

**IASC Real Time Evaluation (IASC RTE) of the  
Humanitarian Response to the Horn of Africa Drought Crisis  
*Terms of Reference Final DRAFT 13 November 2011***

## **1. INTRODUCTION & RATIONALE**

The Horn of Africa is experiencing the most severe food crisis in the world today. This is compounded by insecurity in Somalia and large refugee caseloads in Kenya and Ethiopia. Over 12 million people in Djibouti, Ethiopia, Kenya and Somalia are severely affected and in urgent need of humanitarian aid, and there is no likelihood of this situation improving before the end of 2011. As the humanitarian emergencies in Kenya, Somalia and Ethiopia meet the “automatic trigger” criteria endorsed by IASC Working Group in July 2010, the Emergency Relief Coordinator requested an IASC Real Time Evaluation (IASC RTE) in the Horn of Africa sub-region.

The full IASC RTE of the Horn of Africa will consist of four separate assessment missions that will provide four sets of workshops, and four reports, plus an additional synthesis report. The four different missions will be designed to meet the needs of four target groups; the HCTs, Clusters, Government, Red Cross/Red Crescent, and NGO’s involved in the humanitarian response in 1)Somalia, 2)Kenya and 3)Ethiopia and 4)the regional response structure in Nairobi. An evaluation synthesis will highlight common issues and findings across the country and regional level assessments. This approach matches the response structure, and will enable country teams to receive targeted and timely analysis and support to facilitate actions for improved response. A preparatory mission was conducted to refine this ToR, identify key issues and stakeholders, and develop an evaluation plan in consultation with decision makers.

## **2. OBJECTIVES AND USE**

The main objectives of IASC RTEs are to provide real-time feedback to the Humanitarian Country Teams, lesson learning for the future and to seek out the views of affected people on the quality of the response.

The IASC RTE aims to be a light and self-sufficient evaluation (i.e., with a footprint that does not unduly burden the country team) but will nonetheless provides a clear understanding of the key issues and challenges of the response through rigorous evidence-based analysis (triangulation, document analysis, key informant interviews etc.). Based on the assessment of the current situation, the IASC RTE will support the three HCTs and regional fora and mechanisms to develop and agree to clear plans of action to address key coordination problems or operational bottlenecks with the overall aim of enabling a more effective response moving forward. Its purpose is not to substitute for other evaluations that IASC members may conduct for their own purposes.

## **3. METHODOLOGY**

An IASC RTE is a rapid participatory assessment, conducted during the early stages of a humanitarian operation which almost simultaneously feeds back its findings for immediate use by the broader humanitarian community at the field level. These evaluations differ from other forms of humanitarian evaluation in their speed of mobilization; their narrow scope focusing on inter-agency coordination; a methodological approach that seeks to enhance participation and minimize evaluators’ “footprint”; and their emphasis on participatory end-of-mission feedback and remedial action planning by the HCTs.

The applied methods for The RTE shall be light and participatory, yet rigorous enough to lend credibility to its conclusions and recommendations. The evaluation will be carried out through analyses of various sources of information including desk reviews; field visits where possible; interviews with key stakeholders (affected population, UN, I/NGOs, donors, governments); systematic analysis of remotely gathered data (documentary evidence, monitoring data where available); and through cross-validation of data.<sup>1</sup> The country and regional level analysis will also consider, as relevant, operational support to refugee and IDP camps, and the linkages with country, regional and corporate levels. While maintaining independence, the evaluation will seek the views of all parties, including the affected population. Evaluation teams will serve as ‘facilitators’, and as critical friends to the HCT, encouraging and assisting field personnel, both individually and collectively, to look critically at their operations and find creative solutions to problems.

The focus of analysis and learning will be on the ongoing country-level responses in Kenya, Somalia and Ethiopia, and the functioning of the different regional fora and mechanisms in Nairobi. An evaluation team will be deployed to each affected country and facilitate a series of workshops with stakeholders as appropriate. These workshops will support country team learning and help initiate follow-up and needed corrective actions. A matrix of findings, conclusions and recommendations will be shared with the HCT prior to the workshops.

#### **4. FOCUS & KEY ISSUES**

The major thrust of the IASC RTE will be its focus on the *effectiveness and efficiency of the coordination and management systems*, and addressing critical issues related to both the provision of relief and to the transition to recovery. As noted above, it will broadly define inter-agency collaboration to include established formal coordination structures (e.g., the cluster system) as well as other forms of coordination, such as coordination in the refugee camps, formal and informal programmatic coordination, coordination across HCTs in the region, communication in the early warning systems in this slow-onset crisis, joint needs assessments as the foundation for the response, regional coordination by way of the Regional Humanitarian Partnership Team (RHPT), and other areas of collaboration.

The IASC RTE Evaluation framework displays crucial characteristics of an ‘ideal humanitarian response’, and is available at <http://onerresponse.info/Coordination/IARTE>. It serves as a communication tool between all stakeholders and can therefore be referred to as a means of developing relevant findings and recommendations. In-country consultations were held as part of the ToR finalization process for each country, and there is also some scope to focus in on the priority areas of the framework based on inputs from the in-country Advisory Group. Emerging out of the IA RTE framework is a series of generic evaluation questions that can be tailored to address the specific context of the present crisis in the Horn of Africa subsequent to the aforementioned scoping mission. The specific key issues that each part of this IASC RTE will address have been agreed to with the relevant HCT and stakeholders and are attached as separate annexes for Kenya, Somalia, Ethiopia and regional issues.

**The generic questions to be addressed in each national context are the following:**

#### **Situation, Context and Needs**

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<sup>1</sup> In order to support the consultant team, members of the Evaluation Management Group have agreed to gather information relevant to the main questions: e.g. Situation Reports, description of cluster and camp coordination arrangements, description of agency response arrangements, main contact lists of key humanitarian stakeholders, any existing monitoring data or evaluative reports, key communications, etc.

- *What were the main (security or other) events which hampered the response?*
- *What parts of the affected populations benefitted from humanitarian assistance?*
- *Have coordinated assessments of the needs of all parts of the populations, men and boys, women and girls and vulnerable groups been performed?*

***Specific questions:***

- Has a common needs assessment and analysis been carried out and if yes / by whom, has it been used in planning and response?
- What proportions of the affected population could be assisted? Who was excluded, and what were the key barriers to full access? Has humanitarian assistance been impartial, i.e., based strictly according to needs?
- How was the early warning system used? Did donors allocate funding, and did agencies respond to take pre-emptive action?
- What critical factors (e.g., security events, infrastructure, procedures, access, enabling environment, etc.) help explain why the response was or was not delivered in an adequate and timely manner? In insecure operating environments, how has this affected humanitarian responsibilities to uphold strict neutrality, i.e., to ensure that humanitarian action does not have the appearance of favoring any party to a conflict?
- How far has the humanitarian response been tailored to meet national and local needs and ensure ownership at these levels by, and accountability to, affected populations? What measures are in place to ensure transparency in humanitarian action?
- To what extent have the needs of all segments of the population, men and boys, women and girls and vulnerable groups been assessed and the response tailored to the differential needs of the specific subpopulations? Do the assessment mission reports and related strategies reflect such discussions with all segments of the population?
- Have the identification of humanitarian priorities been based on sex/age disaggregated data and gender analysis of these data, and other key drivers of marginalization, including by livelihood system or ethnic affiliation?
- Has information about the humanitarian response been communicated in a manner that is widely accessible to the affected people in the region of the Horn of Africa? Are feedback mechanisms in place that link beneficiary concerns to adaptations in humanitarian strategies/approaches?

**Strategic and operational planning and resource mobilization**

***Overarching question:***

- *Have relevant, prioritized, inclusive and appropriate strategic and response plans been developed in a timely way and based on analysis of the common needs assessment at all levels?*
- *Were the appeals issued in a timely way and responded to?*

***Specific questions:***

- How effective has the overall inter-agency planning and management process been?
- How timely, relevant and coherently inter-linked have the various appeals, strategies and operation plans been?
- To what extent have these been based on an inclusive, prioritized and coordinated needs assessment and analysis that reflects the views of various international and national stakeholders, including government, civil society organizations and affected populations (including socially excluded groups and groups and individuals vulnerable to human rights violations due to discrimination and stigma)?

- How adequately has the political, economic and security dimensions of the country and regional context been considered in assessments, planning and provision of assistance, protection and transitions to early recovery efforts?
- How sufficient have funding flows been, both in quantity and timeliness, so as to allow humanitarian actors to respond effectively to both humanitarian and time-critical early recovery needs?
- Was there any meaningful presence of gender expertise to inform the planning processes? Was there funding for activities to enhance capacity for integrating gender equality in strategies and programs?

### **Coordination and Connectedness**

#### ***Overarching questions:***

- ***Has an inclusive and well-managed coordination system been established/strengthened early on, including with the national (federal, provincial, district level) actors, the military and all other relevant stakeholders?***
- ***Were activities planned in support to pre-existing response plans, structures and capacities?***
- ***Have local capacities been involved, used and strengthened and have partnerships with civil society organizations been built-up?***
- ***Was the coordination system supported by an efficient communication and information management system (e.g., enhancing information flow within the field, between field and HQs)?***
- ***How adequately have cross-cutting issues be dealt with in all aspects of the response and in all clusters/ sectors?***

#### ***Specific questions:***

- In what ways, if any, has the cluster approach led to a more strategic response in terms of predictable leadership, partnership, cohesiveness and accountability?
- How effective has inter-cluster coordination been (with specific focus on cross cutting issues, cash/voucher transfer schemes, Protection and Early Recovery)?
- How effectively has the humanitarian community coordinated the response with the Government (at federal, provincial and district level) and the national military force?
- In what ways, if any, has the government's leadership capacity been strengthened as it has the primary responsibility to respond to its people's needs?
- In what ways, if any, have national and local capacities been capitalized on and strengthened (e.g., in needs assessments)?
- In areas of protracted crisis, how do we ensure that the response supports, rather than undermines, community resilience?
- How effectively have cross-cutting issues been addressed in the cluster response? Was there a network to ensure information sharing and gap filling on cross-cutting issues across programs and sectors
- Has statistical evidence been gathered disaggregated by sex and age and other key markers of social distinction influencing patterns of risk and vulnerability?

### **Response covering the needs and set standards**

#### ***Overarching question:***

- ***What were the main operational results, and the positive and negative outcomes for all segments of the affected population, during each phase?***
- ***Have critical gaps and issues been identified and addressed in a timely way system-wide and by each Cluster?***

- *Have appropriate common standards been adapted/applied within the coordination systems (globally and for each Cluster) and to what degree have these been met?*

***Specific questions:***

- How timely and successful is the humanitarian response in delivering against stated objectives/indicators (as per cluster work plans at the global and the country level, individual agencies' articulated benchmarks)?
- Have the Clusters been instrumental in identifying and addressing critical gaps early on?
- What segments of the affected population could and could not be assisted, and why?
- What is the humanitarian system's level of commitment and compliance to national standards as well as international standards (such as SPHERE, INEE, LEGS, some subset of the Core Commitments for Children in Humanitarian Action, HAP 2007 Standard in Humanitarian Accountability and Quality Management (and as updated 2011), Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, guidance on civil-military relations and protected humanitarian space and on gender equality)?

Additional questions and key issues raised during the Evaluation Preparatory Mission are listed as an annex to the Terms of Reference.

## **5. MANAGEMENT ARRANGEMENTS**

The IASC RTE will be overseen by the evaluation Management Group (MG) established on a voluntary basis from members of the IASC IA RTE Steering Group.<sup>2</sup> In-Country Advisory Groups will be established to provide feedback and advice to the evaluation team during the planning phase and the evaluation mission. Members will attend the workshops, review and provide input on draft reports, and help coordinate the follow up process and monitoring of action plans.

## **6. EVALUATION TEAM, REPORTING REQUIREMENTS AND DELIVERABLES**

The services of independent consultant company/research institutes will be sought to undertake different components of the evaluation. The first seven deliverables are relevant to the assessments in Kenya, Somalia and Ethiopia, and the regional level, and the last deliverable highlights the evaluation synthesis.

1. Field visits to the affected country to gather information and evidence on issues described in this ToR. Field visits will take place over a 3-week period.
2. A matrix of findings, conclusions and recommendations.
3. Presentations and lessons-learned workshops to HCT in each affected country and the regional level, as appropriate. The workshops are considered, together with the final evaluation report, as the primary output of the evaluation. The purpose of the workshops is to present and discuss findings, conclusions and recommendations and reformulate them if necessary and to identify key actors and timelines to responds to these recommendations.
4. An outcome summary (2-5 pages) of workshops (one week after workshops).
5. A draft IASC RTE report (2 weeks after workshops).

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<sup>2</sup> The MG is chaired by OCHA and composed of evaluation managers from UNICEF, UNHCR, the International Rescue Committee (representing the International Council of Voluntary Agencies), Oxfam, WFP, FAO and CARE (representing the Emergency Capacity Building Project). On an ad-hoc basis, heads of evaluation may join EMG meetings, as necessary.

6. A final IASC RTE report containing an executive summary of less than 2,000 words and a main text of less than 10,000 words, both inclusive of clear and concise recommendations. Annexes should include a list of interviewees, bibliography, a description of method(s) employed, and any other relevant materials. (1 week after final stakeholder comments on draft report).

7. A matrix outlining comments received to the draft evaluation report, whether they were accepted, partially accepted or rejected, and the rationale for that decision.

**Synthesis Report**

8. A synthesis report will be prepared containing an executive summary of no more than 2,000 words and a main text of no more than 10,000 words. The synthesis will be based on the country and regional level reports, and will highlight the key issues and findings relevant to both the response in the Horn of Africa and the broader humanitarian community.

**7. DURATION OF EVALUATION AND TENTATIVE TIMEPLAN**

A planning mission was conducted to Nairobi, October 31-November 6 and Addis Ababa, November 6-November 10. The itinerary for each part of the IASC RTE is included in the annexes.

## **Annex 1. Additional key issues for Kenya IASC RTE**

### 1. Strategic

Does the HCT have a cohesive vision and strategy and to what extent does the HCT address areas of overlapping mandates and activities between UN agencies?

### 2. Government engagement

To what extent is the government engaged in the co-ordination system, and does the UN effectively encourage and support government involvement?

### 3. Sub-national Coordination

Have appropriate sub-national coordination capacities and mechanisms been established in the field, and how effective are sub national co-ordination arrangements?

How are non-IASC partners supported to engage with the IASC and government partners to support effective coordination?

### 4. Camp Coordination:

Are the coordination mechanisms for refugees and host communities in and around Dadaab appropriate and effective? How can the UN and partners support the government to increase its support to refugees and host communities?

### 5. Information Management

Are reporting formats appropriate and sufficiently linked? How effective are the co-ordination mechanisms around information sharing?

### 6. Advocacy

To what extent do all actors have access to the critical information they require to do effective humanitarian advocacy?

### 7. Security

How do security concerns affect co-ordination systems in the camps? Are opportunities for expanding humanitarian space used effectively? How effective are the co-ordination systems and contingency planning mechanisms?

### 8. Regional link

To what extent is there a strong link between the national responses and the regional fora and mechanisms?

### 9. Protection

How effective are coordination systems around Sexual Exploitation and Abuse, and are protection issues and concerns addressed strategically?

## **Annex 2. Kenya Key Informant Interviews**

### **Nairobi meetings:**

Ministry of Specific Projects

Ministry for Semi-arid regions

Humanitarian Co-ordinator - Kenya

OCHA Kenya: Patrick Lavand'homme – and Inter-Cluster Coordinator

Humanitarian Partnership Team members:

- Concern
- ACF
- Caritas/CRS
- Islamic Relief
- Tearfund

Evaluation advisory group

UNHCR - Killian Kleinschmidt, plus cluster lead for protection

UNWOMEN

UNDSS

UNDP – Cluster lead on early recovery

UNICEF – Cluster leads Protection/Education/Nutrition/WESCOURD

WFP– Cluster lead - Food

WHO – Cluster lead - health

Inter Agency Working Group

- IFRC – Maxine – Co Chair
- World Vision - Massimo
- Save
- Solidarite Intl
- Care

HAP international – Maria Kiani

People in Aid – Teresa Kamara

P.Fim – Gerry McCarthy

Kenya Food Security Steering Group (Roderick Charters/David Obongo)

Local NGO Forum – through DRC (Peter Klensoe)

IOM

### **Dadaab and Turkana Meetings:**

UNHCR Staff

Samaritans Purse

Horn Relief

Oxfam

Concern

GIZ

CARE

MSF

CARE

Red Cross

Local NGOs

Save The Children

IRC

Local Govt

Police/Military



### **Annex 3. Additional key issues for Regional aspect of the IASC RTE**

Please note that the IASC RTE Evaluation framework has been designed to consider and assess a single country humanitarian response. Therefore it is not expected that the regional part of the RTE will look at all of the questions listed in the framework, as these will be covered in the country specific analysis. The areas listed below are the areas in which stakeholders felt that the RTE could provide useful analysis and insight that will help identify areas in which the regional support to the response could be strengthened.

#### 1. Strategy and Role of Regional offices

Does a medium to long term strategy exist for the region, and is it appropriate?

What value added do regional coordination mechanisms bring? How complimentary are the various interventions? How well co-ordinated are the systems and structures?

#### 2. Early Warning & Early Action

Is the climate information, and early warning products packaged effectively at the regional level in order to be used by humanitarian response organizations?

How clear are the standards and responsibilities for defining and declaring famine, drought etc? To what extent do these mechanisms support the humanitarian community to build common positions?

How effectively are ICPAC early warning systems, and other early warning information linked to response? Are the different coordination mechanisms for early warning and early action appropriate?

#### 3. Communication

How effective and efficient are the information flows from regional bodies to HCTs and to national co-ordination structures (strategic and operational) ? To what extent does information and analysis generated through regional mechanisms and fora link up to and help to inform the various national-level responses?

#### 4. Leadership

How does one ensure effective regional co-ordination in view of asymmetrical representations from the different agencies? To what extent is the regional directors team effective in providing leadership and developing common stances around humanitarian advocacy issues? How well do the three regional HCTs connect to one another and share information and address inter-country issues?

#### 5. Regional Country-level Linkages

Is effective regional co-ordination taking place at the level of inter-country operations, analysis and information sharing?

Are funds raised through the AU Regional Pledging Conference helping to build the capacities of local communities and governments?

How effectively do OCHA and the humanitarian country teams engage with the African Union and other regional institutions?

#### **Annex 4, Regional Key Informant Interviews:**

##### Nairobi Meetings:

Evaluation advisory group

IGAD (Djibouti based therefore by phone)

ICPAC

Humanitarian Co-ordinator – Somalia Mark Bowden

Fewsnet

Ben – Head of Regional Office OCHA/ (IRiN)

Gabrielle Waaijman – Deputy Head of Regional Office OCHA

OCHA Somalia

Inter Agency Working Group

IFRC – Maxine Clayton – Co Chair

World Vision – Massimo Nicoletti

Save

Solidarite Intl

Care

Horn of Africa Planning Group:

Oxfam – Philippa/Elise

FAO

WFP – Jordi

UNICEF – Regional Director – Mr As Sy

USAID

WFP – Regional Manager – Stanlake Samkange (if not in Rome)

ECHO

##### Addis Ababa and Djibouti meetings:

African Union

Humanitarian co-ordinator

OCHA Ethiopia

WFP Ethiopia

## **Annex 5 Additional key issues for Somalia**

### 1. Risk Management

Is the current strategy for risk management adequate, and how well do agencies comply with the strategy? How can risk management be better integrated into the management of the CHF?

### 2. Humanitarian Financing

Has the CHF for Somalia been effective at improving co-ordination in the sense of addressing gaps? How does the responsibility of the Cluster Leads to manage the CHF affect their role as a neutral broker and coordinator?

### 3. Coordination

Are the core cluster functions appropriate and are the clusters equipped to deal with them? How effectively are the clusters coping with assigned responsibilities? Are recent innovations and structural consolidations to the cluster system in Somalia relevant and useful? (e.g. new food security cluster) Is the number of clusters right?

Are current efforts to strengthen the co-ordination arrangements in Mogadishu adequate?

How are non-traditional actors, and other key actors such as ICRC, and MSF integrated with the existing coordination structures?

How has the humanitarian community managed in kind donations from new actors?

To what extent is meaningful coordination conducted remotely? How top down vs bottom up are the co-ordination systems? Are decisions being taken at the appropriate locations and levels?

How do common services contribute to or strengthen coordination efforts?

### 4. Information Management

Are information flows and co-ordination flows around health and WASH adequate? Do information flows facilitate a balanced response to the needs of the population? Do all actors have confidence in the information made available?

Is the HCT able to report on results and to support humanitarian co-ordination efforts with credible analysis?

Are current reporting formats adequate and useful? Are recent changes being introduced likely to improve IM functions? Are the current periodicities of reporting appropriate?

### 5. Humanitarian Space

How does the use of AU military assets affect co-ordination systems? What consequences are there for delivery?

How does the location of the clusters within the Transitional Government affect the co-ordination arrangements, and participation of all stakeholders?

How is the integration process in Somalia affecting the engagements of different actors in the broader humanitarian co-ordination system both in Nairobi and in Somalia?

### 6. Advocacy

Is the co-ordination system doing an adequate job of communication and advocacy? Are common positions being developed?

## **Annex 6, Somalia Key Informant Interviews**

### Nairobi Meetings:

Evaluation advisory group

Humanitarian Co-ordinator – Somalia Mark Bowden

Fewsnet

Ben Parker– Head of Regional Office OCHA/ (IRiN)

Kiki Ghebo – Head of Office OCHA Somalia

Inter Agency Working Group

Thibaut Henon-Hilaire UNSS Somalia, [thibaut.henon-hilaire@undp.org](mailto:thibaut.henon-hilaire@undp.org)

IFRC – Maxine Clayton – Co Chair

World Vision – Massimo Nicoletti

Save

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Horn of Africa Planning Group:

Oxfam – Philippa/Elise

FAO

WFP – Jordi

UNICEF – Regional Director – Mr As Sy

USAID

WFP – Regional Manager – Stanlake Samkange (if not in Rome)

ECHO

### Addis Ababa and Djibouti meetings:

African Union

Humanitarian co-ordinator

OCHA Ethiopia

WFP Ethiopia

## **Annex 7 Additional key issues for Ethiopia**

### **1. Coordination**

How have the changes in government response structure affected coordination? Are Sector Task Forces (national level) and Incident Command Posts (district level) operating effectively?

How does the cluster system support a strong government led response? Are areas of duplication avoided? Are the different coordination responsibilities of the HC, OCHA and UNHCR clear?

### **2. Camp coordination**

Have appropriate and predictable camp coordination capacities and mechanisms been established in the refugee camps, and how effective are camp co-ordination arrangements? What is the appropriate role for the RC/HC in a refugee situation? How are monitoring and information management systems functioning in the camps, especially around Gender based Violence? Is the response to support host communities integrated in the coordination structure appropriately?

### **3. Government leadership and Structure**

How effective and clear is the government coordination structure, and does the UN effectively support government structures? Has the governments focus on Disaster Risk Management prompted better preparedness and better response? As the government response is led by the Ministry of Agriculture, is the leadership and co-ordination of health activities adequate?

### **4. HQ, HCT and strategic coordination**

How have the rationalization of inter-agency and donors coordination structures, and the HCT, affected information management, and a strategic response?

Is clear direction provided to the HCT and UN agencies in Ethiopia on responding to needs across the border with Somalia?

### **5. Assessments and needs based response**

Do information flows facilitate a balanced response to the needs of the population? Do all actors have confidence in the information made available? Does the Ethiopian Humanitarian Requirements Document (EHRD) process facilitate a needs based and strategic response? How well does the system address vulnerability and improve resilience?

### **6. Information Management**

Are partners comfortable sharing information, do agencies have confidence in needs assessment and other available information, and is it used to provide a strategic needs based response? How does government sensitivity around nutrition information affect the response, and do agencies share information transparently and easily?

### **7. Security**

How well coordinated are issues around security addressed in Dolo Ado and how do security concerns affect co-ordination systems in the camps? Are responsibilities of UNHCR, ARA, and UNDSS clear? Does the Security Management Team address security appropriately, and enable humanitarian response, and does the Designated Official provide leadership on security issues?

8. Humanitarian Space

Have government restrictions on NGOs hampered the ability of actors to scale up and respond effectively? Is the international response helping to strengthen national capacities?

9. Humanitarian Financing

Do the HRF and/or other donors contribute to a more coordinated response? Does the earmarking of funds affect the ability of actors to respond based on needs? How well is the HRF linked with the HCT?

10. Engagement with Regional Organizations

Have regional organizations such as IGAD been involved in early warning or response, and how effectively have Ethiopia based actors engaged with regional organizations?

11. Early Warning & Early Action

How effectively are early warning systems, and other early warning information linked to response? Has information collected at therapeutic feeding centers enabled earlier action? Does the Safety Net Program compliment early warning and response? Have Contingency Plans added value to the response?

## **Annex 8, Ethiopia Key Informant Interviews**

HC/RC

OCHA, Mike McDonagh - Head of Office, Amy Martin - Deputy Head of Office

DRMFSS, Ato Mathewos - Director/Ato Tadesse - Deputy Director

GOAL, John Rynne – Country Representative

WHO, Dr. Innocent Ntaganira - OIC

WFP, Abdou Dieng - Country Representative

UNICEF, Ted Chaiban - Country Representative

OXFAM - GB Greg Puley – Country Director

SC-UK Francisco Rouge – Country Director

CARE Garth Van't Hul – Country Director

EHNRI, Dr. Daddi/Dr. Amaha (technical team to be arranged)

ARRA, Ato Yehualashet Gebremedhin –Projects Coordinator

IOM, Josia Ogina (Head of Mission and Rep to AU/ECA/IGAD)

Cluster Leads Cluster Lead Agencies' Technical Heads

EHCT members

UNICEF, Shadrack Omol, Chief, Field Operations and Emergency

OCHA, ERF manager

USAID

DfiD

## **Dates of Ethiopia mission**

Feb 6 2011 – Feb 28 2011.

Workshops Feb 29 – March 2

## **Suggested Field Visits**

Dolo Aldo 4 days

SNNPR 4 days

Either Oromia or Somali region for 4 days (depending on situation in February and feedback from In-Country Advisory Group)

Addis 8 days