INTER-AGENCY HUMANITARIAN EVALUATION

ANNEXES

INTER-AGENCY HUMANITARIAN EVALUATION OF THE RESPONSE TO THE CRISIS IN NORTHERN ETHIOPIA

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INTER-AGENCY HUMANITARIAN EVALUATION OF THE RESPONSE TO THE HUMANITARIAN CRISIS IN NORTHERN ETHIOPIA

TERMS OF REFERENCE

1 INTRODUCTION

1. Inter-Agency Humanitarian Evaluations (IAHEs) were introduced to strengthen system-wide learning and promote accountability towards affected people, national governments, donors, and the public, and are guided by a vision of addressing the most urgent needs of people impacted by crises through coordinated and accountable humanitarian action. IAHEs inform humanitarian reforms and help the humanitarian community to improve aid effectiveness to ultimately better assist affected people. IAHEs are not an in-depth evaluation of any one sector or of the performance of a specific organization.

2. As such, IAHEs cannot replace any other form of agency-specific humanitarian evaluation, joint or otherwise, which may be undertaken or required. Since 2008, the Inter-Agency Humanitarian Steering Group (IAHE SG) has conducted dozens of system-wide evaluations of humanitarian action by the United Nations (UN), the Red Cross and Red Crescent Movement and non-governmental organizations (NGOs). IAHEs are triggered by the Emergency Relief Coordinator (ERC) and are the only UN-led activity assessing the system-wide humanitarian response to emergencies.

3. The Scale-Up Activation is an inter-agency mobilization mechanism in response to a sudden onset and/or rapidly deteriorating humanitarian situation in a given country, including at the subnational level, where capacity to lead, coordinate and deliver humanitarian assistance does not match the scale, complexity and urgency of the crisis. In the event of such Scale-Up Activation, IASC protocols require that an IAHE be automatically triggered within 9 to 12 months of the Scale-Up declaration.

4. The procedure activates mechanisms and tools to: (a) ensure that the Inter-Agency Standing Committee (IASC) system delivers effectively in support of national authorities and existing capacities and monitors its own performance, (b) ensure that adequate capacities and tools for empowered leadership and coordination of the humanitarian system are in place, and (c) engage IASC member organizations and Global Cluster Lead Agencies to put in place the required systems and to mobilize the required resources to contribute to the response as per their respective mandates.

5. These Terms of Reference (TOR) provide the context for the IAHE of the response to the humanitarian crisis in Northern Ethiopia. It includes its subject and scope, objectives and key areas of inquiry and a proposed methodology with key deliverables of the evaluation. It also describes the intended users of the IAHE as well as its management arrangements. Detailed requirements for the proposal to respond to this TOR can be viewed in Annex 3.

6. The IAHE's primary focus is the collective efforts of the IASC member organizations in support of people, and with government and local actors, in meeting the needs and priorities of the most vulnerable people in the context of humanitarian crisis.

7. The evaluation will be carried out under the auspices of the IASC-associated Inter-Agency Evaluation Humanitarian Steering Group (IAHE SG), which is chaired by the Office for the Coordination of Humanitarian Affairs (OCHA) and consists of the Evaluation Directors of the Food and Agriculture Organization (FAO), International Organization for Migration (IOM), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP) and World Health Organization (WHO), as well as representatives from the Danish Refugee Council (DRC), International Committee of the Red Cross (ICRC), International Federation of the Red Cross (IFRC), the

Steering Committee for Humanitarian Response (SCHR), and the humanitarian learning and accountability network known as ALNAP.

8. The IAHE SG pursues an interest to learn across simultaneously ongoing responses, most notably the response to the humanitarian crisis in Afghanistan and Northern Ethiopia, and other recent Scale-Up Activations. Close cooperation between the respective management groups and exchange between the evaluation teams is expected. This may lead to a capstone piece that can provide valuable learning for the IASC member organizations.

2 BACKGROUND

9. Despite rapid economic growth since the turn of the century, Ethiopia has continued to grapple with a range of deeply rooted humanitarian challenges. Annual humanitarian response planning documents, developed in coordination with the Government, have sought to address climate-driven shocks as well as needs relating to displacement and conflict.

10. The internal conflict which began in Tigray region in November 2020 and has since spilled over into the neighboring regions of Amhara and Afar has resulted in a dramatic and continuing increase in humanitarian needs across much of Northern Ethiopia, with humanitarian organizations estimating that more than 9 million people require humanitarian assistance as a consequence. Within Tigray, a recent food security assessment found that more than 4.6 million people or 83% of the population surveyed were food insecure, of whom 2 million were severely food insecure.[1]

11. The nature of the conflict, which has involved credible allegations of serious violations of international humanitarian law by all sides[2], and the extensive access restrictions that have been imposed, have severely challenged the relationship between humanitarian organizations and the Government. Timely issuance of visas has been a challenge for much of the response, for UN and NGO personnel, as has internal movement. Allegations of partiality by humanitarian organizations and negative rhetoric around humanitarian action have complicated operations and increased security risks, as have broader politicization of the response.

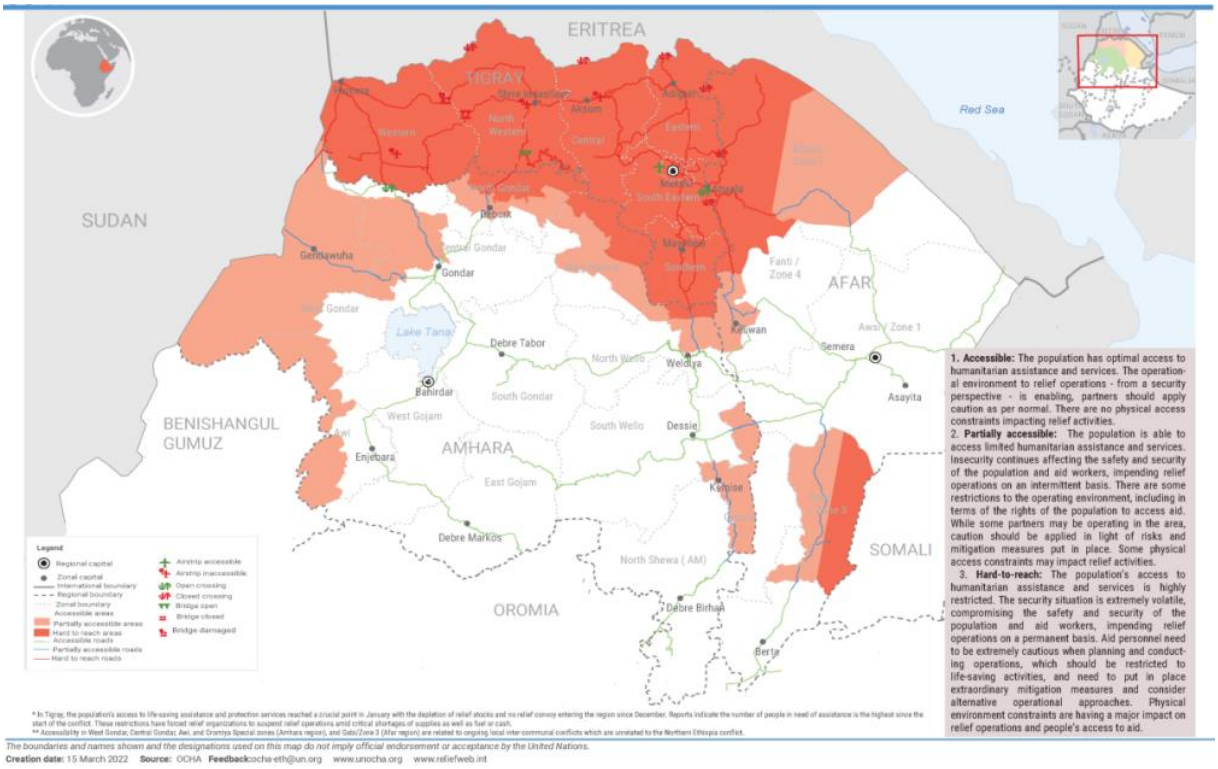
12. In the first half of 2021, access to the region's capital Mekelle was possible but movements within the region were highly restricted due to insecurity caused by ongoing fighting. From July 2021 onward, levels of fighting within Tigray reduced, resulting in an improved ability for humanitarian organizations to move around the region. However, access into Tigray from outside the region were increasingly restricted, with movement of supplies largely possible only via a single road route. The situation was further complicated by the suspension of electricity and banking services in Tigray, as well as the cutting off of commercial supply routes.

13. As of March 2022, what has been described by the UN Secretary-General as a *de facto* blockade remains in place for Tigray[3], with more than three months having passed since overland access for humanitarian supplies into the region has been possible. Despite continuing UNHAS passenger and cargo flights, shortages of fuel, cash and supplies are undermining the ability of humanitarian organizations to assess

[1] WFP: Emergency Food Security Assessment, Tigray Region, January 2022. (This exercise excluded Western Tigray, where needs are expected to be higher).
[2] Multiple reports of alleged human rights violations in Tigray, OHCHR Press releases March 2022 Situation Tigray
[3] SG/SM/20866

and respond to needs in Tigray, and to move supplies from the regional capital, Mekelle, to other areas. Conflict and insecurity also continue to cause displacement and drive needs in parts of Afar and Amhara regions. A humanitarian truce was announced on 24 March 2022 and a first convoy of trucks has reached Tigray on 1 April 2022.

Figure 1 Northern Ethiopia Access Map[4]



14. In response to the deteriorating situation and following requests of the UN Security Council and the Government of Ethiopia, the Emergency Relief Coordinator (ERC) and Inter-Agency Standing Committee (IASC) Principals on 28 April 2021 designated a Humanitarian System-Wide Scale-Up (henceforth referred to as 'Scale-Up Activation') for northern Ethiopia. A set of operational benchmarks were agreed at country level to guide the Scale-UP Activation, which involved, *inter alia*¸ the deployment of additional personnel and the establishment of a Deputy Humanitarian Coordinator function in Mekelle. The Scale-Up Activation for Northern Ethiopia has been extended until 28 April 2022.

15. The current Scale-up protocols, superseding the previous L3 protocols, are entering their fourth year of implementation. However, the IASC Scale-Up Activation for Northern Ethiopia is the first in an active conflict setting and the first that concerns only one geographic region of a country, with humanitarian responses ongoing in other regions simultaneously. In addition, the Northern Ethiopia Scale-Up Activation finds itself accompanied by two further Scale-Up Activations that were triggered five (Afghanistan) and 11 (Ukraine) months after Northern Ethiopia.

16. The Northern Ethiopia Response Plan May to December 2021 has accompanied the Scale-Up throughout 2021. Initially issued in May 2021 and up-dated in October 2021, the plan sought US$941 million to assist

[4] Northern Ethiopia Humanitarian Update 31 March 2022

5.2 million people from May to December 2021.[5] This plan was 69.5% funded.[6] In 2022, the humanitarian response in Afar, Amhara and Tigray will be fully integrated into the countrywide Humanitarian Response Plan (HRP). The HRP provides a single framework to guide the humanitarian responses in all locations.

17. The Operational Peer Review (OPR), as mandated by the IASC protocols, took place from 21 September to 1 October 2021 and included a visit to Mekelle, the regional capital of Tigray. An earlier mission by members of the Emergency Directors Group (EDG) took place from 5 to 12 July 2021.

18. In line with IASC protocols, an evaluation of Scale-Up responses is required within 9 to 12 months of the declaration of the Scale-Up to meet its formal learning and accountability needs.

19. On 20 May 2022, the Emergency Response Coordinator (ERC) officially launched the IAHE of the collective response to the crisis in Northern Ethiopia.

3 PURPOSE, SCOPE AND OBJECTIVES

20. As illustrated above, access to Tigray and the implementation of the humanitarian response have been, and continue to be, impeded by a multitude of factors. This will, likewise, affect the conduct of the IAHE. However, despite these known obstacles, there are opportunities now for valuable system-wide learning from the response in Northern Ethiopia.

21. The purpose of this evaluation remains therefore two-fold:

    1) enable learning for the humanitarian system. The IAHE can provide valuable lessons for future IASC Scale-Up Activations and for the humanitarian responses under conditions like those in Northern Ethiopia.

    2) ensure accountability of the IASC organizations towards both affected populations and donors. IAHEs are an integral element of the Humanitarian Program Cycle, assessing to which extent the humanitarian response has met the needs of the people affected by the conflict in Northern Ethiopia.

22. The scope of the evaluation is as follows:

- Substantive scope: The subject of this evaluation is the collective action of IASC member organizations to meet the humanitarian needs of people affected by the conflict in northern Ethiopia. Collective action refers to the sum of individual relief efforts aligned with the HRP and all related collective action of the humantiarian community. The Northern Ethiopia Response Plan 2021 and the Ethiopia Humanitarian Response Plan 2021 and 2022 will provide guidance to assess if the set goals were appropriate and achieved.

- Temporal scope: The evaluation will cover the IASC-led humanitarian response with a primary focus on the period of the Scale-Up Activation from 28 April 2021 until the time of the evaluation. The preparedness and response prior to the conflict and from November 2020 until the initial Scale-Up Activation in 2021 will also be considered for a comprehensive understanding of the level of preparedness and the humanitarian response in its context.

[5] Revised Northern Ethiopia Response Plan

[6] Northern Ethiopia Response Plan 2021 | Financial Tracking Service (unocha.org), accessed 21 January 2022

- Geographical scope: This IAHE will cover the collective response to humanitarian needs caused by the conflict in Northern Ethiopia, including Tigray and affected areas of Afar and Amhara where people were or are affected by the same conflict.
- The scope of the evaluation is subject to consultation with the Humanitarian Country Team (HCT) in Ethiopia during the inception phase.

23. This IAHE will 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. The IAHE will however consider these interventions within the context analysis.

24. 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. In more detail, the evaluation will:

    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.

    b. Assess the results achieved and outcomes generated by the collective response.

    c. Analyze to what extent the efforts of the IASC member agencies to overcome of bureaucratic and administrative impediments (BAI[7]) and other hurdles to access were relevant, coherent and effective.

    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.

    e. Identify good practice, 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.

4 INTENDED USERS

25. The IAHE's findings and recommendations are expected to:

- Provide the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT) in Ethiopia with independent and credible evidence of collective progress towards objectives and results of the response plan and/or other collectively agreed humanitarian plans and strategies as determined during inception phase. Further, facilitate the development of actionable recommendations with the HCT for improving the ongoing humanitarian response in northern Ethiopia.
- Provide the IASC Deputies Forum, the Operations, Policy and Advocacy Group (OPAG) and the Emergency Directors Group with independent and credible evidence of the effectiveness of the Scale-Up Activation in the context of the conflict in northern Ethiopia.
- Contribute to the evidence base for decision-making at the global level – improving future humanitarian action, policy development, and reform by the IASC Principals, Operations, Policy and Advocacy Group (OPAG), Emergency Directors Group, and other stakeholders.

[7] IASC (2022) Guidance Understanding and Addressing BAI

26. In doing so, the evaluation will aim to:

- Provide information to affected people on the outcomes of the response.
- Provide information about factors enabling or impeding the response and that are not directly controlled by IASC partners.
- Provide local actors, international organizations, donors, and learning and evaluation networks with evaluative evidence of collective response efforts for accountability and learning purposes

5 EVALUATION QUESTIONS

27. The matrix provided below contains indicative questions. Together with Humanitarian Country Team in Ethiopia, they will be further elaborated and/or adapted on during the inception phase to produce the final list of key questions and sub-questions that will guide the evaluation.

Evaluation Criteria	Main Evaluation Questions	Proposed Evaluation Sub questions (to be further developed and adapted during inception phase)
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? • 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? • To what extent were humanitarian principles, accountability to affected populations, PSEA and gender taken into consideration and mainstreamed throughout the humanitarian response plans? • 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?
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?

		• To what extent were local response capacities utilized and integrated at coordination and response level? • 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.
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? • To what extent has the IASC Scale-Up Activation enhanced the effectiveness and timeliness of the response? • Are feedback mechanisms effective? • To what extent have the IASC response tools and coordination mechanisms, particularly the Scale-Up Activation, fostered effectiveness throughout the response? • To what extent was the Scale-Up Activation effective in ensuring the international humanitarian response teams' (UN/HCT) capacity to lead the response? • For whom, and in what ways, did the collective response work? • To what extent did the effects reach all identified target groups and specifically women and girls, minorities and people living with disabilities?
Cross-cutting issue: gender and inclusivity	To what extent can the IASC member agencies' collective response be considered equitable and inclusive?	• To what extent has the IASC's 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?

28. To support answering these questions, the IAHE will also conduct or use an existing, agreed analysis of the political, security, and operational environment that interacts with the humanitarian action in northern Ethiopia. Wherever required, the evaluation findings will refer to specific contexts of the various locations of implementation.

29. In addition to these questions, a range of cross-cutting questions will be asked. These questions will examine to what extent the cross-cutting themes such as humanitarian principles, inclusivity, protection, gender and accountability to affected people (see section #7 for cross cutting themes) were taken into consideration throughout the Humanitarian Programme Cycle – from preparedness measures, needs assessments and planning processes for the response itself, as well as the monitoring of it – to ensure that no one, including the most vulnerable, was left behind.

6 EVALUATION APPROACH AND METHODOLOGY

30. The conduct of this evaluation is subject to the availability of funding.
31. The IAHE will be conducted by a team of independent evaluation experts. The gender balance, geographic diversity and language abilities of the team will be ensured to the extent possible.
32. The evaluation is expected to require a work effort of 100 to 130 days for the Team Leader over a period of 9 – 10 months.
33. The evaluation is expected to start in August 2022.
34. This ToR proposes a theory-driven approach to the evaluation. The collective response in Northern Ethiopia currently does not have an explicitly pronounced Theory of Change. This would need to be developed by the evaluation team at the outset of the evaluation, on the basis of the HRP/response plan and consultations with the HCT and other key stakeholders.
35. Innovative approaches to the evaluation, data collection and analysis or presentation are encouraged.
36. A range of data collection tools are expected to be used to answer the evaluation questions. The evaluation methodology will integrate participatory processes, especially at the community level to adequately engage women, men, boys and girls of different ages and take into consideration the existence of disadvantaged groups, such as people with disabilities. Data is expected to be derived from primary and secondary sources. Data collection methods might be but are not limited to a desk review of relevant documents, semi-structured key informant interviews, focus group discussions, workshops, and an analysis of existing survey, monitoring and financial data. Stakeholders are for example national and international humanitarian workers from national and international organizations, people who have received and have not received aid in affected communities, local and national authorities and inter-locutors of humanitarian organizations. Others might be added throughout the evaluation. In this way, the evaluation will seek to be inclusive of the views of diverse stakeholder groups at all levels.
37. To gather further perspectives from communities, the option to conduct a representative household survey or a telephone survey (Computer-Assisted Telephone Interviews) of affected communities in Tigray will be explored during the inception phase. It is acknowledged that, at current, this is not possible. The objective would be to obtain, as systematically as possible, the experience of the assistance received by people affected by the conflict, and as related to the evaluation questions. The evaluation team might propose alternative approaches after exploring available options.
38. The evaluation team will identify suitable data triangulation analysis methods, including the use of software at their disposal. The analytical framework will be refined and finalized during the inception phase.

39. Given the level and unpredictability of bureaucratic and administrative impediments to access to Tigray, the evaluation team will propose flexible and adaptive approaches to data collection in line. The evaluation team needs to consider the following three scenarios and their consequences on the ability to answer all evaluation questions. At current, three main scenarios have been identified. The evaluation team is encouraged to analyze these scenarios and propose respective approaches and data collection and analysis methods to answer the evaluation questions to the fullest extent possible, noting clearly identified limitations to answering specific questions.

- Scenario A: Fully on-site: IAHE with a visit of the evaluation team to Tigray, Afar, Amhara and Addis. This would allow visits to sites of implementation of the humanitarian response and a direct engagement with affected people and relevant stakeholders. The visit to Tigray is expected to cover visits across the Region, not only in the capital. This would be the most preferrable scenario for an IAHE but appears untenable in the current conditions (lack of access, lack of fuel, lack of cash).
- Scenario B: Fully remote: IAHE without visit to Northern Ethiopia (Tigray, Afar, Amhara). Interviews will be carried out remotely with stakeholders based in Addis and across Northern Ethiopia. At the time of writing, the dysfunctionality of tele-communication systems in Tigray will render remote data collection and engagement with stakeholders through calls or remote surveys (SMS or phone-based) near impossible. If the IAHE would have to opt for Scenario B, a household or community-based evaluation of the impact of the response could be envisaged once access is possible or sufficient tele-communications have been restored.
- Scenario C: Partially on-site: IAHE would visit Addis and the response in Afar/Amhara but not in Tigray. While this scenario might be achievable, it remains the least preferred. Needs and access challenges are the greatest in Tigray. This option might potentially introduce real or perceived bias to the evaluation findings, and this represent a risk for the successful conduct of the IAHE.

40. Further, the IAHE will consider existing evaluative evidence and ongoing evaluations or other reviews, including the Operational Peer Review and the IAHE 2019. The IAHE will closely link with other evaluation team leaders, for instance those of UN agencies' L3 evaluations and explore possible linkages such as joint missions, shared data sources, focus group discussions or surveys, with the aim of creating synergies, avoiding duplication and reducing the burden on affected communities and frontline responders.

41. An IAHE was conducted about the Drought Response in Ethiopia from 2015 – 2018 (henceforth referred to as IAHE 2019). The evaluation sought to assess the response to the recurring droughts as well as the building of partnerships and involvement of local capacities (localization).[8] The findings of the IAHE 2019 that refer to general aspects of a collective humanitarian response might serve as one of the building blocks of this IAHE. These areas are, for example and in no particular order, the coordination of the response, the quality of needs assessments and the difficulty to obtain adequate data about people in need, accountability to affected populations and the linkages between development and humanitarian interventions.

42. The specific contours of the above proposed evaluation approaches and methodologies will be refined during the inception phase by the evaluation team and in accordance with the Management Group (MG).

[8] Final Report IAHE of the Drought Response in Ethiopia 2015 - 2018

43. It is expected that the Team Leader of this evaluation exchanges regularly with the Team Leader of the IAHE Afghanistan to identify learning pertaining to the humanitarian system across responses. Two half-day, online workshop with both Team Leaders, the respective MG and other stakeholders will be conducted.

44. The following risks and mitigation strategies have been identified by the MG, this table will be revised by the evaluation team during the inception phase.

Evaluation risks and mitigation

Potential risks	Possible mitigation measures
Volatile security and access situation subject to unpredictable dynamics threatens safety and security of the Evaluation Team as well as key informants and other stakeholders during inception mission/data collection (obstruction of humanitarian assistance, concerns regarding aid worker safety and well-being, anti-UN sentiments). (High risk: high likelihood, high impact)	The scope and implementation of the IAHE would be subject to the evolution of the conflict and depend heavily on the support of all parties to the conflict. Continuous monitoring of the political and security developments with agile, adaptive evaluation planning at the outset and flexible planning to allow for last minute adjustments in the implementation of the evaluation. Scenario A/B: Readiness to proceed fully remotely in the event of visa uncertainties or delays.
Persisting challenges to access some of the most affected areas in northern Ethiopia and seek perspectives of affected populations. (High risk: high likelihood, high impact)	Seek to ensure support of all parties to the conflict for the evaluation, explore all options of access to Tigray. Already during the inception phase, Evaluation Team to develop a contingency plan that outlines alternatives for (remote) data collection should access not be granted and/or a different evaluation scenario should remote data collection not be possible.
Inability to collect data from affected people in a sufficiently representative sample. (High risk: high likelihood, high impact)	Explore options of remote data collection. If there are no options for remote data collection, revisit and adapt the evaluation questions to reflect the lack of primary data from affected people and communities and consider postponing answers to these specifically identified evaluation question (mostly impact)
Excessive burden on humanitarian aid workers in Ethiopia limits their engagement with the evaluation. (Moderate risk: medium likelihood, medium impact)	Evaluation Team to actively identify ways to reduce evaluative burden, including thorough mapping of and strong coordination with other evaluative exercises and an emphasis on generation of timely and practical guidance and learning from the IAHE. The Team will also seek to harness pre-existing information, in particular stemming from the OPR and other recent evaluations in Northern Ethiopia as well as survey data (for example Reach Initiative), without replicating efforts

	already underway/conducted.
Limited availability of reliable and disaggregated data and evaluative evidence. (Moderate risk: medium likelihood, medium impact)	Assessment of data availability and accessibility during the inception phase Adaptation of evaluation questions following data availability/accessibility analysis
Highly politicized environment and distrust on the side of the Ethiopian government. Lack of permissions for Evaluation Team. (Moderate risk: medium likelihood, medium impact)	Careful planning and consideration for potentially required authorization processes. As appropriate and possible, the Evaluation team will seek the participation of the national Government throughout the evaluation process. National and regional disaster risk management institutions and local actors will be identified and interviewed. Remaining mindful of the politicized environment, the team will explore the options of engagement with Ethiopian think tanks and the inclusion of analysts (local evaluators) to the evaluation team.
Logistical and access challenges with regards to the Covid-19 pandemic (Low risk: medium likelihood, low impact)	Consider travel requirements including vaccination, testing and eventual quarantines when planning travel to Ethiopia and with Ethiopia. Assess the predictions for Covid-19 transmission in Ethiopia when planning field missions, as well as national arrangements of tele-working etc Readiness to proceed fully remotely in the event of Covid-29 related travel restrictions.

7 CROSS-CUTTING THEMES

45. The evaluation team is expected to consider the following cross-cutting themes throughout the evaluation and across all evaluation questions and demonstrate how these themes will be applied to the different evaluation criteria.

46. **Humanitarian principles**: Humanitarian action is governed by the four humanitarian principles of humanity, impartiality, neutrality and independence.[9] The evaluation will examine how these principles

[9] Humanitarian action should be motivated by the sole aim of helping other human beings affected by conflicts or disasters (humanity); exclusively based on people's needs and without discrimination (impartiality); without favoring any side in a conflict or engaging in controversies where assistance is deployed (neutrality); and free from any economic, political or military interest at stake (independence).

were considered and applied in the collective humanitarian response in northern Ethiopia, and assess how potential trade-offs between humanitarian principles were managed

47. **Protection:** In line with the ALNAP Guide: Evaluating Protection in Humanitarian Action and the IAHE Guidelines, the evaluation will consider the extent to which the inter-agency humanitarian response has mainstreamed protection issues and considered protection risks, particularly affecting the most vulnerable people. This includes the extent to which the response considered human rights and identified and addressed gaps in the capacity of rights holders to claim their rights and of duty bearers to fulfil their obligations. In a bid to promote durable solutions and sustainability, the IAHE processes will, where possible, seek to understand how underlying issues, barriers and drivers of inequalities are identified and addressed within humanitarian programming. The IAHE will also consider how the IASC strategy and commitments on protection from sexual exploitation and abuse have been integrated into the collective humanitarian response.

48. **Gender and inclusiveness:** The evaluation process will aim to assess the extent to which the differential needs, priorities, risks and vulnerabilities and disabilities of women, girls, men and boys are being identified, assessed and integrated in the humanitarian response. This shall be in line the UN System-Wide Action Plan (UN-SWAP) on gender equality[10] and *the 2017 IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action*[11] and the UN Disability Inclusion Strategy[12]. the evaluation will apply gender analysis in all phases.

49. **Accountability to affected people:** The IAHE will endeavor to gain the perspectives of affected people on the quality, usefulness and coverage of the emergency response and to incorporate these views in the evaluation findings. It will examine how the various segments of the affected population have been consulted in the design of country-level plans, especially regarding the prioritization of needs, decision-making processes, and how limitations to participation and inclusion have been addressed. To the extent possible, the Evaluation Team will consult communities and seek out affected people's views in interviews, focus group discussions and a beneficiary survey.

8 MANAGEMENT ARRANGEMENTS AND STAKEHOLDER PARTICIPATION[13]

50. The IAHE will be conducted by a team of external independent evaluation experts under the guidance, supervision and support of an IAHE Management Group (MG). The MG is chaired by the OCHA Evaluation Manager.

The Evaluation Team

51. The Evaluation Team will be recruited by the Management Group through OCHA's procurement systems.

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[10] www.unsystem.org/content/un-system-wide-action-plan-gender-equality-and-empowerment-women-swap

[11] https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Policy%20on%20Gender%20Equality%20and%20the%20Empowerment%20of%20Women%20and%20Girls%20in%20Humanitarian%20Action.pdf.

[12] UN Disability Inclusion Strategy

[13] For further details on the specific roles and responsibilities of the different IAHE stakeholders, please see "Inter-Agency Process Guidelines", developed by the IAHE Steering Group, May 2018.

52. The team will comprise of at least three team members: Team Leader, senior evaluator, senior research assistant or research assistant) complemented with an appropriate number of analysts (local evaluators), if feasible. Among the members, the team should bring the following collective experience and skills:

- At least 1 female member, between Team Leader and senior evaluator
- Extensive experience conducting inter-agency or joint evaluations of humanitarian strategies and programs, and other key humanitarian issues
- Experience with and institutional knowledge of UN, NGO and civil society organization (CSO) actors, as well as interagency mechanisms at headquarters and in the field
- Experience with the thematic sectors relevant to the response in Northern Ethiopia: food security, wash, emergency shelter/NFI, Protection, Health & Nutrition, education.
- Experience conducting humanitarian evaluations in conflict affected and access constraints environments, experience with conflict sensitive programing
- Extensive knowledge of evaluation methodology/approaches, data collection and analysis methods and tools
- An appropriate range of humanitarian field experience
- At least one team member should have extensive skills in data analysis and visualization
- Experience in facilitating consultative, participatory workshops involving a wide range of organizations, stakeholders, and participants (in-person and virtual)
- It is desirable that at least one international team member should have context-specific knowledge and experience, including on the humanitarian system in Ethiopia
- Experience in gender analysis or gender mainstreaming/programming
- All evaluation team members should be free from conflict of interest both from their past engagements and for any planned future engagements during and for at least 6 months after their engagement with the IAHE

53. The Team Leader and senior evaluator should have excellent writing and communication skills in English. All team members must have a working knowledge of English. It is desirable that at least one team member should have working knowledge of Tigrinya, Afar and Amharic.

54. The Team Leader will have at least 15 years of professional experience in humanitarian action, including experience in management of humanitarian operations or coordination. Further, they will have led at least 5 evaluations of humanitarian operations and demonstrate strong analytical, communication and writing skills. They will be responsible for the overall conduct of the evaluation in accordance with the TOR, including developing and adjusting the evaluation methodology, managing the Evaluation Team, ensuring efficient division of tasks between team members and taking responsibility for the quality of their work, undertaking the inception field visit, representing the Evaluation Team in meetings, ensuring the quality of all outputs, submitting all outputs in a timely manner.

55. The Senior Evaluator will have at least 10 years of professional experience in humanitarian aid and conducted at least 5 evaluations in the role of the senior evaluator or above.

56. The Analysts (Local Evaluators) will have 2 – 5 years of experience in humanitarian aid, be familiar with research methods and have previously worked as evaluators.

57. A senior research assistant/research assistant will have 5+/2-5 years of experience.

Management Group

58. The IAHE will be managed by an Inter-Agency Management Group comprised of senior-level evaluation professionals representing the independent evaluation offices of IAHE Steering Group members, including the following organizations: *FAO, IOM, UNICEF, UNHCR, WFP and OCHA (chair).*

59. The Management Group will provide sustained support and guidance to the evaluation process, to ensure its alignment with the ToR, independence and transparency, and promote the dissemination and utilization of evaluation findings.

60. The members of the Management Group are mandated by their respective Steering Group representatives within all the delegation of authority of the Management Group to manage IAHE deliverables as per the IAHE guidelines. In accordance with said guidelines, the Management Group members will act as point of contact for the evaluation for their organizations and provide quality control and inputs to the IAHE including with regard to scoping, inception, planning, guidance, oversight, quality control, internal liaison, consultation, support and utilization of the evaluation.

61. The independence of the evaluation process will be safeguarded by, and will reside with, the Management Group. The Team Leader will report to the Management Group through the MG's chair, with all final quality control and process decisions resting with the Management Group in order to ensure the smooth functioning of the evaluation. Wherever necessary, the Management Group will work with the Team Leader to finalize individual evaluation outputs, so as to ensure the maximum quality, credibility and utility of all end products.

62. The Chair of the Management Group will be OCHA's Evaluation Manager. They will be the main point of contact for the evaluation and ensure day-to-day support and consistency throughout the evaluation process, from drafting the TOR to the dissemination of the report.

Advisory group

63. An In-Country Advisory Group might be established during the inception phase. It would represent country-level stakeholders that have been directly involved in the response in northern Ethiopia. It will play a key role in advising the Evaluation Team and Management Group, and in supporting the evaluation through the planning, implementation and follow-up stages. It serves in an advisory and not in a decision-making capacity. The HCT might fulfil the role of in-country advisory group.

64. The responsibilities of this group will include: to help ensure the relevance, credibility and utility of the evaluation, to facilitate evaluation planning and data collection, to review and provide feedback on draft documents, to participate in a validation workshop, to help promote ownership of stakeholders, to support the HCT in the preparation of the management response plan and to assist with developing and implementing a communication strategy. The in-country advisory group is chaired by the OCHA evaluation manager. Further details on membership and meeting modalities will be outlined in the Terms of Reference of the Advisory Group.

IAHE Steering Group

65. As per IAHE Guidelines, the IAHE Steering Group will approve the TOR, as well as the final evaluation report, based on the recommendations provided by the IAHE Management Group. The Steering Group will also contribute to the development of a communications strategy for the dissemination of the IAHE.

9 QUALITY ASSURANCE

66. The evaluation will be guided by the UNEG Norms and Standards and the UNEG ethical guidance for evaluation to ensure the quality of the evaluation process. The evaluation team is expected to reflect about ethical considerations throughout the entire evaluation process. Due diligence will be given to effectively integrating good ethical practices and paying due attention to robust ethical considerations in the conduct of the IAHE, as stipulated in the *United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation* of 2020. Furthermore, it is vital for the evaluation to fully comply with the precautionary measures put in place by the collective agencies and host governments, in order to protect staff, teams and consultants, partners and people. It is of utmost importance that the 'do no harm' principle consistently guide evaluation efforts across the board, including as it applies to those involved in the on-going response as well as affected populations.

67. The UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation shall serve as point of reference to integrate human rights and gender equality concepts, standards, values and principles throughout the evaluation.

68. IAHEs apply internationally established evaluation criteria that draw from the evaluation criteria in the United Nations Evaluation Group (UNEG) norms and standards, revised Development Assistance Committee of the Organization for Economic Co-operation and Development (OECD/DAC) criteria for development evaluation, and the ALNAP criteria for the evaluation of humanitarian action.

69. All quality assurance, both of a technical and linguistic nature, will be the responsibility of the Evaluation Team under the leadership of the Team Leader. Key deliverables will be reviewed according to the OCHA Quality Assurance System for Evaluations. All final evaluation products will be in IAHE formatting and conform with OCHA's Style Guide. First level quality assurance is the responsibility of the evaluation firm. Second level quality assurance will be provided by the Management Group. Payment of consulting fees at each stage of the evaluation will be contingent on the Management Group's satisfaction with the quality of deliverables provided at each milestone. To ensure the quality of the final outputs, the evaluation team should also include a peer review as part of its quality control procedure

10 EVALUATION PLANNING AND DELIVERABLES

70. The Evaluation Team is responsible for the following deliverables:

Inception phase

71. The inception phase is one of the opportunities for the Management Group and the In-Country Advisory Group/HCT to feed into the evaluation process.

72. The inception phase is expected to be carried out remotely and last 3 months.

73. The evaluation team is expected to consider the humanitarian and operational context as well as data availability and accessibility before developing the evaluation framework:

- Review available documents and data related to the response planning and implementation. An initial set of documentation will be made available by the Management Group and will include, but is not limited to, humanitarian response plans, humanitarian bulletins or situation reports, (mid-year) reviews of the humanitarian response plan, collective response data (clusters), assessments, the OPR report, available evaluations, or other reports and documentations. This review will be completed during the data collection phase.

74. The objective of the document review is to serve as a contextual analysis and a review of the operational conditions of the collective humanitarian response. The results of the document review will be reported separately from the inception report and serves to inform the evaluation framework and the adaptation of the evaluation questions.

75. The Evaluation Team will produce an inception report including

- The Team's understanding of the issues to be evaluated (objectives), their understanding of the context in which the IAHE takes place and any suggested deviations from the TOR, including any additional issues raised during the initial consultations. This shall not be a repetition of the TOR.
- Any suggested deviations from the TOR, including any additional issues raised during the initial consultations
- A detailed stakeholder analysis and clear indication of national entities and communities to be consulted, engaged with and involved in the evaluation process, as relevant. Per stakeholder, a plan of action should be proposed, outlining the planned level and scope of engagement in the evaluation. This should include their geographical location and during which period of the response they were involved.
- A comprehensive methodological approach for the evaluation, including:
  - ⇒ Evaluation approach and design
  - ⇒ A draft Theory of Change (TOC), developed from the HRP and consultation with key stakeholders during the inception phase.
  - ⇒ An evaluation matrix, with sub-questions for each of the evaluation criteria and questions. This matrix should indicate for each question the assumptions to be assessed, the indicators proposed and corresponding sources of information. For each question, it should outline sources of data and methods required to answer those questions (including documents, information, and data asked of all agencies involved in the response, including those not represented on the Management Group or Advisory Group)
  - ⇒ An assessment of data availability in relation to the evaluation questions at hand, and the identification of challenges/gaps and a plan for mitigating them, resulting in a set of final key evaluation questions.[14]
  - ⇒ Approaches and strategies used to identify and reach affected people, and to adequately engage women, men, boys and girls of different ages at various stages through the evaluation process,

[14] Challenges, even significant challenges, in answering individual questions will not be considered a reason for not answering them; rather, the identification of these challenges should result in a preliminary indication of the level of robustness with which each can be answered in light of the available data – and, where necessary, what the level of effort will be necessary to increase the robustness of the analysis on key questions, wherever appropriate.

including methodology development, taking into consideration disadvantaged groups, including people with disabilities.

⇒ Data collection plan and analysis tools that will be used to conduct the IAHE (survey instruments, interview guides, field data collection plan and schedule of interviews, and other tools to be employed for the evaluation).

⇒ Any limitations of the chosen methods of data collection and analysis and how they will be addressed. This might include, for example, methodological and management measures to reduce any potential bias in data collection undertaken by the consultants that may arise due to their regional, religious or ethnic identity.

⇒ A final list of data sources to be used, including where applicable pre-existing survey data, and a finalized sampling strategy.

⇒ A data analysis plan aligned to the chosen approach/design

- A detailed workplan/timeline for the remaining evaluation phases including planning for a field mission, if any and for all deliverables
- A description of team organization and quality assurance arrangements

76. In sum: The deliverables of the inception phase are a (1) a document review, a (2) inception report including a (2a) stakeholder analysis, (2b) draft TOC, (2c) assessment of data availability and accessibility and (3) a workplan/timeline.

Evaluation Phase

77. At the time of writing, it is unclear if it will be possible to carry out data collection in all regions of Northern Ethiopia, and this TOR is requesting awareness about opportunities and risks of field work as well as flexibility of the evaluation team when planning and carrying out the evaluation. A final decision about data collection in Ethiopia will be made by the end of the inception phase.

78. The evaluation report should not exceed 25,000 words (excluding executive summary and annexes). It should be written in a clear and concise manner that allows readers to understand the main evaluation findings, conclusions and corresponding recommendations, and their inter-relationship. The report should be comprised of a(n):

- Executive summary of 2,500 words.
- Summary table linking findings, conclusions and recommendations, including where responsibility for follow-up should lie.
- Analysis of the context in which the response was implemented, including a timeline of the response to the humanitarian needs in Northern Ethiopia in relation to access by humanitarian actors to affected communities.
- Methodology summary. This should be a brief chapter in the main report, with a more detailed description provided in an Annex.
- Main body of the report, including an overall assessment, findings in response to the evaluation questions, conclusions and recommendations. The report should contain a dedicated section that

consolidates all the key lessons learned from the response and any innovations that IASC should be further brought to scale.

79. The final report should present recommendations that are specific, clearly stated and not broad or vague; as well as realistic, reflecting an understanding of the humanitarian system and potential constraints to follow-up. They should suggest where responsibility for follow-up should lie and include a timeframe for follow-up.

80. Annexes will include: 1) TOR, 2) detailed methodology, 3) list of persons interviewed, 4) details of qualitative and quantitative analysis undertaken, 5) team itinerary, 6) all evaluation tools employed including an evidence matrix, 7) list of acronyms, 8) bibliography of documents (including web pages, etc.) relevant to the evaluation, 9) A summary table that links the key findings, conclusions and recommendations of the evaluation.

81. The draft report and its versions will be reviewed by the Management Group. The final report will be cleared by the IAHE Steering Group prior to dissemination. No limited number of drafts should be set due to the need to optimize the quality of the evaluation report.

82. Prior to finalization of the evaluation report, the Evaluation Team should conduct a validation workshop to collect views on the findings and emerging recommendations the in-country advisory group/HCT and other, identified stakeholders (for example, sub-national humanitarian teams).

Other evaluation products or deliverables

- **Two half-Day Workshops:** The Evaluation Team Leader is expected to plan, together with the MG, two half-day workshops harnessing learning for the humanitarian system across responses. These are expected to occur around the end of the inception phase and during the reporting phase. The workshops are for the evaluation team and the management group of the IAHE Northern Ethiopia and the IAHE Afghanistan.
- **Ranking of strength of evidence:** The Evaluation Team will present matrix listing evidence available per evaluation question. This will include an indication on the strength of the evidence as well as the lack of or limitation to the evidence.
- **Presentations***:* Based on the dissemination plan prepared by the Management Group, the Evaluation Team will produce presentations, including for the Humanitarian Coordinator (HC)/ Humanitarian Country Team (HCT), IASC members, donors, and in-country to national and local actors, including affected populations where possible.

83. **Additional evaluation products** such as briefs, video presentations or similar may be proposed in the inception report for the Management Group's consideration. All deliverables listed will be written in standard UK English, and submitted as Word and PDF documents, using the standard IAHE template and with IAHE branding. If in the estimation of the Evaluation Manager the reports do not meet required standards, the Evaluation Team will ensure at their own expense the editing and changes needed to bring it to the required standards.

11 DISSEMINATION AND FOLLOW UP

84. In consultation with the Evaluation Team and the HCT/in-country Advisory Group, the Management Group will prepare a dissemination, communication, and engagement strategy for the IAHE. The strategy will outline how the evaluation's findings, conclusions and recommendations will be disseminated to all relevant audiences, including affected people and public. The strategy will also outline specific communication products, and their most effective and interactive dissemination channels.

85. The Evaluation Team will conduct the following presentations:

- Exit brief with the relevant international humanitarian response teams (UN/HCT), the relevant Government counterparts, and the Management Group share first impressions, preliminary findings and possible areas of conclusions and recommendations at the end of the field visit. The brief will help clarify issues and outline expected or pending actions from any stakeholders as relevant and discuss the next steps.
- Upon completion of the draft evaluation reports, the results of the IAHE will be presented by the Evaluation Team Leader to the IASC Operations, Policy and Advocacy Group and to the IASC Emergency Directors Group in Geneva and/or New York and other stakeholders.
- Once the evaluation is completed, presentations of the main findings and recommendations will be made available to various fora as decided by the IAHE Management and Steering Groups. The Evaluation Team may be requested to assist with these presentations.

86. Other dissemination channels:

- The IAHE final reports will be submitted to the ERC and shared with the IASC Principals, the Operations, Policy and Advocacy Group and the Emergency Directors Group.
- The inception, evaluation reports and policy briefs will be made available on the websites of the IASC and the IAHE Steering Group member agencies.
- In addition to the evaluation report and oral briefings, the evaluation findings and recommendations can be presented through alternative means of dissemination, such as websites, social media, videos, etc.

12 MANAGEMENT RESPONSE PLAN

87. The global recommendations of the evaluation will be addressed through a formal Management Response Plan (MRP). The preparation of the MRP will be facilitated by the IASC Secretariat and OCHA and approved by the Emergency Relief Coordinator.

1.1 TOR Annex 1 Tentative timeline and phases of the evaluation

Phase	Timeline	Main activities
Preparation	Spring 2022	Set up Management Group Finalize Terms of Reference and draft budget Identify and collect relevant documents/ reports
Contracting	July – December 2022	Evaluation company recruitment
Inception	January – April 2023	Inception mission Prepare deliverables of the Inception Phase Feedback on Inception Report Half day workshop
Data collection	May – July 2023	Primary and secondary data collection Field mission if possible
Reporting	August 2023 to March 2024	Data Analysis Prepare draft report Presentation of preliminary findings and/or validation workshops Review and revisions Final report
Dissemination	March 2024 onwards	Prepare presentation materials Final presentation
Management Response Plan	March – April 2024	Preparation of MRP by Ethiopia HCT Preparation of MRP by IASC for global recommendations

1.2 TOR Annex 2: Coordinated Humanitarian Action: The Ideal Model – Impact Pathway

LONGER-TERM IMPACT	Affected people live in enhanced safety and dignity with better prospects of thriving as agents of their own destinies					
↑ ↑ ↑						
CORE RESPONSIBILITIES	Prevent and end conflicts [conflict-related crises]	Uphold norms of safeguard of humanity	Leave no one behind	Change people's lives: from delivering aid to ending needs	Invest in humanity & in local leadership and ownership of the response	
↑ ↑ ↑						
OUTCOMES	Humanitarian access secured for all	Relevant response		Connectedness and coordination between humanitarian stakeholders	Good coverage	
↑ ↑ ↑						
OUTPUTS	Effective coordination mechanisms	Adequate partnerships	Common needs assessments & response plans	Common services	Concerted advocacy for adequate response capacity across sectors	Accountability
↑ ↑ ↑						
INPUTS	Enhanced leadership	Human resources, including surge capacity	Pooled and agency funds	Guidance and programming tools (HPC, MIRA, Sphere Standards, etc.)	Sector/cluster leads activation and common services provision	

Annex 2: 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
Needs & Data				

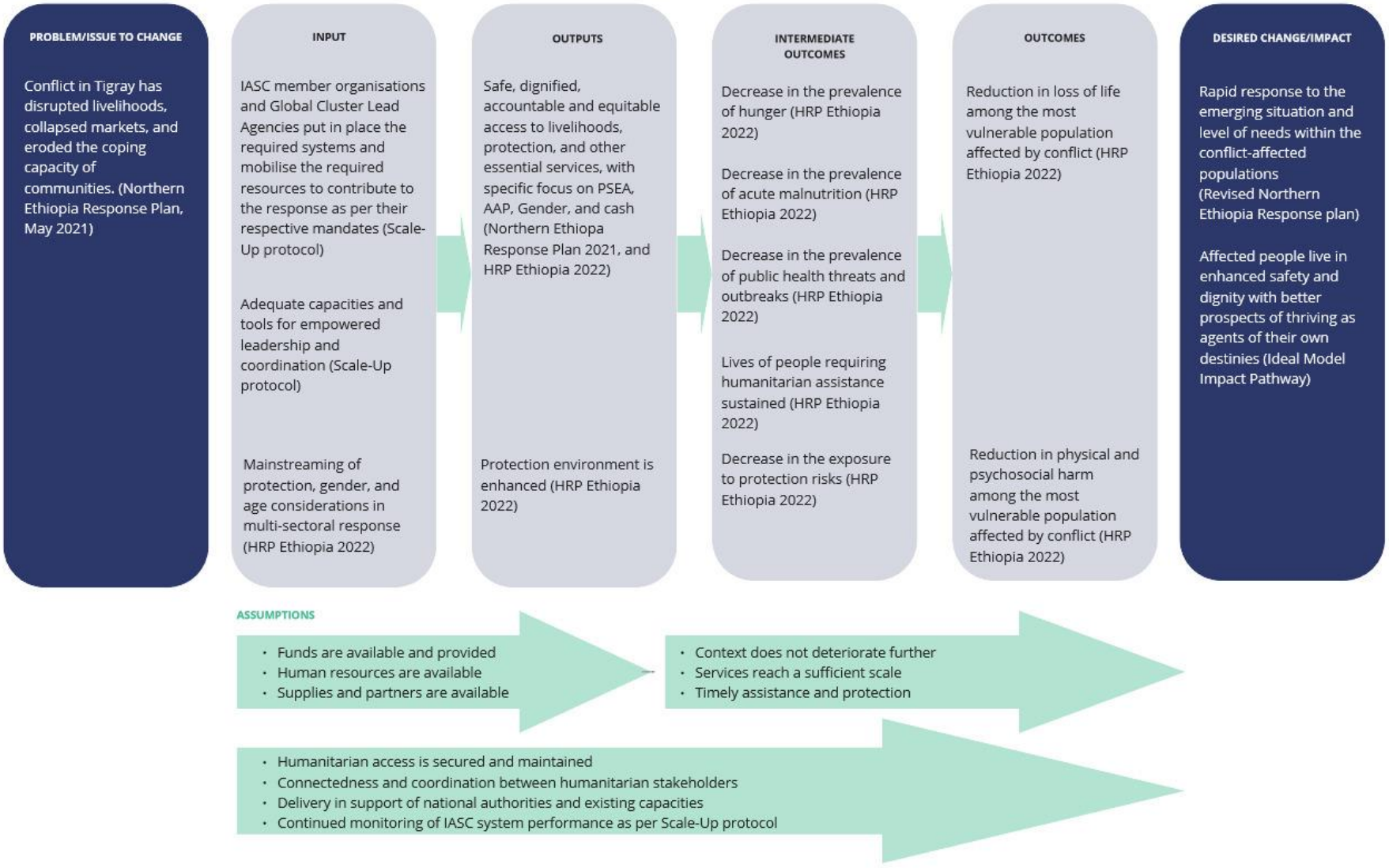
Line of Inquiry	Evaluation questions	Measure/indicator	Sources	Methods
2. To what extent did the collective response collect, manage and share data reflecting the situation on the ground?	2.1 What collective efforts were put in place to undertake needs assessments and analyses? 2.2 To what extent did 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
Delivery/ Coverage				
4. To what extent did the collective response	4.1 What evidence is there of collective efforts to put humanitarian principles, protection, AAP, PSEA, gender, at the centre of the	#18 Percentage of people in need #19 Number of people reached #20 Geographical coverage	- Assessment data - Response strategies and underlying documentation	- Document review - KIIs - Online survey of providers of

Line of Inquiry	Evaluation questions	Measure/indicator	Sources	Methods
effectively deliver quality humanitarian assistance and protection?	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? 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?	#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) #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	- 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	humanitarian response - FGDs

Line of Inquiry	Evaluation questions	Measure/indicator	Sources	Methods
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 and coordinate on the Saving Lives Together framework?	#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 #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	- 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?

**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 3: Reconstructed Theory of Change



Annex 4: Key informants interviewed

Northern Ethiopia IAHE key informant interviewees per region; positions listed are the ones held during the Northern Ethiopia response, as per the scope of this evaluation.

Global or national level (Addis Ababa)

UN Agencies	Role/function in Northern Ethiopia response	Organization
	Humanitarian Coordinator/Resident Coordinator (HC/RC)	UN/IASC
	Regional HC	UN/IASC
	Deputy HC	UN/IASC
	Deputy HC	UN/IASC
	Deputy HC	UN/IASC
	Peace and Development Advisor, RC Office	UN/IASC
	Inter-Agency PSEAH Coordinator	UN/IASC
	Deputy Head of Agency	FAO
	Agriculture Cluster Coordinator	FAO
	Programme Officer, Tigray team	FAO
	CCCM Technical Adviser / CCCM Cluster Coordinator	IOM
	Head of Regional Office, Nairobi	OCHA
	Head of Office	OCHA
	Head of Office	OCHA
	Deputy Head of Office	OCHA
	Deputy Head of Office	OCHA
	Deputy Head of Office	OCHA
	Head of Information Management Unit	OCHA
	Head of Communications	OCHA
	Head of Coordination and Planning	OCHA
	Head of Humanitarian Access Unit	OCHA
	Humanitarian Affairs Officer - Emergency Preparedness and Response	OCHA
	Access and SIMCoord Advisor	OCHA
	Deputy Rep. a.i.	UNFPA
	Deputy Representative (Protection)	UNHCR
	Principal Coordinator	UNHCR
	Senior Protection Cluster Adviser	UNHCR
	Regional Director, MENA	UNICEF
	Deputy Representative	UNICEF
	Chief, Field Operations	UNICEF
	Child protection AoR Coordinator	UNICEF
	CP AoR, Information Management Officer	UNICEF
	Policy and Programme	WFP
	Logistics Cluster Coordinator	WFP
	Deputy Logistics Cluster Coordinator	WFP
	Logistics IM Officer	WFP
	Food Cluster Coordinator / National ICCG Member	WFP

(I)NGO & RC/RC		
	Country Director	ACF
	Country Director	CARE
	Country Representative in Ethiopia	CRS
	Country Director	DRC
	HINGO Forum Director	DRC
	Head of Programmes	DRC
	Head of Delegation	ICRC
	Country Director	MSF-OCA
	Emergency Response Coordinator and Emergency Desk Officer	MSF-OCA
	Humanitarian Affairs Officer	MSF-OCA
	Country Director	PLAN International
	Country Director	Samaritan's Purse
	Deputy Country Director of Programmes	Samaritan's Purse
	Country Director	Save the Children
	Country Director	ZOA
	Response Director Leading the WVE Northern Ethiopia Operation	World Vision (WVI)
	Operations Director, Northern Ethiopia Crisis Response	WVI
Government		
	Deputy Commissioner	EDRMC
	Deputy Commissioner	EDRMC
	Advisor to the Commission	EDRMC
Donor/Other		
	Head of Ethiopia Office/Mission	ECHO
	First Secretary, Programme Manager Resilience, Environment, Nexus Humanitarian Development	Embassy of Sweden in Ethiopia
	Humanitarian Programme Officer Ethiopia, Djibouti, South Sudan, African Union	Embassy of Switzerland in Ethiopia
	Team Leader, Resilience and Humanitarian Team	FCDO
	Humanitarian Adviser	FCDO
	Human Development Hub Coordinator, Senior Social Development Adviser, Africa Human Development Group, Pan Africa Department	FCDO
	Independent consultant	N/A
	Independent consultant	N/A
	DART/Deputy Leader for Planning	USAID/DART

Afar

UN Agencies	Role	Organization
	Field Office Coordinator	FAO
	M&E Officer	FAO
	Program Lead / Food Sub-Cluster Lead	FAO
	Afar, Head of Sub-Office	IOM
	ES/NFI Regional Cluster Coordinator	IOM
	CCCM Cluster Afar, CCCM Sub-Cluster Lead	IOM
	Regional Programme Coordinator/Head of Sub-office	UNFPA
	Afar, Head of Office	UNHCR
	Protection Cluster Afar, Protection Sub-Cluster Lead	UNHCR
	Head of Office	UNICEF
	Nutrition Program Officer	UNICEF
	WASH Specialist / WASH Cluster Coordinator, Afar	UNICEF
	Education Sub-Cluster Lead	UNICEF
	Head of Sub-Office Semera (Afar), Humanitarian Affairs Officer, Field Coordination Unit (FCU)	OCHA
	Team leader	OHCHR
	Human Rights Monitor	OHCHR
	Head of Office	WHO
	Health Cluster Coordinator, Afar	WHO
	Head of Sub Office	WFP
(INGO) & RC/RC	**Role**	**Organization**
	Humanitarian Team Leader	AISDA Afar
	Humanitarian Response Manager at Afar Field Office	Amref Health Africa
	Director	APDA-Afar
	Humantiarian Project Manager, Afar	Aydua en Accion
	Humanitarian Response Manager	CARE
	Staff/Officer/Representative	DCA
	Afar Zonal Coordinator	EOTC-DICAC
	Afar Deputy Area Manager	Goal
	Field Coordinator	Médecins du Monde
	Head of Mission	MSF-B
	Afar Project Coordinator	Oxfam GB
	Emergency Nutrition Project Manager	Plan International Ethiopia
	Regional Health and Nutrition Advocacy Manager	Save the Children
	Staff/Officer/Representative, Afar	USF Germany
	Afar, Humanitarian Field Coordinator	WHH
	Multi Sector Responsible Programme Manager	World Vision
Government	**Role**	**Organization**
	Representative	DRMFSC-Afar

Amhara

UN Agencies	Role	Organization
	Amhara Agriculture Cluster Coordinator	FAO
	National Program Coordinator/DDR and OIC Sub-Office Head	IOM
	ES/NFI Cluster Coordinator Amhara	IOM
	Humanitarian Affairs Officer	OCHA
	Humanitarian Affairs Officer	OCHA
	Staff/Officer/Representative	UNFPA
	Staff/Officer/Representative	UNFPA
	Staff/Officer/Representative	UNFPA
	Government Liaison Officer/Protection Cluster	UNHCR
	Regional CCCM Cluster Co-coordinator	UNHRC
	WASH Specialist & WASH Cluster Coordinator	UNICEF
	Head of Sub-Office	WFP
	Staff/Officer/Representative	WFP
	Logistics Cluster Coordinator	WFP
(I)NGO & RC/RC		
	Program Associate	Amhara Women Association
	Area Operation Head	CARE
	Staff/Officer/Representative	Food for the Hungry
	Field Programme Coordinator	IMC
	Social Base Community Change (SBCC) Coordinator	MSD
	Founder	MJAAER
	Community Programme Coordinator	Plan International
	Humanitarian Affairs Officer	Plan International
	Grassroots Project Manager	Save the Children
	Programme Manager	World Vision
Government		
	Project Manager	Amhara Region Rehabilitation and Reconstruction Fund Office (ARRFO)
	Staff/Officer/Representative	ARRFO
	Early Warning, Prevention, and Food Security Directorate Director	DRM-Amhara

Tigray

UN Agencies	Role	Organization
	Program Specialist & Focal Person for FAO Tigray Field Office	FAO Mekelle
	Agriculture Cluster Coordinator	FAO Mekelle
	Head of Sub-Office	IOM
	CCCM/Shelter-NFI Cluster Coordinator	IOM
	CCCM/Shelter-NFI Cluster Coordinator	IOM
	CCCM/Shelter-NFI Cluster Coordinator	IOM
	CCCM/Shelter-NFI Cluster Coordinator	IOM
	Durable Solutions	IOM
	CCCM Cluster Coordinator	IOM
	NFI Cluster Coordinator	IOM
	Shire, Head of sub-office	OCHA
	Mekelle, Head of sub-office	OCHA
	Representative Tigray Office	UNDP
	Field Security Adviser	UNDSS
	GBV AoR Coordinator oic	UNFPA
	Mekelle, GBV Program Analyst	UNFPA
	GBV AoR and Agency Responsibilities for the Sexual and Reproductive Health (SRH) Programme	UNFPA
	Shire, Officer in Charge of Operations	UNHCR
	Mekelle, Senior Field Officer	UNHCR
	Shire Protection Cluster Coordinator	UNHCR
	CCCM Cluster Coordinator	UNHCR
	Protection Cluster Coordinator, Mekelle	UNHCR
	Shire Nutrition Cluster Coordinator	UNICEF
	Shire CP AoR Coordinator	UNICEF
	Mekelle Nutrition Cluster Coordinator	UNICEF
	Child Protection Coordinator oic	UNICEF
	Chief Field Office, Mekelle	UNICEF
	Mekelle WASH Cluster Coordinator	UNICEF
	Mekelle WASH Cluster Coordinator	UNICEF
	Shire, Education Cluster Coordinator	UNICEF
	Education Officer	UNICEF
	Mekelle Education Cluster Coordinator	UNICEF
	Mekelle Education Cluster Coordinator	UNICEF
	Mekelle Education Cluster Coordinator	UNICEF
	Project Coordinator in Tigray	UNPOS
	Health Cluster Shire, Cluster Coordinator	WHO
	Public Health Specialist	WHO
	Incident Manager	WHO
	Regional Coordinator a.i./Case Manager Essential Health Services	WHO
	Regional Coordinator	WHO
	Health Cluster, Mekelle	WHO

UN Agencies	Role	Organization
	Field Coordinator, Shire	WHO
	Food Cluster Shire	WFP
	Logistics Cluster Shire	WFP
	Food Cluster, Mekelle	WFP
	Staff/Officer/Representative Mekelle	WFP
(I)NGO & RC/RC		
	Executive Director	Alliance of Civil Society Organisations of Tigray (ACSOT)
	Shire, Programme Coordinator	International Medical Corps (IMC)
	Shire, Field Coordinator	IRC
	Shire, Field Coordinator	Medical Teams International (MTI)
	Executive Director/Chair of Tigray Disability Inclusion Technical Working Group, Under the Protection Cluster	New Horizon for Disability and Development
	Shire, Programme Manager	NRC
	Staff/Officer/Representative	Organization for Social Services, Health and Development (OSSHD)
	CARE Representative	THINGO (Mekelle)
	CST Representative	THINGO (Mekelle)
	CAFOD Representative	THINGO (Mekelle)
	SCIAF Representative	THINGO (Mekelle)
	Trocaire Representative	THINGO (Mekelle)
	WVI Representative	THINGO (Mekelle)
Government		
	Commissioner	Mekelle

Annex 5: Community consultation

FGD	Location	Sex		Age			Single F mother	Disabled	
		F	M	18-29	29-49	≥50		F	M
Afar region									
1	Dirma IDP Camp, Magale Woreda, Zone 2	0	8	0	5	3	0	0	0
2	Dirma IDP Camp, Magale Woreda, Zone 2	10	0	0	5	5	0	2	0
3	Dirma IDP Camp, Magale Woreda, Zone 2	8	0	8	0	0	0	0	0
4	Dirma IDP Camp, Magale Woreda, Zone 2	0	9	9	0	0	0	0	1
5	Dirma IDP Camp, Magale Woreda, Zone 2	0	7	3	2	2	0	0	0
6	Dirma IDP Camp, Magale Woreda, Zone 2	5	0	0	2	3	0	0	0
7	Rekrek Kebele, Yallo Woreda, 8Zone 4	0	8	0	7	1	0	0	0
8	Rekrek Kebele, Yallo Woreda, Zone 4	5	0	0	3	2	0	0	0
9	Kuli Kebele, Yallo Woreda, Zone 4	8	0	4	2	2	0	1	0
10	Kuli Kebele, Yallo Woreda, Zone 4	11	0	7	4	0	0	0	0
11	Kuli Kebele, Yallo Woreda, Zone 4	0	6	2	1	3	0	0	0
12	Kuli Kebele, Yallo Woreda, Zone 4	0	9	4	4	1	0	0	0
Amhara region									
1	Kebero Meda IDP Camp, Azezo Town, C. Gondar Zone	8	0	0	4	4	0	1	0
2	Kebero Meda IDP Camp, Azezo Town, C. Gondar Zone	0	8	0	4	4	0	0	1
3	Kebero Meda IDP Camp, Azezo Town, C. Gondar Zone	8	0	8	0	0	0	0	0
4	Kebero Meda IDP Camp, Azezo Town, C. Gondar Zone	0	9	9	0	0	0	0	0
5	Azezo Town, Central Gondar Zone	6	0	0	6	0	0	0	0
6	Azezo Town, Central Gondar Zone	0	4	0	4	0	0	0	0
7	Dabat IDP Camp, Dabat Woreda, N. Gondar Zone	8	0	0	5	3	0	2	0
8	Dabat IDP Camp, Dabat Woreda, N. Gondar Zone	0	9	9	0	0	0	0	1
9	Dabat Town, Dabat Woreda, N. Gondar Zone	8	0	0	6	2	0	1	0
10	Dabat Town, Dabat Woreda, N. Gondar Zone	0	8	1	6	1	0	0	1
11	Dabat IDP Camp, Dabat Woreda, N. Gondar Zone	7	0	7	0	0	0	0	0
12	Dabat IDP Camp, Dabat Woreda, N. Gondar Zone	0	8	0	5	3	0	0	0
Tigray region									
1	Mekelle, Adi Haki	4	3	2	4	1	1	1	1
2	Mekelle, Adi Haki	3	4	1	3	3	1	0	1
3	Mekelle, Alene	4	3	2	3	2	1	0	1
4	Mekelle, Alene	4	3	4	2	1	1	1	1
5	Mekelle, Momona	4	3	2	3	2	1	0	1
6	Mekelle, Momona	4	3	3	3	1	1	1	1
7	Adigrat, Finote Birhan	3	4	2	3	2	1	1	1
8	Adigrat, Host community	4	3	2	3	2	1	1	0
9	Adigrat , Meyda Agame	5	2	3	3	1	1	1	1
10	Adigrat, Zalambesa	3	4	3	2	2	1	1	1
11	Adwa Industrial Zone (AID)	4	3	2	3	2	1	1	1
12	Adwa, Nigiste Saba	4	3	3	3	1	1	0	1
13	Shire, Adi-Daero, Host community	3	4	2	3	2	1	0	2
14	Shire, Hitsats	5	2	2	3	2	1	0	1
15	Shire, Endabaguna	5	2	2	4	1	1	1	0
16	Shire, Fresweat	7	0	3	2	2	2	1	0
17	Shire, Tsehaye	3	4	2	3	2	1	0	0
18	Shire, Host community	4	3	2	4	1	1	0	0
19	Maychew	0	7	2	3	2	0	0	2
20	Maychew	4	3	3	2	2	0	0	0
	Total	169	156	118	134	73	19	17	20

Annex 6: Methodology

The Northern Ethiopia IAHE has made use of a mixed-methods approach, gathering data through key informant interviews (KII) at global, national, and regional levels (in Afar, Amhara and Tigray), focus group discussions (FGD) with affected people in the three northern regions, an online survey for providers of humanitarian aid in Northern Ethiopia, direct observation, and an extensive document review.

Key informant interviews

The guidance for the semi-structured key informant interviews was developed following the lines of inquiry in the Evaluation Matrix (Annex 2 to the report) and can be found in Annex 6a below. Given the nature of the evaluation, and the need for nuanced, qualitative inputs, the interviews did not follow a systematic questionnaire approach, but were shaped as dynamic conversations in which the interviewees were asked to dig deeper into certain issues related to their specific roles and responsibilities.

As detailed in the Inception Report for the Northern Ethiopia IAHE, the data collection process was explained to all informants prior to their involvement, and verbal consent to take part in the interviews was consistently sought and recorded by the evaluation team.

Interviews were be carried out in teams of two or three and the composition of the teams rotated to ensure a shared analysis. Remote interviews were carried out with stakeholders who were not available for a meeting during the field visit. The evaluation team will regularly exchange on the findings of the interviews, to ensure coherence in approach and interpretation.

The evaluation team spoke with 186 key informants in total, of which 68 at the global/national (Addis Ababa) level, and 118 at the regional level (55 in Tigray, 36 in Afar, and 27 in Amhara).

The number of key informants per level and organization can be found in the table below.

Table 1 Number of key informants interviewed per level and organization

	Total	UN	INGO	NNGO	Donor	Gvt	Other[15]	In-person	Remote
Global/Addis Ababa	68	39	17		7	3	2	30	38
Afar	36	19	13	3	-	1	-	36	-
Amhara	27	15	6	3	-	3	-	27	-
Tigray	55	44	8	2	-	1	-	54	1
Total	**186**	**117**	**44**	**8**	**7**	**8**	**2**	**147**	**39**

Focus Group Discussions with affected people

Focus group discussions were undertaken 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 are not representative in a statistical sense, and are therefore interpreted essentially to assess trends with regard to delivery. The guidance for the FGDs was developed following the lines of inquiry in the Evaluation Matrix (Annex 2 to the report) and can be found in Annex 6b below.

The FGDs included purposely selected groups that were expected to have a distinct and informative perspectives on the evaluation questions. Dedicated FGDs with women, men, IDPs, host communities were held in more than one location per region (Afar, Amhara and Tigray). A number of FGDs also included people with disabilities, and single

[15] Academia and independent consultants.

mothers. The evaluation team liaised directly and independently with/made use of lists provided by the local administration (kebele) to identify FGD participants. In some other instances the evaluation team was assisted logistically by UN agencies, but remained independent in carrying out the FGD and identifying the participants.

To ensure a light footprint of the research for communities, care was in ensuring that there is coordination on the locations of the FGDs with the UNICEF L3 evaluation.

No sensitive issues that could put participants at risk were discussed during the FGDs, since confidentiality cannot be ensured in group settings. Whenever possible discussions were conducted without community leaders and instead interview them separately, to avoid power dynamics biasing the exchange between community members.

Discussions were not be recorded. Only written notes were taken during discussions, with the permission of participants. To mitigate the possible perception of power imbalance between members of the affected community and the evaluation team, it was clearly stressed at the beginning and throughout conversations that participation in the FGDs does not in any way affect what aid people receive, that people's names are not taken, and that the evaluation team wishes to hear the opinion of participants so that aid agencies in other contexts and in other crises, can do better work. Transportation was compensated and/or facilitated where needed and refreshments provided during the discussions.

The evaluation team conducted a total of 44 FGDs in the three regions (12 in Afar and Amhara respectively, and 20 in Tigray region). A total of 325 people participated in the FGDs, of whom 52 per cent women; 11 per cent people with disabilities; and 6 per cent single mothers. 36 per cent of participants were in the 18-29 age bracket, 41 per cent 29-29, and 23 per cent older than 50.

The number of FGD participants per region, FGD, sex, and age can be found in Annex 5 to the IAHE.

Light survey for providers of humanitarian response

A light survey targeting providers of the Northern Ethiopia humanitarian response was shared towards the end of the data collection phase to gather wider perceptions as to the relevance, coherence and effectiveness of the provision of humanitarian services in Northern Ethiopia.

The online survey was designed following the lines of inquiry developed along the Evaluation Matrix and can be found in its English version in Annex 6c below. The survey was shared in English, Tigrayan, Afar and Amharic. Survey respondents were anonymous and could not be associated for the purposes of recognition with any e-mail, IP address, or mobile phone number.

It was an open participation survey, i.e., was sent only to a specific list of respondents, but was shared via through cluster leads and the inter-cluster coordination group. Participants were also asked to forward the survey to all relevant colleagues, including those who may no longer work in Ethiopia.

The survey results have been used primarily to triangulate findings with other sources.

In all, the survey received 151 responses during the ten days it was active. More specific numbers regarding participants per type and organization can be found in table 2 below.

Table 2: Number of survey respondents per type

		Type of organization worked for							Sex			Nationality		
	Total	UN	Int. NGO	Nat. NGO	Loc. NGO	Donor	Other	No ans.	F	M	No ans.	Ethiopian	Non-Ethiopian	No ans.
Total	**151**	**38**	**60**	**6**	**6**	**3**	**3**	**35**	40	76	35	73	42	36
Geographical presence during response (more than one answer was possible)														
Addis Ababa	51	8	37	3	-	3	-	-	23	28	-	23	28	-
Afar	19	7	10	-	2	-	-	-	2	17	-	14	5	-
Amhara	19	4	13	1	-	-	1	-	1	18	-	14	5	-
Tigray	50	21	21	3	4	-	1	-	16	34	-	34	15	-
Elsewhere in Ethiopia	8	-	7	1	-	-	-	-	3	5	-	5	3	-
Outside of Ethiopia	2	-	1	-	-	-	1	-	1	1	-	1	1	-
Did not specify	35	-	-	-	-	-	-	35	-	-	33	-	-	36
Temporal presence during response (more than one answer was possible)														
Nov 2020-March 2021	46	14	23	3	3	2	1	-	17	29	-	25	21	-
April 2021-Sep 2021	51	18	25	2	3	2	1	-	17	34	-	30	21	-
Oct 2021-Oct 2022	60	19	31	1	4	3	2	-	19	41	-	24	36	-
Nov 2022-time of survey	89	27	49	3	5	3	2	-	28	61	-	61	28	-
Did not specify	33	-	-	-	-	-	-	33	-	-	33	-	-	36

Document Review

Members of the Reference Group were asked to share relevant documentation for analysis by the evaluation team (see Table below). These documents were completed with documents retrieved by the evaluation team during the data collection phase. The full list of documents collected and reviewed can be found in Annex 7.

The analysis of the documents was in a first step guided by the use of certain terms in the documents in line with the questions and sub-questions included in the evaluation matrix. In a second stage of document analysis, the evaluation team then searched for more specific terms and content, in line with the emerging findings.

Data Analysis

Both the primary and secondary data was subject to content analysis, following an essentially interpretative approach, classifying findings in view of providing concrete suggestions and recommendations. The triangulation of the perceptions of stakeholders reflected in interviews, survey responses, and documents was key in developing a shared analysis, given that much of the data is qualitative in nature.

All interview and focus group discussion notes were coded using qualitative analysis software (MAXQDA), both in view of ensuring that all data collected relating to specific evaluation questions could be easily accessed and cross-analysed, and in view of connecting certain topics with stakeholders' opinions related to what has worked, and what has not worked well. The content analysis followed an exploratory approach, starting with a defined set of codes taken from the evaluation questions, which was then added to as the analysis progressed, to account for emerging findings.

The coding-table for the qualitative analysis can be found in Annex 6d.

Annex 6a: 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? 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 international humanitarian law? • 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 6b: 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

Date: **Start/End Time (if available):**	**Location of FGD:** **Country:**
Focus group discussion facilitator:	
Note-takers:	
Translation used for interview: Yes No	**If yes:** Translation from _____(language) to _____(language)
Number of participants in this group (total):	**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.*
Gender of FGD participants: ☐ Females OR males (specify number) _____ ☐ 18-29 years (specify number) _____ ☐ 29-49 years (specify number) _____ ☐ >50 years (specify number) _____	

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 6c: Light survey for providers of humanitarian response

Available in English, Amharic, Tirgrinya, and Afar languages.

Northern Ethiopia IAHE – Light Survey for Providers of Humanitarian Aid in Northern Ethiopia 2021-2023

Thank you for participating in this survey, which will inform the ongoing 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 aid on how well the collective response was carried out.

The survey is anonymous. Your answers will go directly to the independent team conducting the Inter-Agency Humanitarian Evaluation, your responses will not be attributed to you or your email address. The answers collected will be aggregated with those of others to help inform country-level and global analysis.

Responding to the questionnaire should take only 8-10 minutes.

You will be asked to provide your active consent for participation in this survey once you click on the survey link.

Please respond to the survey before 31 August 2023

If you have any questions or concerns about taking part in this survey, please feel free to contact karin.wendt@here-geneva.org

Consent

You are kindly requested to answer all the survey questions based on your specific role and level of responsibilities, but your responses will not be attributed to you.

Your participation is highly valuable, but it is entirely voluntary. If you decide to participate, you may stop at any time. You may also skip any question that you cannot or do not wish to answer. Thank you for responding to the best of your ability and as truthfully as possible.

By participating in this survey, you are giving your permission to use the information you are providing in this interview within the stipulations mentioned above.

Do you voluntarily consent to taking part in this survey? *

Please choose only one of the following:

- Yes
- No

Introduction

What type of organisation do/did you work for during the Northern Ethiopia response? (If more than one, please tick the one where you worked for the longest period during the response)

Please choose only one of the following:

- International NGO
- Local NGO working in either Afar, Amhara, and/or Tigray but not elsewhere in Ethiopia
- National NGO working in other parts of Ethiopia as well as in either Afar, Amhara, and/or Tigray
- Red Cross Red Crescent Movement
- UN Agency
- Donor
- Government
- Other

Where were you primarily based during the response?

Please choose all that apply:

- In Addis Ababa
- In Afar region
- In Amhara region
- In Tigray region
- Elsewhere in Ethiopia
- Outside of Ethiopia

What nationality are you?

Please choose all that apply:

- Ethiopian
- Non-Ethiopian

What is your sex?

Please choose only one of the following:

- Female
- Male
- Other

During which period(s) were you involved in the Northern Ethiopia response? (Please tick all periods that approximately apply)

Please choose all that apply:

- Nov 2020 –March 2021
- April 2021 – September 2021
- October 2021 – November 2022
- November 2022 – To date

1. System-wide Scale-Up

Did you know about the IASC decision to activate the Scale-Up protocols for the response to the crisis in Northern Ethiopia at the end of April 2021?

Please choose only one of the following:

- Yes
- No

According to you, did the Scale-Up lead to an increase in the humanitarian community's capacity to respond?

Please choose only one of the following:

- Mostly yes
- Mostly no
- Do not know

You indicated that the capacity to respond to the humanitarian crisis was mostly insufficient. What factors that were EXTERNAL to the humanitarian community hindered the success of the Scale-Up?

Please rank the significance of the following aspects.

If you include"other" factors, please give further details in the comment box below.

Please choose the appropriate response for each item:

1 – played no part at all 2 3 4 5 – was a significant hindrance

- Administrative and bureaucratic procedures

- Security management
- Availability of fuel, means of transport, pipeline
- Availability of funding or access to funding
- Availability of human resources
- Access to cash for operations
- Public perception/treatment of aid workers
- Other 1
- Other 2
- Other 3

Other/specify:

What factors that were INTERNAL to the humanitarian community hindered the success of the Scale-Up?

Please rank the significance of the following aspects.

If you include "other" factors, please give further details on them in the comment box below.

Please choose the appropriate response for each item:

1 – played no part at all 2 3 4 5 – was a significant hindrance

- Level of humanitarian preparedness
- Global humanitarian leadership
- Surge capacity among agencies
- Humanitarian leadership in Ethiopia (at Addis Ababa level)
- Humanitarian leadership at the regional level (in Afar, Amhara, or Tigray)
- Humanitarian coordination/cluster system
- The Humanitarian Country Team
- Skills/capacity/mindset of staff
- Relationships within the humanitarian community
- Availability/reliability of data on needs and delivery
- Collective plans within the humanitarian community
- Individual agency actions
- Other 1
- Other 2
- Other 3

Other/specify:

You indicated that the humanitarian community mostly managed to scale-up the response to the needs created by the conflict. What factors that were EXTERNAL to the humanitarian community supported this?

Please rank the significance of the following aspects.

If you include "other" factors, please give further details on them in the comment box below.

Please choose the appropriate response for each item:

1 – played no part at all 2 3 4 5 – was a significant help/support

- Administrative and bureaucratic procedures
- Security management
- Availability of fuel, means of transport, pipeline
- Availability of funding or access to funding
- Availability of human resources
- Access to cash for operations
- Public perception/treatment of aid workers
- Other 1

- Other 2
- Other 3

Other/specify:

What factors that were INTERNAL to the humanitarian community supported the success of the Scale-Up?

Please rank the significance of the following aspects.

If you include "other" factors, please give further details on them in the comment box below.

Please choose the appropriate response for each item:

1 – played no part at all 2 3 4 5 – was a significant help/support

- Level of humanitarian preparedness
- Global humanitarian leadership
- Surge capacity among agencies
- Humanitarian leadership in Ethiopia (at Addis Ababa level)
- Humanitarian leadership at the regional level (in Afar, Amhara, or Tigray)
- Humanitarian coordination/cluster system
- The Humanitarian Country Team
- Skills/capacity/mindset of staff
- Relationships within the humanitarian community
- Availability/reliability of data on needs and delivery
- Collective plans within the humanitarian community
- Individual agency actions
- Other 1
- Other 2
- Other 3

Other/specify:

Do you have any other comment or suggestion with regard to steps taken or not taken to increase the humanitarian response to the northern regions?

2. Needs and Data

Were humanitarian actors effective in their efforts to collect, manage, and share humanitarian data reflecting the situation on the ground?

Please choose only one of the following:

- Mostly yes
- Mostly no
- Do not know

You indicated that the capacity to collect, manage, and share humanitarian data was mostly insufficient. What were the main challenges to this?

Please rank the following aspects among each other in order of significance.

If you include "other" factors, please give further details on them in the comment box below.

Double-click or drag-and-drop items in the left list to move them to the right - your highest ranking item should be on the top right, moving through to your lowest ranking item.

Please select at most 11 answers

Please number each box in order of preference from 1 to 11

- Administrative and bureaucratic procedures
- Insecurity/Security situation
- Availability of fuel, means of transport, pipeline...
- Pre-existing systems in Ethiopia for data collection, management, and sharing
- Unwillingness among agencies to share data collected primarily for themselves
- Lack of attention/priority given to data concerns by humanitarian actors
- Lack of trust among actors within the humanitarian community
- Lack of common definitions/means of disaggregating data within the humanitarian community
- Other 1
- Other 2
- Other 3

What were the main factors that allowed the humanitarian community to collect, manage, and share humanitarian data?

Do you have any other comment with regard to needs and data in the collective response to Northern Ethiopia?

3. Humanitarian Access

Would you say the humanitarian community did enough to negotiate/secure access to people in need?

Please choose only one of the following:

- Yes
- No
- Do not know

Securing humanitarian access: how did the humanitarian community do?

Please rank the following aspects.

If you include "other" factors, please give further details on them in the comment box below.

Please choose the appropriate response for each item:

1 – was done very well 2 3 4 5 – should have been done better Do not know

- Collective access negotiations
- Public advocacy
- Silent diplomacy
- Decision-making around common red lines
- Adapting the humanitarian leadership/leadership arrangements
- Adapting the humanitarian coordination structure to fit situation
- Access negotiations reflecting/based on humanitarian principles
- Efforts to uphold the perception of humanitarian actors as neutral and impartial
- Ensuring/demonstrating engagement of highest global leadership
- Ensuring knowledge of the Saving Lives Together (SLT) framework
- Strategic use of UN DSS briefings and advisories
- Other 1
- Other 2
- Other 3

Other/ specify:

Do you have any other comment with regard to humanitarian access in the collective response to Northern Ethiopia?

4. Coverage and Delivery

Generally speaking, to what extent were the following issues given attention by the humanitarian community in the delivery of the response in Northern Ethiopia?

Please rank the following aspects in order of significance, from those given most attention to those given least attention. If there are issues that you feel did not receive any adequate attention at all, do not include them in your ranking.

If you include "other" factor, please give further details on them in the comment box below

Double-click or drag-and-drop items in the left list to move them to the right - your highest ranking item should be on the top right, moving through to your lowest ranking item.

Please select at most 25 answers

Please number each box in order of preference from 1 to 25

- The duty of care/safety, security, physical health and psychological well-being of aid workers
- Working along collective targets or objectives
- The quality of aid delivery
- The centrality of protection
- The coverage of aid delivery
- Responding to food-related needs
- Ensuring aid reaches those most in need
- Responding to needs related to conflict related sexual violence / SGBV
- Ensuring principled humanitarian programming
- Finding a common ground within the humanitarian community
- Public advocacy
- Silent diplomacy
- Accountability to affected populations
- The humanitarian-development(-peace) nexus
- Gender sensitivity
- Inclusion (disability, youth, elderly...)
- Prevention of sexual exploitation and abuse (PSEA)
- Funding or access to funding
- Collective access negotiations
- Public perception of aid workers
- Localisation
- Maintaining the relationship with the government of Ethiopia
- Other 1
- Other 2
- Other 3

Other/ specify:

Do you think that the issues given priority in the response were the right ones? Please explain your answer in the comment box provided.

Please choose only one of the following:

- Yes
- No
- Do not know

Do you have any other comment with regard to coverage and delivery in the collective response to Northern Ethiopia?

5. Coordination

Was the collective response to Northern Ethiopia coherent/well-coordinated?

Please choose only one of the following:

- Mostly yes

- Mostly no
- Do not know

You indicated that the coordination in the Northern Ethiopia response was mostly insufficient. To what extent did the following aspects hinder a well-coordinated response?

If you include "other" factors, please give further details on them in the comment box below.

Please choose the appropriate response for each item:

1 – played no part at all 2 3 4 5 – was a significant hindrance

- External (government) administrative and bureaucratic procedures
- Internal (UN) administrative and bureaucratic procedures
- IASC guidance and protocols
- Level of preparedness
- Global humanitarian leadership
- Humanitarian leadership in Ethiopia at Addis Ababa level
- Humanitarian leadership in Ethiopia at regional level (in Afar, Amhara or Tigray)
- The humanitarian coordination/cluster system in Ethiopia
- The functioning of the Humanitarian Country Team
- The relationship with the government of Ethiopia
- The sector focus within the humanitarian community
- The skills/capacity/mindset of humanitarian staff
- Relationships within the humanitarian community
- Collective plans, objectives, targets
- Availability of data on needs and aid delivery
- Individual agency action/decision-making
- Availability of human resources
- Availability of funding or access to funding
- Transparent/joint decision-making
- Secret/compartementalised decision-making
- Other 1
- Other 2
- Other 3

Other/ specify:

You indicated that the coordination in the Northern Ethiopia response was mostly well done. To what extent did the following aspects assist for a well-coordinated response?

If you include "other" factors, please give further details on them in the comment box below.

Please choose the appropriate response for each item:

1 – played no part at all 2 3 4 5 – was a significant help/support

- External (government) administrative and bureaucratic procedures
- Internal (UN) administrative and bureaucratic procedures
- IASC guidance and protocols
- Level of preparedness
- Global humanitarian leadership
- Humanitarian leadership in Ethiopia at Addis Ababa level
- Humanitarian leadership in Ethiopia at regional level (in Afar, Amhara or Tigray)
- The humanitarian coordination/cluster system in Ethiopia
- The functioning of the Humanitarian Country Team
- The relationship with the government of Ethiopia

- The sector focus within the humanitarian community
- The skills/capacity/mindset of humanitarian staff
- Relationships within the humanitarian community
- Collective plans, objectives, targets
- Availability of data on needs and aid delivery
- Individual agency action/decision-making
- Availability of human resources
- Availability of funding or access to funding
- Transparent/joint decision-making
- Secret/compartementalised decision-making
- Other 1
- Other 2
- Other 3

Other/ specify:

If you could do one thing differently to improve the delivery of aid to people in need, what would that be?

If you have further questions or suggestions regarding this survey, please feel free to contactkarin.wendt@here-geneva.org

For more information on the IASC humanitarian system-wide scale-up, see https://interagencystandingcommittee.org/iasc-humanitarian-system-wide-scale-activations-and-deactivations

Submit your survey.

Thank you very much for your participation - we greatly appreciate it!

Annex 6d: Qualitative analysis coding-table

Line of Inquiry/ Issue	Code	Description/Indicator
Scale-Up	Increase	Evidence of increase in activity
	Scale-up measure	Activity/effort/measure linked to scale-up
	S-UProtocols	Reference to the Scale-Up guidance/protocols
	Anticip	Evidence of anticipation planning/contingency
	Speed of SU	References to timeliness of Scale-Up
	Capacity	References to capacity (sub-code: Financial, HR, Supplies)
	Benchmarks	References to benchmarks
Access	Access Investment	Evidence of investments made to ensure access
	Access Neg	Evidence of efforts to gain access
	UNDSS	References to UNDSS
	Access problems	Reference/evidence of access impediments
	Window	Reference/evidence to window of opportunity re access
	Harassment	Reference/evidence to instances of aid worker harassment/detainment
	Principles	References to humanitarian principles or related concept
	Risk	Reference/evidence related to degree of risk taking
	Compromise	Evidence of compromise
	Access negotiation	Reference/evidence to access negotiations
Coordination/ Collective action	Collective	Evidence of collective effort (for cross-code analysis)
	NGOCoord	Reference/Evidence of (I)NGOs working collectively/coordinating
	DonorCoord	Reference/Evidence of donors working collectively/coordinating
	Strategic exchange	Evidence of collective strategic thinking in humanitarian community
	Silo approach	Reference/Evidence of work in sector/organization silos
	Saving Lives Tog	Evidence of reference to the 'saving lives together' framework
	Red lines	Evidence of coordinated/collective strategic discussion of red lines
	Communication	Evidence of transparent communication between actors
Needs & Data	NASS	Evidence of Needs Assessment
	Inclusive	Evidence of inclusive community consultation processes
	Inform	References to issues informing programming (for cross-code analysis)
	Data Coll	Evidence of efforts to collect, manage and share humanitarian data reflecting the situation on the ground
	Reliability of data	Refence/Evidence re degree of reliability of data
	Disaggregation	Refence/Evidence re degree of data disaggregation
Delivery and Coverage	Delivery	Reference/evidence of collective response delivery
	Context-sensitivity	Evidence of reflection around context
	LinkStrat-Op	Evidence of linkages between strategic and operational levels

	Localization	Evidence/reference of inclusion of national/local actors
	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	Evidence of disaggregated gender-analysis
	Specific Vulnerability	Evidence of disaggregated analysis re people with specific vulnerability concerns, incl. people with disabilities
	CRSV	Evidence/References to CRSV (incl GBV)
	Advocacy	Evidence of advocacy re an issue
	Suspension	Evidence/Reference to suspension of food aid
	Disparities	Evidence/Reference to disparities re delivery across sectors/regions
References to influencing factors that are internal to humanitarian community	Global humanitarian leadership	
	UN administrative and bureaucratic procedures	
	Level of humanitarian preparedness	
	Humanitarian leadership in Ethiopia	
	HCT functioning	
	Humanitarian coordination/cluster system	
	Relationship within humanitarian community/trust	
	Common plans/definition	
	Prioritisation	
	Individual agency action	
	Skills/capacity/mindset of staff	
	Advocacy	
	Silent diplomacy	
	HR turnover/contracts	
	Availability HR	
	International staff	
	Coordination/leadership in regions	
	Complementarity between actors	
	Support from capital/interregion coordination	
	Coordination between clusters/ICCG	
	Information-sharing	
References to influencing factors that are external to humanitarian community	Roadblocks/checkpoints	
	Communications barriers (incl. telecom, Internet, banking…)	
	Terrain/roads	
	Rounds system	
	Relationship with government	
	Government administrative and bureaucratic procedures	

	Insecurity/conflict
	Availability of fuel, transport, pipeline
	Availability funding/resources
	Access to cash for operations
	Public perception/treatment of aidworkers
Criteria for cross-code analysis	Negative judgement
	Neutral judgement
	Positive judgement
	More could have been done
	What could be done was done
	Things have not improved
	Things have improved
	Helped
	Did not help
	Coherence
	Coherent
	Effectiveness
	Effective
	Reactivity when opportunity
	Timeliness
	Inclusivity
	Capacity
	Quality
	Transparency
	Adequacy (of response)
	Accountability
	Coordination challenge

Annex 7: Full list of documentation reviewed

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