INTER-AGENCY HUMANITARIAN EVALUATION

INCEPTION REPORT:

INTER-AGENCY HUMANITARIAN EVALUATION OF THE NORTHERN ETHIOPIA CRISIS

22 May 2023

Table of acronyms

AAP	Accountability to Affected People
ACF	Action contre la faim
ALNAP	Active Learning Network for Accountability and Performance
ARRA	Administration for Refugee and Returnee Affairs
AU	African Union
CRRF	Comprehensive Refugee Response Framework
CRS	Catholic Relief Services
DHC	Deputy Humanitarian Coordinator
DRC	Danish Refugee Council
EDG	Emergency Directors Group
EDRMC	Ethiopian Disaster Risk Management Commission
ENDF	Ethiopian National Defense Forces
EPRDF	Ethiopian People's Revolutionary Democratic Front
ERC	Emergency Relief Coordinator
ESA	Emergency Site Assessment
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FH	Food for the Hungry
FHE	Food for the Hungry Ethiopia
GBV	Gender-based violence
GHO	Global Humanitarian Overview
GoE	Government of Ethiopia
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HINGO	Humanitarian International Non-Governmental Organizations
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
ICRC	International Committee of the Red Cross
ICVA	International Council of Volunteer Agencies
IDPs	Internally Displaced People
IHL	International Humanitarian Law
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
KII	Key Informant Interview
MG	Management Group
MSF	Médecins Sans Frontières
MYR	Mid-Year Review
NDPPC	National Disaster Prevention and Preparedness Committee
NDRMC	National Disaster Risk Management Commission
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council

OCHA	Office for the Coordination of Humanitarian Affairs
OECD/DAC	Organization for Economic Co-operation and Development's Development Assistance Committee
OLF	Oromo Liberation Front
OPAG	Operations, Policy and Advocacy Group
OPR	Operational Peer Review
ORDA	Organization for Rehabilitation and Development in Amhara
PAG	Policy Advisory Group
PSEA	Prevention of Sexual Exploitation and Abuse
PSNP	Productive Safety Net Program
RC	Resident Coordinator
REST	Relief Society of Tigray
RRM	Rapid Response Mechanism
RRS	Refugees and Returnees Service
SCORE	Survey on the Coverage, Operational Reach and Effectiveness
SLT	Saving Lives Together
TDA	Tigray Development Association
ToC	Theory of Change
ToR	Terms of Reference
TPLF	Tigray People's Liberation Front
UN	United Nations
UNCT	UN Country Team
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision
WVE	World Vision Ethiopia

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1 Introduction

1. An Inter-Agency Humanitarian Evaluation (IAHE) is an independent assessment of results of the collective humanitarian response by member organizations of the Inter-Agency Standing Committee (IASC). They are automatically triggered when the IASC has decided to activate the IASC Scale-Up protocols. The IASC Scale-Up Activation is a formal mechanism for the mobilization of system-wide capacities and resources beyond standard levels. IAHEs look at whether planned collective results have been achieved and help the humanitarian community improve aid effectiveness to ultimately better assist affected people. As such, IAHEs also evaluate the effectiveness of the Scale-Up. They are not an in-depth evaluation of any one sector or of the performance of a specific organization.

2 Context

2.1 General

2. Despite high economic growth rates in recent years, high levels of poverty, inequality and unemployment persist in Ethiopia. The country has further experienced a range of humanitarian crises throughout past decades. In all major crises, international aid actors have worked under the leadership of and in partnership with the government to support people in need. In the mid-1980s, Ethiopia experienced a severe famine that resulted in the deaths of an estimated one million people despite close global attention. Since then, the country has periodically faced droughts, with particularly severe ones in 2015 and 2017 and the current drought affecting the whole Horn of Africa and characterized as the worst in 40 years.[1] In addition to climatic shocks, violent conflict affected Ethiopians throughout the country's recent history and caused widespread humanitarian needs. During the 1990s, the country went through a civil war between the government, led by the Ethiopian People's Revolutionary Democratic Front (EPRDF) and several rebel groups, including the Tigray People's Liberation Front (TPLF) and the Oromo Liberation Front (OLF). Widespread violence, displacement, and human rights abuses characterized the conflict. In the years 1998-2000, Ethiopia also fought a deadly border war with its neighbour, Eritrea, which only formally ended in 2018, a step for which Ethiopia's Prime Minister Abiy Ahmed received the Nobel Peace Prize. To this day, many of the regions in Ethiopia experience some form of conflict, intercommunal tension, or violence due to competing claims over resources, land rights, administrative boundaries and political influence, with hotspots in Afar, Amhara, Benishangul Gumuz, Oromia and Tigray.

3. In addition to internal conflicts and the displacement these caused, Ethiopia also became a major destination for refugees fleeing conflicts in neighbouring South Sudan, Somalia and Eritrea. Again, the country worked closely with the UN and international partners to implement and improve its response, particularly its refugee management system. Ethiopia was an early leader in pursuing the Comprehensive Refugee Response Framework (CRRF), which was officially launched in Ethiopia on 28 November 2017. It also adopted a new Refugee Proclamation (Proclamation No. 1110/2019) in January

[1] Eugene Sibomana, 'Ethiopian Families Struggle to Survive Amid Record Drought', UNHCR, 28 June 2022, https://www.unhcr.org/uk/news/stories/2022/6/62bb2d014/ethiopian-families-struggle-survive-amid-record-drought.html.

2019 granting a wide-ranging set of additional rights to refugees, in line with the Global Compact on Refugees. Nonetheless, the implementation on the ground met challenges.

4. Beyond the humanitarian sphere, Ethiopia is a crucial actor in the African Union (AU), which it hosts, and also a major contributor to UN peacekeeping missions, including in several African countries. As for the UN, its presence in Addis Ababa is among the largest in the world. The UN Country Team (UNCT) in Ethiopia comprises representatives of 28 UN funds and programmes and specialized agencies. Addis Ababa is also the home of the UN Economic Commission for Africa, the Office of the UN Special Representative for the Horn of Africa and the UN liaison office with the AU.

2.2 Conflict and needs in northern Ethiopia

5. Fighting initially broke out in Tigray in early November 2020 between the Tigray People's Liberation Front (TPLF) on one side and the Ethiopian National Defense Forces (ENDF), the Eritrean Defence Forces and allied regional special forces on the other.[2] From July 2021, the conflict expanded to the Afar and Amhara regions. While large parts of the south and east of the country were and still are grappling with the worst drought in recent history, the conflict in Tigray dramatically increased humanitarian needs throughout the north.[3]

6. Numerous reports contain evidence of mass killings, serious and gross human rights abuses, violence against civilians, conflict-related sexual and gender-based violence and arbitrary detention in Tigray, Amhara and Afar.[4] The UN Human Rights Council-mandated International Commission of Human Rights Experts on Ethiopia submitted a report with its initial findings to the Human Rights Council in September 2022.[5] According to the report, there are grounds to believe that extrajudicial killings, sexual violence and starvation of the civilian population as a method of warfare have been committed in Ethiopia since 3 November 2020. The Commission concludes that, in many cases, these violations amount to war crimes and crimes against humanity.[6] Academic researchers have estimated that the number of people killed during the war ranges from 311,000 to 808,000, with an average estimate of 518,000. Their estimations include a breakdown as follows: approximately 10 per cent of the number of deaths is due to massacres, bomb impacts and other killings, 30 per cent is due to the total collapse of the healthcare system and 60 per cent is due to severe food shortages.[7] The massive destruction of health centres and hospitals and the targeting of other civilian infrastructure has been detailed with a report issued by the

[2] ACAPS, 'Ethiopia - Conflict in Tigray - Thematic Report 22 December 2020'. See also 'Northern Ethiopia Response Plan', May 2021.

[3] 'Humanitarian Response Plan Ethiopia 2020', January 2020; 'Northern Ethiopia Response Plan'.

[4] Human Rights Council, 'Report of the International Commission of Human Rights Experts on Ethiopia. A/HRC/51/46' (HRC, 2022). See also https://data.humdata.org/dataset/ethiopia-humanitarian-needs-overview , https://www.acaps.org/country/ethiopia/crisis/northern-ethiopia-conflict and ACAPS, 'Ethiopia - Understanding Humanitarian Concerns Across the Country - Thematic Report 24 January 2022', 2022.

[5] Human Rights Council, 'Report of the International Commission of Human Rights Experts on Ethiopia. A/HRC/51/46'.

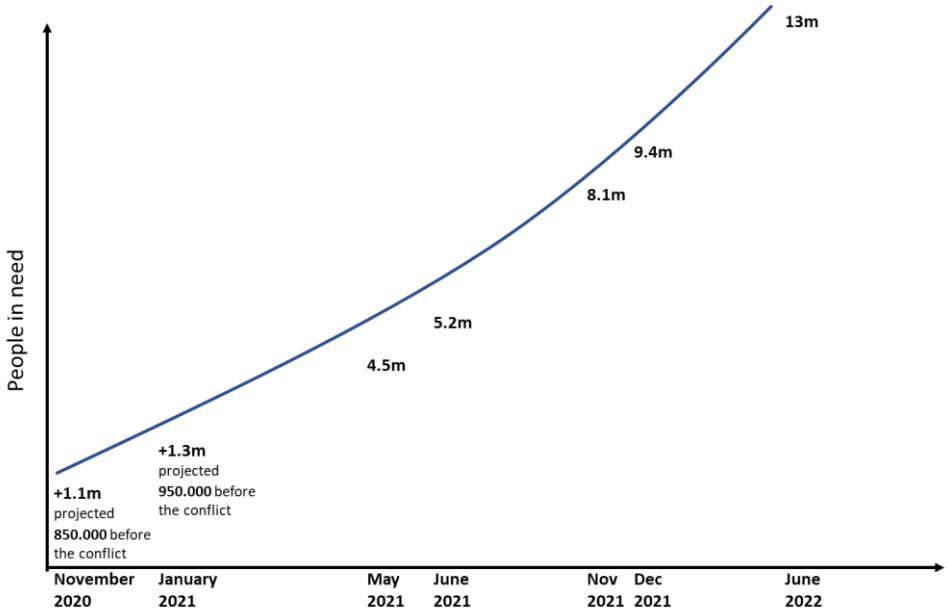
[6] Human Rights Council, 'ID: Commission of Human Rights Experts on Ethiopia - 18th Meeting, 51st Regular Session of Human Rights Council', UN Web TV, https://media.un.org/en/asset/k1b/k1bsmioeaz, 22 September 2022.

[7] Jan Nyssen, 'Documenting the Civilian Victims of the Tigray War', *Presented as a Webinar for the Royal Holloway Centre for International Security and Every Casualty Counts, on 19 January 2022*.

Health Cluster team noting that 78 per cent of health posts, 72 per cent of health centres and 80 per cent of hospitals have been destroyed.[8]

With the conflict in Tigray expanding and intensifying, humanitarian needs surged, notably in regard to food security and nutrition, but also health, WASH and shelter, linked to mass internal displacement and especially protection.

Figure 1: No. of people in need



[Compiled by Evaluation Team using OCHA situation reports for northern Ethiopia / Tigray]

[8] Health Cluster Team, Tigray, Ethiopia, 'Deafening Silence as Thousands Perish Due to Human-Made Humanitarian Catastrophe - Mortality Assessment Report 6:1', 2022.

Table 1: IDPs due to conflict in Tigray, Afar and Amhara

Period of the assessment	No. IDPs	Remarks
Dec 2020-Jan 2021	131,590	Data not fully available for the period. The February 2021 OCHA Sitrep reports that there are 423,651 IDPs
March-April 2021	1,715,176	
June-July 2021	2,105,387	
Dec 2021-Jan 2022	2,452,077	
August-Sept 2022	*31,182 (Afar)* *510,625 (Amhara)*	Tigray: no clear data

[Table developed by Evaluation Team using the Ethiopian national displacement report 14, published in Dec 2022 by IOM (March-April 2021: Emergency Site Assessment round 5, June-July 2021: round 7, Dec 2021-Jan 2022: round 9)]

7. Food security became an area of particular concern as the conflict escalated, even though Tigray has relatively low food insecurity prior to the conflict, with the lowest percentage of people in Integrated Food Security Phase Classification (IPC) Phase 3 (Crisis) among Oromia, Somali, SNNPR, Sidama, Amhara, Afar, and Tigray regions.[9] . As Global Rights Compliance (2022) summarizes, the Acute IPC analysis for May to June 2021 reported that over 350,000 people faced catastrophic famine conditions (Phase 5) in Tigray and the neighbouring areas of Amhara and Afar.[10] An additional 5.5 million people (61 per of the population) faced acute food insecurity, with 3.1 million people in crisis (Phase 3) and 2.1 million people in emergency (Phase 4). The IPC anticipated that the number of people facing emergency (Phase 4) conditions in the Tigray, Amhara and Afar regions would rise past 400,000 in the third quarter of 2021.[11] As the conflict spread beyond the Tigray region, the food security situation deteriorated and in November 2021, FEWSNET reported that "most of Tigray and some neighbouring areas of Afar and Amhara, faced Emergency (IPC Phase 4) outcomes, with populations likely in Catastrophe (IPC Phase 5)".[12]

[9] IPC, 'Ethiopia: Belg Pastoral and Agropastoral Producing Areas Analysis', IPS Acute Food Insecurity Analysis, July 2020 - June 2021. According to this analysis, "Out of the 8.5 million people in IPC Phase 3 (Crisis) and above requiring urgent action to save lives, reduce food gaps, restore livelihoods and reduce malnutrition, 45.1% in Oromia, 16.9% in Somali, 16.9% in SNNPR, 5.6% in Sidama, 19.4 % in Amhara, 4.4% in Afar and 0.7% in Tigray."

[10] Catriona Murdoch, Prachiti Venkatraman and Rebecca Bakos Blumenthal, 'A Global Rights Compliance OSINT Investigation of Starvation Crimes in Tigray' (Global Rights Compliance, 2022).

[11] This is also noted in 'Revision of the Northern Ethiopia Response Plan May-December 2021', October 2021.

[12] 'Expanding Drought and Conflict Are Expected to Drive Severe Food Insecurity in 2022', FEWS Net, Ethiopia Food Security Outlook, November 2021, https://fews.net/east-africa/ethiopia/key-message-update/november-2021.

8. An emergency food security assessment released by WFP in January 2022 estimated 4.6 million people in Tigray to be food insecure,[13] while a multi-agency assessment from the end of 2021 put that number at 6.5 million.[14].[15] The October 2021 revision to the Northern Ethiopia HRP estimates that 91% of Tigray's 5.7 million population – i.e. 5.2 million – are in need of urgent food assistance, as opposed to the 4.5 million estimated by the interim Regional Government in January 2021.[16] The Ethiopia-wide 2022 HRP does not specify numbers for Tigray region, but the World Food Programme estimated the number of people requiring food assistance to 4.8 million in March-May 2022.[17]. In September 2022, OCHA reported that 11.2 million people were in need of food assistance for the three northern regions. When contrasted with other sectors, it appears that the numbers of people in need are much lower.

9. During the two-year conflict, access for humanitarian organizations to Tigray and parts of Afar and Amhara and the freedom of movement for affected people have been particularly constrained, effectively creating a blockade for humanitarian service provision. The severe situation was attributed to the "cascading effects of conflict, including population displacements, movement restrictions, limited humanitarian access, loss of harvest and livelihood assets and dysfunctional or non-existent markets." Electricity, banking, telecommunication, media, and basic services remained cut off since July 2021 in Tigray.[18] While it was possible to reach Tigray's capital Mekelle between November 2020 and July 2021, insecurity due to ongoing fighting highly restricted movements within the region. After the withdrawal of ENDF from Tigray in late June 2021, the movement of fuel and humanitarian cargo was controlled and restricted. In September 2021, with the "de facto blockade"[19] in place for three months, several high-level officials, including the ERC, noted that this had resulted in a situation in which 10 per cent of aid needed for the Tigrayan population was actually reaching the region.[20]

10. Among the constraints were insecurity as a result of fighting; direct attacks and ambushes on convoys; numerous roadblocks on the routes into and in Tigray; a severe shortage of fuel; and endless bureaucratic obstacles. For a large part of the conflict, the Government imposed a siege and blocked aid into Tigray (see timeline at the end of this section). For much of the two years, the siege and related major obstacles preventing the unhindered delivery of services and materials were on top of the humanitarian agenda in Ethiopia.

11. The communications blackout also created major challenges in the context of the duty of care for humanitarian staff. Aid worker security reports for 2020 and 2021 showed a rise in targeted violence directed at humanitarian responders, pushing the country into the ranks of the five most dangerous

[13] WFP, 'Emergency Food Security Assessment. Tigray Region, Ethiopia' (WFP, January 2022).
[14] 'Multi Agency Seasonal Assessment Regional Report (Food Security and Agriculture) Duration 16 November - 7 December', January 2022.
[15] See also ACAPS, 'Ethiopia - Tigray Region: Drivers of Food Insecurity and Outlook - Thematic Report 1 March 2022', which quotes these figures.
[16] See 'Northern Ethiopia Response Plan'.
[17] WFP, 'WFP Ethiopia Tigray Emergency Response Situation Report #7 - March-May 2022'. This figure was also quoted by ACAPS in ACAPS, 'Ethiopia - Northern Ethiopia Crisis: Update on Humanitarian Needs - Thematic Report 28 July 2022', 2022.
[18] ACAPS, 'Ethiopia - Northern Ethiopia Crisis: Update on Humanitarian Needs - 31 January 2023', 2023.
[19] UN Secretary-General, 'Humanitarian Catastrophe Unfolding Before Our Eyes, Secretary-General Tells Security Council, Warning Ethiopia's Youth Will Be Ultimate Casualties - SG/SM/20866', United Nations - Meetings Coverage and Press Releases, 26 August 2021, https://press.un.org/en/2021/sgsm20866.doc.htm.
[20] Nichols Michelle, 'U.N. Aid Chief to Ethiopia on Famine in Tigray: "Get Those Trucks Moving"' (Reuters, 2021).

operational contexts globally. By September 2021, the number of humanitarian staff who lost their lives since the start of the war in Tigray had climbed to 23. In addition to targeted attacks, aid actors noted increasing arrest and detention risks, with a significant number of humanitarian personnel detained during the crisis, while government restrictions on communications undermined their abilities to manage staff security.[21]

12. It was only when both parties agreed to the cessation of hostilities and a commitment to restore services that the access situation started to significantly improve from November 2022 onwards. Federal authorities committed to ensure "unhindered humanitarian access to all in need of assistance and the expedition of humanitarian aid to all those in need in Tigray region and other affected areas." Armed hostilities ceased through northern Ethiopia and relief convoys resumed.[22]

13. The May 2021 Humanitarian Response Plan (HRP) for northern Ethiopia notes that of the estimated 100 trucks/day needed to deliver the quantities of aid planned to meet the targets, a mere 1,111 trucks had made it into Tigray between 12 July and 19 October. The blockade remained in place until a humanitarian truce was announced on 24 March 2022 and a first convoy of trucks reached Tigray on 1 April 2022. Access remained erratic until August 2022, when what little drip of aid going into Tigray was cut off. The first movement of aid to Mekelle after the November 2022 peace deal was a convoy of two ICRC trucks carrying medical aid on 15 November 2022.[23] Following the Cessation of Hostilities Agreement of November 2022, approximately 3,000 trucks carrying more than 105,000 metric tons of food, as well as health, shelter, water, agriculture, and other supplies, have been brought into the region. Food has been distributed to more than 3 million people. The UN Humanitarian Air Service and Ethiopian Airlines have also resumed regular flights to Tigray.[24] Humanitarian agencies continue to mobilize resources to scale up the humanitarian response in northern Ethiopia and elsewhere in the country, including drought-affected areas. Humanitarian supplies and staff continue to regularly arrive in Tigray Region through all corridors, including by air.[25] By February 2023 commercial flights and telecommunication was restored in Tigray, as well as banking, although weekly cash withdrawal limits are allegedly set low.[26]

14. Despite these improvements, some areas remain hard to reach, including several border areas in the north and areas off the main roads (see the November 2022 access map in Figure 2 below). Humanitarian needs also remain extremely high in parts of Afar and Amhara affected by the conflict,

[21] Humanitarian Outcomes, 'Aid Worker Security Report 2022. Collateral Violence: Managing Risks for Aid Operations in Major Conflict', 2022; Abby Stoddard et al., 'Humanitarian Access SCORE Report: Tigray, Ethiopia Survey on the Coverage, Operational Reach and Effectiveness of Humanitarian Aid' (Humanitarian Outcomes, April 2021).

[22] UNOCHA, 'Northern Ethiopia Access Snapshot - As of 30 November 2022'.

[23] Mwai Peter, 'Ethiopia Conflict: How Is Aid Flowing to Tigray?', 2023, https://www.bbc.com/news/57929853.

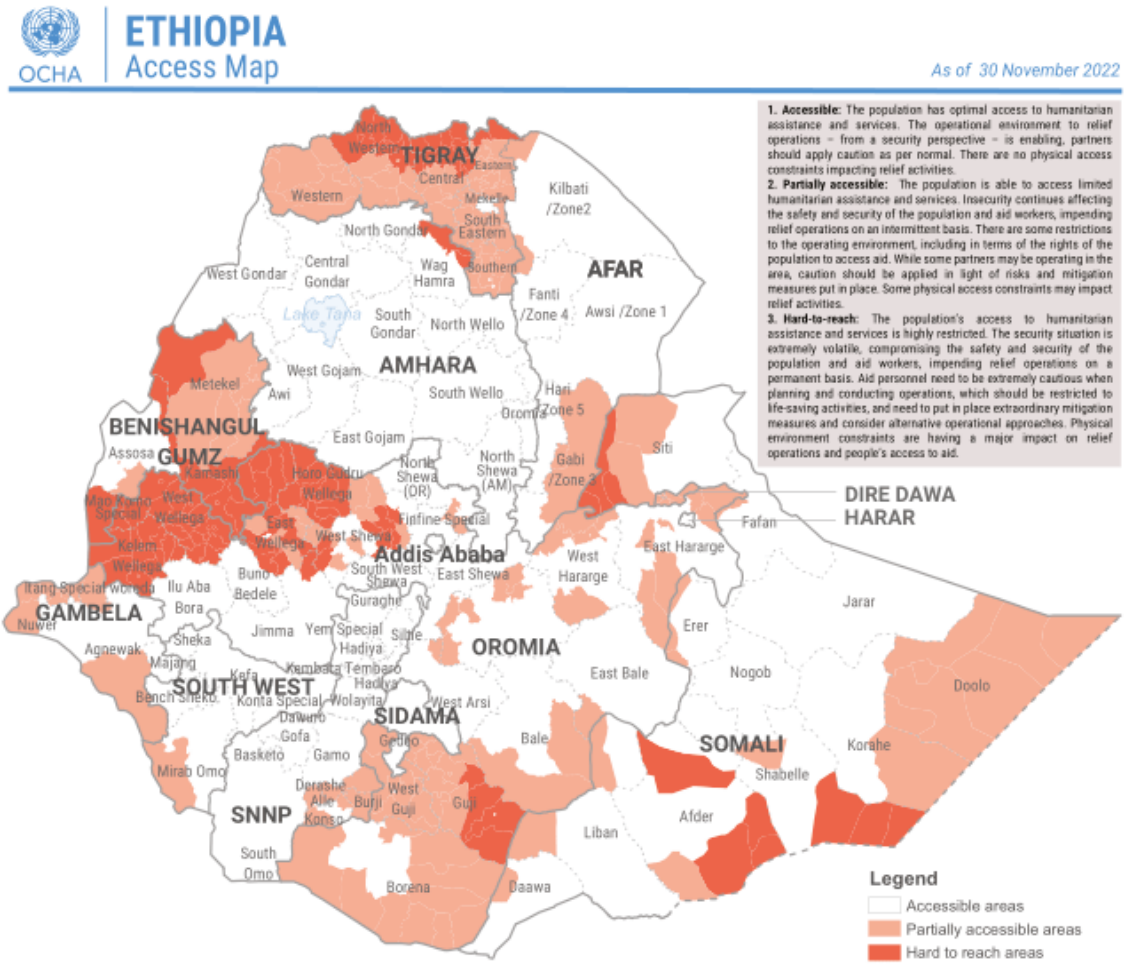
[24] UNOCHA, 'Today's Top News: Ethiopia', OCHA Media Centre / News and Updates, 13 January 2023, https://www.unocha.org/story/todays-top-news-ethiopia.

[25] UNOCHA, 'Ethiopia - Situation Report', 18 January 2023.

[26] AccessNow, 'After Years in the Dark, Tigray Is Slowly Coming Back Online', 1 February 2023, https://www.accessnow.org/tigray-shutdown-slowly-coming-back-online/; Reuters, 'Some Banks Re-Open in Parts of Ethiopia's War-Torn Tigray', 20 December 2022, https://www.reuters.com/world/africa/some-banks-re-open-parts-ethiopias-war-torn-tigray-2022-12-20/; AfricaNews and AFP, 'In Tigray, Tears and Grief with the Return of Telecommunications', Africa News, 13 January 2023, https://www.africanews.com/2023/01/13/in-tigray-tears-and-grief-with-the-return-of-telecommunications/.

including in areas where people are returning to their homes. Against this backdrop, the exact level of need is still unknown.

Figure 2: Ethiopia access map, as of 30 November 2022 *The boundaries and names shown anThe*



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations
Creation date: 6 December 2022 **Sources:** OCHA **Feedback:** ocha-eth@un.org www.unocha.org www.reliefweb.int

15. The May 2021 northern Ethiopia HRP estimated some 5.2 million people in need across the region. Without a recent IPC analysis, no information is available on the current number of people in catastrophic conditions – projected at 401,000 between July and September 2021 – and concerns remain very high. WFP assessments from late 2022 have indicated an increase of food insecurity inside Tigray.[27] Following rigorous review of available UN documents and data from other sources, ACAPS estimates that more than 25 million people in Ethiopia are in need of humanitarian assistance, around half of those in the northern regions of Tigray, Amhara and Afar.[28] The Global Humanitarian Overview

[27] See WFP, 'Tigray Emergency Food Security Assessment - Tigray Crisis Response', August 2022; WFP, 'Tigray Emergency Food Security Assessment Findings', September 2022.
[28] https://www.acaps.org/country/ethiopia/crisis/complex-crisis

(GNO) estimates that 28.6 million people will need humanitarian assistance in 2023.[29] As of October 2022, more than 4.7 million people across the country are estimated to be internally displaced people (IDPs), mostly due to conflict and drought. While the 2022 GHO considers the November peace agreement a promising step to scale up humanitarian assistance, it also notes that the humanitarian situation across Ethiopia is not expected to stabilize in 2023 due to "yet more forecasts of poor rainfall and the ongoing effects of conflict and violence".[30] At the start of 2023, emergency (IPC Phase 4) outcomes, at a minimum, are expected to be widespread.[31] It should also be kept in mind that Covid-19 pandemic both in terms of the impact of the virus on the population and in terms of the related travel and movement restrictions had a further exacerbating effect on the needs in the northern regions.

2.3 Humanitarian coordination

16. Historically, the Ethiopian Federal Government has played a leadership role in humanitarian coordination. It leads humanitarian assessments and implements responses with its partners; in general, the international humanitarian community has benefited from the constructive partnership with the Federal Government. The Government itself is also a donor to the Humanitarian Response Plan (HRP). Overall, it tends to favour and focus on development work with humanitarian response also framed in achieving the sustainable development goals.

17. In terms of humanitarian coordination, at the heart of it is the collective responsibility of all actors involved to ensure no gaps in the response and avoid duplication. The aim is to establish a coherent response among all actors in order to be more effective. In Ethiopia, there is a range of structures and mechanisms involving government bodies, humanitarian inter-agency structures and joint government-humanitarian fora, operating at the regional, operational, strategic and political levels.

18. Ethiopia was among the first countries where the cluster approach was rolled out in the late 2000s, with Government Departments, such as the then National Disaster Risk Management Commission (NDRMC) – now the Ethiopian Disaster Risk Management Commission (EDRMC) – as the Chair. The clusters come in addition to the government-led sectoral task forces. It has a sizeable Humanitarian Country Team (HCT) that involves humanitarian donor government representatives. International and national NGOs also have representatives on the HCT. In relation to the conflict in northern Ethiopia, sub-regional structures were created with coordination hubs in towns including Mekelle, Shire (Tigray), Semera (Afar) Gondar and Bahir Dar (Amhara).

19. The space for humanitarian organizations, including NGOs, to deliver humanitarian action in Ethiopia has been contested at times. Given the interdependence of the UN and NGOs in humanitarian action, restrictions on either family affect the other. For example, the 2009 Charities and Societies Proclamation required international NGOs (INGOs) to have a local partner in Ethiopia. The restrictions imposed by this law, which prevented organizations receiving more than 10 per cent of their funding from foreign sources from engaging in human rights advocacy, promoting gender equality and advancing democratic values, were somewhat alleviated by a new law in 2019; however, challenges remain. The Ethiopian

[29] UNOCHA, 'Global Humanitarian Overview 2023', December 2022.
[30] UNOCHA.
[31] 'Food Aid Remains Insufficient Amid Very High Levels of Hunger and Malnutrition', FEWS Net, Ethiopia Food Security Outlook, June 2022, https://fews.net/east-africa/ethiopia/food-security-outlook/june-2022.

government retains oversight over the NGO sector, more precisely the Federal Authority for Civil Society Organizations (ACSO), with regulations regarding registration, funding allocation and reporting.[32] In July 2021, for example, ACSO decided to suspend the work of three NGOs: the Dutch section of Médecins Sans Frontières (MSF), the Norwegian Refugee Council (NRC) and the Al Maktoum foundation, allegedly for violating certain rules.[33] A further issue was seen in September 2021 when it was decided that only those humanitarian workers with MOFA residence permits could fly with UNHAS into Tigray effectively preventing all NGO workers from going to Tigray due to those organizations not having ability to get residence permits for staff.

20. Motivated by drastically increasing humanitarian needs, the IASC activated the System-Wide Scale-Up for northern Ethiopia on 28 April 2021 and later extended it until 29 October 2022 then until 31 January 2023. The Scale-Up aimed to ensure the rapid mobilization of necessary operational capacities and resources by IASC member organizations and partners. It marks the first Scale-Up in an active conflict setting since the current protocols were introduced in 2018 and the first limited to one geographic region in a country with simultaneous humanitarian responses throughout. Together with the Scale-Up activation, a deputy Humanitarian Coordinator (DHC) position was established for Tigray in late 2020; many principals of UN agencies, donor institutions and other high-level representatives made visits the country in the course of the following months, especially to support efforts to open up humanitarian space to three northern regions. The Scale-Up was later geographically expanded from Tigray to Northern Ethiopia and the Ethiopia Drought and other conflict zones, and until 6 September to cover any part of Ethiopia, though this goes beyond the scope of this evaluation.[34]

21. These efforts came as the conflict created another challenge in the relationship between humanitarian organizations and the Ethiopian Government. Emphasising its primary responsibility, the Government downplayed internal tensions and the need for more immediate humanitarian assistance, also claiming that it was distributing aid to Tigray.[35] Amid visa restrictions for UN and NGO personnel and severe restrictions on access to Tigray, tensions also arose within the UNCT. Views differed as to whether it was better to work closely with the Government in addressing the crisis in the North or whether a more principled approach should be sought, emphasising principles such as impartiality and operational independence to ensure that aid would not be instrumentalized by one or more of the warring parties. Differences in the UNCT on the best course to follow went as deep as resulting in a breakdown of

[32] See Broeckhoven et al (2020), cited in ACAPS, 'Ethiopia - The Pre-Crisis Situation in Tigray - Secondary Data Review 22 February 2021', 2021.

[33] ACAPS, 'Ethiopia - Understanding Humanitarian Concerns Across the Country - Thematic Report 24 January 2022'.

[34] While drought interventions are considered within the context analysis of this IAHE, it will – as per the ToR – not evaluate the current response to the drought or other humanitarian responses in the country that are not directly linked to the conflict described above.

[35] See e.g. The Economist, 'After Two Months of War, Tigray Faces Starvation', 21 January 2021. In addition, there are numerous reports providing evidence of the Government's refusal for humanitarian aid reach Tigray as of the early days of the outbreak of the war in November 2020, in spite of an agreement to allow "unimpeded, sustained and secure access" for humanitarian supplies, see United Nations, 'Ethiopian Government and UN Strike Deal for "Unimpeded" Humanitarian Access in Tigray', UN News, 2 December 2020, https://news.un.org/en/story/2020/12/1079112. See also Stoddard et al., 'Humanitarian Access SCORE Report: Tigray, Ethiopia Survey on the Coverage, Operational Reach and Effectiveness of Humanitarian Aid'.

relations and the leaking of minutes and audio recordings of meetings.[36] One issue that also created significant controversy, illustrated also in one of the leaked audio recordings of an inter-agency meeting, concerned the available data on GBV that had been collected or not. On 1 October 2021, the Ethiopian Government decided to expel seven senior humanitarian coordination and other UN staff for "they had side lined their oath, the rules of professional conduct and the principles of humanitarian assistance,"[37] a decision denounced by the UN Secretary-General on 6 October 2021.

22. According to reports from, among others, the Government's communications service, the Government also delivered aid into Tigray during the conflict, especially in late 2022.[38] In fact, the Government, represented by the EDRMC, has been one of the three main actors in food aid in Tigray, as the region has been divided in three areas with each of the three actors (the other two being the NGO consortium JEOP and WFP) providing food aid to a particular area, and with Western Tigray covered by the Government.

23. Humanitarian funding for the response during the two-year war has been a constraint in responding effectively as well, although perhaps to a lesser extent than what could be expected with needs of this scale. Part of this may have to do with the fact that humanitarian agencies were not in a position to deliver the quantities of aid needed in accordance with the situation.

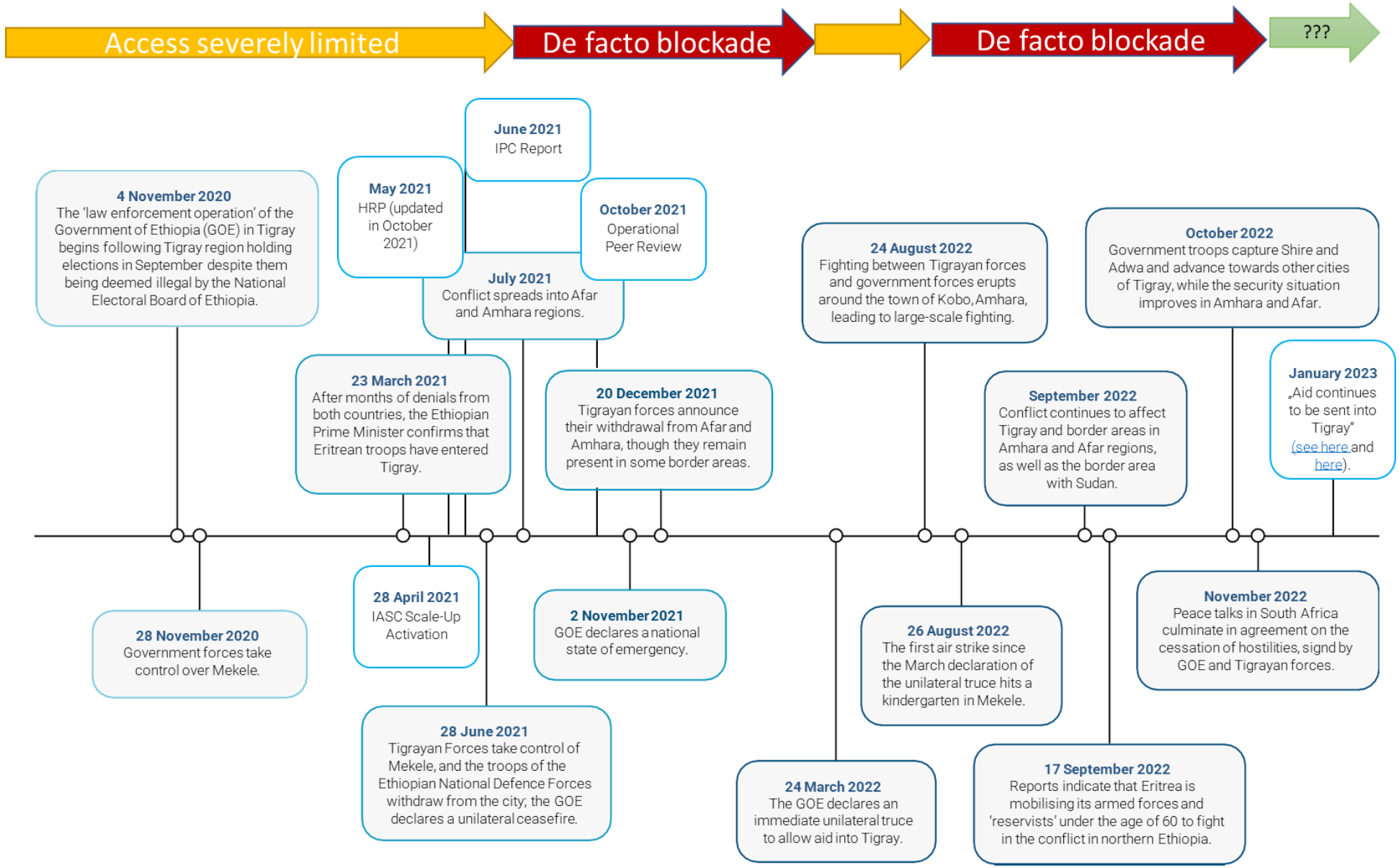
24. Figure 3 below provides for a draft timeline, elaborated by the evaluation team in the inception phase. This timeline will be further developed and detailed during the data collection phase.

[36] Three audio recordings of meetings involving several Heads of UN agencies were put in the public domain through social media channels (YouTube, Facebook and Twitter). A non-official transcription of the UNCT meeting held on 26 March 2021 also appeared in the public domain.

[37] UNSC, 'Secretary-General Denounces Ethiopia's Expulsion of Senior United Nations Officials as Security Council Delegates Differ on Potential Response. SC/14657', Security Council Meeting Coverage, 6 October 2021, https://press.un.org/en/2021/sc14657.doc.htm#:~:text=Ethiopia%20is%20violating%20international%20law,the%20detriment%20of%20the%20host.

[38] FDRE Government Communication Service, 'Statement on the Resumption of Humanitarian Aid and Services', 18 October 2022.

Figure 3: Draft timeline, to finalised in the data collection phase



Sources: NYT (28/11/2020); Reuters (23/03/2021, 24/08/2022, 17/09/2022, and 25/10/2022); The Guardian (28/06/2021, 22/07/2021, and 27/08/2022); TNH (04/10/2021); France 24 (15/02/2022); Al Jazeera (15/02/2022); UN (25/03/2022); Africanews (26/08/2022); Protection Cluster/UNHCR (29/09/2022); OCHA (17/10/2022 and 01/11/2022); ABC (31/10/2022); DW (20/12/2021);

2.4 The IASC partners' response

25. In May 2021, a specific HRP for northern Ethiopia was released to guide partners in responding to the growing humanitarian needs within the Tigray region, to track delivery against targets and to provide a benchmark to determine emerging needs.[39] It was revised in October of the same year for the period October-December 2021. The northern Ethiopia-specific HRP covered the needs in the Tigray region, including the Western zone, while a mid-year review of the 2021 Humanitarian Response Plan for Ethiopia was provided to cover the rest of Ethiopia (outside Tigray) as of early August 2021. As such and as highlighted in the October 2021 revision of the HRP for northern Ethiopia, some of the growing needs in Afar and Amhara regions as a result of the spill-over of the Tigray conflict were then reflected in the Mid-Year Review of the Humanitarian Response Plan for Ethiopia for 2021.

26. While the northern Ethiopia Response Plan includes sector/activity-specific targets, it does not link back to more overarching strategic objectives. Notably, the 2021 Ethiopia-wide HRP was not published, and its mid-year review/revision do not make any mention of strategic objectives either. The 2022 Ethiopia-wide HRP (which includes Tigray) lists three strategic objectives (see table 2, below), without detailing the specific needs deriving from the armed conflict in northern Ethiopia.

[39] 'Northern Ethiopia Response Plan', available at https://humanitarianaction.info/plan/1055.

Table 2: Overview of Humanitarian Response Plans

HRP	PIN	Target	Requirement	Strategic Objectives
Ethiopia HRP 2020 (Jan 2020)	8.4M	7.0M	1.0B USD	**SO1:** The physical and mental well-being of 5.7 million crisis-affected people is improved **SO2:** 5.7 million4 most vulnerable crisis-affected people are supported with basic services **SO3:** The protection needs of 1.9 million IDPs and other groups with specific needs are identified, recognized and addressed by Government, humanitarian and development actors **SO4:** Contribute to strengthening the recovery and resilience of 1.1 million crisis-affected people and systems
Ethiopia HRP 2020 mid-yr review	19.2M	15.1M	1.44B USD	No specific mention
Northern Ethiopia, May 2021	5.2M	5.2M	853M USD	No specific mention. A certain focus was given to AAP, PSEA and the use of cash
Northern Ethiopia, Revision Oct. 2021	5.2M	5.2M	$957M USD	No specific mention
Ethiopia (excl. Tigray) 2021 mid-yr review	14.8M	Food: 12.8M Non-food only: 2M	1.488B USD	
Ethiopia (incl north), July 2022	>20M	>20M	$3.09B USD	**S01**: Reduce loss of life, and physical and psychosocial harm among the most vulnerable population affected by conflict and drought, including 5.0 million IDPs and 12.3 million non-displaced, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks and exposure to protection risks, by the end of 2022 **SO2**: Sustain the lives of 16.5 million people requiring humanitarian assistance, including 12.5 million non-displaced, 3.9 million IDPs and persons with disabilities across 88+9 woredas, by ensuring safe, dignified, accountable and equitable access to livelihoods, protection and other essential services by the end of 2022. **SO3:** Enhance the protection environment and avoid and reduce harm by mainstreaming protection and gender and age considerations in the multi-sectoral response and contribute to protection outcomes.
Ethiopia (incl. north), review Nov 2022	>20M	+11%	3.335B USD	

27. Generally speaking, the response envisaged by the IASC partners in Northern Ethiopia as of May 2021 is a multi-sector response. With regard to funding, a general picture can be easily provided for the year 2021, through the two iterations of the HRPs (June 2021 and November 2021), as summarized in the table below, split by sectors and with figures in USD million.

Table 3: Overview of HRP funding for 2021

	original req.	contrib.	original HRP	req.	requirement (original vs. revised)	the MYR req.	gaps
Agriculture	66.40	10,16	15%	46.5	-30%	22%	36.34
CCCM	25.50	3.27	13%	25.90	+2%	13%	22.63
Coordination	18.30	15.96	87%	18.30	0%	87%	2.34
Education	43.40	5.28	12%	19.50	-55%	27%	14.22
ESNFI	38.50	4.89	13%	51.70	+34%	9%	46.81
Food	771.90	188.50	24%	859.90	+11%	22%	670.40
Health	140.10	22.69	16%	96.00	-31%	24%	73.31
Logistic	16.20	0.58	3,6%	12.00	-26%	5%	11.42
Nutrition	152.70	77.74	51%	181.10	+19%	43%	103.36
Protection	118.20	12.08	10%	100.00	-15%	12%	87.92
WASH	67.00	16.45	25%	78.10	+17%	21%	61.65
Total	1,489.00	473.83	31.8%	1.488	0%	31.8%	1,014.17

[Table developed by Evaluation Team using the Ethiopia Humanitarian Response Plan 2021 Mid Year Review, October 2021, page 5]

28. A similar picture is more difficult to provide for 2022 given that the specific needs deriving from the conflict in northern Ethiopia were not detailed in the Ethiopia-wide HRP. The data collection phase will aim to address this issue, looking also at the donors which were engaged during the period covered by the evaluation and for what sectors. It is noteworthy at this stage that the inception interviews undertaken for this evaluation have never raised the issue of funding (and especially potential funding gaps) as a factor that may have impacted the delivery of the humanitarian response. In this sense, a deeper evaluation of the funding situation, while needed, might not be considered a key element for evaluating the effectiveness of the overall response.

29. In terms of partners involved in the response, Table 4 indicates the number of partners indicated as having operational presence between June 2021 and January 2022, respectively, per sector. Inception interviews revealed that these numbers should not be equated with operational capacity on the ground, let alone delivery of the response. Few organizations were able to move out of the main hubs in Tigray, Mekele and Shire, for large parts of the two-year conflict and those who did noted it was mostly for one-off deliveries depending on where access was available on a certain day.

Table 4: Number of partners involved in response

	Number of partners involved	
Sector	June 2021	January 2022
Total	**54**	**60**
Food	7	9
WASH	18	30
Agriculture	6	12
ESNFI	26	32
CCCM	3	5
Health	23	28
Nutrition	12	19
Education	15	8
Protection	22	36

[Table developed by Evaluation Team combining information from the OCHA Northern Ethiopia Humanitarian Update Situation Reports of the 24June 2021 and 27 January 2022]

3 Purpose

3.1 Scope and main objectives

30. Pursuant to IASC protocols, Scale-Up responses have to be evaluated within nine to twelve months of their declaration; this Inter-Agency Humanitarian Evaluation (IAHE) was officially launched in May 2022. As per the ToR, the main objective of this evaluation is to provide an independent assessment of the collective action of IASC member organizations to meet the humanitarian needs of people affected by the conflict in northern Ethiopia.

31. In keeping with the ToR, the evaluation will focus on the collective response in northern Ethiopia following the Scale-Up declaration. Geographically, the evaluation will cover Tigray and parts of Amhara and Afar regions that were/are affected by the conflict.

32. The temporal scope concerns the period from the Scale-Up activation until the start of the data collection for this evaluation on 1 April 2023. It also looks at the preparedness, planning and actions in the six months prior to the Scale-Up activation, i.e., as of the start of the conflict in November 2020.

33. Substantively, the evaluation will examine the results of the collective action to meet the humanitarian needs of people affected by the conflict in northern Ethiopia. At the same time, it is important to note that given the circumstances of this response with regard to access restrictions – this evaluation will not be a “standard” one in terms of simply contrasting activities, outputs and outcomes against targets and objectives. The table below provides an overview of how the evaluation approaches the five objectives of the ToR given these particular circumstances.

Table 5: Overview of evaluation objectives and approach

ToR Objectives	Our approach
a) Determine the extent to which the IASC member agencies' collective preparedness and response actions were relevant, coherent and effective to address the humanitarian needs.	As for collective preparedness, the evaluation will examine what actions were taken collectively as of the start of the war in early November 2020, until the decision to activate the Scale-Up in late April 2021. As for the response, the evaluation will examine to what extent organizations strategized and worked collectively to maximize humanitarian outcomes of their actions.
b) Assess the results achieved and outcomes generated by the collective response.	The evaluation will examine the response in terms of what it managed to deliver and to what extent the aid delivered reached people in need. However, available data on both the number of people in need and on the delivery per sector appear not reliable due to significant access problems and other issues. Data from government sources reporting on food distributions has not been shared yet.
c) Analyse, to what extent the efforts of the IASC member agencies to overcome of bureaucratic and administrative impediments and other hurdles to access were relevant, coherent and effective.	The evaluation will examine to what degree collective and/or coordinated efforts were undertaken in terms of developing access strategies and/or taking practical steps; undertaking advocacy and humanitarian diplomacy; and negotiating access based on human rights and international humanitarian law.
d) Provide learning about the relevance and effectiveness of the Scale-Up Activation for the response in Northern Ethiopia and contribute to learning across different Scale-Up Activations.	The evaluation will closely collaborate with a separate detailed review of the steps taken following the decision to activate the scale-up.
e) Identify good practices, opportunities and lessons learnt that will illustrate how collective response mechanisms might be strengthened or be refigured to contribute to a relevant, coherent and effective response.	The evaluation will highlight efforts demonstrating leadership and courage as traits or behaviours that correspond to humanitarian values and principles.

3.2 Key lines of inquiry

34. By its nature, the IAHE looks at the collective response. Yet it is individual agencies that form the collective. While the evaluation will not assess their individual actions, it must be kept in mind that agencies' individual actions may have an impact on reaching collective results. For certain reasons, which they should explain, organizations may also decide not to follow the collective.

35. Building on the ToR and insights gathered by the evaluation team in the inception phase, the evaluation will address the five objectives through the following areas of inquiry:

Scale-up:

36. The IASC Scale-Up designation entails a range of steps and measures to scale up the capacity to deliver. While specific additional work will be undertaken as a separate exercise to analyse the Scale-Up activation, we will examine the actions taken at the country level to strengthen capacities, especially for positions that carry collective responsibilities such as cluster coordination. The collective Scale-Up also seeks to deliver a common response, rather than a fragmented one, which will be another feature this evaluation will look at. As collective leadership, such as performed by the HCT, plays a key role and function in moving the Scale-Up activation forward, we will also examine how those in agency and collective coordination leadership positions have supported/support the scale-up.

37. We will also examine the extent to which organizations undertook preparations for scaling up, especially in the six-month period between the outbreak of the war and the decision to activate the Scale-Up at the end of April 2021. The question to what degree agencies were prepared also depends on how they understood the political context and signs that a war might break out. Several sources consulted in the inception phase note that many organizations were in development mode and had trouble to switch to a humanitarian approach.[40]

Needs & Data:

38. In a large-scale humanitarian response such as this one, clusters and individual agencies produce many data sets indicating estimated numbers of people in need and people internally displaced; setting targets; and reporting on items and services delivered. Access and freedom of movement for organizations are prerequisites to collect such data. Given the significant constraints in this regard, it follows that the data available to this evaluation must be assessed for reliability, soundness and completeness. There is no integrated and comprehensive overview of needs available for three northern regions. Among those assessments that were done are two emergency food security assessments, both of which note that the assessment was done in accessible areas only. The emergency food security assessment released in January 2022 reports "considerable operational challenges related to field data collection and the ability to make on-the-ground adjustments, primarily related to the lack of communication, limited amount of humanitarian fuel and limited contingency plans in case of emergencies."[41] Instead, each of the clusters appears to have done an estimation of needs for their sector. As noted, this apparent silo-ed approach creates certain significant discrepancies in terms of estimated numbers of people in need.[42] One question in terms of assessing forced displacement is the extent to which agencies used open-source satellite imagery.

39. Further to this, inception interviews have indicated that due to the lack of access, priority was given to delivery over doing needs assessments. It follows that there are questions on reported numbers of people in need. For western Tigray and border areas, for example, hardly any data has been reported during the two years of the war. Multiple previous evaluations also confirm the scarcity of broadly representative and reliable information. While not an evaluation per se, the 2021 OPR noted "severe data gaps" that made it difficult to form a clear understanding of the humanitarian situation. The information that is available is also described as being politicized.[43]

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[40] See e.g. SCORE report, p. 12.

[41] WFP, 'Tigray Emergency Food Security Assessment - Tigray Crisis Response', January 2022, 11.

[42] See para 8.

[43] ACAPS, 'Ethiopia - Northern Ethiopia Crisis: The Humanitarian Situation One Year Into the Conflict - Thematic Report 3 November 2021'.

40. Questions on the reliability of available data are not new in Ethiopia. Even though a lot of data was available from the Government, the 2019 IAHE of the Drought Response in Ethiopia judged the data on people in need and assistance provided to be "unreliable." Checks carried out by that IAHE showed heavy manipulation of the data – from some point onwards, the coverage of humanitarian needs was exactly 100 percent in all locations. The report also notes that "eight previous evaluations and reviews also identified issues with disputed or unrealistic data" in Ethiopia.[44]

Access:

41. Unhindered humanitarian access is a prerequisite for effective delivery. In the case of the response to northern Ethiopia, many significant impediments of various natures stood in the way of continued access and freedom of movement in all parts of Tigray and parts of Amhara and Afar. A number of these impediments have been noted in the context section.[45] In the data collection phase, we will examine the steps agencies took to negotiate humanitarian access with all relevant parties to the conflict, the extent to which they coordinated their access negotiations or undertook them collectively, and whether these negotiations were underpinned by humanitarian principles. While humanitarian access is a preoccupation for humanitarian agencies in many of today's crises, it should be realized that there are only a few, if any, recent crisis responses where only 10 percent of the aid needed in relation to estimated needs went into the affected region, without specifying further distribution to reach those most in need.[46] The work of the access working group and HCT discussions on access will have our particular attention.

42. Access negotiations are likely to have involved significant efforts of humanitarian diplomacy and silent or public advocacy at various levels. Many high-level visits were also paid to Ethiopia during the two-year war and shortly thereafter. We will therefore look at the extent to which humanitarian diplomacy and advocacy efforts were coordinated and followed a collective strategy and to what extent this strategy may have been successful or not. To complicate matters, these senior-level visits reflect the highly delicate context, much of which is at the interface of the humanitarian world with the political sphere. Working towards an effective collective humanitarian response was not merely a matter of technical solutions but was highly dependent on the outcomes of political negotiations.

43. Inter-agency dialogue on the way agencies understand and apply the four core humanitarian principles, i.e., humanity, impartiality, neutrality and independence,[47] in their negotiations is a key aspect of a collective strategy to open up access. As part of such an approach, agencies may also have considered "red lines" to ensure that they do not become instrumentalized in the policies and practices of other actors that do not abide by human rights norms or humanitarian standards. Should context and data analyses suggest further deterioration in the humanitarian situation, it follows that escalating decision-making and involving senior leadership at capital in considerations around red lines become essential. This is why particular attention will be given to the role and views of senior leadership in inter-agency consultations and their reporting lines.

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[44] Julia Steets et al., 'Inter-Agency Humanitarian Evaluation of the Drought Response in Ethiopia 2015 - 2018', November 2019, 113.

[45] See paragraphs 9 and 10.

[46] In a press conference on 4 August 2021, USAID Administrator Samantha Power, put this figure even at 5 percent. https://www.usaid.gov/news-information/speeches/aug-04-2021-administrator-samantha-power-holds-press-conference

[47] See e.g. UNGA Resolution 46/182 (1991) and OCHA on Message: Humanitarian Principles, July 2022.

44. Another issue that may have had an impact on the HCT system's ability to open access is the image and perception of humanitarian organizations as portrayed by other actors. Messages and pictures on social media channels played a major role in creating certain perceptions discrediting impartial aid efforts.[48] The toxic climate on social media begs the question to what extent agencies undertook collective efforts to correct this perception by sharing messages highlighting their work and whether they assessed the impact of their communications countering hate speech.

Delivery:

45. A standard feature of an IAHE is to assess the extent to which planned collective results have been achieved in relation to set targets. For this step to be made, we are dependent on several key elements, in particular: collective plans that include clear targets or objectives for the region and period under review, generally reliable and available quantitative data on aid delivery per sector, and qualitative data as to how the target population valued the aid they received. With respect to this evaluation, there are major issues in relation to these three aspects. First of all, while targets were set for the northern regions in 2021, the 2022 HRP covers the whole of Ethiopia with little indication as to which objectives and targets are specific to Afar, Amhara and Tigray. Secondly, as noted earlier, data on aid delivery is imprecise and incomplete. Moreover, the number of people reached do not necessarily provide meaningful information. People are counted in, even if reached only one time with a certain service, which does not provide further indication as to effectiveness.[49] Thirdly, due to limited access and the communications black-out, it appears that there is extremely little, if any, feedback from affected communities on the aid they received. The recent evaluation of UNHCR's Response to the L3 Emergency in Ethiopia (2023) also finds that weaknesses in data quality limited UNHCR's ability to use data to consistently inform the response and report accurately on results.[50]

46. In light of questions on the gaps in data, we will examine how the clusters and their members worked with these uncertainties and what data they used to inform their decision-making on priorities. One particular aspect to look into is whether agencies were led by the principle of proportionality, i.e., trying to reach those most in need first, when they were able to bring aid to Tigray.[51] Inception interviews revealed that those activities that organizations were able to carry out were often a matter of single visits and one-off deliveries due to the extreme fluidity of the security situation. The role of the inter-agency rapid response mechanism (RRM) may be particularly relevant in this regard.

47. The provision of services and goods must follow a number of key IASC policies with regard to gender sensitivity, inclusion, accountability to affected populations (AAP), the centrality of protection and the prevention of sexual exploitation and abuse (PSEA). Efforts to collect protection data, such as on conflict-related sexual violence or gender-based violence (GBV), are a key aspect of the centrality of protection commitment. The extent to which these policies, especially the centrality of protection, were followed in the delivery will be part of this evaluation. Looking at inclusion, which is closely linked to

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[48] For example, in August 2021 a Facebook post accused ICRC of transporting money for the TPLF (https://pesacheck.org/false-icrc-was-not-caught-transporting-dollars-to-tplf-illegally-5629394afb09) and in October 2021, a picture went viral on Twitter of a Tigrayan official using a satellite phone with a WFP representative standing next to him: https://twitter.com/EcnasT/status/1445495216736124932 .

[49] Inception interviews.

[50] UNHCR, Evaluation of UNHCR's Response to the L3 Emergency in Ethiopia 2021-2022, (draft) Evaluation report, January 2023, p 19.

[51] Proportionality is one of the two aspects of the principle of impartiality (the other being non-discrimination) as it is reflected in the definition of impartiality as: …"giving priority to the most urgent cases of distress"…

protection and AAP, will also involve examining whether people with special needs, such as people with disabilities, were given sufficient attention in the response as to their needs.

48. Likewise, especially since the 2016 World Humanitarian Summit and the Grand Bargain Agreement, there has been an emphasis on the prominent role and work of local organizations in humanitarian response. As the access to Tigray and freedom of movement within the region was impossible for humanitarian workers for several significant periods, the question becomes whether local organizations were enabled to fill the gaps. Obstacles such as lack of communication and shortages of fuel must also have affected their operations. Still, they may have knowledge of the evolution of the humanitarian situation and the needs of communities when access was cut off.

49. One particular issue raised by key informants in the inception phase is the responsibility, as good employers, of humanitarian agencies to maintain the safety, security, physical health and psychological well-being of their personnel. Duty of care is even more important in highly insecure environments where it is inevitable that humanitarian staff will be exposed to a certain level of risk. While agencies may approach this responsibility individually, the Core Humanitarian Standard (CHS) commits humanitarian organizations to ensure that their staff is well-managed.[52] The number of humanitarian staff who lost their lives or who were wounded in the line of duty has been extremely high in this crisis.[53] Key informants consulted in the inception phase pointed to gaps in the duty of care and insufficient inter-agency dialogue involving the UN Department of Safety and Security as part of the saving lives together (SLT) framework. Local staff and local NGOs did not receive their salaries or funds, respectively, for an extended period of time due to the banking system closing down and restrictions on bringing cash to Tigray. These obstacles will be further examined in the evaluation phase.

Coordination:

50. Working in partnership requires coordination and dialogue. Mechanisms such as the HCT or inter-cluster coordination group (ICCG) are key coordination forums for developing collective strategies and agreeing on common plans and priorities. The HCT is a large forum in Ethiopia involving all major stakeholders, including donors, which might bring advantages but also challenges. Donors' participation in the HCT suggests that their responsibility goes further than financing the response. In addition, specific structures were set up to coordinate aid efforts for northern Ethiopia. This decentralized coordination approach may have brought advantages, but also disadvantages. As of 2022, it appears that a more centralized approach coordination was followed. Assessing how partners and others valued these structures, their motivation for engagement and what they felt was the return on their investment in participating will allow us to understand what worked and what did not in terms of inter-agency coordination. It will be important to situate the perceived value of coordination in the period of lockdowns and remote meetings as a result of COVID-19. It is equally important to understand the relationship between the UNCT and HCT as some UN agencies may have seen the UNCT as the central forum for decision-making, including on humanitarian affairs.

51. As this evaluation will focus on access and humanitarian principles, we will examine the dialogue among members of the HCT on humanitarian principles, protection and related policy issues. It should

[52] CHS, commitment #8. Also, the SLT framework is an example of the collective responsibility to uphold the duty of care.
[53] The Aid Worker Security database recorded the death of 19 aid workers making it the deadliest conflict for staff in the world in 2021. See https://aidworkersecurity.org/incidents/search?start=2021&detail=1&country=AF%2CCD%2CET%2CIQ%2CNG%2CSO%2CSD%2CSY&sort=asc&order=Country

be kept in mind that international humanitarian law contains particular provisions for the delivery of humanitarian assistance in armed conflict. To avoid instrumentalization by parties to the conflict, it may be essential for organizations to draw up criteria enabling them to assess if they can still work without political interference. Whether such criteria were discussed, put in place and monitored in the context of setting red lines are issues to examine. In addition, there is mentioning of a policy advisory group (PAG).[54] In the data collection phase, we will examine what role this group played, who its members were and how it interacted with other coordination bodies such as the HCT.

52. The evaluation will focus on the Scale-Up activation and strengthening of the response capacity, including the additional resourcing of coordination mechanisms, such as the staff capacity to support the clusters. It will also have to consider the actions of and interaction with other coordination processes and mechanisms, such as the UNCT and other development forums.

3.3 Audience and use

53. There are several intended users for the evaluation as follows:

54. Primary users, with regard to accountability and learning:

- The Resident/Humanitarian Coordinator and the Humanitarian Country Team in Ethiopia;
- The cluster lead agencies (CLAs) in Ethiopia;
- The Humanitarian International Non-Governmental Organizations (HINGO) Forum
- The Emergency Relief Coordinator and IASC Principals;
- The IASC Deputies Forum, the Operations, Policy and Advocacy Group (OPAG)and the Emergency Directors Group (EDG).

55. The secondary users are the affected people, Ethiopian authorities such as the EDMRC (previously referred to as NDRMC), donor governments, the UN Secretariat including the Development Coordination Office, members of the African Union, NGOs and civil society organizations and researchers working on the humanitarian and development situation in Ethiopia. Secondary users will be informed on the outcomes of the evaluation.

56. In line with the ToR, this evaluation will provide information on the outcomes of the response and the factors enabling or impeding it, for accountability and learning purposes. As discussed in section 2.3 above, given the specific circumstances of the response and the well-known limitations around access, the evaluation will not be a “standard” one, to the extent that it is well-recognized from the outset that very little assistance and protection was in fact delivered for much of the response in relation to the scale of need. In light of this, the evaluation will not focus merely on the extent to which the objectives set were achieved but will look further into how and why these circumstances came about and whether things could have been done differently. As such, the evaluation hopes to provide valuable lessons for the humanitarian community, both in terms of improving the ongoing response in northern Ethiopia and with regard to other responses, now and in the future. The inception phase has indicated that one essential learning aspect is the need for organizations to remain in position to shift gears when a situation in a certain area that is on the road to development falls back into conflict.

57. For this evaluation to be of use to the primary users, it is essential to ensure there is clarity within the audience as regards the focus and purpose of the exercise. Firstly, as the evaluation will produce evidence on the implementation of the Scale-Up activation in this crisis, it may bring up analysis or

[54] EHCT Minutes, 3 June 2021.

suggestions on Scale-Up activation decisions that could be of relevance to the EDG and IASC. Secondly, part of the focus of this evaluation is devoted to the actions that were taken by the agencies to overcome access obstacles. The negotiation of access was a particular feature during the two-year period of the war, but even with the signing of the cessation of hostilities agreement, unimpeded access to all parts of Tigray, Afar and Amhara is yet to fully materialize. Evidence that the evaluation may find of successful access negotiations may be valuable for future emergencies caused by the conflict in Ethiopia and elsewhere. Erratic access is a prevalent challenge in most complex emergencies. Lesson-learning around what works and does not work when it comes to access negotiations may consequently be one of the most important contributions of this evaluation to future responses. Thirdly, this evaluation may provide significant lessons on recording, reporting and presenting humanitarian data in a situation where access is limited, and the aid effort is severely compromised.

4 Approach and design

58. In light of its objective, the dual learning and accountability purpose of the exercise and the experience of the evaluation team, this evaluation has been designed to be robust and utilization-focused.

59. **Robust:** To ensure that the quality of the evaluation matches expectations and that it lends itself to relevant and usable outputs. Throughout the evaluation process, the evaluation team will safeguard the integrity of the exercise by maintaining strict independence. Furthermore, findings will be triangulated as much as possible, and conclusions will be drawn on solid and objective grounds. The triangulation is particularly important due to access constraints and data gaps, but it is also made more complex because there are few different types of sources to triangulate with (see section 4.3.3 for further discussion on this). This IAHE is carried out in parallel with that of the Afghanistan Scale-Up and shortly after the IAHE of the Yemen response. A number of agencies – including UNICEF and UNHCR – have recently undertaken or are currently undertaking evaluations of their responses in Ethiopia. While an inter-agency evaluation by nature takes a more systemic approach than a single-agency evaluation, it is appropriate to anticipate some degree of coordination and/or comparison on the findings; the inception phase has already included conversations with the team leaders of these other evaluations/reviews. The evaluation team will emphasize its independence throughout the evaluation process, also depending on the support from the Evaluation Manager/Management Group (MG) to ensure that this evaluation exercise is understood and recognized by relevant actors. To avoid undue political pressures – both on the evaluation team members and on informants – the confidentiality measures of the data collection process will be kept very strict, and no interview notes or raw data will be shared outside of the evaluation team. To avoid bias the team will also endeavour to form a complete picture of the context, both by approaching the data collection objectively and by ensuring that informants represent the wide spectrum of identified stakeholders.

60. **Utilization-focused:** To ensure that the evaluation can provide actionable recommendations, it is geared towards practically oriented outputs rather than theoretical findings. The evaluation objective will be approached in a constructive manner which lends itself to practical use, valuing positive experiences and allowing for improvements and positive change where needed. Likewise, the evaluation will not shy away from highlighting potential negative aspects or needs for lessons learned. Findings will include practical examples and will be delivered in a clear and consistent way and recommendations will be discussed to ensure they are truly actionable and assignable and can realistically contribute to strengthening humanitarian response. Notably, a recommendations co-

creation workshop will be held with relevant stakeholders, including the In-Country Reference Group.[55] That said, the evaluation team is independent and will as such retain the final decision with regard to the precise formulation of the findings and the recommendations.

4.1 Key evaluation questions

61. Based on our interpretation of the ToR and our approach as explained above, we have reformulated and refined several of the key evaluation questions as suggested by the ToR (see table below). In rearranging the evaluation questions, we grouped them along five lines of inquiry which will also guide the data collection tools, namely Scale-up, Needs & Data, Humanitarian Access, Delivery/Coverage and Coordination. It should be noted that while the questions have been divided into these large categories, they are not to be seen as completely separate from each other. Indeed, questions around coordination also pertain to access and data, for example. The adjusted questions are set out in the table below and provided in further detail in the Evaluation Matrix (Annex 1).

[55] For more on the In-Country Reference Group, see section 5.4 below.

Table 6: Evaluation questions

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation			
Main question	**Sub-questions**	**Line of inquiry**	**Key Evaluation Questions**	**Criteria**	**Comment**
Relevance To what extent did the IASC member agencies' collective preparedness and response prove relevant and adaptive in meeting the demands of the crisis and the humanitarian needs caused by it?	To what extent were IASC member agencies able to anticipate the crisis and what capacities were in place to respond?	Scale-up	Were IASC/HCT member agencies able to anticipate the crisis, the changes in the context and adjust their capacities to respond?	Relevance	Rewording.
	To what extent has the collective response been based on identified needs of and consultation with affected people, including girls, women, men and boys from different groups and those that belong to the most vulnerable and hardest to reach groups?	Needs & Data	What collective efforts were put in place to undertake needs assessments and analyses?	Relevance	Divided into three sub-questions.
		Needs & Data	To what extent did the response take the specific needs and priorities of affected people in the three northern regions into account?	Relevance	
		Humanitarian Access	How did agencies manage to conduct required (inclusive) consultations and inform programming despite certain constraints? What worked, what did not and what can be learned?	Relevance	
	To what extent were humanitarian principles, accountability to affected populations (AAP), PSEA and gender taken into consideration and mainstreamed throughout the humanitarian response plans?	Delivery/ Coverage	What evidence is there of collective efforts to put humanitarian principles, protection, AAP, PSEA, gender, at the centre of the response? What practical actions were taken?	Quality	Divided into three sub-questions.
		Delivery/ Coverage	Did the response consider equally the rights and needs of women, girls, men and boys and other vulnerable groups including children, people with disabilities, the elderly and minority groups affected by the conflict?	Quality	
		Delivery/ Coverage	To what extent was the response provided in a conflict-sensitive way/mindful of local conflict dynamics?	Quality	
	How well has the IASC collective response been able to react and adapt to changes in the context across the temporal scope of this IAHE?	Scale-up	To what extent did collective scenario planning and preparations, especially in the period November 2020 – April 2021, take place and adapt to a large-scale response?	Relevance	The dramatic change of context was the outbreak of hostilities in November 2020. During the conflict itself there were only a few moments where partial access opened up.

			To what extent is the collective response adapting to more recent changes in the context in Northern Ethiopia?	**Relevance**	With access opening up following the cessation of hostilities in late 2022, the question is how agencies are adapting to the new context.

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation			
Main question	**Sub-questions**	**Line of inquiry**	**Key Evaluation Questions**	**Criteria**	**Comment**
Coherence To what extent was the IASC members' collective response coherent and well-coordinated?	How has the system-wide IASC Scale-Up activation and its protocols and IASC guidance documents contributed to the response?	**Scale-up**	Has the Scale-Up activation and its protocols/guidance contributed to making the response more coherent? How? If not, why not?	**Coherence**	Rewording.
	To what extent were local response capacities utilized and integrated at the coordination and response level?	**Coordination**	To what extent were various local response capacities utilized and integrated at coordination and response level?	**Coherence**	Rewording.
	How well did IASC member organizations coordinate their efforts responding to the humanitarian needs generally and specifically vis-à-vis the range of imposed restrictions?	**Coordination**	To what extent did IASC/HCT member organizations coordinate their efforts responding to the humanitarian needs generally and specifically vis-à-vis the range of imposed restrictions, for example in terms of developing collective strategies to open up access at all levels?	**Coherence**	Added a specific example to ensure key informants understand our specific focus.
		Coordination	How well did the way in which the collective response was organized in Ethiopia function in view of ensuring a coherence? Did the HCT function in view of ensuring coherence? What was the role of donors on the HCT in working towards a coherent response?	**Coherence**	Sub-question added given specific issues in the HCT functioning identified in inception phase.
		Humanitarian Access	To what extent were all HCT participants involved and aligned in these coordination efforts to open access?	**Coherence**	Idem.
		Coordination	To what extent did IASC/HCT members put in place red lines, and did they coordinate on these red lines?	**Quality**	Idem.
		Coordination	To what extent did HCT members and other (non-UN) humanitarian agencies working in Tigray follow and coordinate on the "saving lives together framework"?	**Quality**	Idem.

Evaluation questions as in Terms of Reference		Evaluation questions as adjusted for this evaluation			
Main question	**Sub-questions**	**Line of inquiry**	**Key Evaluation Questions**	**Criteria**	**Comment**
Effectiveness To what extent were the IASC members' collective efforts able to effectively respond to the humanitarian crisis in Northern Ethiopia? To what extent has the collective response generated significant positive or negative, intended or unintended effects?	To what extent were the planned strategic objectives, as formulated by the HCT, achieved? What are enabling and inhibiting factors and how were they addressed?	Delivery/ Coverage	To what extent were HCT members effective in their efforts to deliver humanitarian response collectively?	Effectiveness	Rewording given specificities of the context and vague HRP objectives.
		Needs & Data	To what extent were HCT members effective in their efforts to respond to needs in the three norther regions? And to what extent did they collect, manage and share humanitarian data reflecting the situation on the ground? Did they use alternative data sources in view of the restrictions and known data gaps?	Effectiveness	Added sub-question given the gaps in data.
		Humanitarian Access	To what extent were HCT members effective in their efforts to negotiate humanitarian access? Did they exchange on what worked and what did not work?	Effectiveness Quality	Added sub-question.
	To what extent has the IASC Scale-Up activation enhanced the effectiveness and timeliness of the response?				This EQ is to an extent covered by the questions on Scale-Up related to coherence and further sub-questions below. The response is unlikely to have been effective given the scale of need and the blockade.
	Are feedback mechanisms effective?	Delivery/ Coverage	To what extent are AAP feedback mechanisms effective?	Effectiveness	Rewording
	To what extent have the IASC response tools and coordination mechanisms, particularly the Scale-Up activation, fostered effectiveness throughout the response?				As above. The response is unlikely to have been effective given the scale of need and the blockade.
	To what extent was the Scale-Up activation effective in ensuring the international humanitarian response teams' (UN/HCT) capacity to lead the response?	Scale-up	Has the Scale-Up led to an increase in capacity to respond (including the UN/HCT's capacity to lead)?	Relevance	Rewording, divided into two sub-questions.
		Scale-up	What role and function did leadership and leadership arrangements play in the scale-up?	Effectiveness	See above.

	For whom and in what ways, did the collective response work?				This question will be answered thought many others.
	To what extent did the effects reach all identified target groups and specifically women and girls, minorities and people living with disabilities?	Delivery/ Coverage	To what extent has the collective response generated significant positive or negative, intended or unintended effects for all people in need, including those with special needs?	Effectiveness	The formulation of the original sub-question in the ToR is unclear. Hence our reformulation
		Delivery/ Coverage	To what extent did HCT members apply the four humanitarian principles and prioritize the principle that aid should be given first to people most in need?	Effectiveness	Sub-question added as impartiality, in particular the element of proportionality is the key criterion for aid (even if little) that went into Tigray.
		Delivery/ Coverage	To what extent did agencies use public information campaigns and external communications to highlight the non-partisan identity and impartial character of humanitarian aid? If so, did they measure the success of such efforts?	Quality	Sub-question added as disinformation and social media hate speech is a key aspect of this crisis.
Cross-cutting To what extent can the IASC member agencies' collective response be considered equitable and inclusive?	To what extent has the IASC members' collective response been able to ensure equitable inclusive participation and access to all services, especially for women and girls, people with disabilities, communities in hard-to-reach areas, minorities?	Delivery/ Coverage	To what extent has the HCT members' collective response been able to ensure equitable inclusive participation and access to all services, especially for women and girls, children, people with disabilities and minorities?	Quality	Rewording.

4.2 Evaluation baseline

4.2.1 Reconstructed Theory of Change

62. As mentioned in the ToR, there is no explicit Theory of Change (ToC) for the northern Ethiopia response. The evaluation team has attempted to reconstruct a ToC during the Inception Phase (see annex 3), endeavouring not to rewrite history but to reflect on what the ToC could have been, based on documentation and strategies available at the time of the initiation of the northern Ethiopia response. The team paid specific attention to the objectives and rationale for the Scale-Up, as well as the available Ethiopia/northern Ethiopia Humanitarian Response Plans. The reconstructed ToC also considers the Ideal Model - Impact Pathway for humanitarian coordinated action (provided in annex BII to the Terms of Reference for this IAHE).

63. As discussed in section 2.4 above, there was a specific HRP for northern Ethiopia in 2021, but as of 2022 the humanitarian response in Tigray, Afar and Amhara is integrated into the countrywide HRP. This has made the reconstruction of the ToC particularly difficult given that it has not been possible to discern the specific objectives and targets for northern Ethiopia. It is also noteworthy that while the northern Ethiopia Response Plan includes sector/activity-specific targets, no Ethiopia-wide HRP including strategic objectives were published for 2021. The reconstructed ToC has therefore been drawn primarily along the lines of the activities of the 2021 HRP for northern Ethiopia and the country-wide strategic objectives of the 2022 Ethiopia HRP, as informed by the Scale-Up Protocol, and the Ideal Model - Impact Pathway.

4.2.2 Benchmarks

64. As described in the background section above, this is no ‘standard’ evaluation to the extent that it is clear at the inception phase that due to access constraints, humanitarian assistance delivered in the northern Ethiopia response fell far below what was needed. Given this situation, it was decided not to base evaluative judgements primarily in the reconstructed ToC, but rather to consider benchmarks drawn from IASC policies (notably including the Scale-Up protocols); common standards (SPHERE, CHS); and the ideal model pathway for a collective response, provided in the ToR.

65. As seen in the table below, the benchmarks can be ordered along five lines of highlighted in section 3.2 and derived from the main objectives of the IAHE, namely 1) the scale-up, 2) collective efforts around needs assessments and data, 3) concerted negotiations for humanitarian access, 4) response capacity allowing for affective delivery and coverage and 5) effective coordination mechanisms, including collective leadership. Importantly and as will be discussed in the following section, the evaluation will also assess the response against past recommendations and lessons learned.

66. It should be kept in mind that the humanitarian sector does not have objective benchmarks to assess performance when humanitarian access is not forthcoming while there are clear suggestions of high levels of need and high mortality. Likewise, there is no particular benchmark for negotiating access and overcoming bureaucratic hurdles. Common sense would suggest that robust advocacy messages and senior-level engagement from the international community in terms of humanitarian diplomacy would become more important.

Table 7: Benchmarks per line of inquiry

Line of inquiry	Benchmarks	Sources
The Scale-Up	• HCT should identify what a Scale-Up activation intends to achieve and focus on collective priorities • HCT should monitor and measure progress of time-bound system-wide mobilization of efforts at field level • HCT should facilitate collective messaging and communication with stakeholders on intended results of the Scale-Up activation	IASC, Standard Operating procedures Humanitarian System-Wide Scale-Up Activation, Definition and Procedures, Protocol 1, Definition and Procedures (2018)
Needs & Data	• HCT should develop or update the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) • HCT needs to provide the ERC with an initial assessment of the situation including data on affected populations within 24 hours upon consideration that there has been a dramatic deterioration of the humanitarian situation • In as far as mandates, expertise and confidentiality protocols permit, the HCT must endeavour to collect and share data and information	Generic HCT ToR (2017), IASC Centrality of Protection policy 92016)
Access	• HCT should support HC-led efforts to obtain free, timely, safe and unimpeded access by negotiating with relevant parties	Generic HCT ToR (2017), ToR Humanitarian Coordinator (2009)
Delivery/Coverage	HCT should fulfil commitments to: • To uphold humanitarian principles • Centrality of Protection (including e.g. the HCT should monitor and evaluate regularly progress in working collectively to achieve protection outcomes.) • AAP and PSEA commitments, including bringing affected people's views and perspectives on the quality and effectiveness of humanitarian assistance and protection to the HCT • Gender equality and the empowerment of women and girls in humanitarian action	IASC Centrality of Protection policy (2016), AAP commitments, IASC Revised Commitments on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse (2017), Statement by IASC Principals on Accountability to Affected People in Humanitarian Action (2022); IASC Policy on Gender Equality and the Empowerment of Women and Girls (2017), CHS (2014), SLT (2015)

Line of inquiry	Benchmarks	Sources
	• Duty of Care by establishing appropriate staff management systems and establishing security coordination arrangements and forums	
Coordination (incl. collective leadership)	• Organizations are required to act with the collective in mind, to collaborate together, share information and hold each other accountable for working toward better decisions and improved outcomes at the field level. • The work of the HCT is governed by the Principles of Partnership (PoP) • Involve Local and National Actors • Put in place Mutual Accountability between HC, HCT and Cluster Coordinators	ToR Humanitarian Coordinator (2009) Generic HCT ToR (2017), IASC Guidance on New Way of Working, PoP (2007) IASC Guidance on Strengthening Participation, Representation and Leadership of Local and National Actors in IASC Humanitarian Coordination Mechanisms (2021), IASC Transformative Agenda (2012)

4.2.3 "Mapping" of recommendations/lessons learned

67. In line with the ToR, which highlight the significance considering existing evaluative evidence and ongoing evaluations or other reviews, including the Operational Peer Review (OPR) and the 2019 IAHE on the drought response, this evaluation does not simply wish to formulate new analysis and new recommendations, but to also consider the extent to which previous applicable knowledge has been taken into account. This adds to the robustness of the analysis and will also be highly useful in providing lessons for future humanitarian responses. As part of the inception phase, the evaluation team has therefore undertaken a mapping of findings and recommendations of previous evaluations and reviews, deemed relevant for the context in question.[56]

[56] The mapping has so far included the following reviews/evaluations: Guido Ambroso et al., 'Evaluation of UNHCR's Response to the L3 South Sudan Refugee CRisis in Uganda and Ethiopa' (UNHCR, 2016); Jock Baker et al., 'Inter-Agency Humanitarian Evaluation of the Response to Cyclone Idai in Mozambique', n.d.; Véronique De Clerck et al., 'Evaluation of UNHCR's Response to the L3 Emergency in Ethiopia 2021-2022', n.d.; Global Protection Cluster, 'Protection Analysis Update. Ethiopia, Northern Ethiopia', May 2022; Farah Hegazi et al., 'The World Food Programme's Contribution to Improving the Prospects for Peace in Ethiopia', 2022; IASC Emergency Directors Group, 'Operational Visit to Ethiopia, 5-12 July 2021. Summary of Findings/Key Messages (NOT PUBLIC)', July 2021; IASC Emergency Directors Group, 'Mission Report on Ethiopia, 8-12 November 2022 (NOT PUBLIC)', November 2022; IASC PEER-2-PEER Project, 'Northern Ethiopia: Operational Peer Review - Mission Report (NOT PUBLIC)', October 2021; Andrew Lawday et al., 'Inter-Agency Humanitarian Evaluation of the Response to the Crisis in the Central African Republic', 2016; Jennifer Leavy and Catrin Hepworth, 'UNICEF Ethiopia Adolescent Nutrition Wash-Education Joint Programme Evaluation Midline Process Evaluation Report (Oct 2021 – Jan 2022)', November 2022; OHCHR, 'Report of the Ethiopian Human Rights Commission (EHRC)/Office of the United Nations High Commissioner for Human Rights (OHCHR) Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by All Parties to the Conflict in the Tigray Region of the Federal Democratic Republic of Ethiopia', n.d.; Oxford Policy Management, 'SWAN Evaluation. A Report on the Findings', September 2021; Lewis Sida et al., 'Report: Inter-Agency Humanitarian Evaluation of the Yemen Crisis', 2022; Mark Singleton and Stanley Wobusobozi, 'Evaluation of the OHCHR Ethiopia Country Programme' (OHCHR, 8 March 2022); Julia Steets et al., 'Inter-Agency Humanitarian Evaluation of the Drought Response in Ethiopia 2015 - 2018', November 2019; WFP, 'Ethiopia Country Strategic Plan (2020–2025)' (WFP, 25 June 2020); WFP Regional Bureau Nairobi, 'Thematic Evaluation of Supply Chain Outcomes in the Food System in Eastern Africa from 2016 to 2021 - Decentralized

The mapping has concentrated on grouping findings and recommendations that refer to general aspects of a collective response, including:

Coordination

68. Past recommendations on coordination, either in IAHEs for contexts other than Ethiopia or in recent evaluations of the situation in Ethiopia, emphasize the need for improved coordination. Coordination must be continuous and appropriate, which implies having sufficient and sufficiently trained staff. Having a standby roster of staff is one suggestion put forward. The high turnover rate can impede solid coordination. Leadership is key and leaders must have the suitable skillset for a given context. The linkages between all coordination levels need reviewing and clarification (per the northern Ethiopia OPR), in order to improve decision-making and create more transparent and systemic information sharing.[57]

69. HCT meetings should provide an opportunity for self-critical analysis and strategic coordination; the IAHE of the Drought Response in Ethiopia specifically mentions the need to hold these meetings without donors, but with representatives of sub-regional coordination forums. This ties into a recommendation from the IAHE of Mozambique, where emphasis was placed on the need for decentralized humanitarian leadership coordination to provide more effective support and recommendations from the EDG Mission final report, which underline the importance of sub-national level coordination. In the Central African Republic, the IAHE recommended that the HC/HCT focus on addressing key issues, which could allow for a lighter coordination process (EDG Mission Report):[58] needs assessment targeting specific vulnerabilities and groups of beneficiaries, strategic planning and monitoring and defining an effective approach to preparedness with development actors. The IAHE of the drought response in Ethiopia similarly underlines the need for coordination to strengthen resilience in those contexts. As it currently stands, individual agency internal planning processes tend to hinder effective collective action instead of facilitating it, or do not appear to be fit for emergencies.[59]

70. Streamlined coordination would help ensure "one unified voice, leadership and clear common narrative so as to support diplomacy and advocacy at the highest levels by the HC with key interlocutors to maintain humanitarian space and enhanced humanitarian access."[60]

Advocacy

71. Non-Ethiopia past IAHEs and reviews raise three main issues around advocacy:
- The need to advocate for flexible and predictable funding (Yemen IAHE);
- The need for advocacy to be informed by past evaluations and lessons learned (Mozambique IAHE);

Evaluation Report Draft Report', August 2022; Charles Petrie, UN Secretary General and UN Internal Review Panel on United Nations Action in Sri Lanka, 'Report of the Secretary-General's Internal Review Panel on United Nations Action in Sri Lanka', November 2012.

[57] This last point was also flagged as an issue in the Internal Review Panel report on Sri Lanka (Petrie, UN Secretary General and UN Internal Review Panel on United Nations Action in Sri Lanka, 'Report of the Secretary-General's Internal Review Panel on United Nations Action in Sri Lanka'.)

[58] 'EDG Operational Visit to Ethiopia, 5-12 July, Summary of Findings/Key Messages', ND.

[59] See UNHCR, 'Evaluation of UNHCR's Response to the L3 Emergency in Ethiopia 2021–2022' (UNHCR, 2023), iv.

[60] 'EDG Operational Visit to Ethiopia, 5-12 July, Summary of Findings/Key Messages'.

- The need for UN engagement with Member States in order to build political support (Internal Review Panel Sri Lanka).

72. Evaluations that looked at Ethiopia specifically raised two essential elements related to advocacy:
    - Advocacy with parties to the conflict on protection of civilians;
    - Advocacy with parties to the conflict on improving the operating environment.

73. Tying back to the issue of coordination, recent Ethiopia-specific documentation stresses the need for shared, coherent, strategic advocacy, wherein the HCT would come together around a common narrative. Lines of responsibility delineating when and who speaks at country, regional and HQ levels need to be clarified. This may require external communication with national partners and/or donors.

Protection

74. In order to improve protection, in addition to increasing advocacy around it, recommendations suggest increasing (multi-year, multi-sectoral, more flexible) funding to support service delivery; enhancing the capacity of community-based protection structures and local responders; and integrating and mainstreaming child protection and GBV into other sectoral interventions (informed by analysis). These recommendations emerge from both Ethiopia-specific documentation and evaluations from other contexts (Yemen IAHE, Evaluation of UNHCR's Response to the L3 South Sudan Refugee Crisis).

MEAL & Information

75. Across all contexts, recommendations concerning data and information are numerous. Data collection is key, both prior to and post service delivery: insights should be incorporated into targeting, programme design, implementation and monitoring and evaluation. There is also a need to regularly review data, particularly in situations of grave international human rights and humanitarian law violations where information needs to be the best available (as per the Internal Review Panel on Sri Lanka). Lessons learned reports should be made public and factored into other related processes, especially around advocacy. Improved coordination around information-sharing would help in this regard.

76. However, data and information should not be collected for collection's sake; what matters is its quality and what is done with it further down the line. The Yemen IAHE puts it simply: "The ERC and IASC Principals need to overhaul the current system of collective data and analysis. There is a proliferation of dashboards, questionable results figures and assessment data that is not cross-compatible. The leadership needs to have a good, clear method to understand progress towards outcomes. This will increasingly become the case as response become larger and more sophisticated."

77. As will be seen in section 4.3 below, consideration of past findings/recommendations and lessons learned have been included in the conceptual framework for the evaluation among the benchmarks that the evaluation team will consider making its evaluative judgements in terms of objective, baseline and results.

4.3 Data collection strategy

4.3.1 Data availability and outstanding needs

Data availability:

78. As noted above, a range of data sets have been produced in this humanitarian response, such as OCHA situation reports, clusters' dashboards, IOM's Displacement Tracking Matrix Emergency Site

Assessment (DTM) reports,[61] access maps, overviews of humanitarian presence and many other individual agency reports. However, many of the data contained in those reports is not uncontested. This is due to the fact that there were severe access limitations inhibiting independent assessments and issues in terms of government endorsement of the reports, which was absent in several instances.

79. One particular report for this crisis is OCHA's regular overview of operational humanitarian capacity, which highlights the capacity and resources needed in relation to the number of people targeted to receive aid. These reports demonstrate significant shortages in the items and services that were distributed. In addition, as an independent service, ACAPS has also produced various information products on the crisis response providing further consolidated reports and analyses.[62] Other data sources include publications from NGOs, think tanks, academia and media.[63] One publication which also documents and maps the crisis "Tigray: Atlas of the Humanitarian Situation."[64]

80. In spite of these multiple sources, as noted, the response in northern Ethiopia is characterized by significant gaps in data on needs and key humanitarian performance metrics. While for most clusters, dashboards, situation reports and other relevant documents have been made available, there is a lack of data at the outcome level and there are complications with aggregating performance data as these data are spread across a large number of PDF reports, with the reports also using different metrics or indicators and differing in terms of specifying or demarcating zones and locations.

81. In relation to the reliability of available data, some observers have questioned numbers published, i.e., whether the figures available do in fact represent the reality on the ground. As the Tigray Atlas of the Humanitarian Situation (2021, p. 55) explains and as OCHA noted at the time, it has often been unclear how much of the dispatched aid actually reached people in need in northern Ethiopia. It is estimated that 25 per cent of the dispatched aid remained unaccounted for after formal aid distributions and reports of looting and informal distributions, for example at roadblocks, were noted.[65]

Outstanding data requirements:

82. Annex 11 provides the list of documents that have been received and catalogued in the inception phase. For some sectors, extensive documentation has been made available, while for other sectors the evaluation team did not (yet) receive adequate data and reports. Perhaps linked to data gaps or sensitivities, data on mortality or malnutrition appear particularly absent. With respect to understanding what documentation is available, it should be kept in mind that the evaluation team cannot make any other request to cluster leads and individual agencies than to share with us what they see as relevant in relation to the ToR and the analysis as outlined in this report. At this time, we do not know all relevant documents that agencies and clusters may have produced. We expect our journey in putting together the picture of the collective operational response to be an iterative one with more specific and relevant documentation becoming available as we proceed with data collection.

[61] https://dtm.iom.int/ethiopia.
[62] See, e.g., the reports from ACAPS: ACAPS, 'Ethiopia - Northern Ethiopia Crisis: Update on Humanitarian Needs - 31 January 2023'; ACAPS; ACAPS, 'Ethiopia - Northern Ethiopia Crisis: Update on Humanitarian Needs - 21 December 2022', 2022; ACAPS, 'Ethiopia - Northern Ethiopia Crisis: Update on Humanitarian Needs - Thematic Report 30 November 2022', 2022; ACAPS, 'Ethiopia - Northern Ethiopia Crisis: Update on Humanitarian Needs - Thematic Report 28 September 2022', 2022.
[63] For a list of documents received and catalogued by the Evaluation, see Annex 11.
[64] Annys, S. et al, Tigray: Atlas of the humanitarian situation, version 2.2., 27 December 2021.
[65] Tigray, Atlas of the Humanitarian Situation (2022), pp 56/57.

83. Further to this, we understand that much of the data or information on access negotiations and considerations on advocacy messages and the preferred communication channels for these messages do not exist on paper but will need to be obtained through key informant interviews requiring a high degree of discreteness.

84. In terms of data, the evaluation team would – where available – further require in particular:
    - External communications, messages and advocacy statements from agencies, particularly as regards access/efforts to reach people in need;
    - Agency-specific monitoring data showing number of people reached, locations and type of aid;
    - Health data on mortality, admissions, functioning facilities, etc.;
    - Agency and cluster records of staffing, in terms of numbers and levels, in relation to the Scale-Up activation;
    - Minutes of the various IASC bodies, including the Principals, OPAG and the emergency directors group (EDGs) discussing the northern Ethiopia response; and
    - Government and donor reports on the humanitarian situation.

85. Depending on what additional data and information the evaluation team may be able to collect, gaps, if any, will be noted in the evaluation report.

4.3.2 Stakeholder analysis, including identification and reach of affected people

86. The following actors have been identified as stakeholders in this evaluation. For those at the country level who will be consulted during the data collection phase and geographical locations for data collection, refer to the tentative travel schedule in annex 9.

Table 8: Stakeholder overview

In-country stakeholder	Evaluation involvement
Federal and regional governments	
• Ethiopian Disaster Risk Management Commission (EDRMC): main counterpart for the humanitarian system, previously referred to as NDRMC • Ministry of Peace: created 2018, oversees EDRMC • National Disaster Prevention and Preparedness Committee (NDPPC): high-level decision-making body, chaired by the Deputy Prime Minister and involving ministers and the EDRMC • Ministry of Finance: oversees government funding for humanitarian response and the Productive Safety Net Program, which reaches around 7 million people including in Tigray, Amhara, Afar. • Ministry of Agriculture – as the implementer of the Productive Safety Net Program (PSNP)	Data collection phase: • Key informant interviews • Online survey Reporting phase: • Secondary users: will be informed/briefed on final report
Ethiopian aid agencies and NGOs	

• Relief Society of Tigray (REST): major aid provider working with WFP, WV, Care, FH, etc. REST's board members were replaced during the conflict by caretaker board.
• Tigray Development Association (TDA)
• Women's Association of Tigray
• The Tigray Disabled Veterans Association (TDVA), the Tigray women with disabilities association, and the Tigray Association of Intellectual with Disabilities
• JEOP consortium (led by CRS including CARE Ethiopia, Food for the Hungry Ethiopia (FHE), Organization for Rehabilitation and Development in Amhara (ORDA), Relief Society of Tigray (REST)and World Vision Ethiopia (WVE))
• Other national partners to be identified, e.g.:
  ○ Islamic Relief Ethiopia
  ○ The Ethiopian Human Rights Commission
  ○ The Ethiopian Red Cross Society
	Data collection phase:
	• Key informant interviews
	• Online survey
	
	Reporting phase:
	• Secondary users: briefing on final report

UN Agencies and HCT members and partners (current and former representatives)	
At country level: • Resident/Humanitarian Coordinator • Deputy Humanitarian Coordinator • OCHA • Operational UN agencies: IOM, FAO, UNHCR, UNICEF, UNFPA, UN Women, WFP, WHO • OHCHR • Cluster Lead Agencies/Cluster Coordinators • ICRC, IFRC, Ethiopian Red Cross Red Crescent • HINGO • National NGOs/CSOs • Donor governments/embassies, in particular the Humanitarian Resilience Donor Group At global level: • Former and current ERC	Inception phase • Inception interviews Data collection phase: • Key informant interviews • Online survey Reporting phase: • Primary users; in-person workshop sessions will be held with groups of primary users to ensure that they have plenty of opportunities to provide

• IASC Principals; EDG/OPR members • OCHA • UNHCR and UNICEF (also given their respective agency's L3 evaluations) • Global Clusters • NGO Consortia (ICVA, Interaction) • Independent observers	feedback and add to draft recommendations.
Other/Academia/Non-humanitarian	
• Faculty of social sciences at Mekelle University • Journalists/media • Faith-based entities (e.g. Ethiopian Catholic Secretariat, Ethiopian, Evangelical Church Mekane Yesus, Ethiopian Orthodox Church) • Disaster Risk Management Technical Working Groups • Relevant regional, zonal and district (Woreda) bureaus and offices, including the respective Bureaus of Women and Children Affairs in Tigray, Afar and Amhara.	Inception phase • Inception interviews Data collection phase: • Key informant interviews • Online survey Secondary users: • Will be informed/briefed on final report through dissemination of communication materials
Affected people	
• In Tigray, Amhara, Afar, with consideration of adequate representation and involvement of women and men of different ages and disadvantaged groups, including people with disabilities.	Data collection phase: • Key informant interviews • FGDs Secondary users: • Will be informed/briefed on final report through dissemination of communication materials

4.3.3 Data collection methods and tools

87. Bearing in mind the above, this evaluation will take a mixed-methods approach, gathering both qualitative and quantitative data to the extent possible. Noteworthy in this context are also the evaluations of their respective L3 responses by UNHCR, carried out in 2022and by UNICEF, which is happening in parallel to this IAHE. It goes without saying that coordination on practical issues as well as substance of the IAHE northern Ethiopia and the UNICEF L3 evaluation is crucial so as not to overburden busy humanitarian staff and other stakeholders, in particular also affected people.

88. Primary data will be collected through the following means:

89. **Semi-structured key informant interviews (KIIs)** with relevant stakeholders pursuant to the above stakeholder analysis. Approximately 100-150 interviews allow for a manageable and robust evaluation

provided they are representative of all relevant stakeholders identified.[66] Interviews will not only be done with key informants who hold current responsibilities with regards to the response, but also with those who held key positions during the two-year conflict, but who have moved to new duty stations. In the inception phase, the evaluation team has been provided with potential contacts through the Management Group and other stakeholders. To avoid issues of bias in the selection of respondents, the interviewee lists provided have been compared against a checklist of stakeholders to be ideally covered, developed by the evaluation team and adjustments/additions made accordingly (purposive sampling). In selecting informants among the stakeholders identified above, care will be taken to also reach out to actors who did not actively participate in the inter-agency Scale-Up or HCT to avoid bias of active participants. As the evaluation progresses, interviewees will also be asked to suggest other potential respondents as appropriate.

90. In terms of the profiles, roles and positions of key informants from operational HCT members, we will particularly invite:

- The Heads of Agencies and/or those in leadership positions responsible for operations in the three regions;
- (Senior) staff involved in humanitarian representation, coordination, liaison and diplomacy roles;
- Information Officers responsible for collecting data to compose sitreps, dashboards or other reports;
- Officers responsible for logistics, staff security and similar tasks related to organising road convoys, warehousing, communications equipment and staff security arrangements.

91. Interviews will be carried out in teams of two or three and the composition of the teams will rotate as much as possible to ensure a shared analysis. Remote interviews will be carried out with stakeholders who are not available for a meeting during the field visit or in locations that cannot be reached due to insecurity, assuming there is phone and/or internet connection in those areas. The evaluation team will regularly exchange on the findings of the interviews, to ensure coherence in approach and interpretation.

92. The evaluation team developed guidance for the key informant interviews (KIIs), following the lines of inquiry as per the Evaluation Matrix (annex 1). This can be found in annex 6 below. It should be noted that in view of the purpose of the evaluation, the interviews will not follow a systematic questionnaire approach, but rather be shaped as dynamic conversations in which the interviewees will be asked to dig deeper into certain issues related to their specific roles and responsibilities.

93. The data collection process will be explained to all informants prior to their involvement. The data collected will not be attributed unless explicit verbal permission is given (see the verbal consent form in annex 5). To ensure trust-building and emphasize confidentiality, interviews will not be digitally recorded. Written notes will be taken with the permission of the informant, but notes will not be shared with anyone outside of the evaluation team.

94. **Focus Group Discussions (FGDs)** with affected communities will be carried out to understand how aid recipients in affected communities perceive the relevance of the humanitarian assistance provided and how those who did not receive sufficient or any aid coped. These qualitative consultations will not be

[66] The evaluation foresees Focus Group Discussions with affected people, but it could be that these are complemented/exchanged with an additional number of KIIs with affected people. In this case, the number of 100-150 KIIs would be increased.

representative in a statistical sense and therefore will not be interpreted to assess coverage of the response. Instead, FGDs will include purposely selected groups that can be expected to have a distinct and informative perspective on the evaluation questions. This means that as a minimum, we want to cover the three geographic areas of Tigray, Afar and Amhara. Within each area, we will conduct dedicated FGDs with women, men, IDPs, host communities and returnees in more than one location per region. We will also aim to conduct FGDs with refugees, where possible. We will hold separate FGDs and/or KIIs with people who received aid and who did not, which will help us to understand how people coped during the war, rather than establishing a conclusive picture on the amounts of aid that reached intended target groups. To identify the various participants for KIIs or FGDs, we will liaise and make use of lists of the local administration (kebele) or, in the case of refugees and returnees, the Refugee and Returnee Service (RRS -formerly known as the Administration on Refugee and Returnees Affairs - ARRA), which will also be asked to grant access to the camps.[67] Where such lists are not available, people's experience with aid will be determined on the spot.

95. This means we aim to conduct 10-12 FGDs per region, or around 35 FGDs in total. To respect the confidentiality of participants and ensure a light footprint of the research for communities, it will be decided in consultation with partners in affected areas whether some FGDs should be replaced or complemented with individual interviews covering the same constituencies. Care will also be taken in ensuring that there is coordination on the locations of the FGDs with the UNICEF L3 evaluation.

96. We will not discuss any sensitive issues that could put participants at risk during FGDs, since confidentiality cannot be ensured in group settings. Whenever possible, we will conduct discussions without community leaders and instead interview them separately, to avoid power dynamics biasing the exchange between community members.

97. The team includes a senior consultant who has a significant experience in monitoring and evaluation, including qualitative research, throughout Ethiopia. The consultant will work with researchers from affected communities and/or Mekele University faculty of social sciences to help with introductions to communities, selection of FGD participants, facilitate the discussion and provide translation for conversations that are not in Amharic. Only written notes will be taken during discussions, with the permission of participants. Discussions will not be recorded. The evaluation team will approach organizations working in the areas that it will visit for their assistance in bringing together the FGD participants using the criteria mentioned above. For this not to bias the selection of participants, the team will generally ask for areas of project implementation rather than specific contacts of people and then identify participants independently from implementing organizations. From there, we will use careful snowball sampling to identify additional participants, especially from marginalized groups, following an approach described in field research methodology. [68]

98. Conducting consultations with affected communities in areas of persistent need can raise ethical challenges and risk harm for the people involved. For example, external research teams can evoke expectations of (more) assistance, when consultations look similar to needs assessments. Given the power imbalance between members of the affected community and researchers, people may give consent to their participation, but only because there is the expectation of some direct positive benefit, or the fear that not participating will put them at a disadvantage during aid distributions. We will

[67] The team will coordinate with OCHA to request corresponding letters of introduction from both the EDRMC and RRS.
[68] See e.g., Nissim Cohen and Tamar Arieli, 'Field Research in Conflict Environments: Methodological Challenges and Snowball Sampling', *Journal of Peace Research* 48, no. 4 (2011).

mitigate this by clearly stressing at the beginning and throughout conversations that participation does not in any way affect what aid people receive, that we do not take people's names and that we want to hear their opinion so that aid agencies in other contexts and in other crises, can do better work. We also suggest compensating participants of FGDs for their time. We will engage with the facilitating organizations and/or local aid providers, to ensure that any compensation is respecting common local practices. In addition, transportation will be compensated and/or facilitated where needed and refreshments will be provided during the discussions.

99. The inception phase has shown that a large-scale perception survey with affected people would not add sufficient value from an analytical point of view and would simultaneously face considerable practical (access) and budgetary constraints. Typically, perception surveys focus on aid recipients to learn what they think about aid received. However, if the main problem is one of exclusion and coverage, relying primarily on a large sample of recipients is of limited value to assess the effectiveness of the collective humanitarian response. Given the sensitivity of the topics to be discussed and the politicized nature of the response, qualitative conversations with affected people are deemed more appropriate than a standardized, large-scale survey.

100. **Online survey** targeting providers of humanitarian response, including HTC member and partner organizations and the national government/institutions in charge of humanitarian assistance in northern Ethiopia, as a method to gather wider perceptions as to the relevance, coherence and effectiveness of the provision of humanitarian services in northern Ethiopia.

101. The research team will design the online survey following the lines of inquiry developed along the Evaluation Matrix, provided in annex 8. The survey will be provided in English, Tigrigna, Afar and Amharic. In line with HERE's confidentiality approach, survey respondents will be anonymous and identified only by organization and level to encourage frank and honest responses. Online survey responses will not be associated for the purposes of recognition with any e-mail, IP address, or mobile phone number.

102. The online survey will be an open participation survey, i.e., will not be sent only to a specific list of respondents. This choice has been made since the evaluation looks at a collective response and it is therefore not going to be restrained only to a certain organization, or type of stakeholder. Moreover, the aim of the survey is also to reach those who were involved in the northern Ethiopia response at one time, but who may no longer be.

103. The precise dissemination strategy for the survey will be elaborated together with its final design in the Evaluation (data collection) phase (see section 5.2 below), but the survey will be distributed via social media and e-mail, through cluster leads and partners at national and sub-national levels, primarily in view of achieving a snowballing effect, i.e., those completing the survey or participating in interviews will be asked to forward the survey and/or share the contacts of other potential participants. While the open participation survey by nature means it will not be possible to control/ensure a balanced participation of different types of respondents, the evaluation team will endeavour to disseminate the survey as widely as possible and will bear the potential participation bias in mind in the analysis. The insights gathered through the survey will also be triangulated through the other data collection methods. The Evaluation Team will also bear likely survey fatigue in mind, both by endeavouring to make it an as short a survey as possible and by liaising with the teams of concurrent evaluations looking at the Ethiopia context, to ensure surveys do not unnecessarily overlap in substance and timing.

104. **Direct observation** by the core evaluation team. The evaluation team will be able to travel to Addis, Tigray, Afar and Amhara and to the extent possible will endeavour to visit project sites. Visiting project

sites and seeing activities in person, is a good way for the evaluation team to get an overall feel for the response and it is also an important way of triangulating certain findings, particularly as regards the respect of policies, guidance and sector-specific standards. As noted, in identifying locations to visit, the team used several criteria as overlays: accessibility during the war, quantities of aid provided, numbers of displaced, presence of aid agencies and control of the warring parties. While Tigray may have been more affected than Afar and Amhara, the latter two regions also have areas or pockets that were largely inaccessible. The tentative travel schedule (annex 9) provides further detail on the locations the team intends to visit.

105. The body of primary data collected by the means above will be triangulated by secondary data gathered primarily through:

106. **A document review** which will consider a set of documents identified by the evaluation team through a desk review and /or provided directly by the Evaluation Management Group.

107. Clearly, relevant HRPs, collective plans, cluster strategies, are at the centre of our review. We will also consider recent IAHEs and previous agency-specific or inter-agency evaluations or reviews looking at the Ethiopian/northern Ethiopian context, as well as agency meeting minutes, statements, communications, etc. Further to the documents that were provided to us by the Management Group, there is a significant body of materials documenting the war and its impact and reflecting high level statements and engagement calling for immediate access. The list of documents received or collected so far for analysis can be found in annex 11.

4.3.4 Data collection mission

108. As part of the inception phase, a number of specific locations in the three northern regions were looked at for potential visits and assessments through field research and in-person data collection. Criteria for the selection include severity of needs, accessibility for aid actors during the war, reports on quantities of services and goods delivered,[69] reported numbers of people displaced and the control of different parties to the conflict. As a standard inception phase activity, the locations would be identified based on these criteria, captured in a matrix. However, as the details motivating the selection are not consistently available, if at all, for the two-year period and the whole of Tigray has been largely cut off due to the blockade, it is suggested to follow a pragmatic approach in the identification of locations to visit as part of the data collection mission. For Afar and Amhara, the evaluation team suggests to visit the main hubs, Semera and Gondar respectively, possibly added by another location which was largely inaccessible for a significant period during the conflict. See also tentative travel schedule in annex 9.

4.4 Conceptual framework

109. The Conceptual Framework (figure 5 below) summarizes the evaluation approach, data collection and analysis methods and includes:

110. **Evaluation benchmarks**: The benchmarks that the evaluation team will consider in making its evaluative judgements, as discussed in section 4.2 above. The evaluation of the collective response in Ethiopia will hence essentially be evaluated the Scale-Up Protocol, other IASC policy and guidelines and sector-specific standards, as appropriate, including the "Ideal Model – Impact Pathway" provided in the

[69] See maps 19, 20 and 21 of Sofie Annys et al., 'Tigray Atlas of the Humanitarian Situation', December 2021. See also USAID's crisis response maps.

ToR. The evaluation will also take relevant previous recommendations and commitments into account in its evaluative judgement.

111. **Thematic scope of analysis:** The key lines of inquiry for this evaluation. As seen in section 3 above, these key lines of inquiry derive from the objectives of the evaluation, as provided in the ToR, which have then been interpreted and streamlined by the evaluation team in the inception phase. Each line of inquiry gives rise to a specific set of questions outlined in the Evaluation Matrix.

112. **Data analysis methods:** Primary and secondary data will be subject to content analysis, following an interpretative approach, classifying findings in view of providing concrete suggestions. The analysis of the documents will be carried out using MAXQDA software and will be guided by the use of certain terms in line with the questions included in the evaluation matrix. The analysis will follow an exploratory approach, starting with a defined set of codes, which can be added to and modified as the analysis progresses, to account for emerging findings (see above and annex 10).

113. The triangulation of the perceptions of stakeholders reflected in interviews, survey responses and documents will be a key step. However, given the relative sparseness of complete and reliable datasets, as discussed above, qualitative findings will carry particular weight in the analysis. The online survey will allow for further triangulation of the findings ensuing from KIIs and FGDs. The evaluation team will weigh the findings ensuing from the KIIs and FGDs equally. The response rate – both in terms of absolute number of responses and in terms of representativity of stakeholders among the respondents – will determine the weight the evaluation team will give to the findings ensuing from the online survey.

114. To ensure that the evaluation team remains objective and carries out a shared analysis, the team will exchange regularly, both with regard to the evaluation questions and the interview/FGD guidance and with regard to the interpretation and analysis of the answers and subsequent findings. The evaluation team will also regularly exchange with the Evaluation Manager/MG, country-based cluster coordinators and the team doing the UNICEF L3 evaluation to ensure that the evaluation analysis is well anchored in the Ethiopian context, as well as appropriate with regard to its purpose and objective. It will also link as appropriate with the Afghanistan IAHE on the scale up activation of the response.

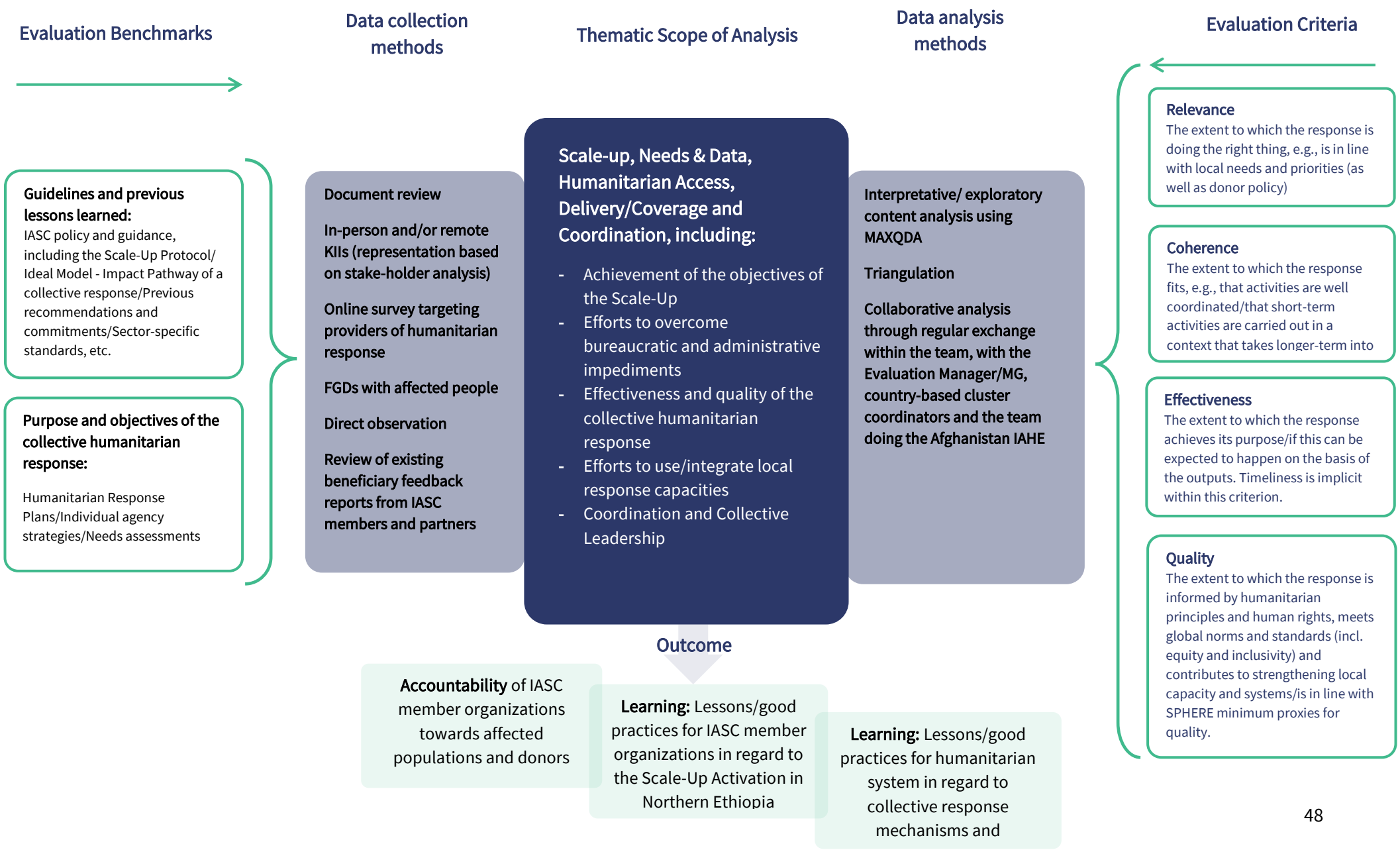
115. **Evaluation criteria:** In addition to the criteria put forward in the ToR[70] we include the criterion of Quality as defined by the Sphere standards, which are largely qualitative in nature. People in need have the right to quality aid and should be involved in needs prioritization, design and implementation and accountability for humanitarian assistance. Unfortunately, this is not always a given.[71] The criterion of Quality would consider the degree to which the collective response is/has been informed by humanitarian principles and human rights, meets global norms and standards (including equitable inclusive participation and access to all services (especially for women and girls, people with disabilities and minorities) and contributes to strengthening local capacity and systems.

[70] Understood in line with OECD-DAC, as adapted for humanitarian evaluations, see ALNAP, *Evaluating humanitarian action using the OECD-DAC criteria. An ALNAP guide for humanitarian agencies,* 2006, available at https://www.alnap.org/system/files/content/resource/files/main/eha-2006.pdf.

[71] See the recent IAHE on Yemen, which concluded that despite considerable achievements, the collective response in Yemen has struggled with quality, oversight, robust data collection and analysis, balancing the long-term and short-term competing priorities and preserving humanitarian principles (Para 40 of the IAHE on Yemen, 2022, available at https://reliefweb.int/attachments/53c844bf-9e35-43bf-b4eb-8bf4bb59a0e7/Yemen%20IAHE%20Final%20Report%2C%2013%20July%202022%20%28English%29.pdf.)

116. **Evaluation outcome:** Given the multi-layered purpose of the evaluation, the findings of the evaluation will be put forward in view of three overlapping perspectives: an accountability perspective, an Ethiopia/northern Ethiopia-response-focused learning perspective and a specific scale-up-focused learning perspective.

Figure 4: Conceptual framework



4.5 Aspects of complexity, potential challenges and risk

117. Both the ToR and our experience from similar evaluations put forward a number of potential limitations and risks. The table below indicates how we suggest mitigating these.

Table 9: Potential limitations and proposed mitigation

Potential limitation	Proposed risk mitigation measure
Highly politicized environment and distrust. Lack of written records of sensitive discussions (e.g., on access) and operational decisions and reluctance of senior staff/stakeholders to be explicit about how such decisions were reached.	- The evaluation team depends on the support from the Evaluation Manager/MG to ensure that this evaluation exercise is understood and recognized by relevant actors. - The situation will be continuously assessed, and the evaluation team will be ready to adapt accordingly. - The team will always clarify the confidentiality measures of the evaluation. - The team will approach former members of the UNCT/HCT for interviews to form as complete a picture as possible. - The evaluation team will emphasize its independence throughout the process, including in presenting the final report. - The team will attempt to interview most senior levels in the humanitarian domain to understand the full picture of the politicization of the response.
Limited access to key field locations and affected people/ communities has an impact on the extent to which the evaluation is representative of the views of all stakeholders.	- It seems that access has gradually become possible in Tigray since the end of 2022/early 2023. - To the extent necessary, the team will make use of remote interviews where possible for KIIs with humanitarian staff and will prepare a contingency plan for data collection with input from our team members based in Ethiopia, the Evaluation Manager, the MG and the In-Country Reference Group. - The team will make use of existing communication channels and will endeavour to collect as many beneficiary feedback reports from HCT members and partners as possible. - In the case of insufficient data collected, especially from affected people, the evaluation team will be transparent about the limitation in representing the views of all stakeholders.
The workload of busy field staff may limit the time and attention they give to the evaluation.	- The learning purpose of the evaluation will be emphasized and data collection through focus groups with representatives from similar organizations considered. - The evaluation team will endeavour to coordinate with ongoing evaluations, especially the UNICEF L3 evaluation and harness pre-existing information, especially from the UNHCR L3 evaluation. - The team will establish an appropriate scope and number of interviews. - The evaluation team will consult concerned stakeholders to find suitable timeframes for interviews/workshops. Follow-up contacts by telephone or video conference may also be arranged.
Gaps in available data in terms of quality and disaggregation and lack of comparability across HCT partner reports and information systems, or lack of data due to inability to access areas.	- Data availability/accessibility has been assessed in the inception phase and the Evaluation Matrix adapted accordingly. - To be compensated through data triangulation. Previous evaluation reports will also serve as relevant proxy sources of information and data. - Where only anecdotal evidence or data is available, this will be triangulated to the extent possible, and the limitation will be transparently recognized.
Lack of clear programme goals against which to assess results.	- The inception phase has led us to conclude that the question on effectiveness is not to be understood as a question on whether agencies

Potential limitation	Proposed risk mitigation measure
	achieved set results/targets, but what they managed to do given the circumstances and whether they did their utmost to overcome the obstacles.
As in every emergency response staff turnover has been high. It may not be possible to track staff key informants from earlier phases of the response.	- The team will counter the effects of the reassignment by seeking opportunities for face-to-face meetings or remote interviews by phone/video conference with relevant stakeholders where tracing their new duty station is possible. The large professional network of the team will also prove helpful in connecting with former staff.

5 Organization of the evaluation

118. The evaluation will be carried out in three main phases: an inception phase, an evaluation phase and an analysis and reporting phase. The work plan and timeline outlining the different phases are detailed in the Work Plan/Timeline (see annex 2). Flexibility and adjustments to this planning may be necessary depending on local and/or unforeseen circumstances.

5.1 Inception phase

119. The team has begun by clarifying processes and identifying any obstacles that will need to be removed for the evaluation to be successful. The inception phase has seen the production of this Inception Report, based on insights provided through a thorough document review and approximately 25 inception interviews with independent experts, evaluators and academics with relevant experience, former and current senior humanitarian staff and selected cluster coordinators (see annex 4). Following from this report, the inception phase will include engaging closely with the Management Group with regard to certain outstanding decisions.

5.2 Evaluation (data collection) phase

120. The evaluation phase will include the data collection through the various methods chosen, including carrying out KIIs, document analysis, FGDs and designing and implementing the online survey. Given the learning aspect of the evaluation, regular consultation with the Management Group will be critical to validate impressions and ensure appropriate working methods, keep within realistic timeframes and protect the integrity of the findings and conclusions. At the country level, the evaluation team will also particularly liaise with the In-Country Reference Group, which has been designated to be the main forum for engagement on evaluation products. Before departing from Ethiopia, the evaluation team will share first impressions at the sub-regional level and at capital level.

5.3 Analysis and reporting phase

121. During the analysis and dissemination phase, the evaluation team will develop its analysis based on the findings and draw conclusions. The benchmarks, as set out in the analytical framework, will provide the evaluation team with the parameters to make their judgements. Similar to the implementation phase, the evaluation team will consult regularly with the Management Group. In terms of presenting preliminary findings, the evaluation team will do several presentations, including with key stakeholders such as the HCT, In-Country Reference Group, Humanitarian Resilience Donor Group and others as appropriate. One key moment of this phase will be a workshop

with the In-Country Reference Group to discuss the emerging conclusions and co-create recommendations. These steps will ensure co-ownership.

122. The evaluation team includes a team member whose specific role is quality assurance and who is otherwise not involved in the data collection. This team member will review all key deliverables before they are submitted to the Management Group.

123. Once the report is drafted, the Management Group and In-Country Reference group will be consulted for consolidated feedback and further inter-active events will be held to validate the recommendations. The feedback received will feed into the final report.

124. As noted earlier, the independent character of this evaluation is the key to its credibility and impartiality. The evaluation team will resist any efforts to adjust findings or conclusions that do not find their origin in robust evidence. The independent character of the evaluation also matches with the institutional structure of HERE-Geneva, a Swiss foundation, which has been contracted to undertake this evaluation and which is governed by a separate Board that carries ultimate accountability for the products that HERE-Geneva delivers and for HERE-Geneva's reputation.

125. The final report will be provided in English. The executive summary will also be translated into Tigrinya, Afar and Amharic. The Evaluation Team will prepare dissemination material in the form of a poster and/or flyer in these four languages, for the benefit of affected people and for distribution through IASC partners. The Evaluation Team will also present the evaluation findings and recommendations, as outlined in the ToR.

5.4 Oversight

126. As for the oversight given to this evaluation, the IAHE SG has tasked OCHA with the direct management of the evaluation. In turn, the OCHA Evaluation Manager works in close consultation with an Evaluation Management Group which comprises seven agencies, in addition to OCHA: FAO, ICVA (Plan International), IOM, UNHCR, UNICEF and WFP.

127. In-country, the In-Country Reference Group will serve as the primary body to liaise with in terms of consultations on the products of this evaluation. The In-Country Reference Group has been constituted by the Humanitarian Coordinator to strategically engage with the IAHE in country. Members are senior members of cluster lead agencies and NGOs with operational presence in northern Ethiopia throughout the past 2 years. The members together cover a representation of different sectors (with a priority for representation of food, WASH, agriculture, shelter, protection). The tasks of the In-Country Reference Grounp include participating in the IAHE process, for example by reviewing drafts of the report and participating in a recommendation co-creation workshop.

5.5 Cross-cutting considerations

5.5.1 Identification of ethical considerations

128. The evaluation team's commitment to upholding the highest standards of ethical and professional conduct are set out in our Code of Conduct. We also conform to the United Nations Evaluation Group (UNEG) Norms and Standards, Code of Conduct for Evaluation in the UN System and 2020 Ethical Guidelines for Evaluation; the OECD/DAC quality standards; and the Evaluation Quality Proforma of the Active Learning Network for Accountability and Performance (ALNAP), of which we are an active member.

129. The evaluation team will place close attention to ethical considerations when developing the approach and methods in the inception phase, in line with the UNEG ethical guidelines and the principle of "Do No Harm."[72] No meetings with children/adolescents will be held as part of this evaluation. However, it should be noted that "youth" is defined in Ethiopia as 15-29 years of age and that some interviewees could therefore fall within the higher end of that age-bracket.

130. In order to address the highly sensitive nature of some of the discussions likely to be held, special confidentiality and information security measures will be necessary to ensure the trust of the respondents in the interview process. For example, the team will explain confidentiality and data protection measures and seek the informed consent of each interviewee (see annex 5 for the consent form that will be used). Interview subjects will also be given the option to suspend the interview or opt out of specific questions for any reason they feel necessary. Interviews will not be attributed, nor will specific individuals be named in connection to their opinions and quotes, but with their permission they will be listed as interview subjects in the evaluation reports. Any key informant interviewee wishing to remain anonymous for security or other reasons will be offered the opportunity to be included as "No Name/NN" in the list of interviewees. No interviews or focus group discussions will be digitally recorded. The evaluation team will keep written records of the interviews to ensure accuracy and enable systematic analysis. Notes will not, however, be shared outside the evaluation team.

131. As for FGDs, the evaluation will seek to create conditions conducive for participation and engagement keeping in mind safeguarding measures, as outlined above in section 4.3.3.

5.5.2 Conflict sensitivity

132. The evaluation will look into the question of the extent to which humanitarian aid was delivered with a conflict-sensitivity lens in northern Ethiopia, for example in terms of the prioritization of certain communities on other criteria than levels of need (see also question 1.9 in the evaluation matrix). Conflict-sensitive aid provision is, of course, the key to ensuring that aid actors do not make the situation worse by their actions. However, in the midst of war, where aid is used as a tool by warring parties, the impact of the actions that agencies can undertake in terms of working in a conflict-sensitive way may be very limited. To be clear, the pillage or looting of the limited aid stocks available going into or in Tigray by the parties to the conflict, as has been reported, is a war crime and an issue that extends beyond the lens of conflict-sensitivity that agencies may have applied.

133. The team will also take the following key steps to ensure the evaluation is conducted in a conflict-sensitive manner:

- As it is critical to avoid any misinterpretations of the evaluation objectives by affected communities as well as local authorities and other relevant actors, the team will acquire the appropriate authorizations to conduct its field work.
- As mentioned in section 5.5.1, the team will clearly communicate to all focus group participants and key informants that their participation is voluntary and that they can opt out if they so choose without fear of any negative consequences.
- The team will work with translators and interlocutors who not only speak the local language but are from the same ethnic groups as the affected people being interviewed and understand the culture, community structures and power dynamics.

[72] For example, the guidelines endorsed by UNICEF's Office of Research: https://www.unicef-irc.org/publications/706/.

- In working closely with the facilitating organizations, the team will take great care to prevent those in a position of power from trying to influence which individuals participate in KIIs and FGDs and/or try to influence participant responses.
- The Ethiopian team members will not be involved in evaluation work in person in areas where they might be at risk due to their ethnic background.

5.5.3 Gender

134. Among other special needs categories, such as people with disabilities, the evaluation will address issues related to gender at several levels, including the document analysis, looking at the quality of needs assessment and response plans in terms of their identification of gender-specific needs.

135. In line with the UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation, the team will to the extent possible analyse data by sex and other relevant drivers of inequality. This is key given existing gender inequalities in Ethiopia and the impact of conflict on gender-specific vulnerabilities.

136. The analysis of the effects of the humanitarian system's assistance to conflict-affected people will look into whether there were any gender-related differences in affected people's priorities for and perceptions of humanitarian assistance.

137. The team will strive to maintain a gender balance in FGDs and conduct separate FGDs with women only.

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Annex 1: Evaluation Matrix

Line of Inquiry	Evaluation questions	Measure/indicator	Sources	Methods
Scale-up*				
1. **To what extent were the objectives of the IASC Scale-Up met?**	1.1 Were IASC/HCT member agencies able to anticipate the crisis, the changes in the context and adjust capacities to respond? 1.2 To what extent did collective scenario planning and preparations, especially in the period November 2020 – April 2021, take place and adapt to a large-scale response? 1.3 To what extent is the collective response adapting to more recent changes in the context in Northern Ethiopia? 1.4 Have the Scale-Up activation and its protocols/guidance contributed to making the response more coherent? How? If not, why not? 1.5 Has the Scale-Up led to an increase in capacity to respond (including the UN/HCT's capacity to lead)? 1.6 What role and function did leadership and leadership arrangements play in the Scale-up?	#1 Number and quality of contingency plans of changes in context #2 Documented or anecdotal evidence of efforts to anticipate the crisis #3 Degree of sentiment among stakeholders that IASC/HCT member agencies were able to anticipate the crisis #4 Documented or anecdotal evidence of an increase in activity as a response to the Scale-Up #5 Degree of sentiment among stakeholders that the Scale-Up led to an increase in the UN/HCT's capacity to respond #6 Indicative evidence that the Scale-Up activation and its protocols/guidance have led to a more coherent response #7 Degree to which stakeholders find that the Scale-Up activation and its protocols/guidance have led to a more coherent response #8 Degree of sentiment among stakeholders that leadership and leadership arrangements in the Scale-Up were appropriate	- Response strategies and underlying documentation - Planning documents and internal analyses - Funding data - Agency communication - SCORE report - Meeting notes (incl. global and country level), reports, Security Council briefings - Key informants (incl. HC/HCT and global cluster leads) - Other existing documentation	- Document review - KIIs - Online survey of providers of humanitarian response

Line of Inquiry	Evaluation questions	Measure/indicator	Sources	Methods
Needs & Data				
2. To what extent did the collective response collect, manage and share data reflecting the situation on the ground?	2.1 What collective efforts were put in place to undertake needs assessments and analyses? 2.2 To what extent did the response take the specific needs and priorities of the three northern regions into account? 2.3 To what extent were HCT members effective in their efforts to collect, manage and share humanitarian data reflecting the situation on the ground? Did they use alternative data sources in view of the restrictions?	#9 Evidence and quality of efforts to undertake needs assessments and analysis #10 Evidence of agencies conducting or attempting to conduct required consultations to inform programming #11 Degree to which strategies and plans match needs analysis #12 Documented or anecdotal evidence of inclusive community consultation processes #13 Evidence of/Degree of sentiment among stakeholders that the response took local needs and priorities into account #14 Evidence and quality of efforts to collect, manage and share humanitarian data reflecting the situation on the ground	- Agency M&E reporting - Agency communications - External reports - Advocacy notes/statements - Meeting minutes - Key informants	- Document review - KIIs - Survey of providers of humanitarian response - FGD's with affected people
Humanitarian Access				
3. To what extent did the collective response support HC-led efforts to obtain free, timely, safe and unimpeded humanitarian access?	3.1 How did agencies manage to conduct required (inclusive) consultations and inform programming despite certain constraints? What worked, what not and what can be learned? 3.2 To what extent were all HCT participants involved and aligned in these coordination efforts to open access? 3.3 To what extent were HCT members effective in their efforts to negotiate humanitarian access? Did they exchange on what worked and what did not work?	#15 Investments made in view of ensuring humanitarian access #16 Degree of sentiment among stakeholders that HCT members were effective in their efforts to negotiate humanitarian access #17 Documented or anecdotal evidence of linkages between strategic and operational levels	- Agency evaluations (UNHCR, UNICEF), ACAPS - Key informants (incl. donors & implementing agencies) - Affected people	- Document review - KIIs - Online survey of providers of humanitarian response - FGDs

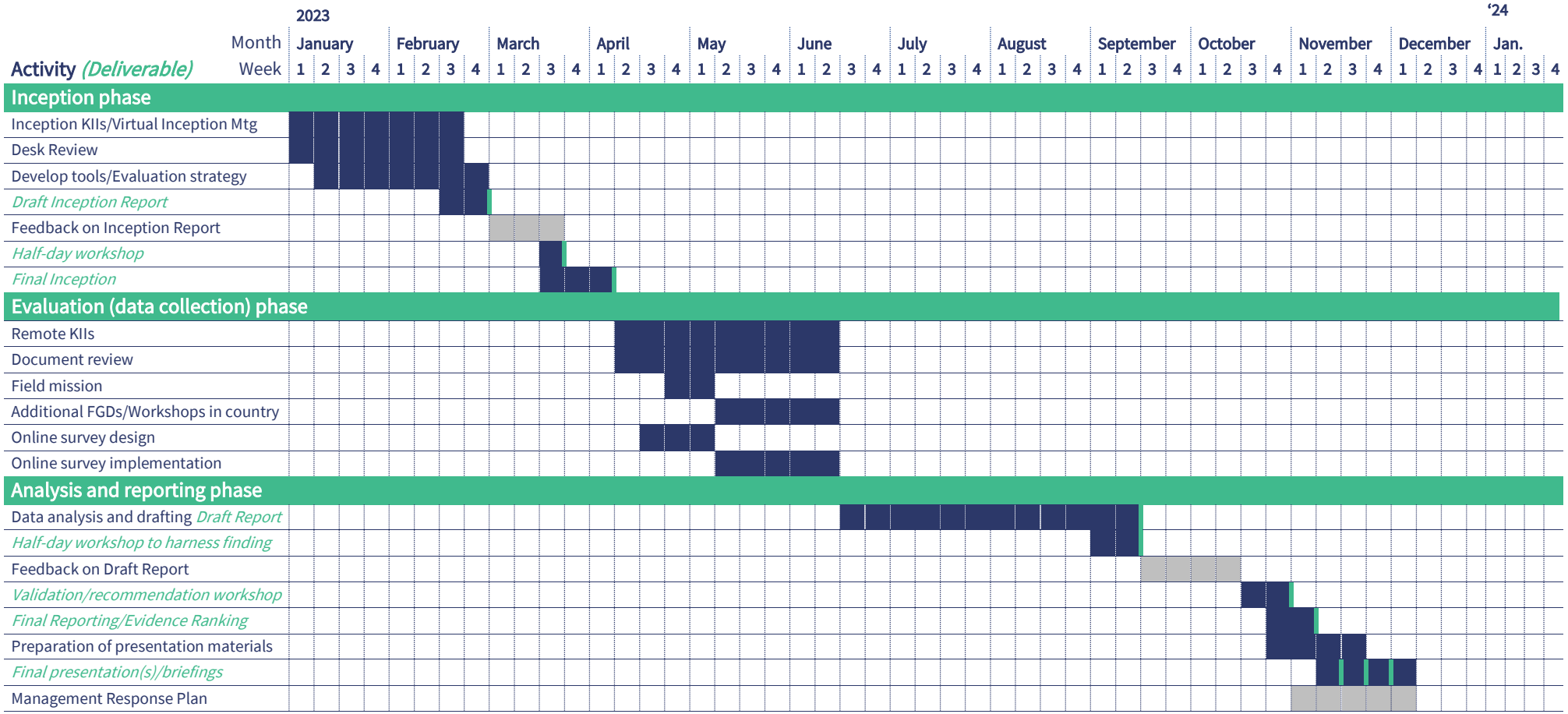
Line of Inquiry	Evaluation questions	Measure/indicator	Sources	Methods
Delivery/ Coverage				
4. To what extent did the collective response effectively deliver quality humanitarian assistance and protection?	4.1 What evidence is there of collective efforts to put humanitarian principles, protection, AAP, PSEA, gender, at the centre of the response? What practical actions were taken? 4.2 Did the response consider equally the rights and needs of women, girls, men and boys and other vulnerable groups including children, people with disabilities, the elderly and minority groups affected by the conflict? 4.3 To what extent was the response provided in a conflict-sensitive way/mindful of local conflict dynamics? 4.4 To what extent were HCT members effective in their efforts to deliver humanitarian response collectively? 4.5 To what extent are AAP feedback mechanisms effective? 4.6 To what extent did agencies use public information campaigns and external communications to highlight the non-partisan identity and impartial character of humanitarian aid? If so, did they measure the success of such efforts? 4.7 To what extent did HCT members apply the four humanitarian principles and prioritize the principle that aid should be given first to people most in need?	#18 Percentage of people in need #19 Number of people reached #20 Geographical coverage #21 Evidence and quality of efforts to operationalize the humanitarian principles, protection, AAP, PSEA and gender-related issues as part of the response #22 Evidence of strategies (internal and external) to avoid aid manipulation #23 Evidence of diplomacy and advocacy strategies to strengthen adherence to humanitarian principles #24 Degree to which the humanitarian community compromised/degree to which such compromise appears justified #25 Existence and quality of protection strategies integrated in collective response #26 Existence and quality of AAP strategies integrated in collective response #27 Degree of sentiment among stakeholders that AAP feedback mechanisms are effective #28 Extent to which analysis of gender roles and power dynamics in communities informed the response #29 Evidence of analysis/assessments relating to context-sensitivity #30 Evidence of analysis/assessments relating to gender considerations (understood here largely to include also adequate attention provided to issues related to conflict-related and gender-based violence and sexual abuse and exploitation)	- Assessment data - Response strategies and underlying documentation - Meeting notes, reports, Security Council briefings - Advocacy notes/statements - Agency M&E data - Collective accountability to affected populations (AAP) strategies/AAP mechanisms - Beneficiary feedback reports - Agency communications - External reports - Advocacy notes/statements - Meeting minutes - Key informants (incl. with IASC/HCT members) and focus groups - Affected people	- Document review - KIIs - Online survey of providers of humanitarian response - FGDs

Line of Inquiry	Evaluation questions	Measure/indicator	Sources	Methods
	4.8 To what extent has the HCT members' collective response been able to ensure equitable inclusive participation and access to all services, especially for women and girls, people with disabilities and minorities?	#31 Degree to which the collective response continues to adapt to the changing context #32 Evidence of agencies using public information campaigns and external communications to highlight the impartial character of humanitarian aid #33 Indicative evidence of public information campaigns/external communications having been successful		
Coordination				
5. To what extent did the response see collective leadership and coordination (incl. between local, regional, and national levels, between clusters, and between agencies)?	5.1 To what extent were various local response capacities utilized and integrated at coordination and response level? 5.2 To what extent did IASC/HCT member organizations coordinate their efforts responding to the humanitarian needs generally and specifically vis-à-vis the range of imposed restrictions, for example in terms of developing collective strategies to open up access? 5.3 How well did the way in which the collective response was organized in Ethiopia function in view of ensuring a coherence? Did the HCT function in view of ensuring coherence? 5.4 To what extent did IASC/HCT members put in place red lines, and did they coordinate on these red lines? 5.5 To what extent did HCT members and other (non-UN) humanitarian agencies working in Tigray follow	#34 Lack of/presence of overlaps and gaps #35 Evidence of use and/or integration of local response capacities at coordination and response level #36 Degree of sentiment among national/local providers of humanitarian response that their capacities were used/integrated at coordination and response level #37 Evidence of investments made to work on access for the collective response #38 Evidence of collective efforts/strategies to open up access #39 Evidence of alignment/full involvement within the HCT with regard to efforts to open up access #40 Evidence of coordination around red lines #41 Evidence that HCT members and other (non-UN) humanitarian agencies working in Tigray discussed/followed the 'saving lives together framework'	- Meeting attendance notes/participation, analysis of implementation data, SCORE report etc. - KIIs (incl. local actors) - Agency communications - External reports - Key informants - Meeting minutes - Advocacy notes/statements	- Document review - KIIs - Online survey of providers of humanitarian response?

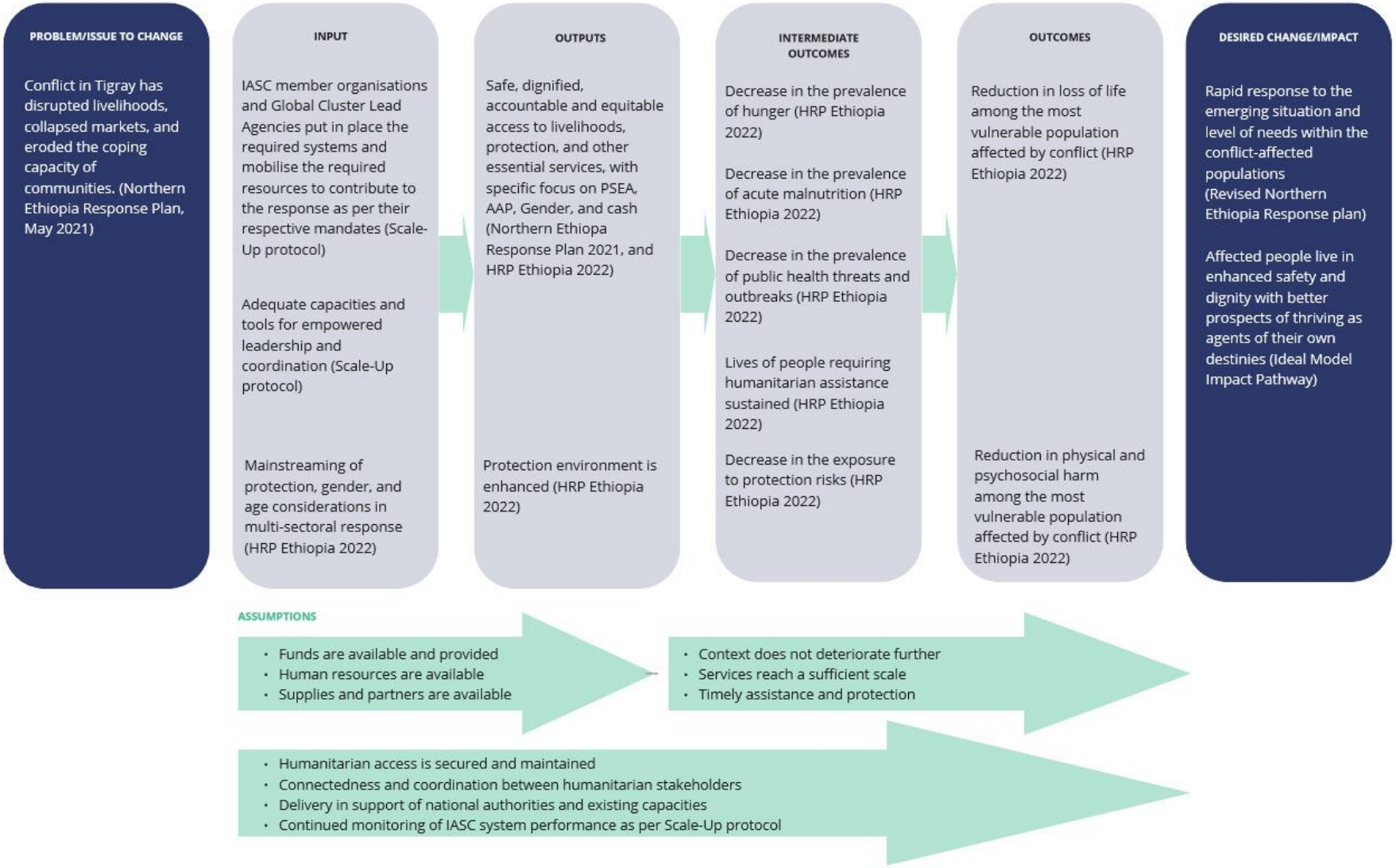
Line of Inquiry	Evaluation questions	Measure/indicator	Sources	Methods
	and coordinate on the 'saving lives together framework'?	#42 Lack of evidence of fragmentation of approaches on behalf of IASC/HCT member agencies #43 Degree of sentiment among stakeholders that the collective response was coherent/well-coordinated		

* *The questions that pertain to the Scale-Up activation more specifically will need to be discussed and aligned with those used in the Afghanistan IAHE.*

Annex 2: Workplan/timeline



Annex 3: Reconstructed Theory of Change



Annex 4: List of Inception Key Informants

In alphabetical order by last name

Name	Function and/or Organization
Jordi Casafront Torra	OCHA, Access working group coordinator
Véronique de Clerck	Team Leader for the UNHCR Ethiopia L3 Response Evaluation
Massimo Diana	UNFPA (member of OPR mission)
Emma Fitzpatrick	Ethiopia focal point of the Global Health Cluster
Bill Gray	Team Leader for the UNICEF Ethiopia L3 Response Evaluation
Michelle Hsu	Tigray Food Cluster Coordinator
Bruno Husquinet	Former UNFPA Head of Office Tigray and Acting deputy HC
George Ingles/Katje Groesschen	ACAPS – Ethiopia team
NN	Independent/Academic
Kevin Kennedy	Team Leader for the Operational Peer Review
Grant Leaity	Former Deputy HC
Ines Lezama	Ethiopia Nutrition Cluster Coordinator
Reuel Kirathi Mungai	Tigray Nutrition Cluster Coordinator
NN	Independent/Academic
Dan Toole	Independent
Lewis Sida	Team Leader IAHE Yemen
Marcy Vigoda	Former OCHA Head of Office
Kwesi Sansculotte	Former Peace and development advisor, RC Office
Karin Sorensen	DRC Deputy Regional Director (member of OPR mission)
Clemence Caraux-Pelletan and representatives from ACF, DRC, Plan, SCI and ZOA	HINGO Director and HINGO steering committee
Anne-Sophie Le Beux; Bony Mpaka Nkubiri; Auwal Mohammed Abubakar; Michel Saad	OCHA Ethiopia/Tigray, Afar and Amhara
Kate Nolan	MSF (OCBA)
Eileen Morrow	HINGO
Jeremy Wellard	ICVA, EDG Member

Annex 5: Verbal consent form (KIIs and FGDs)

TITLE OF THE EVALUATION

IAHE – Provision of Humanitarian Services in Northern Ethiopia

DESCRIPTION OF THE EVALUATION AND YOUR PARTICIPATION

You are invited to participate in an evaluation conducted for the Inter-Agency Humanitarian Evaluation (IAHE) Steering Group by the Humanitarian Exchange and Research Centre (HERE), an independent, Geneva-based non-profit organization. The Research Team consists of Ed Schenkenberg, Karin Wendt, Elias Sagmeister, Raphael Gorgeu, Doe-e Berhanuand Gadissa Bultosa. Julia Steets is providing quality assurance.

The purpose of the evaluation is to enable learning for the humanitarian system. The IAHE can provide valuable lessons for IASC Scale-Up activations and for the humanitarian responses under conditions like those in Ethiopia and elsewhere. This evaluation is also expected to ensure accountability of the IASC organizations towards both affected populations and donors. The purpose is not to review a specific organization's program or operations, but to assess – as an aggregate set – the response of the inter-agency system who together represent the humanitarian community in northern Ethiopia.

WHAT'S INVOLVED

Your participation will involve a remote connection interview. The interview will take approximately 45-60 minutes. OR Your participation will involve a remote focus group discussion (FGD). The FGD will take approximately 45-60 minutes.

VOLUNTARY PARTICIPATION

Participation in this interview/FGD is voluntary. If you wish, you may decline to answer any questions and/or to withdraw your consent to participate at any time and for any reason. Your choice to withdraw is your decision and it will not result in any penalty or disadvantages to you. There will be no financial expenses for you to participate in this evaluation. You will not be paid for your participation in the evaluation. You are advised to keep FGDs confidential from anyone outside the group.

CONFIDENTIALITY

All the information that you provide for this evaluation is treated as strictly confidential. It will be grouped with responses from other participants in an aggregate data set. In notes taken during interviews and focus group discussions, pseudonyms (number IDs) will be used to anonymize data. The only individuals who will have access to the data collected in its non-aggregate form are the members of the evaluation team. During the course of the evaluation, the evaluation team will only retain your name and contact information for the purpose of re-contacting you. Interviews will not be carried out for attribution and specific individuals will not be named in connection with their opinions and quotes, but with their permission they will be listed as interview subjects in the evaluation reports. Evaluation team members will be the only ones with access to this data.

CONSENT

Verbal consent will be sought at the beginning of each interview/FGD.

Annex 6: Guidance for KIIs with humanitarian community stakeholders

Following the criteria highlighted in the Evaluation Matrix in Annex 1, the semi-structured interviews with selected key informants will focus on the following lines of inquiry and sets of related questions.

The questions will be adjusted in relation to the type of stakeholder.

In view of the purpose of the evaluation, the interviews will not follow a systematic questionnaire approach, but rather be shaped as dynamic conversations in which the interviewees will be asked to dig deeper into certain issues related to their specific roles and responsibilities.

Lines of inquiry	Questions
• **Introduction, confidentiality and consent**	• As per the consent form shared with you, do we have your permission to list your name, title and organization in a list of people interviewed with the understanding that nothing you say will be attributed to you by name? • What's your role and how long have you been in the position? • What is the history of the presence of your organization in Northern Ethiopia? And elsewhere in Ethiopia? • What sectors do you mostly work in, with whom (partners)?
• **Scale-up**	• How did you hear about the IASC decision to activate the Scale-Up for the response to Northern Ethiopia at the end of April 2021? What was your reaction? Did you feel this was the right decision? • What did your organization do in relation to the scale-up? Did you look into or use any of the IASC protocols or documents as guidance for scaling up? • What did you see other humanitarian organizations do in reaction to the scale-up? • Did your organization increase its capacity and scale up before the scale-up? If so, since when? (Any specific numbers on head count or budgets that we can use?)
• **Needs and data**	• To what extent do you feel did the HNO and agency specific assessments reflect the situation on the ground? • To what extent, according to you, was the collective response informed by data on mortality and/or malnutrition? • What data did you use in terms of numbers of people in need? What are your views on the accuracy and reliability of the data sets that were available? • To what extent were you able to collect additional data? What challenges did you face in using data? How did they mitigate those challenges? If there was a lack of data, how exactly did this affect your ability to meet needs of affected people? • Did your organization participate in collective efforts to assess and analyse the needs in any of the three regions? At which point (when)? • Did you see efforts to disaggregate the data collected on the basis of age; sex; and/or other factors that may affect vulnerability?

Lines of inquiry	Questions
• **Humanitarian access**	• Do you know if there was a collective effort and strategy for negotiating access? Do you know with whom (in the GoE/others) negotiations took place? • What did your organization do in terms of negotiating access? • To your knowledge, did efforts to negotiate access include reference to humanitarian principles and/or International Humanitarian Law (IHL)? If so, what principles or rules were mentioned? • Would you say the humanitarian community did enough to negotiate / secure access to people in need? What was done well, where did efforts fall short of your expectations? What else could have been done collectively (operationally or advocacy wise) to convince the parties to the conflict to grant access? • Did your organization take a view on the agreement to enhance humanitarian access to the Tigray region negotiated with the Ethiopian Government in November 2020? • When access was not forthcoming, what did your organization do in terms of developing alternatives? Did your organization take a certain position? • What did you do in terms of developing a (collective) communications or advocacy strategy? Did this strategy / policy position, or the advocacy statements refer to humanitarian principles and/or IHL? • Did your organization consider defining red lines (individually or collectively)? E.g., on humanitarian access: if we cannot work any longer in Tigray, we should also re-consider our operations in other parts of the country? Or on using armed escorts? On other issues? • What are your views on using data on the access, for example the number of trucks that went into Tigray/Amhara/Afar, for advocacy/ humanitarian diplomacy purposes?
• **Delivery/ Coverage**	• Did you have/ are you part of systematic consultations with affected people? Was there a collective effort or strategy to consult with affected people? • Do you find that people in the three regions received the services/goods they needed? • To what extent do you feel was the response an accurate reflection of the situation on the ground? • What could have been done, given the limitations in access, to verify the data or obtain additional data? • To what extent do you know that goods /services that were brought into Tigray/Amhara/Afar were transported to areas that were hard to reach? • To what extent did HCT members prioritize the principle that aid should be given first to people most in need? • How did you determine geographical coverage between the three regions (Tigray, Afar and Amhara)? What were your criteria for prioritising communities in need? Was this done collectively? • To what extent did coverage take into account the special needs of women and girls? Of elderly? Of children? Of people with disabilities? Of people with other vulnerabilities? • To what degree was feedback sought on the delivered services and goods? Was the data obtained through feedback channels disaggregated in terms of age; gender; other factors? • Did the way in which the response was provided lead to additional tensions or conflicts with the community and/or other communities? • To what extent did the services/goods delivered to Tigray /Amhara/Afar take the changing context into account? Did they pose a risk in terms of further fuelling the conflict? • What can you say about collective efforts to ensure the duty of care towards staff based in Tigray/Amhara/Afar? Could you describe if there were security arrangements were sufficiently implemented/

Lines of inquiry	Questions
• **Coordination**	• Did you see the HCT as a useful forum? What can you say about its functioning? – To what extent do you feel there was a sense and interest in working collectively among members of the HCT? – Was the size and membership of the HCT an enabler or obstacle in developing a collective response? – Did the HCT demonstrate leadership? • To what extent did the HRP and/or other joint strategies provide you with guidance in terms of setting priorities? • What can you say about the work of the clusters and the cluster lead agency? What can you say about collective leadership? • To what extent did you see the EDG mission(s) and/or the Peer2Peer Operational Peer Review as helpful? • To what extent did you see efforts to include policy priorities such as the centrality of protection, AAP, gender, or localization included in response plans? Was any of these policy priorities given more attention than others? • To what extent do you feel it was appropriate for the northern Ethiopia response to have its specific coordination structures and reporting lines? • Do you know of collective efforts undertaken to correct the negatives images of the international humanitarian organizations as shared by both sides of the conflict on social media? • To what extent do you feel that the fact that for a long time, coordination meetings in-person did not (or hardly) take place due to COVID-19 have an impact on the sense of working together/the collective response? Were there other inhibiting factors that played a role in working together?
• **Other?**	• Do you have any other comments, recommendations, or suggestions? • Is there anyone else we should speak to?

Annex 7: Guidance for FGDs (and KIIs) with affected people

Based on the Evaluation Matrix in annex 1, Focus Group Discussions with affected populations can be carried using the following tool.

A) TEMPLATE FOR GENERAL INFORMATION ON THE FOCUS-GROUP DISCUSSION

<table>
<tr><td>Date:

Start/End Time (if available):</td><td rowspan="3">Location of FGD:

Country:</td></tr>
<tr><td>Focus group discussion facilitator:</td></tr>
<tr><td>Note-takers:</td></tr>
<tr><td>Translation used for interview: Yes No</td><td>If yes:

Translation from _____(language)

to _____(language)</td></tr>
<tr><td>Number of participants in this group (total):</td><td rowspan="2">Important note regarding gender:

Depending on the particular context, it is recommended that women and men, boys and girls, are separated during focus group discussions.</td></tr>
<tr><td>Gender of FGD participants:

☐ Females OR males (specify number) _____

☐ 18-29 years (specify number) _____
☐ 29-49 years (specify number) _____
☐ >50 years (specify number) _____</td></tr>
</table>

B) LINES OF INQUIRY FOR FGDs OR KIIs with AFFECTED PEOPLE

Lines of inquiry	Questions
• **Introduction, confidentiality and consent**	As per the consent form shared with you, do we have your permission to take written note of your answers. Nothing you say will be attributed to you by name and the notes will not be shared outside of the evaluation team.
• **Humanitarian access**	Who was most visible providing aid in your area? 1. Local actors, or international ones? 2. *Who do you trust more / who was/is more effective? Why? Did the aid have any negative effects (in your community)? Which ones? Did aid agencies favour one side of the conflict?

Lines of inquiry	Questions
• **Needs and data**	How inclusive was the response? 1. Did agencies take people's opinion into account? 2. Did aid go to those who needed it most? Who was left out? How did aid providers consult your community? 1. Did aid agencies consult you about your needs? 2. Did aid change over time, based on what the needs were? Are feedback mechanisms effective? 1. Do you / do people in your community know how to complain in case of abuse by aid providers? 2. Do you know how to provide suggestions/feedback to agencies?
• **Delivery/ Coverage**	How effective was the response? • How useful was the assistance to you/your community? • What would've happened without it? • Did aid come at the right time? (how long did you have to wait before receiving aid?) • If not, how did this affect you? How were you able to cope without aid? What do aid agencies get wrong in your area – what could they do better?
• **Other?**	Do you have any other comments, recommendations, or suggestions?

Annex 8: Lines of inquiry for survey of providers of humanitarian response

Following the criteria highlighted in the Evaluation Matrix in annex 1, an online survey will be developed along the following lines of inquiry, to be distributed in view of gathering the understanding and perception how the collective humanitarian response in Northern Ethiopia has been carried out. Survey respondents will be anonymous and identified only by organization, level/role and gender to encourage frank and honest responses.

Line of inquiry	Questions (final formulation of questions to be done in survey design)
Introduction, confidentiality and consent	*Thank you for participating in this anonymous survey, which will inform the on-going Inter-Agency Humanitarian Evaluation of the collective humanitarian response in Northern Ethiopia. The purpose of this survey is to gather perspectives from providers of humanitarian response on how well the collective response was carried out.* *You are requested to answer all questions in relation to your particular context and role, but your responses will not be attributed to you. Your responses will be aggregated with those of others to help inform country-level and global analysis.* *Responding to the questionnaire should take approximately XX minutes. Participation is voluntary. If you decide not to participate, there will not be any negative consequences. If you decide to participate, you may stop at any time. You may also skip or not respond to any question that you do not wish to answer.* *The evaluation team requests your active consent for participation in this survey. By participating in this survey, you are giving your permission to use the information you are providing in this survey within the stipulations mentioned above.* *The date for completion of this questionnaire is: XX* Do you voluntarily consent to taking part in this survey? (Y/N) Where you work: (Dropdown box of possible answers) Type of organization you work for: (INGO/local NGO/national NGO/UN Agency/Donor/Government) Type of role (list of options) Years working in that location: (Less than 1 year, 1-3, Over 3 years) Type of staff: (International/National)
Scale-up	To what extent did collective scenario planning and preparation taken, especially in the period November 2020 – April 2021, adapt to a large-scale response? (Answers on answers will be provided on a 5-point Likert Scale.) Do you agree that the IASC decision to active the Scale-Up for the response to Northern Ethiopia was the right decision? (Answers on answers will be provided on a 5-point Likert Scale.) Did the Scale-Up and its protocols/guidance lead to an increase in the UN/HCT's capacity to respond? (Answers on answers will be provided on a 5-point Likert Scale.) Do you agree that the Scale-Up and its protocols/guidance lead to more coherent response? (Answers on answers will be provided on a 5-point Likert Scale.) Was anything missing in the scale-up? (Open)

Line of inquiry	Questions (final formulation of questions to be done in survey design)
Needs and data	Did your organization participate in collective efforts to assess the needs in any of the three regions? (Y/N) Comment/explanation (Open) To what extent would you say that the response took local needs and priorities into account? (Answers on answers will be provided on a 5-point Likert Scale.)
Humanitarian access	To what extent was there a collective effort and strategy for negotiating access? (Answers on answers will be provided on a 5-point Likert Scale.) To what extent do you agree that HCT members effective in their efforts to negotiate humanitarian access? (Answers on answers will be provided on a 5-point Likert Scale.) Would you say the humanitarian community did enough to negotiate / secure access to people in need? (Answers on answers will be provided on a 5-point Likert Scale.) Open: What was done well, where did efforts fall short of your expectations?
Delivery/coverage	Were your capacities used/integrated at coordination and response level? (Y/N) (If Y: how / If No: why?) To what extent were compromises made re humanitarian principles? / protection / AAP / PSEA / gender / with comment box. (Answers on answers will be provided on a 5-point Likert Scale.) Comment box. To what extent did HCT members prioritize the principle that aid should be given first to people most in need? (Answers on answers will be provided on a 5-point Likert Scale.) Comment box.
Coordination	Was the collective response coherent/well-coordinated? (Y/N) (If Y: how / If No: why?) Were leadership and leadership arrangements in the Scale-Up appropriate? (Y/N) (If Y: how / If No: why?)
Open	Comments/suggestions

Annex 9: Tentative mission schedule

Region	Location	Dates	Activity
	Addis Ababa	22/04	Full team (6 members) assembles – one day preparatory meeting
		23/04 – 24/04	Meetings with: - HC/RC; - UN agencies (OCHA; IOM; UNFPA; UNHCR, UNICEF, WFP - Cluster Lead Agencies / coordinators); - ICRC; - INGOs (HINGO and individual NGOs); - Donors - GoE Ministry of Peace, E/NDMRC (A number of these meetings would be done online in the days and weeks after the data collection mission).
	→ Semera	25/04	Team travels by air to Semera. One three-member team (Karin Wendt, Elias Sagmeister (TBC)and Gadissa Bultosa) stays in Afar and also visits Amhara; (26/03) the other three-member team (Ed Schenkenberg, Raphael Gorgeu and Doe-e Berhanu) continues by road to Tigray. Criteria that inform the selection of locations for in-person data collection include severity of needs, accessibility for aid actors during the war, reports on quantities of services and goods delivered, reported numbers of people displaced and the control of different parties to the conflict.
Tigray	Mekele Adigrat Shire May Tsebri	27/04 – 03/05	Direct Observation at project sites and meetings with: - UN agencies - INGOs - Local NGOs - Local authorities FGDs with affected people (Please note: The FGDs with affected people will be prepared during the field visit and done by the Ethiopian team members during an extended or a second field visit before 24 April.)

Region	Location	Dates	Activity
			- Women/Adolescent Girls - Elderly - Adolescent males - IDPs/resident communities
Afar	Semera Another location	27/04 – 29/04	Direct Observation at project sites and meetings with: - UN agencies - INGOs - Local NGOs - Local authorities FGDs with affected people: (with same note as above) - Women/Adolescent Girls - Elderly - Adolescent males - IDPs/resident communities
Amhara	Wag Hamra Gondar	30/04 – 03/05	Direct Observation at project sites and meetings with: - UN agencies - INGOs - Local NGOs - Local authorities FGDs with affected people (same note as above) - Women/Adolescent Girls - Elderly - Adolescent males - IDPs/resident communities

Region	Location	Dates	Activity
	→ Addis Ababa	04/05	Before leaving the regions, team leader/ deputy team leader share first impressions with relevant stakeholders Two teams travel back to Addis Ababa. Tigray team from Shire by air; Afar/Amhara team from Gondar by air.
	Addis Abba	04/05 – 05/05	Team meeting – consolidation Team shares first impressions with inter-cluster coordination group
	→ Departure	06/05	International Team travels back to Europe
		May	Remote interviews and consolidation of data from FGDs
	Addis Ababa	June	Presentations of preliminary findings and workshops with: - HCT - Inter-cluster coordination group (workshop) - HINGO (workshop) - Donors (presentation) - Authorities (presentation)

Annex 10: Document analysis guidance (non-exhaustive)

Criteria	Code	Description/Indicator
Relevance	Anticip	Evidence of anticipation planning/contingency
	Increase	Evidence of increase in activity
	Scale-up	Activity/effort/measure linked to scale-up
	S-UProtocols	Reference to the Scale-Up guidance/protocols
	Capacity	References to capacity (sub-code: Financial, HR, Supplies)
	NASS	Evidence of Needs Assessment
	Collective	Evidence of collective effort (for cross-code analysis)
	Inclusive	Evidence of inclusive community consultation processes
	Inform	References to issues informing programming (for cross-code analysis)
	Principles	References to humanitarian principles or related concept
	Protection	Reference to protection or related concept
	AAP	Reference to accountability to affected people or related concept
	PSEA	References to PSEA or related concept
	Gender	References to gender-analysis
	Advocacy	Evidence of advocacy re an issue
	Compromise	Evidence of compromise
	Context-sensitivity	Evidence of reflection around context
Coherence	Coherence	Evidence of reflections around coherence or related concept
	Coherent	Evidence of coherence as value judgement (for cross-code analysis)
	Localization	Evidence of inclusion of national/local actors
	Access Investment	Evidence of investments made to ensure access
	Access Neg	Evidence of efforts to gain access
	Red lines	Evidence of coordination around red lines
	Saving Lives Tog	Evidence of reference to the 'saving lives together' framework
Effectiveness	Effectiveness	Evidence of reflections around effectiveness or related concept
	Effective	Evidence of effectiveness as value judgement (for cross-code analysis)
	Data Coll	Evidence of efforts to collect, manage and share humanitarian data reflecting the situation on the ground
	Delivery	Reference to collective response delivery
	LinkStrat-Op	Evidence of linkages between strategic and operational levels
Quality	Positive judgement	For cross-code analysis
	Negative judgement	For cross-code analysis
	Neutral judgement	For cross-code analysis

Annex 11: Documentation received/collected

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