issues • Able to link the 'upstream with the downstream' • Low staff turnover • Historic, contextual, comprehensive knowledge of Haiti, including geographic coverage • Rapid operational capacity • Specialized, rich, diverse capacities • Freedom to pursue, develop and implement new ideas • Entrepreneurial • Cluster consistency • IT/social media innovations 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Difficult to make long-term commitments • No core funding • Understaffed and underequipped • Lack institutional support in knowledge management, policy development and fund-raising • Project driven • Strategy and niche not articulated in Haiti
<p>Opportunities</p> <ul style="list-style-type: none"> • Urban emergencies - nobody knows how to respond except IOM • GoH needs capacity building - increasing gaps in service provision will results in needs that must be addressed • Perception of IOM value by all stakeholders • Good relations of trust/confidence with government • Stated commitment of funders for long-term • HI tech/IT communications innovations 	<p>Potential strategic directions for IOM, based on SWOT analysis cross referencing</p>	
<p>Threats</p> <ul style="list-style-type: none"> • Funders don't understand staff-heavy program needs • Volatile context • Declining donor commitments to Haiti • Public expectations • Volatile political context 	<p>S/O</p> <ul style="list-style-type: none"> • Conduct and promote IOM Haiti case study of large-scale urban displacement • Leverage IOM experience/knowledge to build GoH capacity • Co-develop a transition strategy with donors <p>S/T</p> <ul style="list-style-type: none"> • Upgrade communications to manage public expectations 	<p>W/O</p> <ul style="list-style-type: none"> • Connect with GoH partners to fill IOM internal staffing gaps <p>W/T</p> <ul style="list-style-type: none"> • Document lessons/innovations in order to educate donors • Explore new funding partners/strategies

Annex 5 – Theory of Change Model and Evaluation Framework

Reconstructed Theory of Change Model				
	Outputs	Short Term Outcomes	Medium Term Outcomes	Impacts
Psychosocial	<ul style="list-style-type: none"> Persons living in camps and other settlement identified by the CCCM Cluster will receive psychosocial first aid. Persons living in camps and other settlements identified by the CCCM Cluster will receive counselling follow up and referral. IASC MHPSS working group provides guidance and referral services. Humanitarian workers able to provide psychosocial first aid. Community, primary, secondary health workers trained on psychosocial first aid. Recreational and counselling centres are available for patients needing psychosocial assistance. Needs assessment elaborated as a basis for the implementation of a national in service course of academic level, to enhance the national capacity of response on the long term. 	<ul style="list-style-type: none"> Provide psychosocial support, and psychosocially aware humanitarian assistance and shelter, for affected victims resettled in the IOM, or CMCC identified shelter including facilitating referrals to other required services, while facilitating the country's capacity to respond, through capacity building of professionals, and creation of decentralized centres. 	<p>Reduce morbidity and mortality due to emotional distress of the population, particularly the most vulnerable groups over the short term, prevent the stagnation of relevant behavioural, emotional and cognitive outcomes, and guarantee that basic psychosocial awareness informs the assistance provided.</p>	<p>Captured in '<i>La Strategie de l'OIM en Bref</i>' (2010)</p>
WASH	<ul style="list-style-type: none"> Effective WASH monitoring system for IDP settlements established. Hygiene promotion activities to reduce public health risks. Urgent needs and WASH emergencies in IDP settlements are resolved. Vector Control measures are increased in IDP settlements. 	<ul style="list-style-type: none"> To contribute to on-going Government and international community efforts to enhance IDPs' access to water, sanitation and hygiene facilities, through WASH interventions. 	<p>The living conditions and health of IDPs in temporary settlements are improved.</p>	
CCCM	<ul style="list-style-type: none"> Increase local risk and disaster management capacities within the camps in coordination in strong coordination with the <i>Civil Protection Direction</i> (DPC) 	<ul style="list-style-type: none"> To ensure the implementation of risk management strategies in the camps to increase awareness regarding current risks faced by IDPs, promote the development and implementation of mitigating measures. 	<p>To reduce the vulnerability of Internally Displaced Persons (IDP) living in spontaneous settlements and organized priority camps.</p>	

Cholera	<ul style="list-style-type: none"> • Conditions in up to 250 IDP sites improved through hygiene promotion and WASH facility construction/rehabilitation /cleaning (including hand washing stations, water tanks and latrines) to support efforts of ORS focal points. • Capacity of CCCM partners to carry out Cholera response and prevention activities improved through continued support from the CCCM Cluster. 	<ul style="list-style-type: none"> • To augment prevention initiatives through community mobilization and hygiene promotion in up to 250 high risk sites with no clear WASH or camp management agency • To support cholera response initiatives through improving WASH conditions in IDP sites where ORS focal points are established and in need of additional support. • To continue to provide support to partners as CCCM Cluster lead ensuring that basic services, particularly in relation to prevention and treatment of cholera, remain accessible to the displaced population. 	<p>Within the framework of Camp Coordination and Camp Management, this proposal aims to carry out cholera prevention and response activities in support of the GoH and the Humanitarian Community's cholera response strategy.</p>	
Cash for Work	<ul style="list-style-type: none"> • Labour-intensive rehabilitation/reconstruction projects are identified in most vulnerable areas. • Rubble, garbage and debris removal, street cleaning and repairs, as well as rehabilitation/reconstruction of minor infrastructure (such as small scale basic infrastructure, critical social facilities, public lighting, etc.) is carried out, through cash-for-work and/or cash-and-food-for-work program; • Immediate income-generating opportunities are created for the displaced population, thereby reducing their vulnerability and supporting their early recovery. 	<ul style="list-style-type: none"> • To facilitate clearance and removal of rubble and debris and rehabilitation of minor infrastructure 	<p>To facilitate clearance and removal of rubble, garbage and debris and to engage into rehabilitation, in order to support reconstruction in view of facilitating the eventual return and reintegration of displaced people and to initiate the resumption of economic and social activities.</p>	
Shelter	<ul style="list-style-type: none"> • Up to 100 transitional shelters are provided to medical institutions in Carrefour feuille (20), Croix des Bouquets (58) and Port au Prince (22). • 250 IDP families in Petit Goave provided with transitional shelters. • Affected populations are informed and updated of shelter assistance interventions, through community outreach and public information activities. • Guidance and technical support is availed to the Government of Haiti for the development of the design and establishment of durable shelters and human settlements. 	<ul style="list-style-type: none"> • To provide transitional shelter assistance to earthquake-affected medical institutions and IDP families in Haiti. The objective of the proposal is in line with the strategy of the Cluster for information sharing and coordination of activities, through established Cluster mechanisms. 	<p>To provide comprehensive shelter assistance to earthquake-affected communities in Haiti. The objective of the proposal is in line with the strategy of the Cluster for information sharing and coordination of activities, through established Cluster mechanisms.</p>	

Evaluation Framework			
Activity	Proposed indicators	Proposed tools	Sources/Location
<p>Psychosocial</p> <ul style="list-style-type: none"> Was psychosocial support provided to population in camps identified by CCCM Cluster? Was humanitarian and shelter assistance provided in a psychosocially aware manner? Did the referral system function? Was capacity built with professionals and decentralized centres? Was the need assessment carried out? 	<p>Awareness of psychosocial importance/support by stakeholders and targets beneficiaries</p> <p>Use of psychosocially aware humanitarian assistance and shelter</p> <p>Number of referrals, capacity building efforts, training</p>	<p>Interviews and focus group discussions Document review Need analysis on psychosocial conditions</p>	<p>Project documents Visit to project sites</p> <p>Camps and other settlements Partners IASC MHPSS WG Community, primary, secondary health workers Humanitarian workers Target populations</p>
<p>Cash for Work</p> <ul style="list-style-type: none"> Were relevant projects identified in most vulnerable areas and addressing critical infrastructure needs? Did these activities lead to reduction in vulnerability and early recovery of beneficiaries? How were these activities linked to similar activities undertaken by other actors? 	<p>Clear criteria for areas project/vulnerability selection</p> <p>Clearance of rubble and debris/rehabilitation of minor infrastructure and/or facilitation of these activities</p>	<p>Interviews and focus group discussions Document review Need analysis on vulnerability of target population and most vulnerable areas</p>	<p>Project documents Visit to project sites</p> <p>Government officials IOM contractors Target populations</p>
<p>CCCM</p> <ul style="list-style-type: none"> Were local risk and disaster management capacities in camp coordination increased? Was there strong coordination with the <i>Civile Protection Direction</i> (DPC)? How did this initiative contribute to promoting the development and implementation of mitigating measures by national authorities? 	<p>Change in risk and disaster management capacity of DPC</p> <p>Structured coordination and relationship with DPC</p> <p>Links to risk management strategies at strategic levels</p>	<p>Interviews and focus group discussions Document review</p>	<p>Project documents Visit to project sites</p> <p>CCCM Cluster Humanitarian organizations active in camps Government officials Target beneficiaries</p>
<p>Shelter</p> <ul style="list-style-type: none"> Were planned transitional shelters provided? Are affected populations aware of shelter assistance through community outreach? To what extent did these activities align with the Cluster strategy for information sharing and coordination of activities through established Cluster mechanisms? 	<p>Number/location of transitional shelters</p> <p>Level of awareness of affected populations of shelter assistance</p> <p>Comparison of IOM approach with shelter Cluster strategy</p>	<p>Interviews and focus group discussions Document review</p>	<p>Project documents Visit to project sites</p> <p>CCCM Cluster Shelter Cluster Humanitarian organizations involved in shelter activities Government officials</p>

<ul style="list-style-type: none"> Were guidance and technical assistance provided to GoH? 			Target populations
<p>WASH</p> <ul style="list-style-type: none"> Was a WASH monitoring system for IDP settlements established? Did hygiene promotion activities have an impact on hygiene behaviour? Were urgent WASH needs in IDP settlements addressed? Were vector control measures increased in IDP settlements? How well connected were IOM's WASH activities to GoH and international community efforts in IDP's access to water, sanitation and hygiene facilities? 	<p>Existence and use of WASH monitoring system</p> <p>Identification of- and reduction in- public health risks</p> <p>Definition of urgent WASH needs and activities undertaken</p> <p>Vector control measures increased</p>	<p>Interviews and focus group discussions</p> <p>Document review</p> <p>Need analysis public health risks, cataloguing of urgent WASH needs</p>	<p>Project documents</p> <p>Visit to project sites</p> <p>WASH Cluster</p> <p>Partner organizations</p> <p>Government officials</p> <p>Target populations</p>
<p>Cholera</p> <ul style="list-style-type: none"> Did conditions in up to 250 IDP sites improve to support ORS focal points? (hygiene promotion, WASH facility construction/rehab/cleaning) Was capacity of CCCM partners in Cholera response and prevention improved? How connected was IOM's Cholera response to that of the broader humanitarian community? 	<p>Development of prevention initiatives in 250 high risk sites with no clear WASH or camp management agency</p> <p>Improvement in WASH conditions in IDP sites where ORS focal points are established on in need of additional support</p> <p>Level/type of support provided to partners via CCCM</p>	<p>Interviews and focus group discussions</p> <p>Document review</p> <p>Baseline data on WASH facilities and public health conditions</p>	<p>Project documents</p> <p>Visit to project sites</p> <p>Camps and other settlements</p> <p>CCCM Cluster</p> <p>WASH Cluster</p> <p>Community, primary, secondary health workers</p> <p>Humanitarian workers</p> <p>Government officials</p> <p>Target populations</p>

Annex 6 – TOR

Advertisement Open International Competition (OIC)

Country of Destination: Haiti (PaP and field visits in earthquake affected areas).

Description: External evaluation of the International Organization for Migration on going activities developed under the agreement between Sida and IOM on support to the flash appeal for Haiti earthquake 2010 and cholera outbreak.

Through Sida funding, IOM was able to carry out six emergency response projects in response to the 12 January 2010 earthquake and cholera outbreak:

- **Cash-for-Work:** Facilitating return and restoring livelihoods through rehabilitation reconstruction and rubble removal (Cap Project Code: HTI-10/ER/31415/R)
- Provision of comprehensive **shelter assistance** to earthquake-affected communities in Haiti (Cap Project Code: HTI-10/ S-NF/31777/R).
- **Emergency Psychosocial Assistance** (Cap Project Code: HTI-10/H/31438/R)
- Emergency support for IDPs through **provision of Water and Sanitation facilities** (Cap Project Code: HTI-10/WS/31476/R).
- **Camp Coordination Support** (Cap Project Code: HTI-10/CSS/31454/R/298)
- **Cholera Response/Support to cholera prevention and containment/CCCM** (HTI-11/CSS/40184)

Posting Date: 22 March 2011

Deadline for Submission: 20 April 2011

Time-schedule for the start of the assignment: 29 April 2011

International Organization for Migration (IOM) hereby invites qualified associations/individuals/firm to submit proposal for consulting services to carry out the External Evaluation of IOM on going activities developed under the agreement between Sida and IOM on support to the flash appeal for Haiti earthquake 2010 and cholera outbreak.

The core evaluation team will ideally be comprised of a maximum of two international consultants. Depending on the evaluation approach developed by this core team, other national consultants, advisers and/or agencies fluent in creole and with specific expertise in the relevant emergency field may be hired to contribute to the evaluation process.

The evaluation team should possess the following qualifications:

- a) The team leader will possess at least 10 – 15 years of professional experience in international program and project evaluation of relevance to emergency response. He/she will also have a strong record in leading and/or conducting evaluations (required).
- b) Advanced university degree in specialized fields of social and/or political sciences, with related experiences in emergency response in urban affected area, natural disaster management, IDP management, epidemic outbreak containment response.
- c) Professional experience/expertise in the fields of Livelihood, Shelter construction, Psychosocial assistance, WASH, Camp Coordination and Epidemiology strongly recommended.

- d) Strong knowledge of the United Nations, including previous work experience or assignments for the UN (required).
- e) One team member will have experience in gender analysis or gender evaluation methodologies (required).
- f) Excellent oral communication and report writing skills in English and French (required).
- g) Other team members will have professional experience in emergency program and project evaluation (preferred).
- h) Evaluation team should preferably be members of the ALNAP network (preferred).
- i) The evaluation team is expected to adhere to the DAC Evaluation Quality Standards and UNEG norms, standards and ethical guidelines.

Preference will be given to evaluation teams that are multicultural with appropriate gender balance and geographic representation.

All enquiries regarding this advertisement and the proposal shall be addressed to the IOM contact person, Miss. Valeria Falaschi, at the following e-mail address vfalaschi@iom.int with copy to bdoumbia@iom.int.

The Evaluation Terms of Reference (ToR) specify the details of this assignment and the proposal should be elaborate on the basis of the given information.

The proposal shall be produced in English and it will include:

Up dated CV of evaluation team members clearly standing the specific experience related to the above mentioned qualifications.

Two samples of previous evaluation work, preferably relevant to the subjects of this evaluation.

A technical proposal comprehensive of work plan, evaluation team member responsibilities toward the evaluation, work methodology and detailed budget.

Contact details for three references from clients with previous contracting experience with the team leader.

No remuneration will be made to companies/individuals for preparation and submission of their proposals.

Conflict of interest

Any of the members of the evaluation team, shall have any existing or potential conflict of interest in undertaking the assignment. By conflict of interest is meant, in particular, that any individual member of the evaluation team has been involved in the planning or implementation of any parts of the object under evaluation, nor has, or has had any financial or similar interest in the object of the evaluation which can affect the outcome of the evaluation.

Any conflict of interest which may potentially harm the independence of the evaluation shall be stated in the proposal, providing detailed information on the character and scope of previous association with either object of evaluation, or persons involved in the intervention. In such cases the proposal should include details on how this conflict of interest would be dealt with if the proposal were to be selected.

Terms of References

of the external evaluation of the International Organization for Migration on going activities developed under the agreement between Sida and IOM on support to the flash appeal for Haiti earthquake 2010

Introduction

The UN Flash appeal in response to the 12th January 2010 earthquake in Haiti was first launched on 16th January 2010 and then revised on 18th February 2010. On 19th April 2010, an agreement was signed between Sida and the International Organization for Migration in order to fund the implementation of activities related to five projects developed by IOM within the framework of the revised UN Flash appeal earthquake response Haiti 2010.

On 19 November 2010, the cholera outbreak was announced in the Artibonite Department and a UN Flash appeal specific to the cholera response was released. In this context, Sida announced its willingness to support IOM projects and an amendment to the existing projects was signed on 10th December 2010.

Sida expressed its interest in financing an external evaluation on the project activities listed in the agreement.

External evaluation objective

The purpose of this external evaluation is to assess the performance and whenever possible the outcome and impact of the activities carried out by IOM, with a main focus on funding received from Sida, in order to identify lessons learnt and good practices for IOM's implementation of projects and management. The evaluation was planned to take place during the implementation in order to provide IOM Haiti program managers with useful inputs that could be used as suggestions before the end of the project itself and for the implementation of other projects.

The evaluation specific objectives are:

- ❖ To **assess the projects** through **evaluation criteria** (relevance of the intervention to the humanitarian situation, effectiveness, efficiency, impact and sustainability. A particular attention will be paid to the coverage, coherence, connectedness, coordination among other subjects) with a particular focus on the results (Results-Based Evaluation) and in particular to identify the **lessons learnt** and related recommendations based on the qualitative and quantitative analysis of results in terms of the changes occurred in the lives of beneficiaries and the degree to which the level of previous living condition have improved.

- ❖ To identify **best practices** that could be applied on a **wider scale** in the activities implementation, taking into account the **particular profile and vulnerability of the target beneficiaries**.

The evaluation should also serve as accountability purposes towards the donor, in particular towards the Sida-IOM agreement', and partners and providing transparent information between programmes and IOM units allowing improvement in the planning and management of current and future projects.

General information

Beginning in 1994, IOM Haiti has been implementing programming ranging from participatory community development and stabilization, demobilization, communal governance, migration and border management to counter-trafficking. As a result, IOM has established a strong partnership with the government and has gained the trust and support of Haitian communities and local authorities. These relationships have facilitated the comprehensive role IOM has played following the 12 January 2010 earthquake, in particular at the camp level. IOM Camp Management Officers (CMOs) have been working in camps with Cluster partners, local Haitian organizations and Government of Haiti (GoH) agencies, including the MSPP, DINEPA and DPC, to meet the needs of displaced populations. In addition, as CCCM Cluster lead and provider of

last resort, IOM maintains a regular presence in hundreds of IDP sites and has strong connections with GoH and the Haitian people. IOM showed the same level of strong partnership with GoH in supporting its cholera response efforts, including dissemination of hygiene promotion communications, strengthened monitoring and case response mechanisms, supplies and equipment, and NFI procurement/distribution

Through Sida funding, IOM was able to carry out five emergency response projects in response to the 12 January 2010 earthquake. These projects⁷ are:

- **Cash-for-Work:** Facilitating return and restoring livelihoods through rehabilitation reconstruction and rubble removal (Cap Project Code: HTI-10/ER/31415/R)
- Provision of comprehensive **shelter assistance** to earthquake-affected communities in Haiti (Cap Project Code: HTI-10/ S-NF/31777/R).
- **Emergency Psychosocial Assistance** (Cap Project Code: HTI-10/H/31438/R)
- Emergency support for IDPs through **provision of Water and Sanitation facilities** (Cap Project Code: HTI-10/WS/31476/R).
- **Camp Coordination Support** (Cap Project Code: HTI-10/CSS/31454/R/298)

All projects are in accordance with the project descriptions in the UN Consolidated Appeal 2010 for Haiti. The agreement between Sida and IOM was signed on the 19th April 2011 for a period of more than 20 months. Additional funding from Sida was received to contribute to cholera response efforts in the country and an amendment was signed on the 10th of December 2010, bringing the projects implementation period until the 31st of May 2011.

As per the above agreement, IOM is free to move funds as needed between approved projects and to use a single donor result and reporting framework, in line with the CAP project descriptions, subject to consultation with Sida.

Evaluation Phases

- Preparation phase
- Field work
- Analysis and Reporting

Methodology

The evaluation team will review the activities achieved and the overall performance of IOM implementation through on site observation and a combination of data collection and interviews.

The following methodology and steps will have to be implemented:

- 1) Study of documents related to the projects (primary and secondary source of information)
- 2) Meeting with IOM staff directly involved in the projects implementation
- 3) Semi structured interviews with local and international partners involved directly and indirectly with the projects implementation
- 4) Structured interviews and/or focus groups with direct beneficiaries for each projects
- 5) Sites visit (direct observation organized through check lists)
- 6) Reporting
- 7) Sharing of findings and suggestions
- 8) Presentation of findings and suggestions

⁷These projects are in accordance with the project descriptions in the UN Flash Appeal dated 16 January 2010 and revised 18 February 2010.

In particular and not exclusively a list of secondary source of information is provided below and documents shall be handed over to the selected evaluation team:

- Signed IOM donor agreement
- Original and updated project budgets with matching RAFs on Sida funded projects.
- Flash appeal dated 16 January 2010 ([http://www.reliefweb.int/rw/RWFiles2010.nsf/FilesByRWDocUnidFilename/SODA-7ZQPUC-full_report.pdf/\\$File/full_report.pdf](http://www.reliefweb.int/rw/RWFiles2010.nsf/FilesByRWDocUnidFilename/SODA-7ZQPUC-full_report.pdf/$File/full_report.pdf)) and dated 18 February 2010 (http://www.unicef.org/infobycountry/files/Haiti_Appeal_Revised_18_Feb_2010.pdf) and CAP appeal project descriptions and budgets dated 12 of November 2010 <http://ochaonline.un.org/humanitarianappeal/webpage.asp?Page=1921>
- OECD-DAC Guidelines for Evaluations of Humanitarian Assistance <http://www.oecd.org/dataoecd/9/50/2667294.pdf>
- Reports provided to Sida on the projects.
- UNEG Norms, Standards and Ethical guidelines (IOM adhered to UNEG Norms) (http://www.iom.int/jahia/webdav/site/myjahiasite/shared/shared/mainsite/about_iom/eva_techref/UNEG_ethical_guidelines.pdf)
- Other evaluations conducted in Haiti with relevance to the projects <http://www.alnap.org/current/haitiportalresources.aspx>

The data collection and analysis methods can be divided in two parts:

1. A **qualitative and quantitative survey** of target beneficiaries, which will involve a representative sample of beneficiaries. All the specific dimensions of the project outcomes described in the focus of the evaluation will be translated into specific questions in the survey and others will be added after document study.
2. **Field visit**, which will be a combination of **direct on-site observation, semi-structured interviews** and/or **focus group** with a sample of selected beneficiaries, training providers, key IOM project staff and other main stakeholders, including other NGOs working in the same sector of intervention. Some specific dimensions of the project outcomes and the project approach described in the focus of the evaluation will be translated into specific questions in the semi-structured interviews.

The **two parts will be carried out in parallel**, but it will be preferable that the sample beneficiaries' visit be done with their filled questionnaires already available, in order to save time and keep separate the two levels of data collection.

The first draft report, in accordance with the format given below, shall be submitted by electronic transmission (MS Word 7.0 or higher) to relevant persons at both Sida and IOM simultaneously and respectively, as part of an Evaluation Review Board that will submit their remarks and comments within 3 working days.

A final report will be submitted within 5 working days and will account for both Sida and IOM's remarks and comments.

The evaluation will result in the drawing of one report written in a straightforward manner, in English, including the Executive Summary which should include lesson learned and recommendations.

The Evaluation result will be presented in PowerPoint format to IOM staff. A copy of the presentation will be sent to Sida.

All exchanges related to the Evaluation should be in English.

Chronogram

Time

Activities

1 week	Preparation phase
10 days	Field work
1 week	Draft report
1 week	Collecting inputs form IOM
4 days	Redaction of final report
1 day	PowerPoint presentation

Estimated start and end date of evaluation

Beginning of May to Middle June 2011

Evaluation team

1 evaluation team leader
 Evaluation team members

Suitable consultants will preferably be identified through the ALNAP network.

Roles, Responsibilities, and Coordination

IOM and Sida shall both approve the selection of the independent consultant(s).

The evaluation shall be conducted by the evaluation team, in close consultation with both IOM and Sida.

The specific projects teams will be the direct counterparts of the evaluators. The specific projects teams will introduce the evaluation team to potential participants. IOM team will be responsible for making direct contact, arranging interviews while the evaluation team will be responsible of conducting them.

Tasks description:

IOM will be responsible for

- Provision of all documents related to the project
- Facilitate the contact with resource personnel and with actors involved in the project
- Planning of the meeting and organization of the transportation
- Final report delivering to actors' involved in the project including donor
- Address to IOM management a letter as a response to the findings and recommendations of the evaluation

Evaluation team will be responsible for

- Evaluation planning
- Evaluation project activities indicators design
- Evaluation tools preparation according to objectives and methodology
- Document and second source document analysis
- Evaluation field activities
- Draft report writing
- Final report writing after IOM and Sida inputs
- Evaluation finding presentation in PowerPoint format to IOM and Sida representative (if present). A copy of the presentation could be sent to Sida together with the evaluation report, in case a Sida representative is not present.

Budget

The total budget should not exceed 27,500 USD.

Evaluation Principles

The evaluation should be conducted according to the following general evaluation standards and principles:

Utility: evaluations should serve the information needs of intended users;

Feasibility: the viability should be well assessed before engaging in an evaluation, such as the availability of data, key stakeholders, and project staff;

Ethics: managers should carefully assess if evaluation is the appropriate tool to use in a given situation. Managers should remain open to the results, and consider the welfare of those involved in and affected by evaluations;

Credibility: evaluators should adhere to standards or good practices of evaluations;

Supporting an evaluation culture: evaluation should be a tool to help staff improve their work and results, and should be incorporated into on-going work processes and incentive systems;

Transparency: there should be clear communication with all those involved in and affected by the evaluation;

Accessibility: results should, as far as possible, be available to partners, donors and other stakeholders;

Impartiality: evaluation should be fair and complete and review both strengths and weaknesses. The procedures should aim at minimizing distortion caused by personal bias;

Security and safety: the welfare of informants and the safety of venues in which interviews or other data collection methods take place are paramount, as are considerations for the implication on informants of talking to evaluators. Judgments will be made on a case-by-case basis in consultation with local partners and contacts;

Confidentiality: all persons contributing to the evaluation will be assured that their contributions will be kept confidential and non-attributable, if they so desire. Participants will be asked to make clear their level of consent for the use of their interview material, which will always be adhered to at all times, including consent to audio recording, photos or to identified by name, etc.; and

Sensitivity: it will be made clear that interviews, focus groups or other methods for data collection can be stopped at any time by both parties. Participants will be able to specify who they are comfortable with having in the room during any data collection exercise.

Annex 1: Evaluation reports format

Annex 1: EVALUATION REPORTS FORMAT

Executive Summary

Length: 5-6 pages

The executive summary is an essential part of the report: it is more influential and has higher readership than the main body of the report. It should focus on the main purpose and issues of the evaluation, emphasize performance highlights, and clearly indicate the main conclusions, lessons learnt and specific recommendations. Cross-references should be made to the corresponding page or paragraph numbers in the main text that follows.

The executive summary should contain information on: (a) Purpose of the evaluation; (b) Context of the evaluation; (c) Methodology; (d) Analysis of main results; (e) Conclusions and recommendations.

Introduction

Length: 1-2 pages

Briefly describe the purpose of the report and the scope and context of the project being evaluated. Acknowledgements to those who contributed to the evaluation can be included.

Methodology

Length: 3 pages

Indicate how the evaluation questions were addressed and what limitations were experienced. Describe the performance indicators used, as well as the sources of information and the methods for information collection and analysis. Stakeholders' contribution to the evaluation should also be provided.

Findings

Length: this is the longest section of the report, 30 pages

Findings constitute statements based on the information collected. The core of the report should follow the five evaluation criteria, describing the facts and interpreting or analyzing them in accordance with the key questions pertinent to each criterion.

- i. Relevance: whether the design of the project was originally, and still is, sound, i.e. it targets the real needs and problems of the intended beneficiaries.
- ii. Efficiency: How well resources in general (funds, expertise, time, etc.), or inputs, are used to undertake activities, and are converted to results
- iii. Effectiveness: whether the specific objectives were in fact achieved and the planned benefits received by the beneficiaries; whether the results achieved lead to the project purpose.
- iv. Cost Effectiveness: Whether the same results could have been achieved at lower cost, whether there might have been different, more appropriate ways of achieving the same results.
- v. Impact: Refers to the projects contribution to well-being of the beneficiaries and assesses changes brought about.
- vi. Sustainability: whether the flow of benefits to the beneficiaries, and to society generally, is likely to continue or not, and why.
- vii. Accountability towards donors: To demonstrate that the work is consistent with the contract terms.

Conclusions and recommendations

Length: 3-6 pages

Conclusions describe the results achieved and how they compare with the expectations set out during project planning and design phases. Recommendations are statements derived from the evidence that prescribe who should do what in the future, and provide suggestions for introducing improvements and/or identify matters for follow-up. Wherever possible, for each key conclusion there should be a corresponding recommendation.

The ultimate value of an evaluation depends on the quality and credibility of the recommendations offered. Recommendations should therefore be as realistic, operational and pragmatic as possible; that is, they should take careful account of the circumstances currently prevailing in the context of the project, and of the resources available to implement them both locally and in the Commission.

Recommendations should be carefully targeted to the appropriate audiences at all levels.

Annexes

The report should generally include the following annexes:

Conclusions describe the results achieved and how they compare with the expectations set out during project planning and design phases. Recommendations are statements derived from the evidence that prescribe who should do what in the future, and provide suggestions for introducing improvements and/or identify matters for follow-up. Wherever possible, for each key conclusion there should be a corresponding recommendation.

1. The Terms of Reference of the evaluation
2. The composition of the evaluation team (CVs should be shown, better if summarized)
3. Logical Framework matrices (original and possibly improved/updated)
4. Technical annexes (e.g. statistical analyses)
5. Map of project area, if relevant
6. List of persons met/organizations consulted

Annex 7 – Credentials of the Consultants

Raj RANA – Team Leader

The WolfGroup | Rue Hugo-de-Senger 3, 1205 Geneva Switzerland

Tel: ++41 22 575 4954 | Email: raj@thewolfgroup.org

Nationality: Swiss & Canadian | Languages: English, French, German, Russian

Since founding the WolfGroup | Performance Consultants in 2006, Raj has developed a global network of public and private sector consultants. The group's focus is on **enhancing organizational performance**. Through evaluation, troubleshooting and facilitation, we partner with clients to take stock of past performance, diagnose their current challenges, and help them define their strategy for the future. We specialize in connecting expertise from development, corporate, academic and the public and private sectors to create innovative approaches that match the needs of our clients. The WolfGroup puts strong emphasis on how we communicate the results of our work, and use visual thinking, graphic recording/strategic illustration as often as we can.

Raj is a professional management consultant with 15 years of international experience, evaluating organizations and facilitating initiatives to enhance their strategies, structures, processes, competencies, and corporate culture. He is a Certified Professional Facilitator (CPF) and an Accredited Auditor/SGS NGO Benchmarking Certification System (on-going). His recent clients have included international agencies (WFP, IOM, UNRWA, WWC), governments (the Philippines Government, SIDA), and Non-Governmental Organizations (DRC, OXFAM and CARE).

Recent assignments include:

- **Life & Peace Institute:** Seconded by PeaceNexus foundation to take stock of organizational effectiveness and structures, and accompany a 12-month OD process to build policy advocacy capacity in support of their field peacebuilding operations.
- **CARE International (CI):** Strategic review of CARE International's capacity in global advocacy and developing strategic options to strengthen CI's capacity and impact.
- **Geneva Call:** Team leader of an impact evaluation of the projects in Columbia and Myanmar, complemented by a meta-evaluation and development of tools for M&E, resource prioritization and annual planning at the organizational level.
- **International Organization for Migration (IOM)** Team leader evaluation of IOM's Haiti operation following the earthquake and cholera outbreaks

Country experience (onsite evaluation/assessments and capacity development):

Afghanistan, Armenia, Bangladesh, Bosnia-Herzegovina, Burundi, Cambodia, Croatia, Democratic Republic of Congo (DRC), Georgia, Guatemala, Haiti, Indonesia, Iraq, Israel (including oPt), Jordan, Kuwait, Maldives, Malaysia, Mongolia, Mozambique, Nepal, Pakistan, Philippines, Qatar, Russian Federation (North Caucasus), Rwanda, Sri Lanka, Sudan, Thailand, Ukraine.

His profile on LinkedIn: www.linkedin.com/in/rajrana

His company: www.theWolfgroup.org

Jeremy CONDOR – Senior Evaluator

Les Lys de St Antoine, VastaSupérieure, 06380 Sospel, Alpes Maritimes, France

Tel: ++ 33 493 041 223 |Email: JeremyCondor@aol.com

Nationality: British | Languages: English, French

Jeremy Condor is a specialist in strategic planning and the design of humanitarian response programmes, with a strong background in monitoring and evaluation. He has a considerable experience in emergency response evaluations as the result of natural disasters and conflict situations. He is an acknowledged expert in accountability and evaluation systems development and implementation, and results orientated (ROM) monitoring.

Jeremy's recent clients in evaluation have included UNRWA, IRC, BBC World Service Trust, DRC, the SDC, the EC, UNDP, DFID and Dutch Cooperation.

Recent assignments include:

- **Ma'an News Network and DFID:** Currently leading the design and implementation of a complex multi-stakeholder evaluation of the Ma'an News Network in the West Bank and Gaza.
- **IRC:** Team leader, evaluation of IRC's Haiti emergency response program. Team leader, evaluation of the IRC response to the Aceh Tsunami.
- **PD IV and Swisspeace:** Design and co-facilitation of PD IV's advanced training course for professionals, on Dealing With the Past, using the Joinet Principles.
- **Aga Khan Foundation:** Community Action & Conflict Mitigation Programme lead evaluator in the Rasht Valley of Tajikistan.
- **European Commission:** Team Leader and program monitor, EC Results Oriented Monitoring 'ROM' Programme for ENPI (European Neighbourhood and Partnership Countries).

Country experience (onsite evaluation/assessments and capacity development):

Europe & the Caucasus: Armenia, Albania, Romania, Bulgaria, Belarus, Georgia, Ukraine, Bosnia & Herzegovina, Croatia, Serbia, Slovenia, Montenegro, Macedonia, Moldova, Turkey, UK, France, Switzerland, Austria, Germany

Middle East: Egypt, Iran, Iraq, Israel, Jordan, Lebanon, Palestine, Syria

Asia: Afghanistan, Bangladesh, Cambodia, India, Sri Lanka, Mongolia, Pakistan, Tajikistan, Indonesia, Thailand, Vietnam

Africa: Angola, Burundi, Congo (DRC), Cote d'Ivoire, Ethiopia, Kenya, Uganda, Liberia, Mali, Tunisia, Sierra Leone, Rwanda, Sudan, Morocco, Nigeria, Zambia

Americas/Caribbean: Canada, Chile, El Salvador, Haiti, Honduras, Nicaragua, Paraguay, USA

His profile on LinkedIn: <http://www.linkedin.com/in/jeremycondor>