

# Evaluation of UNICEF's Level 3 Response in Northern Ethiopia

Inception Report

FINAL 2023 04 20



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## List of Acronyms

AAH	Action Against Hunger
AAP	Accountability to Affected People
ALNAP	Active Learning Network for Accountability and Practice
ALP	Accelerated Learning Programme
ANC	Ante-Natal Care
AoR	(Cluster) Area of Responsibility
APDA	Afar Pastoralist Development Association
ASR	Accelerated School Readiness
BHA	(US) Bureau of Humanitarian Affairs
BoE	Bureau of Education
BoWSA	Bureau of Women and Social Affairs
BoWIE	Bureau of Water, Irrigation and Environment
CBO	Community Based Organisation
CCC	Core Commitments for Children
CEAP	Corporate Emergency Activation Procedure
CERF	Central Emergency Response Fund
CMR	Clinical Management of Rape
CP	Child Protection
CPD	Country Programme Document
CSA	Central Statistics Agency
CVT	Centre for the Victims of Torture
CWG	(Ethiopia) Cash Working Group
DAC	Development Assistance Committee
DRC	Danish Refugee Council
ECCD	Early Childhood Care and Development
EiE	Education in Emergency
ECO	Ethiopia Country Office
EDF	Eritrean Defence Forces
EDHS	Ethiopia Demographic and Health Survey
EDRMC	Ethiopia Disaster Risk Management Commission
ENCU	Emergency Nutrition Coordination Unit
EHF	Ethiopia Humanitarian Fund
EFY	Ethiopian Fiscal Year
EM	Evaluation Matrix
EMOPS	(UNICEF) Office of Emergency Programmes
EMT	Emergency Management Team
ENCU	Emergency Nutrition Coordination Unit
ENDF	Ethiopia National Defence Forces
EP	Emergency Procedures
EQ	Evaluation Question
ESARO	Eastern and Southern Africa Regional Office
FGD	Focus Group Discussion
GBViE	Gender-Based Violence in Emergencies
GCCG	Global Cluster Coordination Group
GFDRE	Government of the Federal Democratic Republic of Ethiopia
GWC	Global WASH cluster
HAC	Humanitarian Action for Children
HCT	Humanitarian Country Team
HEB	High Energy biscuits

HH	Household
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HRW	Human Rights Watch
HSTP	Health Service Transformation Plan
I1D	Imagine One Day (LNGO)
IAHE	Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IHL	International Humanitarian Law
IMC	International Medical Corps
IMO	Information Management Officer
INGO	International Non-Governmental Organisation
IOM	International Organization for Migration
IPC	Infection prevention and control (for disease outbreak)
IRC	International Rescue Committee
JMMI	Joint Market Monitoring Initiative
KI	Key Informant
KII	Key Informant Interview
MA	Mine Action
MoE	Ministry of Education
MoH	Ministry of Health
MoWSA	Ministry of Women and Social Affairs
MoWIE	Ministry of Water, Irrigation and Energy
MUAC	Mid Upper Arm Circumference
NERP	Northern Ethiopia Response Plan
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
OD	Open defecation
OECD	Organisation for Economic Co-operation and Development
OTP	Outpatient Therapeutic Feeding Programme
PIE	Plan International Ethiopia
PIM	Project Implementation Manual
PMR	Programme Monitoring and Response
PSEA	Prevention of Sexual Exploitation and Abuse
PSNP	Productive Safety Net Program
PSS	Psycho-Social Support
RADO	Rehabilitation and Development Organisation
RCCE	Risk Communication and Community Engagement
RDRMC	Regional Disasters Risk Management Commission
REB	Regional Education Bureau
RENCU	Regional Emergency Nutrition Coordination Unit
RG	(L3) Evaluation Reference Group
RHB	Regional Health Bureau
RRM	Rapid Response Mechanism
RWB	Regional Water Board
SAM	Severe Acute Malnutrition
SBC	Social & Behaviour Change
SC	Stabilization Centre
SCI	Save the Children International
SGBV	Sexual and Gender-Based Violence

SMART	Standardized Monitoring and Assessment of Relief and Transitions
SP	Social Protection
SSD	Safe Schools Declaration
SSOP	Simplified Standard Operating Procedure(s)
SWAN	(Consortium of) Save the Children, World Vision, Action Against Hunger, Norwegian Refugee Council
TFP	Therapeutic Feeding Programme
TPLF	Tigray People's Liberation Front
ToC	Theory of Change
ToR	Terms of Reference
UASC	Unaccompanied and Separated Children
UNCT	United Nations Country Team
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's [Emergency] Fund
UNMAS	United Nations Mine Action Service
UNSCR	UN Security Council Resolution
UPSNP	Urban Productive Safety Net Programme
USAID	United States Agency for International Development
UXO	Unexploded Ordnance
VE	Valid Evaluations
VERA	Vital Events Registration Agency
WASH	Water Sanitation and Hygiene
WB	World Bank
WHO	World Health Organisation
WVE	World Vision Ethiopia

## I. Introduction

1. The evaluation of UNICEF’s L3 response in Northern Ethiopia fulfils the requirement of the UNICEF Evaluation Policy (2018) whereby all L3 emergencies must be evaluated. It is expected to help the UNICEF Ethiopia Country Office (ECO), the East and Southern Africa Regional Office (ESARO) and Head Quarters (HQ) levels, to generate learning to support programming strategy and operational planning, while more directly shaping the on-going response in Northern Ethiopia. The evaluation is additionally expected to capture learning and make actionable recommendations to inform UNICEF efforts across future L3 emergencies (for instance, with respect to policies, guidance, and systems).
2. The general objective of this evaluation is to provide a comprehensive assessment of UNICEF’s overall response in Northern Ethiopia since the L3 activation on 10 May 2021, measured against its own mandate requirements, corporate commitments, stated objectives and standard evaluation criteria, including: relevance/appropriateness, effectiveness, connectedness, coverage and coordination. To the extent possible, some of the key outcomes of the response will also be gauged.
3. Valid Evaluations (VE) was commissioned by the UNICEF Evaluation Office (EO) to carry out this evaluation. The evaluation proper runs from the 10 May 2021 until the date of primary data collection planned to start on 17 April 2023. However, since humanitarian activities in response to the conflict commenced in November 2021, the evaluation will also address the period 4 November 2021 to 9 May 2021, prior to the L3 activation.
4. This Inception Report presents the information gathered by the evaluation team during the inception phase of the evaluation. The team carried out an initial document review in January 2023, drawing on the substantial document repository and preliminary analysis developed by the Evaluation Office (EO) for this purpose. In addition, the team, accompanied by a member of the EO, carried out a scoping mission to the Ethiopia Country Office (ECO) from 2-8 February 2023, and Eastern and Southern Africa Regional Office (ESARO) from 8-10 February. The purpose of the mission was both to introduce the L3 evaluation to UNICEF colleagues and to conduct a number of interviews with selected key UNICEF staff and a small number of external donor and implementing partners. This informed the scope of the evaluation and helped to refine the evaluation questions detailed in the Terms of Reference (ToR). Virtual interviews were carried out with staff of the two offices who were unavailable at the time of the visit, and with Headquarters (HQ) staff. The following table provides a snapshot of the number of inception interviews conducted between February and March 2023:

*Table 1 – Inception interviews*

<b>Key Informant Interviews by typology and level within the Organization</b>	<b>ECO</b>	<b>ESARO</b>	<b>HQ</b>
UNICEF	18	13	8
Implementing Partner	1	-	-
Donor	2	1	-

5. This UNICEF L3 evaluation takes place alongside those for Yemen and Afghanistan, and runs concurrently with the Inter Agency Humanitarian Evaluations (IAHE) in Ethiopia and Afghanistan.<sup>1</sup>

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<sup>1</sup> As Ethiopia, Afghanistan and Yemen all involve similar humanitarian and development challenges, the simultaneous evaluations present opportunities for shared learning, which should fulfil the CCC requirement of informing future L3 responses in Ethiopia and elsewhere.

## II. Background: The current crisis in Northern Ethiopia

6. The election of Dr Abiy Ahmed as Prime Minister of the Federal Government of Ethiopia in 2018 saw major political and other changes in the country. A number of ethnic conflicts around the country became more acute and displacement increased. The signing of a peace accord with Eritrea in 2019 earned Abiy the Nobel Peace Prize, whilst antagonising the Tigrayan members of his Ethiopian People's Democratic Revolutionary Party (EPRDF) government who had been in a bitter dispute with Eritrea since the mid-1990s.
7. In the same year, Abiy founded the Prosperity Party to replace the EPRDF. The Tigray People's Liberation Front (TPLF) refused to join the new group, seeing it as a move against the federalist system that the EPRDF, dominated by the TPLF, had instituted after they assumed leadership of the EPRDF in 1991. In 2020, following the postponement of the national elections due to COVID-19 restrictions, the Tigrayan authorities declared their intention to hold their own regional government elections, whilst political parties opposing Abiy proposed the formation of a transitional government at the end of the Prosperity Party's official term.
8. The TPLF won the regional elections, which Abiy had previously declared illegal, while at the same time defeating a Tigrayan secessionist political movement. On 4 November 2020, the Ethiopian National Defence Force (ENDF) Northern Command depot was attacked in Mekelle, the regional capital. A coalition of forces comprising ENDF, Amhara Special Force and allied militias and the Eritrean Defence Force (EDF) moved on Mekelle, sparking a war, the intensity of which shocked observers.
9. The start of the conflict in November 2020 forced huge numbers of people to flee their homes and by October 2021, more than 2.1M people were displaced in Tigray alone, and an estimated 91% of the population of 5.7M were in need of food assistance. Initially, until March 2021, as government-led forces took control of major urban areas, it was possible to deliver assistance to the urban and peri-urban areas. However, the resumption of an insurgent-style conflict in the first months of 2021 resulted in significant population movements and limited community access to essential services. Fighting spread to Amhara and Afar in July 2021.
10. As a result, the UN declared a system-wide scale up in Northern Ethiopia on 28 April 2021. UNICEF set in motion an L3 Corporate Emergency Activation Process (CEAP) for Northern Ethiopia on 10 May 2021. The UNICEF L3 activation was extended three times, eventually covering all of Ethiopia, and has been further extended until 11 May 2023.<sup>2</sup>
11. The context in Northern Ethiopia is complex. The humanitarian community faced significant challenges in delivering life-saving assistance during, and since the conflict, not least in accessing affected communities, many of which have remained out of reach for extended periods during the war. This challenge was, and continues to be, especially acute for organisations like UNICEF, which hold a dual mandate, both development and humanitarian, and who work as Federal and Regional State Government partners in the three affected Regional States. This challenge was starkly illustrated on 2 October 2021 with the expulsion of the UNICEF Country Representative and six UN colleagues by the Federal Ministry of Foreign Affairs for "meddling in internal affairs."
12. Between November 2020 and July 2021, fighting of varying intensity severely limited access within Tigray. After the withdrawal of the ENDF from Tigray in late June 2021, the movement of fuel and humanitarian cargo was heavily restricted, effectively resulting in a blockade. De-escalation of

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<sup>2</sup> Executive Director email, November 12 2022.

fighting led to improved access within Tigray, but access into the region remained very difficult. Electricity, banking, telecommunications, media, and basic services were cut off from July 2021 until November 2022.

13. The Tigray blockade led to fuel shortages and the depletion of humanitarian stocks in the region throughout 2022, with aid workers having to prioritise the delivery of certain stocks to the Region. The Federal Government declared a unilateral truce in March 2022, permitting the delivery of assistance to the region until 24 August 2022, when the truce was broken, again restricting humanitarian access within Tigray and the affected areas of Afar and Amhara.
14. Despite the signing of a peace accord, on 2 November 2022 - both parties agreeing to the cessation of hostilities and committing to the restoration of services - Western Tigray has been inaccessible and access variable in the southern border areas. Access in the northern border areas has greatly improved with the withdrawal of Eritrean Defence Forces since January 2023.
15. With continuing tensions in the areas ceded from Amhara to Tigray in the years after the accession of the EPRDF to power, notably Western Tigray and the southern border areas around Sekota (Wag Hamra zone), and Raya and Alamata woredas, access remains uncertain and is likely to remain so for the foreseeable future.
16. The following figure summarises the timeline of key milestones in the conflict and in the UN response.

Key UN system events

Key Conflict/Political events

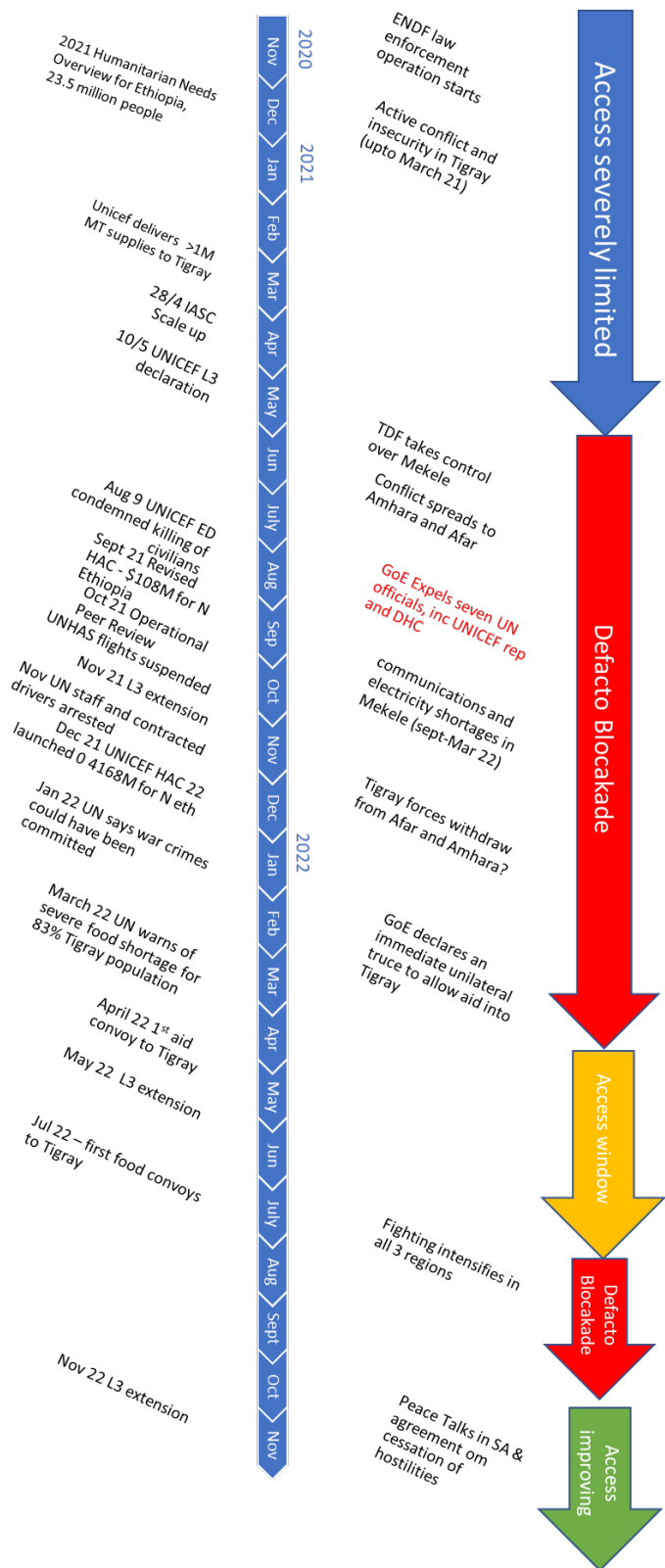


Figure 1 - Summary timeline of political/conflict events and UN response

### III. The impact of the conflict on children

17. The conflict in Northern Ethiopia caused mass displacement of people from their homes. In December 2020, the UN estimated that 222,413 people were displaced in Tigray. By 2022, UNICEF estimated that a total of 1.8 million had been displaced.<sup>3,4</sup> Internally Displaced People (IDPs) settled with host families and collected in government buildings such as schools and health facilities. They included a high number of unaccompanied and separated children (UASC). There was evidence that districts (woredas)<sup>5</sup> with high levels of conflict-driven displacement had large numbers of children engaged in exploitative and hazardous child labour, indicating an increased vulnerability of conflict-displaced IDP boys and girls.<sup>6</sup>
18. Out-of-school IDP and mobile adolescent girls were at higher risk of commercial sexual exploitation and child labour, including domestic labour. In Amhara, the displaced from the Tigray conflict mingled with the many tens of thousands displaced by ethnic conflicts elsewhere in the country. In Afar a similar situation applied, with those conflict victims joining people displaced by the multi-season drought in South Eastern Ethiopia. While in 2022, UNICEF estimated the total displaced for the two regions at 542,000 and 244,000 respectively<sup>7</sup> the figure is now estimated at 1.6 million.

#### Health and Nutrition

19. The conflict between the federal and regional forces in Tigray erupted while the health system was still coping with the significant challenges of the COVID-19 pandemic response. There was a devastating collapse in health system infrastructure across the three affected Regional States, coinciding with episodic disease outbreaks of cholera, measles and yellow fever.
20. Since the outbreak of the conflict, nutrition outcomes among children under-five remain of great concern. The destruction of health facilities and the looting of equipment severely limited communities' access to health services and, combined with displacement and loss of food stocks, led to elevated global acute malnutrition (GAM) rates.
21. The Tigray blockade and scarcity of resources, in particular fuel, made it impossible to implement Standardized Monitoring and Assessment of Relief and Transitions (SMART)<sup>8</sup> surveys or rapid nutrition assessments to produce scientific evidence for decision-making. The nutrition cluster was, however, able to use Middle Upper-Arm Circumference (MUAC) screening as part of the Find and Treat campaign<sup>9</sup> and to employ internally displaced health workers to gather malnutrition data among under-five children and pregnant and lactating mothers. In 2022, this approach indicated a proxy (GAM) of 26% in Tigray, 27% in Afar and 45% in Wag Hamra zone of Amhara.<sup>10</sup>
22. The 2020 Humanitarian Response Plan (HRP) estimated 8.4 million people in need of humanitarian assistance in general, with 5.9 million people estimated to have humanitarian health needs in particular. The conflict imposed a significant added burden on the health system. As a result, the

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<sup>3</sup> HAC 2022.

<sup>4</sup> Estimates of numbers of IDPs vary. UNOCHA reported 2.1M IDPs in Tigray in the same period

<sup>5</sup> Ethiopia is administratively divided into Regional States, Zones, Districts (*woredas*) and Wards (Kebeles) which are the smallest governmental administrative unit.

<sup>6</sup> UNICEF Humanitarian Sit-Rep Dec 2020

<sup>7</sup> HAC 2022

<sup>8</sup> <https://smartmethodology.org/about-smart/>

<sup>9</sup> UNICEF Ethiopia SitReps: January – December 2021

<sup>10</sup> UNICEF, Ethiopia Humanitarian Situation report No.12, 2022

2021 HRP estimated that 8.8 million people were in need of health interventions, which rose to 13.1 million in 2022 and 17.4 million in 2023.<sup>11</sup>

The following table shows the increase in estimated health and nutrition needs nationally between 2020 and 2023, and the associated elevation in funds required to meet the challenge.

Table 2 - Humanitarian Assistance needed by year for the whole of Ethiopia

	2020		2021		2022		2023	
	People in need	Funding Requirement	People in need	Funding Requirement	People in need	Funding Requirement	People in need	Funding Requirement
Health	5.9M	\$ 94.3M	8.8M	\$ 96.0M	13.1M	\$ 209M	17.4M	\$ 303.5M
Nutrition	4.4M	\$193.4M	7.1M	\$ 181.1M	7.5M	\$ 305.4M	7.4 M	\$ 359.2M

Sources: HRP 2020, 2022 and 2023; Humanitarian Action Information, 2021 Ethiopia; HNO February 2021

23. The conflict has seen millions of displaced people living in crowded conditions with very limited access to basic needs. The IDPs placed additional pressure on local health systems, straining the health care work force and stocks of medicines and other essential supplies.<sup>12</sup> The elevated chance of disease outbreaks including malaria, measles, acute respiratory tract infection, other vaccine-preventable diseases and cholera added to the unmet need for services for pre-existing and new disease conditions, physical and mental trauma, and sexual and gender-based violence (GBV). This placed an intolerable burden on health facilities, health staff and medical supplies of all sorts.

## Education

24. Even before the outbreak of the conflict across northern Ethiopia, children had been out of school since March 2020 because of nationally-imposed COVID-19 closures. By November 2020, a month after schools had re-opened across other locations in the country, over 1.4 million<sup>13</sup> primary and secondary aged children remained out of school across the north.

25. Within a year of the war's outbreak, the estimated number of school-aged children (aged 5-18 years) unable to access formal education safely and consistently<sup>14</sup> had jumped to 2.3 million in Tigray,<sup>15,16</sup> 1.9 million in Amhara, and over 200,000 in Afar, roughly half of whom were girls.<sup>17</sup> By December 2022, of the estimated 2.3 million school-aged children in Tigray, 1.7 million had been denied the right to education for three academic years due to the conflict and Covid-19. In Afar, 37,740 children remained out of school for more than a year due to conflict.<sup>18</sup>

<sup>11</sup> This includes Severe Acute Malnutrition (SAM) cases with complications admitted to Stabilization Centers (SC).

<sup>12</sup> UNICEF Ethiopia SitReps: 1 February – 15 March 2021

<sup>13</sup> Verifiable numbers vary. UNICEF March 2021 SitRep notes 1.46 million school children in Tigray and neighbouring regions being out of school along with 35,286 refugee children.

<sup>14</sup> UNICEF SitRep January – December 2021

<sup>15</sup> Of a pre-conflict enrolment of 1,464,380, indicating an out of school population of 61% (see Tigray Bureau of Education, 2022. *Summary Report of Human & Material Damage on Tigray's Education (Tigray 2022)*).

<sup>16</sup> Exact number unclear- adjusted to reflect statistics from other sources

<sup>17</sup> Education Cluster, January 2023. *Education Cluster Newsletter #4*.

<sup>18</sup> Education Cluster, January 2023. *Education Cluster Newsletter #4*.

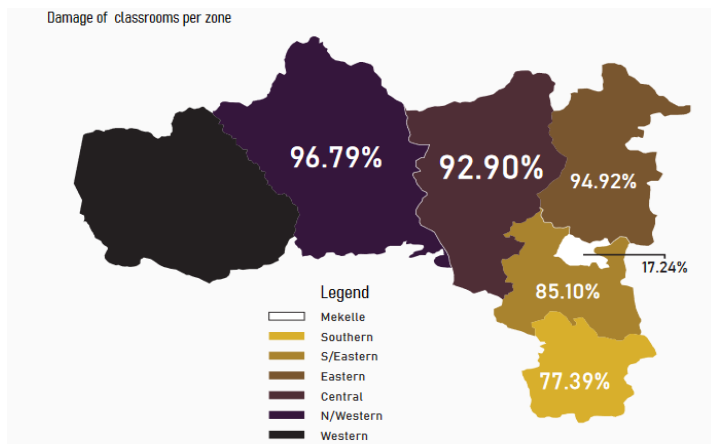


Figure 2 - Damage to Buildings in Tigray (2021)

26. By early 2023, over 9,000 educational establishments across Tigray, Afar and Amhara had been damaged, destroyed or occupied, by both IDPs and military groups.<sup>19</sup> Figure 7 shows the extent of this damage in Tigray (2021)<sup>20</sup>. Furthermore, those schools that had not been physically destroyed have suffered extensive looting including water and sanitation infrastructure. In Tigray, assessments found that 88% of school infrastructure was damaged.<sup>21</sup> In Afar, 33% of schools were partially or severely damaged,<sup>22</sup> and in Amhara the figure was roughly

42%.<sup>23</sup>

27. During the course of the conflict, thousands of IDPs occupied schools during multiple and extended periods of displacement. Schools were also used by warring parties as military bases across the Tigray region, leaving many unusable for educational purposes. Reports (e.g. by Human Rights Watch, May 2021) further suggest that school buildings inhabited by soldiers were host to sexual abuse, exploitation, and violation of women and girls.<sup>24</sup>

28. Data from a 2021 assessment carried out by the Tigray Education Bureau found that 84% of members of the school community killed during the conflict were female (1,798 female and 348 male reportedly killed, predominantly students – out of a total of 2,146 reportedly killed).<sup>25</sup> Exposure to sexual exploitation and abuse, combined with the impact of displacement and ongoing conflict, has negatively impacted children’s psychosocial wellbeing.<sup>26</sup> Dwindling livelihoods options, for families struggling to meet basic needs, increased food insecurity and displacement in an environment with limited educational options resulted in increased rates of child marriage.<sup>27</sup> Where schools remained operational and/or where temporary learning spaces were established, parents feared sending their children to school given the instability and insecurity.<sup>28</sup>

29. The impact of the conflict was not limited to children, with teachers and educational staff experiencing stress and poor psychosocial wellbeing resulting from conflict and displacement.<sup>29</sup> In addition, teachers at both public and private schools went unpaid for many months.<sup>30</sup> Conflict-related displacement, including of education professionals, has added to already-stark teacher shortages. The Tigray College of Teachers Education at Abiy Adi (one of two teacher education colleges in the Regional State) was destroyed in 2021, with dormitories, lecture rooms, cafeterias,

<sup>19</sup> Education Cluster, January 2023. *Education Cluster Newsletter #4*.

<sup>20</sup> Tigray Bureau of Education, 2022. *Summary Report of Human & Material Damage on Tigray’s Education* ([Tigray 2022](#))

<sup>21</sup> Education Cluster, January 2023. *Education Cluster Newsletter #4*.

<sup>22</sup> Education Cluster, January 2023. *Education Cluster Newsletter #4*.

<sup>23</sup> UNICEF, December 2021. *UNICEF Sit Rep January – December 2021*.

<sup>24</sup> Human Rights Watch, 28 May 2021. *Ethiopia: Tigray Schools Occupied, Looted*. See: ([HRW 2021](#)).

<sup>25</sup> Tigray Bureau of Education, 2022. *Summary Report of Human & Material Damage on Tigray’s Education*. ([Tigray 2022](#))

<sup>26</sup> UNICEF, May 2021. *UNICEF Sit Rep May 2021*.

<sup>27</sup> UNOCHA, 2020. *Humanitarian Needs Overview 2020*.

<sup>28</sup> UNICEF, March 2021. *UNICEF Sit Rep March 2021*.

<sup>29</sup> A May 2021 assessment by the Tigray Education Ministry estimated that 48,500 teachers needed mental health support

<sup>30</sup> Human Rights Watch, 28 May 2021. *Ethiopia: Tigray Schools Occupied, Looted*. See: ([HRW 2021](#)).

administration blocks, laboratories and other service buildings ruined as a result of drone strikes and other causes.<sup>31</sup>

30. By mid-2022, lack of access to conflict-affected areas across Amhara, Afar, and Tigray severely impeded the provision of education, with increasing levels of food insecurity creating additional challenges for children going to school and enrolling in formal and non-formal education.<sup>32</sup> Children in IDP camps in Tigray were consistently found to be unable to access education services during the conflict.<sup>33</sup> This applied to distance learning as well.

### Child Protection

31. While reports and data are still emerging, critical child protection risks include high numbers of unaccompanied and separated children due both to the conflict and to drought, children associated with armed forces and groups, children born out of conflict related sexual violence, the impact of landmines/UXOs, and the overall impact of the conflict on the mental health and psychosocial wellbeing of children and families.
32. In May 2021, 94% of Tigrayan children were living in IDP sites with no access to protection services. Even in August 2021, the protection cluster reported that only 6% of the of 4.28 million crisis-affected population in Ethiopia were reached with protection services. (This figure excluded Tigray). By 2022, the situation had improved, with 34% of affected people having been reached, including accessible populations in Tigray.
33. As of June 2021, 700,000 children in Northern Ethiopia were internally displaced by the conflict. With the high levels of out of school children in the three regions, boys faced the threat of recruitment to the armed forces and girls risked sexual exploitation, early (forced) marriage and teenage pregnancy. In March 2022, 9,330 unaccompanied and separated children were identified in Tigray alone.<sup>34</sup>

### Gender Based Violence (GBV)

34. According to the GBV Area of Responsibility (AoR) in Ethiopia, “35% of married women between age of 15-49 years have experienced physical, emotional, or sexual violence from husband or partner, whilst 68% agree that wife beating can be justified and about 65% of women aged 15-49 have undergone Female Genital Mutilation (FGM).”<sup>35</sup> Specialized GBV services, such as Clinical Management of Rape (CMR), caring for child survivors, psycho-social support (PSS), GBV case management and referral mechanisms were restricted to Western Tigray, where most humanitarian organizations had established bases.<sup>36</sup>
35. By November 2021,<sup>37</sup> 1,328 GBV survivors (1,225 women and 113 children) had reported incidents of abuse to UNICEF-supported One Stop Centres (OSCs).<sup>38</sup> These centres provide free, holistic services (health, psychosocial support, legal and police services) under one roof to survivors, and functioning health facilities.<sup>39</sup> Within the Northern Ethiopia Response, 44,661

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<sup>31</sup> Tigray Bureau of Education, 2022. *Summary Report of Human & Material Damage on Tigray's Education*. ([Tigray 2022](#))

<sup>32</sup> UNICEF, June 2022. *UNICEF Sit Rep June 2022*.

<sup>33</sup> UNICEF, May 2021. *UNICEF Sit Rep May 2021*.

<sup>34</sup> Protection Situation Update, May 2022.

<sup>35</sup> Situation GBV in Ethiopia, GBV AoR Ethiopia (September 2022)

<sup>36</sup> Protection Situation Update, Northern Ethiopia (May 2022).

Protection Situation Update Northern Ethiopia “Multisectoral Rapid Assessment in NW zone of Tigray p.4 10 Bureau of Women, Children and Social Affairs (BoWCSA)” (May 2022).

<sup>38</sup> OSCs number 2 in Afar, 3 in Amhara and 6 in Tigray GBV AoR Situation Update, September 2022

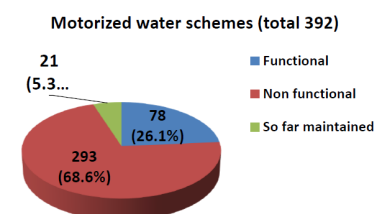
<sup>39</sup> In the Protection Situation Update, Northern Ethiopia (May 2022), The SWAN consortium of international NGOs reported in January 2022 that 566 women and children, mainly girls, were raped in North Shewa, and North and South Wollo zones of Amhara.

people (women and children) had been reached through UNICEF-supported GBV risk mitigation, prevention and/or response interventions by January 2023.<sup>40</sup>

## WASH

36. Ethiopia has traditionally had a strongly ‘engineering’ approach to water and sanitation services, with established design standards for infrastructure, including latrines, strictly enforced.

### Damage assessment (RWEB) : October 2022

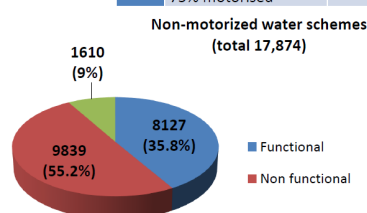


As a result, 1,195,832 people do not have access to safe drinking water.

non –functionality of water schemes is still increasing due to multiple reasons

### Tigray Region

Year	Non-Functional Water point	Population affected
2019	7.1%	369,200
2021	54.35%	2,826,200
2022	71.2% non-motorised 75% motorised	4,705,002



As a result, 2,374,850 people do not have access to safe drinking water.

WASH Cluster ETF : January 10, 2023



Figure 3 - Summary of Progress in Water Access.

Source: WASH Cluster Annual Review

37. Ethiopia has made strong progress towards the SDGs in WASH. Between 2000 and 2020, coverage with drinking water supply at a minimum basic service level improved from 18% to 49%.<sup>41</sup> There were, however, significant regional differences across Northern Ethiopia, with Afar only reaching 25% coverage with basic water supply, Tigray 54% and Amhara 42%. Sanitation levels had also improved across the country with open defecation (OD) reducing from 77% in 2000 to 17% in 2020.<sup>42</sup> There have been no data published on the SDG monitoring since 2020. Afar has made limited progress, with 70% still practicing OD in 2020.

38. The conflict has had a major impact on water supply infrastructure, with some evidence suggesting that the destruction reduced the rural and urban water supply coverage of the Tigray region by over 50%.<sup>43,44</sup> There was some indication that the armed forces deliberately targeted water supplies, inflicting extensive damage. Non-functioning facilities rose from 7% to 71% over the two years of war, suggesting that more than 60% of water infrastructure was destroyed or damaged.<sup>45</sup>

39. The influx of IDPs to major centres like Mekelle and Shire put a significant strain on existing water supplies. IDPs who settled with host communities relied on non-motorised water supplies such as wells, handpumps and surface water. Sanitation coverage was already low in all three regions and many IDPs settled in schools where facilities were limited for the number of people using them. In November 2021, WASH cluster mapping of IDP collective sites showed major gaps in some

<sup>40</sup> <https://reliefweb.int/report/ethiopia/unicef-ethiopia-humanitarian-situation-report-no-1-january-2023>

<sup>41</sup> Joint Monitoring Project, 2020

<sup>42</sup> Note 2020 JMP report figures for Ethiopia are based on 2016 DHS survey. Ethiopia has conducted very few national surveys since then (or at least hasn't released the data)

<sup>43</sup> Haile Arefayne Shishaye, Tesfay G. Gebremicael, Hadush Meresa, Fasil A. Gebre, S. K. (2023). Assessing the impact of war on the water supply infrastructure in Tigray , <https://doi.org/10.31223/X5236B>

<sup>44</sup> The same study claims that the damage to water supplies in Tigray in 2021 was 15% higher than the damage to Syria's drinking water supply infrastructures over 10 years of conflict.

<sup>45</sup> WASH Cluster analysis Dec 2022

schools, with up to 11,500 IDPs sharing only 2 latrine stances, way below CCCs benchmarks. Coverage of sanitation needs remains critically low, with only 6% of the HRP 2022 target met.

## Social Protection

40. The World Bank-supported Productive Safety Net program (PSNP), launched in 2005, is now in its fifth 5-year round,<sup>46</sup> and supports chronically food insecure household needs through food and/or cash transfers in exchange for labour-intensive public works.<sup>47</sup> Labour-poor households receive an unconditional “direct support” transfer.<sup>48</sup> The support lasts for five years, with beneficiaries (numbering 8 million) expected to “graduate” from the scheme at the end of the period. The HRP for 2020 included around half a million relief food (“transitory”) beneficiaries. This was in addition to the 1 million people in Tigray inscribed in the PSNP in 5 of the 7 zones of Tigray (Mekelle and W Tigray Zones were considered to be food secure prior to the conflict).
41. PSNP5 emphasises the primacy of cash transfers and includes a shock-responsive payment for non-beneficiaries. Payment stopped to the more than one million PSNP beneficiaries in Tigray at the onset of the conflict. The programme was able to recommence in a modified form between February and May 2021 when, due to the shortage of cash in the Region, transfers were made in food.<sup>49</sup> The programme expanded horizontally to include non-beneficiary households affected by the conflict but was suspended again in June 2021. The programme was less disrupted in Amhara and Afar, but experienced a number of delays as a result of fighting.<sup>50</sup> PSNP payments are due to recommence in July 2023.<sup>51</sup>

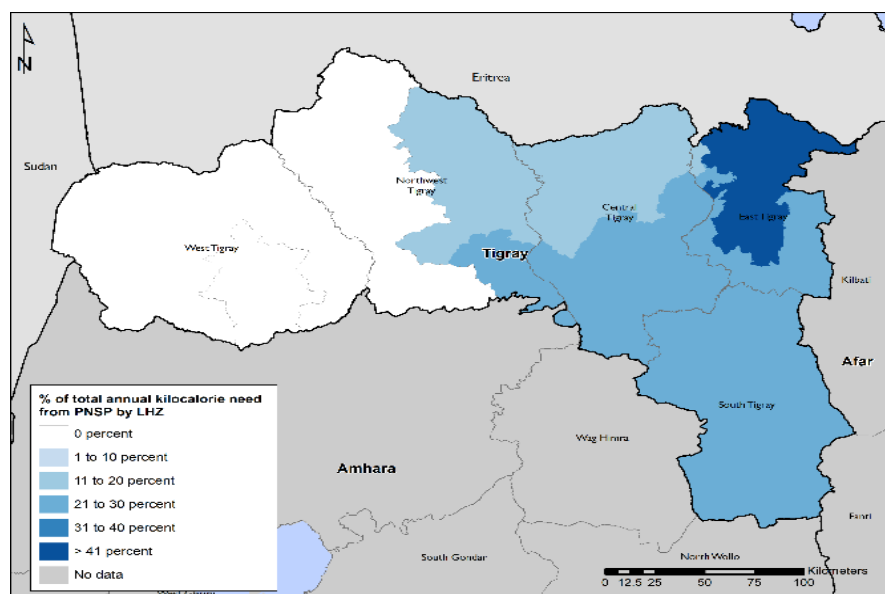


Figure 4 - Contribution of PSNP as a percentage of annual food needs in Tigray. Source: FEWSNET Ethiopia Food Security Alert, 11 December 2020

As a result of the Tigray conflict 13.6 million people in Tigray, Afar and Amhara regional states need food assistance.<sup>52</sup>

<sup>46</sup> PSNP5. The programme was launched in 2005

<sup>47</sup> With exceptions for vulnerable people such as PLW

<sup>48</sup> PSNP 5 general PIM final page section 2 background and context

<sup>49</sup> all woredas in Tigray, with the exception of Mekelle and W Tigray, were covered by PSNP.

<sup>50</sup> PSNP5 information sheet August 2022

<sup>51</sup> Famine Early Warning System Network

<sup>52</sup> 7m in Amhara, 5.4m in Tigray and 1.2m in Afar <https://www.wfp.org/emergencies/ethiopia-emergency>

## IV. The UNICEF Response in Northern Ethiopia

### Overall

42. UNICEF has been present in Ethiopia since 1952, working in partnership with government at national and regional levels and supporting the provision of basic services for children in the Health, Nutrition, water, sanitation and hygiene (WASH), Child Protection and Education sectors and in Social Protection and Inclusion. UNICEF Ethiopia Country Office (ECO) started a new 2020-2025 country programme on 1 July 2020. The programme is one of UNICEF's largest globally and also the largest in the Eastern and Southern Africa region.
43. With its dual mandate as a partner in national development and humanitarian response, and with offices in 8 Regional States including Tigray, Amhara and Afar, UNICEF was well placed to support the response to both slow- and sudden-onset emergencies, working with both partner government departments and implementing partners. Along with its UN agency partners, UNICEF had to tread a fine line in Northern Ethiopia, working with both parties to the conflict and upholding commonly-held humanitarian principles.
44. When the conflict erupted in Tigray in November 2020 UNICEF was already responding to the crisis created by the impact of the coronavirus pandemic (COVID-19), desert locust infestation, and inter-communal violence in other parts of the country, where 23.5 million people, including 12.5 million children, were in need. In 2021, UNICEF appealed for nearly US\$192.6 million to reach 4.75 million people including 2.5 million children.
45. Successive HAC appeals increased the funding requested in line with growing needs in Tigray, Amhara and Afar. The figure below shows the patterns of funding, including funding gaps.<sup>53</sup> The Nutrition and WASH sectors were the biggest appeal categories, with WASH significantly underfunded in 2022. Other sectors, such as Social Policy, SBC, GBViE and AAP went unfunded in the same year (see below). Humanitarian cash transfer provision increased considerably from a relatively low base in the period.<sup>54</sup>

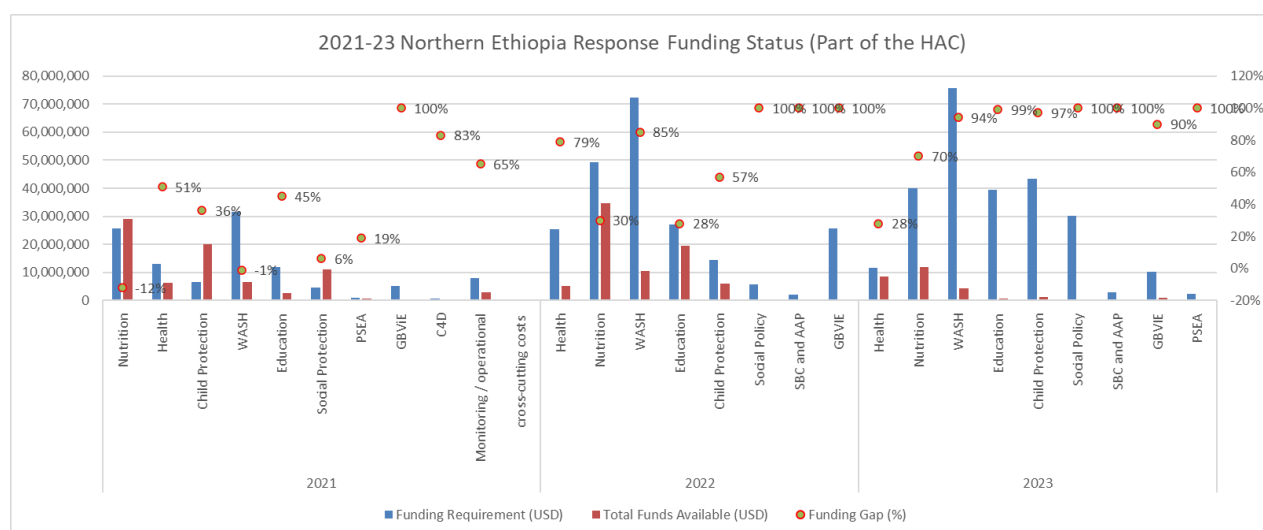


Figure 5 – Funding status (Northern Ethiopia response, 2021-2023)

Source: UNICEF Ethiopia Country Office Humanitarian Situation Report 2021-2023

<sup>53</sup> The funding available includes significant carry over of unspent funds from 2020 to 2021 and 2021 to 2022.

<sup>54</sup> The HAC refers variously to Social Protection and Social Policy

## Health and Nutrition

46. UNICEF supported Mobile Health and Nutrition Teams (MHNTs) and integrated Find and Treat campaigns which enabled the screening and consequent referral of over 27,000 severely-wasted children. In response to the influxes of IDPs, over 6,000 children under-five and 3,900 pregnant and lactating women received high energy biscuits (HEB) and, in 2022, a total of 98,564 caregivers in Amhara were trained on optimal infant and young child feeding practices in emergencies.<sup>55</sup> A Find and Treat campaign was mounted in 16 woredas of Tigray in 2022, screening over 194,000 under-five children by the MUAC method and providing treatment for the malnourished, while linking them with follow-up outpatient therapeutic (OTP) centres or stabilization centres.
47. UNICEF has provided essential health services to IDPs and affected communities in Tigray, Amhara and Afar through the Northern Ethiopia Response Plan. UNICEF-supported MHNTs, run by Regional Health Bureau (RHB) staff in Tigray and Afar, provided medical consultations, vaccination and safe delivery at home and in temporary clinics in the IDP sites; vitamin A supplementation and deworming of children from 24 to 59 months; and created access to primary health care services to conflict-affected communities. In addition, the agency provided medical equipment and emergency drug kits to health facilities during and after the conflict.<sup>56</sup>
48. No official nutrition data exist for 2021, although admissions to Therapeutic Feeding Programs (TFPs) (OTP and Stabilisation Centres) significantly increased from July 2021 in Tigray and Afar regional states. In Amhara the Severe Acute Malnutrition (SAM ) admission rate increased from December 2021 onwards.<sup>57</sup>
49. The Find and Treat approach launched by UNICEF in collaboration with partners in 2022 is a form of rapid response mechanism at the community level beyond the health system. It comprises a team of 12 personnel (8 health workers and 4 social mobilizers). The Find and Treat campaign increased access to services for the treatment of severely and moderately malnourished children through Mid-Upper Arm Circumference (MUAC) screening. Through the campaign, Vitamin A supplementation, deworming and Infant and young Child Feeding (IYCF) Counselling, as well as routine vaccination, GBV sensitization and aqua tabs for water purification, is provided. The campaign is conducted in 86 woredas in the three conflict-affected regions and , in the first half off 2022 screened 1.8 million under-five and 261,869 pregnant and lactating women (PLW) by the MUAC method. The average GAM rates among children and PLW were 18% and 33% respectively.<sup>58</sup>
50. Since the peace accord, significant efforts have been made to restore the destroyed health infrastructure in Tigray, with funds contributed by UNICEF, amongst others, and augmented by community donations. Hospital renovations have been assisted with significant funding from the diaspora.<sup>59</sup>
51. UNICEF data suggest that 61.5% of children aged 6 to 59 months were vaccinated against measles. 150% of the target number of children and women accessed primary health care in UNICEF supported facilities.<sup>60</sup>

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<sup>55</sup> UNICEF, Ethiopia Humanitarian Situation Report 2022

<sup>56</sup> UNICEF Ethiopia SitReps: January – December 2021.

<sup>57</sup> ENCU TFP Admission trend Monthly synopsis December 2022.

<sup>58</sup> UNICEF Ethiopia SitReps: Jan – June 2022.

<sup>59</sup> KII March 2023.

<sup>60</sup> UNICEF, December 2022, Humanitarian Situation Report 12 Including Northern Conflict and Drought Responses.

52. UNICEF leads and supports the Nutrition Cluster, financially and technically, through the Emergency Nutrition Coordination Unit (ENCU) at federal level. ENCU is integrated in the Ethiopia Disaster Risk Management Commission (EDMRC) and coordinates the emergency nutrition response in the country. In addition, UNICEF provided support through the Programme Group in Headquarters, the Regional Office and the Global Nutrition Cluster to move to sub-national level especially in the areas most affected by conflict.
53. The nutrition cluster and its twenty-two active partners have contributed to supporting nutrition services, humanitarian response planning and strategy and capacity building for nutrition in emergencies. In February 2020, UNICEF supported a Nutrition in Emergencies training for partners.<sup>61</sup> UNICEF also leads a sub-national nutrition cluster in Mekelle and Shire in Tigray,<sup>62</sup> and supports the Regional ENCU in Afar and Amhara.
54. Nutrition cluster meetings are held periodically at federal level with participation from government counterparts, major donors and NGOs to discuss:
- nutrition and food security situation updates
  - Ethiopia Humanitarian Fund (EHF) and Central Emergency Response Fund (CERF) allocations
  - the Humanitarian Needs Overview (HNO)/Humanitarian Response Plan (HRP) and other major issues.
55. Due to challenges in conducting a nutrition assessment during the conflict in Northern Ethiopia, specifically in Tigray region, the cluster developed a nutrition assessment guidance tool to determine the type of nutrition assessment (complete SMART survey, rapid SMART survey or rapid nutrition assessment using MUAC only) to be conducted in situations where access is difficult.<sup>63</sup> However, due to scarcity of resources, such as fuel, standard nutritional surveys were not conducted during the L3 emergency response.
56. UNICEF's December 2022 Situation Report stated that UNICEF saw middling to full success in reaching nutrition targets, with 108% of pregnant women receiving folic (acid) supplements and 106% of children aged 6-59 months receiving vitamin A supplements. Only 73.5% of targeted children aged 6-59 months with severe acute malnutrition were admitted for treatment, and even fewer primary caregivers of children 0-23 months received infant and young child feeding counselling (51%).<sup>64</sup>

## Education

57. UNICEF has worked with Regional Government Education Boards (REBs) and implementing partners to support those accessible schools and their pupils in communities and IDP settings during and since the end of the conflict, focusing on the following seven areas of intervention:
- Temporary learning spaces, partnering with NGOs and established in IDP sites and schools where IDPs were hosted by the community;
  - Pre-primary and non-formal education to IDP children and members of the host community while schools remain closed in Tigray with a "lifestyle approach" focusing on Early Childhood Care and Development (ECCD), accelerated school readiness (ASR) and accelerated learning programmes (ALP);
  - Training of facilitators and teachers from IDP and host community schools in Tigray to gain improved skills on education in emergencies and basic teaching methodologies;

<sup>61</sup> UNICEF Ethiopia SitReps: January-December 2020.

<sup>62</sup> The two sub-clusters were under separate administrations during the conflict.

<sup>63</sup> UNICEF Ethiopia SitReps: January -December 2021

<sup>64</sup> UNICEF, December 2022, Humanitarian Situation Report 12 Including Northern Conflict and Drought Responses.

- Integrated education and child protection - training facilitators, ensuring play-based learning through the *Gezay* approach, including PSS. UNICEF employs an integrated child protection and education approach (*'Bete'*) which aims to identify and address the education and protection needs of children in humanitarian situations by creating learning opportunities in a safe and enabling environment where they obtain a chance to learn, to be safe, and to gain a particular set of critical life-skills that nurture their potential and holistic development;
  - Provision of daily school meals to encourage regular attendance and ensure children have the adequate nutrients to support learning;
  - Coordination and school reopening - including provision of supplies and work with Regional Education Boards (REBs);
  - Education Cluster and human resourcing (at both national and sub-national levels).
58. UNICEF in its role as Education Cluster lead and global provider of last resort co-leads the Education Cluster in Ethiopia in support of the Ministry of Education and in conjunction with Save the Children. Coordination during the early days of the conflict was challenging, with the education cluster coordinator post at national and field levels vacant between January and May 2021, causing delays in joint education assessments, operational responses and limiting appeals for consolidated emergency pool funding for cluster initiatives.<sup>65</sup>
59. In September 2021, when schools reopened, the WASH and Education Clusters engaged in joint planning on decommissioning of WASH facilities initially established for IDPs sheltered in schools.<sup>66</sup> The result of this was to determine where WASH facilities would need to be rebuilt/rehabilitated before the schools could return to their education function rather than their function as temporary shelters during the conflict. The Education Cluster developed a School Reopening Framework and plans to identify alternative learning locations for damaged schools and those still occupied by IDPs.<sup>67</sup>
60. In February 2022, the Education Cluster responded to gaps in data by launching an Education in Emergency (EiE) data management Technical Working Group to improve EiE data collection, data processing/analysis and data dissemination.<sup>68</sup> In March of that year, the Education Cluster called on the Government of Ethiopia to join the 114 signatory States to the Safe Schools Declaration (SSD) which would ensure children in Ethiopia have access to education in a safe and protective school environment during conflict.<sup>69</sup>
61. Analysis of the UNICEF humanitarian programme monitoring suggests that UNICEF had reached roughly half of its education targets by the end of 2022, with 69% of children targeted accessing formal and non-formal education, including early learning, and on 40% of children receiving individual learning materials.<sup>70</sup>

## WASH

62. UNICEF's mandate to coordinate the WASH cluster was initially fulfilled through its existing structure of national and regional WASH coordination, with government co-chairing and UNICEF national WASH staff 'double-hatting' their project management roles with emergency coordination. However, the Tigray region WASH cluster was led by an international cluster coordinator of P4 status, funded by UNICEF.

<sup>65</sup> UNICEF, June 2021. *UNICEF Sit Rep January – June 2021*.

<sup>66</sup> UNICEF, September 2021. *UNICEF Sit Rep September 2021*.

<sup>67</sup> UNICEF, November 2021. *UNICEF Sit Rep November 2021*.

<sup>68</sup> UNICEF, February 2022. *UNICEF Sit Rep February 2022*.

<sup>69</sup> UNICEF, March 2022. *UNICEF Sit Rep March 2022*.

<sup>70</sup> UNICEF, December 2022, Humanitarian Situation Report 12 Including Northern Conflict and Drought Responses.

63. For the first six months of the crisis, UNICEF engaged one of the Global WASH Cluster (GWC) standby partners to provide short term cluster coordinators. The current national WASH cluster coordinator (WCC) arrived in May 2021 and has remained in post until the present.
64. Since UNICEF had an established team in Mekelle and a strong relationship with the Regional Water Board (RWB), it was able to quickly mobilise a response at the start of the crisis. UNICEF supported the RWB to conduct several assessments (Tigray, Nov 2021; Afar, March 2022; and Amhara, October 2022).
65. Inception interviews and a review of WASH results show that sanitation progress has been slow and, even now, critical gaps remain in all three regions, in particular Afar. This is an area for further investigation in the data collection phase.

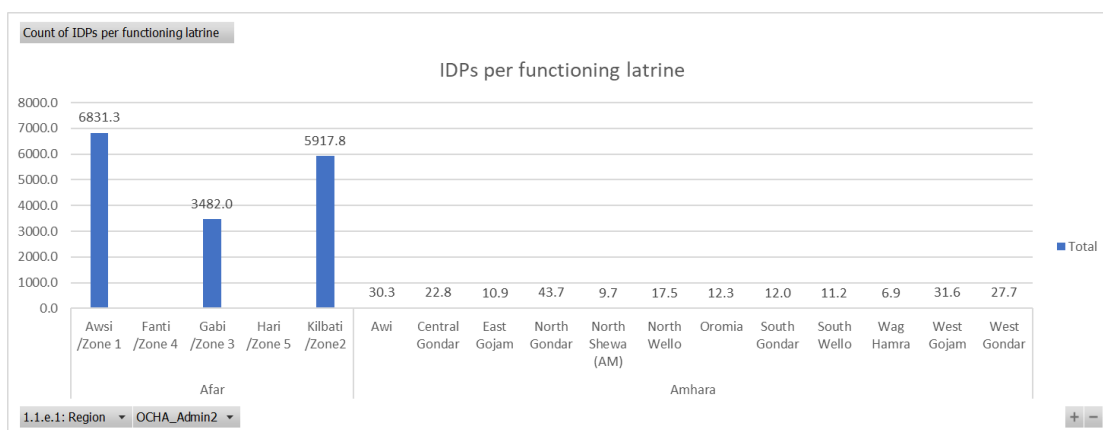


Figure 6 - Analysis of CCCM Assessment data, June 2022

66. A strategic decision was taken to focus on durable solutions with the aim of meeting medium- to longer-term needs. The water response therefore focused on the rehabilitation of damaged infrastructure, handpump repair and water trucking to IDPs. These activities were expensive and hugely constrained by fuel and spare parts shortage, as shown in the snapshot of water trucking in the figure below.

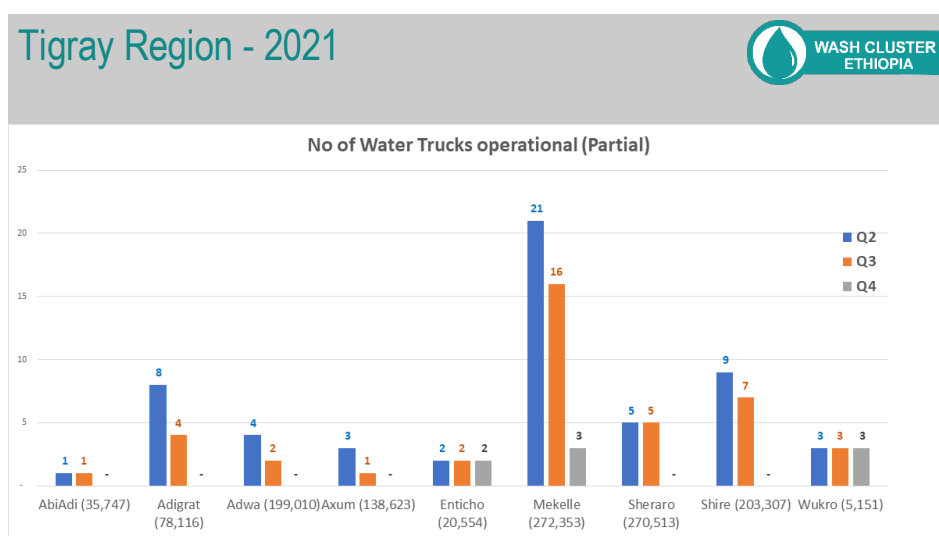


Figure 7 - Water Trucking Capacity in 2021, Source: WASH Cluster Briefing

67. Initially, there was reliance on government for implementation but later this was complemented by INGO partnerships for more life-saving activities. The Rapid Response Mechanism (RRM), activated with US Bureau of Humanitarian Affairs (BHA) support in Amhara in January 2021 (later in Tigray and Afar), included a standing arrangement with 4 INGOs to allow them to respond quickly as needs arose, mostly by providing hygiene items and water treatment chemicals to IDPs.
68. Analysis of the UNICEF humanitarian programme monitoring suggests that UNICEF had reached 68% of water targets and 191% of its sanitation targets by Dec 2022.<sup>71</sup>
69. Although there is an acknowledged cholera outbreak in the south of the country, centred in Oromia region, it is unclear if there were cases in Tigray and Amhara, possibly due to problems of collecting and testing samples for official confirmation of cholera. However, most assessments report high levels of diarrheal disease amongst IDPs.<sup>72</sup> Rehabilitation of water supply infrastructure has moved ahead much faster since November 2022, hampered by high proportions of supplies breaking down within weeks or months of rehabilitation. Sanitation coverage for IDPs remains low.

### Child Protection

70. UNICEF was active from the start of the conflict in 2020, with child protection (CP) services being delivered through government and non-governmental partners in accessible areas (predominantly urban and peri-urban areas and IDP sites). In Amhara and Afar, UNICEF, in collaboration with Ministry of Women Children and Youth (MoWSA) worked on strengthening of the national child protection system in the areas of social work, case management, harmful traditional practices affecting women, girls and children and birth registration. UNICEF implemented an array of child protection interventions through implementing partners, including mental health and psychosocial support interventions, some of which was provided in schools as part of the Bete approach, family tracing and reunification of children who were unaccompanied or separated from their primary caregivers, child-friendly spaces and community-based programming aimed at preventing, mitigating and responding to gender-based violence, including MHPSS and clinical management of rape to survivors, and exploitation, and providing landmine education and victim assistance.
71. UNICEF's Northern Ethiopia response for CP/GBV scaled up in 2022 through an increase of partners and locations across Tigray, Amhara and Afar. At the height of the conflict, UNICEF managed 30 partnerships with CSO partners that included a CP and GBV component.
72. Despite variable access throughout 2021 and 2022, UNICEF reached over 1 million boys and girls with child protection and GBV prevention and response services, including GBV risk mitigation and response interventions (see above, p.15 paragraph 34). In addition, case management services were provided and support given to GBV survivors and UASC, as well as MHPSS for children and their caregivers and prevention of sexual exploitation and abuse (PSEA). Dignity kits or other materials were provided across the three conflict-affected regions of Afar, Amhara, and Tigray.
73. UNICEF recruited two dedicated CP AoR Coordinators and information management officers in Tigray and one in Amhara. In Shire UNICEF coordinated the GBV and Mine Action AoRs in the absence of UN partners.

<sup>71</sup> These figures seem to contradict the WASH cluster reports and IOM camp monitoring which show very low coverage of WASH (see above) and will be further investigated in the data collection phase.

<sup>72</sup> This is to be expected given the high levels of open defecation and lack of safe water in many sites. There do not appear to have been any specific cholera IPC or RCCE activities in the response.

74. In Tigray, UNICEF responded to the heightened risks related to unexploded ordinance (UXO) and landmines, particularly as out-of-reach areas become accessible. UNICEF partners, through an integrated approach, trained and deployed social workers to facilitate explosive ordinance risk education (EORE) at the community level, especially for individuals living in IDP camps and children participating in UNICEF programmes, and provided victim assistance.
75. By the end of 2022, UNICEF reported having reached 140% of children and parents/caregivers targeted through interventions accessing mental health and psychosocial support and 311% of targeted girls and boys who had experienced violence reached by health, social work or justice/law enforcement services.<sup>73</sup>

### Accountability to Affected People (AAP)

76. The Country Office Social and Behaviour Change (SBC) programme led the roll-out of the UNICEF AAP Framework. UNICEF applied a community-based mental health and psychosocial approach with community consultation, engagement and participation in Amhara and Afar. An example of how this worked was that, following community feedback on preferred content and use of dignity kits, the decision was made to alter the way dignity kits were provided, with a commitment to provide cash for the self-purchase of appropriate kits.
77. At the national level, the HCT activated the AAP Working Group (WG), chaired by IOM and Plan International, which is tasked with implementing the 2022-23 workplan whose activities are aligned to the HCT AAP Action Plan.<sup>74</sup>
78. UNICEF has a dedicated Prevention of Sexual Exploitation and Abuse (PSEA) staff member to strengthen the capacity and understanding of PSEA among humanitarian actors and affected communities as well as to establish required reporting channels for PSEA cases.

### Child Protection and Gender Based Violence AoR and Coordination

79. The Protection Cluster in Ethiopia has operated since 2008, following the global roll-out of the cluster approach.<sup>75</sup> At the national level, the protection cluster is co-led by the United Nations High Commissioner for Refugees (UNHCR) and the Danish Refugee Council (DRC). Four Areas of Responsibility (AoR), including Child Protection (CP) and Gender Based Violence (GBV), have also been activated within the national Protection Cluster. The Child Protection (CP) and Gender-Based Violence (GBV) AoR at national level recently separated, but operate under a single shared strategy (see para 76). They are led by UNICEF and UNFPA respectively, jointly with the Ministry of Women and Social Affairs (MoWSA)<sup>76</sup> at the national level and, at regional level, by the Bureau of Women and Social Affairs (BoWSA). Tigray is the only region where the CP and GBV AoRs are also split; everywhere else they are combined and co-led by UNICEF and UNFPA with the BoWSA. Membership of the AoRs includes government agencies and departments, UN agencies, national and international NGOs, umbrella organisations and donors<sup>77</sup>. In Tigray, there is a sub-regional CP/GBV AoR.
80. The CP and GBV AoRs in Ethiopia operate under one chair until recently, with a single CP/GBV AoR Strategy (2021-2022).<sup>78</sup> For the Child Protection AoR, dedicated AoR Coordinators are in place in

<sup>73</sup> UNICEF, December 2022, Humanitarian Situation Report 12 Including Northern Conflict and Drought Responses.

<sup>74</sup> Ethiopia Humanitarian Response Plan (2023)

<sup>75</sup> Protection Cluster, Ethiopia Humanitarian Response website (2023)

<https://www.humanitarianresponse.info/en/operations/ethiopia/protection>

<sup>76</sup> MoWSA was created by an amalgamation of the Ministry of Labour and Social Affairs and the Ministry of Women, Children and Youth in 2021 (2014 EC)

<sup>77</sup> Ethiopia Child Protection AoR and Gender Based Violence AoR Strategy (2021-2022).

<sup>78</sup> A joint Child Protection and Gender Based Violence AoR strategy (2021-2022) was developed in 2021. The strategy provides a clear protection needs analysis on CP and GBV, response strategy and interventions.

Addis Ababa (federal level), in Mekelle/Tigray, and in Amhara. Elsewhere as well as in Shire/Tigray, CP AoR Coordinators double-hat as senior Child Protection Specialists (IP or NOC).

81. A joint Child Protection and Gender Based Violence AoR strategy (2021-2022) was developed in 2021. The strategy provides a clear protection needs analysis on CP and GBV, response strategy and interventions.

## Social Protection

82. The UNICEF social protection programme in the Northern Ethiopia crisis started from a low base, propelled forward by an increasing donor and humanitarian community interest in shock-responsive cash transfers. Originally run in parallel to the PSNP, the programme has been run in collaboration with BoWCSA and the Ministry of Finance. While progress has been made in Amhara and Afar regions (although the programme was suspended in conflict-affected woredas in Northern Amhara and Northern Afar), there has been little in Tigray, with the impediments of a non-functioning banking system and restrictions on the carriage of cash for the payment of transfers to targeted households. With the concomitant suspension of the PSNP for the same reasons, UNICEF has been able to increase its coverage slowly but significantly.
83. UNICEF started a Shock Responsive Cash Transfer (SRCT) programme for IDPs in Mekelle Zone in February 2021 following the payment of the remaining five months of a COVID-19 cash transfer support scheme provided through the Urban Productive Safety Net Programme (UPSNP). This new initiative was suspended before payments could commence due to the intensification of the conflict.<sup>79</sup>
84. The social protection programme in the Northern Ethiopia crisis response grew further out of a pilot programme implemented in Amhara (North Shewa and Oromo Special Zone) in June 2021. Collaborating with the Bureau of Women, Children and Social Affairs (BoWCSA), the pilot targeted 3,626 IDPs.<sup>80</sup>
85. The HCT programme gradually expanded in 2021 with the limited funds available,<sup>81</sup> targeting 10,000 IDPs in Dessie town,<sup>82</sup> and planning to expand into Afar, while a similar initiative in Tigray was suspended further due to continuing problems with the banking system and government-imposed cash limits. Simultaneously, the programme expanded in Amhara to include IDPs in Bahr Dar Zone and in North West Gondar (Debarke and Ebinet), and 816 IDP households in Afar.<sup>83</sup>
86. By July 2022, in coordination with BoWCSA, HCTs had been provided to 27,769<sup>84</sup> conflict-affected people (13,466 households) in five *woredas* in Amhara and over 800 IDP households in Afar.
87. With the suspension of the SRCT programme in Tigray due to the impediments noted earlier, by the end of 2022 UNICEF had supported about 30,000 IDP households in total in Amhara (integrated with child protection) and Afar (where integration has been less easy), with the vast majority (more than 28,500) in Amhara. Plans were made to attach the HCT to market prices as the programme expanded in 2023.<sup>85</sup>
88. By February 2023 the SRCT programme had expanded further, with SRCTs being distributed to more than 5,400 households in 2 northern woredas of Amhara (Adi Arkay and Dega Damot).
89. While UNICEF was the only UN organization working with government on the SRCT approach (other UN partners preferring to work with IPs), there has been an increasing degree of coordination of the SRCT approach, with UNICEF chairing the Ethiopia Cash Working Group, and EDRMC represented on regional CWGs. Payments have been harmonized around the market price

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<sup>79</sup> UNICEF Humanitarian Sitrep January-December 2021

<sup>80</sup> UNICEF Humanitarian Sitrep January-December 2021

<sup>81</sup> UNICEF Humanitarian Sitrep August 2021

<sup>82</sup> Although this too ran into conflict-induced obstacles

<sup>83</sup> UNICEF Humanitarian Sitrep January-June 2022

<sup>84</sup> UNICEF Humanitarian Sitrep for July 2022 provides a smaller total of 24,000

<sup>85</sup> This would replace the flat-rate Br800 monthly payment paid for a 3-month period

approach, using the Joint Market Monitoring Initiative (JMIMI) led by REACH, on behalf of the Collaborative Cash Delivery of 14 agencies.<sup>86</sup>

90. While the CWG’s predominant interested is coverage and payment rates, UNICEF would like to take a more targeted approach with increased numbers of monitoring committees to record , *inter alia*, instances of PSEA.

## V. The Evaluation: Purpose and Objectives

91. The primary purpose of the evaluation is to assist UNICEF to meet its *accountability* and *learning* commitments to affected communities, the Organisation and, through its membership of system-wide bodies, the humanitarian community.
92. While the exercise is, as described in the ToR, primarily a *process* evaluation, it has an associated requirement to estimate, where possible, the *outcomes* of the response (implicitly for children).
93. An additional purpose is, based on the findings and conclusions as well as a number of lessons learned, to provide strategically and operationally relevant recommendations to shape the on-going response, the L3 activation having been extended for a further 6 months (sustain phase) to 11 May 2023, a finish date coinciding with the completion of the Evaluation’s primary data-gathering exercise.<sup>87</sup>
94. A final purpose of the evaluation is to “capture learning and make actionable recommendations” to inform future UNICEF L3 activations.
95. The final recommendations will be expected to assist the different evaluation users in fulfilling their respective use as per the Table below. Anticipated users will range from, but not be limited to, senior strategic decision makers at UNICEF national and regional level, to cluster leads, State authorities, as well as operational agencies including UNICEF implementing partners, cluster partners, and HCT agencies.

Table 3 – Expected users and uses

Expected Users
• UNICEF Ethiopia Country Office and offices in the Regional States (especially in the face of the L3 CEAP for the Horn of Africa Drought)
• UNICEF ESARO and HQ Divisions
• UNICEF Ethiopia Cluster (co)-leads and AoR leads supporting the HCT-led response
• Federal and Regional State authorities
• Donors/Executive Board members
• UN Ethiopia CT/HCT
• UNICEF COs having implemented, or implementing, a L3 CEAP
• UNICEF’s non-governmental implementing partners
• Evaluators and users of the IAHE for Northern Ethiopia
• Evaluators of the concurrent UNICEF L3 evaluations for Yemen and Afghanistan

96. The objective of the evaluation, as described in the ToR, is to provide an overall assessment of UNICEF’s performance in the course of the response measured against:

<sup>86</sup> <https://reach-info.org/eth/jmimi/>

<sup>87</sup> Executive Director’s corporate email, 2 November 2022

- its corporate commitments, in particular the Core Commitments for Children in Humanitarian Action (CCC);<sup>88</sup>
  - its stated objectives; and
  - standard evaluation criteria as described by the OECD Development Assistance Committee (DAC) and elsewhere.<sup>89</sup>
97. The evaluation is asked, further, to assess UNICEF’s performance in the following areas:
- the *timeliness* of its response
  - its *preparedness* for a response to the crisis (learning from the experience of earlier L3 responses elsewhere) including, *inter alia*:
    - its support functions (in particular supply, funding and human resources);<sup>90</sup>
    - its ability or otherwise to reduce risk to affected populations through shock responsive social protection and other measures;
    - its institutional risk-taking profile.
  - its embrace of the recently-introduced *Emergency Procedures*<sup>91</sup> (in places referred to as the new simplifications to the L3 SSOPs);
  - its consideration of *gender, equity and the centrality of protection*, examining the country programme’s efforts in hard-to-reach communities and to meet the needs of the disabled, older people, unaccompanied children and other vulnerable groups;
  - its efforts to protect against sexual exploitation and abuse (PSEA);
  - its *leadership* and *advocacy* role in the humanitarian community and the clusters, and its collaboration and coordination with other actors.
98. The evaluation is asked to make recommendations as to how UNICEF might better prepare for and respond in a timely, efficient and equitable manner *that reduces children’s risks and vulnerabilities and better meets their needs*.
99. The evaluation, therefore, is *summative* (looking at past, and to the degree possible or practical, events current at the time of primary data collation). However, it is also *formative* in that it suggests adjustments to the design and implementation of the response activities to assist an enhanced future performance in both Northern Ethiopia and elsewhere, and in providing pointers for fundraising efforts for a sustained emergency response.<sup>92</sup>

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<sup>88</sup> CCC May 2010, revised October 2020 <https://www.unicef.org/emergencies/core-commitments-children>

<sup>89</sup> Efficiency, effectiveness, impact, sustainability and relevance <https://www.oecd.org/dac/evaluation/2667294.pdf>, connectedness, coverage and coordination <https://www.alnap.org/system/files/content/resource/files/main/eha-2006.pdf>

<sup>90</sup> Detail in parentheses added by authors

<sup>91</sup> [https://www.corecommitmentsunicef.org/files/ugd/f1f3fd\\_a94c6e99568c492f885edd5188e87dc5.pdf](https://www.corecommitmentsunicef.org/files/ugd/f1f3fd_a94c6e99568c492f885edd5188e87dc5.pdf)

<sup>92</sup> and possibly for transition to a recovery phase

## VI. Evaluation Scope

100. *Chronologically*, the evaluation spans the period from the initial declaration of the UNICEF L3 Corporate Emergency Activation Procedure (CEAP), on 10 May 2021, to the point of primary data collection from 17 April to 5 May 2023 (the L3 activation having been further extended in a sustain phase from 12 November 2022- 11 May 2023).

101. Given that the crisis commenced six months before the CEAP, the evaluation is asked to examine those actions which were taken to support a response in Tigray and the neighbouring Regional States prior to the L3 declaration.

102. *Geographically*, the evaluation covers the entirety of accessible parts of Tigray Regional State, and those parts of Amhara and Afar Regional States affected by conflict and the displacement of populations from Northern Amhara, Tigray and parts of Afar.

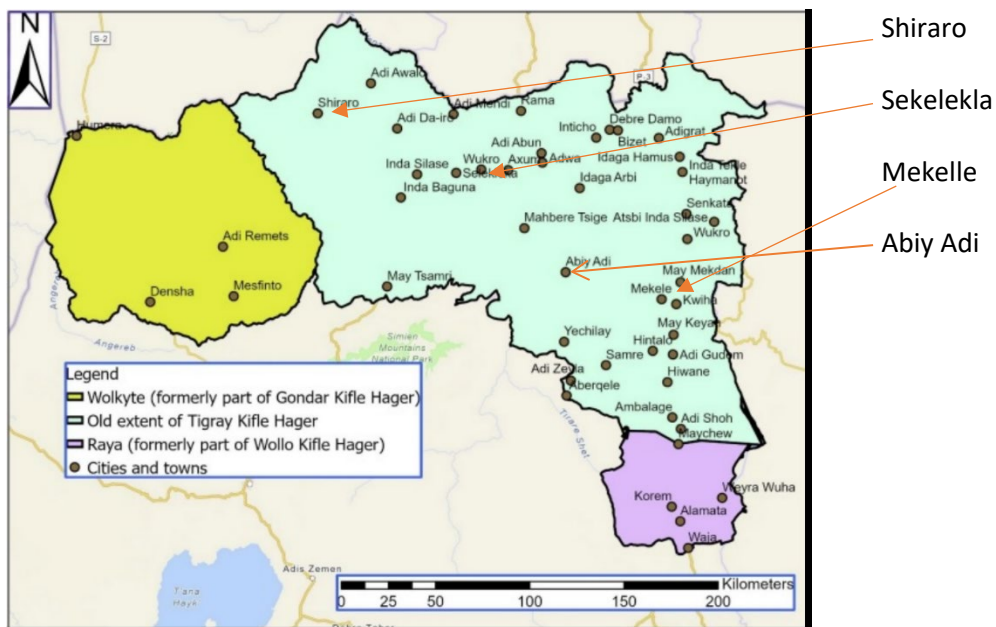


Figure 8 - Map of Tigray Region / Zones

Source: <http://www.ethiodemographyandhealth.org/tigray.html>

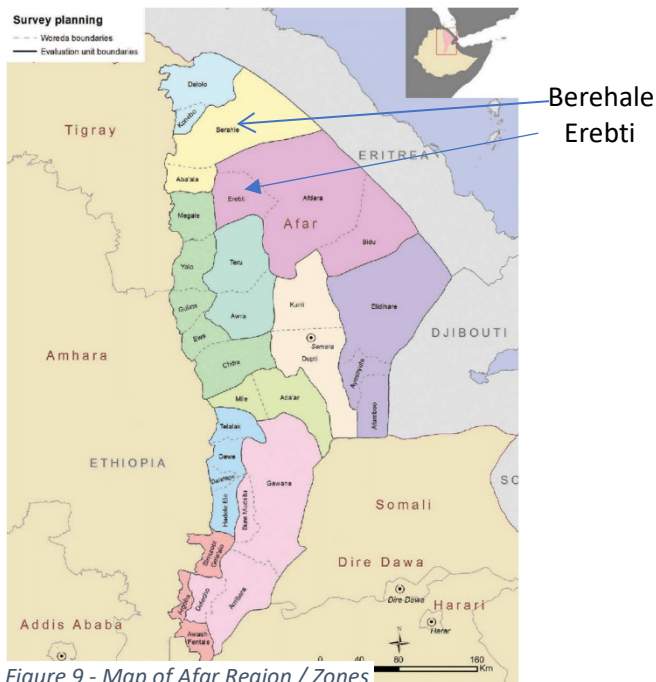


Figure 9 - Map of Afar Region / Zones

Source: Administrative woredas and evaluation units, Global Trachoma Mapping Project, Afar, Ethiopia, 2013

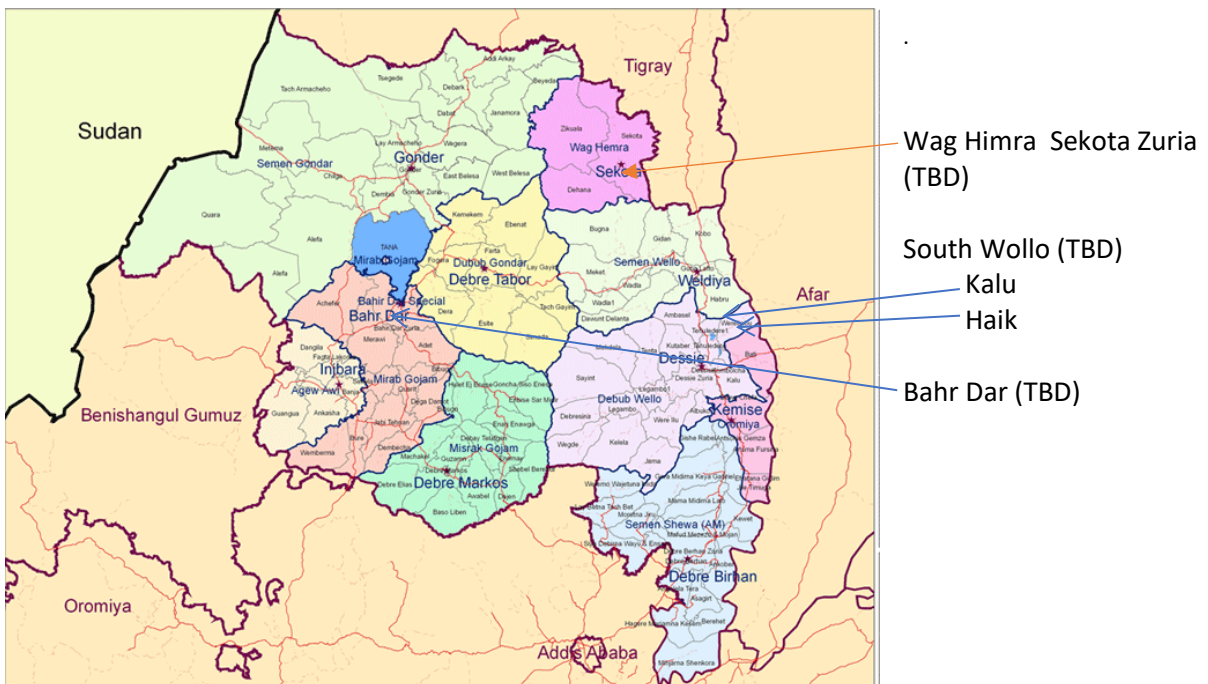


Figure 10 - Map of Amhara Region /

Source: International Development Partnerships, 2021

*NB locations in Amhara to be decided due to uncertain security conditions*

103. Programmatically, the evaluation covers all of UNICEF's traditional areas of intervention prior to, and preparedness and response during the conflict (WASH, Nutrition and Health, Child Protection,

GBV, Social and Behaviour Change, Education and Social Protection), and includes UNICEF's role as Cluster Lead in Nutrition, Education (with Save the Children International), WASH, and its Child Protection Area of Responsibility (AOR). It further encompasses UNICEF's responsibility to affected populations. In addition, as mentioned earlier, the support functions of the organisation are included,<sup>93</sup> asking whether their input contributed to or hindered a timely and effective response.

104. The evaluation will, in addition, examine the leadership issues around the initial response and the L3 activation, asking to what degree the UNICEF response strategy was able to adjust to a dynamic environment and guide the organisation's response; influence the system-wide L3 response at UNCT, HCT and Cluster levels; and support to the Federal and Regional authorities in their endeavours to protect affected populations in a manner which also upheld UNICEF's humanitarian principles.

105. All the areas in scope as outlined in the UNICEF Terms of Reference will be judged as to:

- their strategic and programmatic *relevance* to context and needs;
- the *effectiveness* of:
  - response management structures
  - coordination within clusters and AoR led or co-led by UNICEF
  - coordination with authorities - federal and regional - and partners
  - leadership, management and advocacy within the UNICEF response, within the wider UN system and with partners;
  - the management of risk
- the *performance* of the response in all implementation areas against both its intended objectives, its mandate requirement and the CCCs ;<sup>94,95</sup>
- *adherence* to cross-cutting principles both ethical<sup>96</sup> and programmatic.<sup>97</sup>

### Limitations to the scope

106. The evaluation will not be able to address every technical and support function of the L3 activation in detail. Through examination of available literature and a limited primary data collection effort in the three conflict-affected Regional States, the team will examine UNICEF's performance in *five core technical areas* of the evaluation (nutrition, health, WASH, child protection and education) which, in association with AAP, PSEA, GBViE and Social Protection, will provide an insight into the *outcomes for children*. The team will address the support functions primarily through the lens of the adoption and use of the new Emergency Procedures; ask to what extent Supply, Funding, HR and Communications, including advocacy, specifically supported the response; and whether programme monitoring and reporting were adequate and aligned with accepted standards for the response. Data captured here will contribute to understanding where support functions can be strengthened for future responses.

107. With the difficulties of access and provision of essential services to affected populations over the evaluation period, and the resultant likely limited data available, it will not be possible to accurately measure the impact of interventions. It might, however, be possible to gauge *the contribution that different interventions might have made* to outcomes for children, with the definition of improved being set against what *might* have been the case had the interventions not been implemented.

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<sup>93</sup> *Inter alia* funding, supply, HR, communications, PMR (including needs analysis, programme monitoring, reporting)

<sup>94</sup> ToR p 14

<sup>95</sup> WASH, Health, Nutrition, Child Protection, Education, Social Protection, GBViE, PSEA, RRM, SBC, RCCE and AAP

<sup>96</sup> Human rights, humanitarian principles, Do no Harm, Conflict-sensitivity and the Centrality of Protection

<sup>97</sup> The systematic consideration of cash transfers

## VII. Evaluation Questions and Evaluation Matrix

108. The evaluation ToR asks 27 questions grouped around 5 themes:

- Relevance and appropriateness of strategies and [response] programme design to context and needs;
- Performance of the [response] programme;
- Effectiveness of the [response] coordination and collaboration;
- Quality of supporting functions: funding, supply, HR, communications, KM; and
- Leadership, advocacy, management and risk.<sup>98</sup>

109. In some cases, specific questions appear in themes which they do not necessarily contribute to, and in others the questions bridge themes. On the strength of our own discussions, and on the evidence of our inception discussions with UNICEF staff at CO, RO and HQ levels, we have developed five overarching Evaluation Questions (EQs) to capture the 27 questions in the ToR; the environment in which the UNICEF response has operated; the themes that have emerged from our discussions with KIs and EO, and the process functions of the L3 response in Northern Ethiopia. The Evaluation Questions (EQ) and sub-questions are shown in an excerpt of the Evaluation Matrix below and can be reviewed in full in Annex 4.

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<sup>98</sup> Words in brackets added by author for clarity

Table 4 - Core Evaluation Questions from Evaluation Matrix

OECD/DAC Criteria	Evaluation Question	Sub-Questions
Relevance Coherence	<b>EQ1. Design and planning: how relevant, appropriate and well communicated was UNICEF's response strategy?</b>	1.1 To what extent did UNICEF's response strategy take into account a) the context (including nexus) b) the needs of the population, and most particularly the needs of the most vulnerable and marginalised? 1.2 To what extent was UNICEF's response strategy in line with the CCCs and global standards, principles and commitments for humanitarian action? 1.3 To what extent was gender and protection incorporated into the response strategy? 1.4 To what extent was the response strategy coherent and integrated 1.5 To what extent was the response strategy sufficiently ambitious to meet the level of need?
Effectiveness Coverage	<b>EQ2. Implementation: how effective was UNICEF's response?</b>	2.1 To what extent did UNICEF's preparedness efforts support the timely delivery of the response? 2.2 To what extent was UNICEF's response timely? 2.3 To what extent was UNICEF's response adaptive to i) changes in the operating environment and ii) monitoring reports showing room for improvement? 2.4 To what extent was UNICEF's response conflict sensitive? 2.5 To what extent were the full range of needs of affected people met through UNICEF action, leadership and advocacy? 2.6 To what extent was there a rolling risk-assessment that factored in potential hazards? 2.7 To what extent did UNICEF's response address priority needs for children, meet quality standards and provide adequate coverage of need? 2.8 To what extent did UNICEF achieve its objectives/intended outcomes? 2.9 To what extent did UNICEF's response take into account the humanitarian-development-(peace) nexus where possible? 2.10 To what extent did UNICEF make good use of the right partnerships? Did the choice of partner further the localisation ambition? 2.11 To what extent did UNICEF preparedness and programming reflect learning from previous evaluations? 2.12 How effectively has UNICEF collaborated and coordinated with partners (IPs, authorities, UN agencies)?
Effectiveness Coherence	<b>EQ3. Leadership and representation: how effective was UNICEF's leadership both internally and externally?</b>	3.1 To what extent was UNICEF able to influence and lead across the UN humanitarian system? 3.2 To what extent did UNICEF fulfill its relevant cluster/AoR lead/co-lead agency role and responsibilities, including at national, sub-national and field levels? 3.3 To what extent did UNICEF manage to operate as a neutral, impartial, independent humanitarian actor?
Appropriateness Coherence	<b>EQ4. Accountability: how effective was UNICEF in providing accountability to children, their carers and communities and being responsive to their feedback?</b>	4.1 To what extent was UNICEF able to communicate effectively with affected people and incorporate their views into the response? Were accountability systems established and monitored and used? Were programmes designed with affected communities? 4.2 To what extent did programmes change in response to community feedback and complaints? 4.3 To what extent did programmes deliver on UNICEF's commitment to protection from sexual exploitation and abuse?
Appropriateness Effectiveness	<b>EQ5. To what extent have UNICEF's systems, structures and processes supported a flexible, timely and effective response?</b>	5.1 To what extent did implementation of UNICEF's simplified emergency procedures support the response? 5.2 To what extent have Supply, Funding, HR and Communications functions supported the response?

## VIII. Methodology

### Evaluation approach

110. The evaluation approach will be *collaborative and consultative*, aiming to identify best practices and lessons learned through interviews and discussions with UNICEF staff at the Country Office and Field Office levels; with key ESARO advisors and senior management; and with members of EMOPs and Section Chiefs at HQ involved in the L3 response.
111. The evaluation will interview staff of implementing partner agencies, sister UN agencies involved in the response; representatives of key institutional donor agencies; federal and regional government staff where appropriate; and the affected people assisted by UNICEF and its implementing partners.
112. The evaluation will not examine the contribution of individuals to the response but will look at the contribution of the organisation as a whole to the immediate humanitarian needs of children in the conflict and to reducing their vulnerabilities and risks.
113. While maintaining a collaborative approach, the evaluation will maintain its independence in highlighting the accountability issues embraced in an L3 response, most especially to affected people, children in particular.
114. We will use the draft Outcome Pathway model described in the ToR to trace a route to potential outcomes for children. This might be used as a model to identify the inter-relationships between functions as the evaluation progresses and the available pathways to a positive outcome for children become more evident.
115. We will follow the pathway to the ideal longer-term outcome (ochre and orange text boxes). However, it is likely that the pathway will stall at the medium-term outcomes stage (yellow text boxes), since the gradual improvement in access to conflict-affected areas as a result of the signing of the November 2022 peace agreement, and which might allow a judgement of longer term outcomes, is still under way.

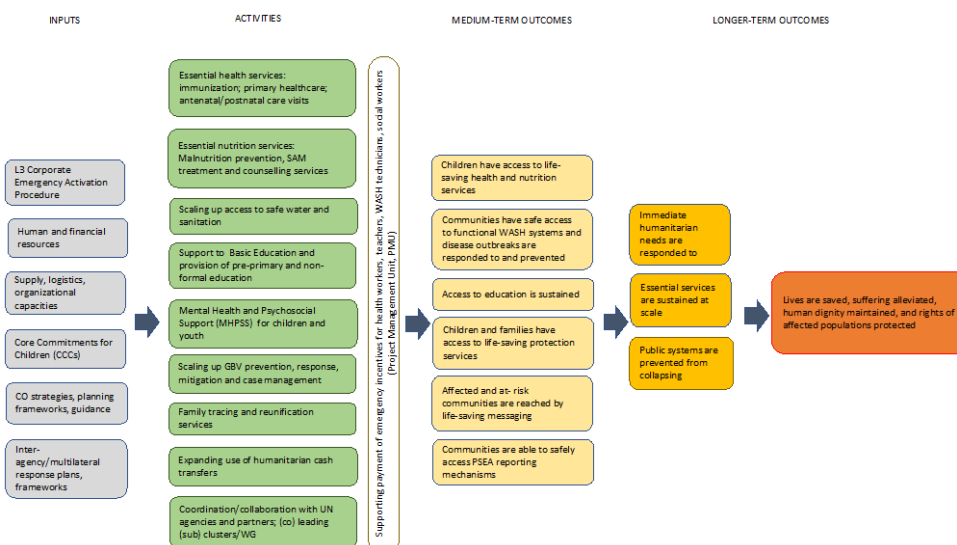


Figure 11 - Outcome Pathway from ToR

116. Whilst understanding that causal pathways can be complex, we will use the primary and secondary data collected to determine, wherever possible, when, where, and to what extent, UNICEF’s programmes made an impact on children’s lives. Data may not always be reliable, but through triangulation and consultation, we will draw as strong inferences as we can to judge the contributions of interventions and support functions in, if not *improving*, then at least *reducing the worst impacts* of the crisis on the outcomes for children.

### Data Collection

117. The evaluation will comprise primarily qualitative methods to answer the evaluation questions presented in the Evaluation Matrix. It will include:

- A desk review of secondary evidence derived from available UNICEF documentation and data, and related external sources providing a background and context to the Northern Ethiopia conflict and the humanitarian response; and
- Primary data collection entailing key informant interviews with UNICEF staff, government and UN partners at country office and regional office, district (woreda) and kebele (town council) levels in the three conflict-affected regions

### Primary data collection (by level)

118. Primary data collection is planned to take place between 17 April and 5 May 2023, at both federal and regional levels.

#### 1) At federal level:

- a) Follow-up interviews, to those conducted during the inception phase of the evaluation, will be scheduled with UNICEF ECO staff, and will be augmented with interviews with staff members who might not have been available at the time of the scoping mission.
- b) In addition, KIIs will be held with the following:
  - Staff of relevant partner UN agencies; coordinators of UNICEF-led Clusters and AoRs; staff of implementing partners; and staff of relevant government Departments and Commissions
  - Staff of major institutional donors who have provided funding for UNICEF or have been close observers of the Northern Ethiopia L3 response and UNICEF’s part in it.

Table 5 – Proposed UNICEF CO and Government Department key informants

Sector	UNICEF CO	Federal	Partners
	Country Representative		
WASH	Section Chief WASH Cluster coordinator	MoWE MoH	CRS
Nutrition and Food Security	Section Chief ENCU Coordinator	MoH EDRMC EPI	WFP WHO
Social Policy	Section Chief	MoWSA	CWG <sup>99</sup>
Health	Section Chief	MoH	WHO
Education	Section Chief, Cluster co-coordinator	MoE	
Child Protection	Section Chief AoR Coordinator	MoWSA	UNHCR IOM, CSOs, IPs
Planning and Monitoring	Section Chief		
Operations	Chief, Field Operations		
HR	Section Chief		
SBC	Section Chief		

<sup>99</sup> Ethiopia Cash Working Group

Table 6 - Proposed Donor key informants

Agency	Key informant
USAID/BHA	Deputy Office Director - Emergency Response
UK FCDO	Conflict adviser
ECHO	Head or Deputy Head of Office
UNOCHA	Head or Deputy Head of Office
World Bank	DCT, PSNP/social protection adviser at FCDO
Irish Aid	Humanitarian adviser or livelihoods adviser
Embassy of Sweden	Humanitarian adviser/Protection adviser
Embassy of Germany	Humanitarian adviser

Table 7 - Proposed INGO/LNGO key informants

Agency	Federal
Save the Children International (SCI)	CD, Head of Education, Child Protection or deputies
Action Against Hunger (AAH)	CD, Nutrition advisor, Protection/GBV or deputies
CARE International	CD, Heads of Nutrition, WASH, Gender or deputies
GOAL	CD, Heads of Nutrition, Gender
International Rescue Committee (IRC)	CD, Heads of WASH, Nutrition, Protection/GBV or deputies
Ethiopian. Red Cross	Head of Emergency or deputies
OXFAM GB	CD, Heads of WASH, Nutrition or deputies
Plan International Ethiopia (PIE)	CD, Heads of Nutrition, CP or deputies
Imagine 1 day	CD or deputies

### **At regional level:**

119. In Tigray, Amhara and Afar, KIIs will be held with: UNICEF Field Office staff; staff of relevant partner UN agencies; staff of implementing partners; coordinators of UNICEF-led regional and sub-national<sup>100</sup> Clusters and AoRs; and staff of relevant regional government Departments and Commissions.

Table 8 - Proposed UNICEF and Government Key informants at Regional level and below

Sector/Agency	Regional level	# KIIs
UNICEF	Chiefs of UNICEF Field Offices Tigray, Afar, Amhara	3
WASH	Head of Bureau of Water WASH Cluster Coordinator	2
Nutrition and Food Security	Head of Bureau of Health Head of Regional Disaster Risk Management Commission Regional ENCU Coordinator	3
Health	Head of Bureau of Health, Cluster Coordinator	2
Education	Head of Bureau of Education, Cluster Coordinator	2
Child Protection	Head of Bureau of Women and Social Affairs, Head of VERA, <sup>101</sup> CP AoR coordinator	2
Social Policy	Bureau of Social Welfare	1
	<b>Total</b>	<b>15</b>

<sup>100</sup> Two clusters exist in Tigray due to the conflict

<sup>101</sup> Vital Events Registration Agency

Table 9 - Proposed IP key informants at Regional level

Implementing Partner	Position	#KIIs
SCI	Heads of Field Office, Education, Child Protection	3
AAH	Heads of Field Office, Nutrition, WASH, Gender, Protection	4
CARE International	Heads of Field Office, Nutrition, WASH, Protection, Gender	4
GOAL	Heads of Field Office, Nutrition	2
IRC	Heads of Field Office, WASH, Health, Nutrition, Protection/GBV	4
Ethiopian Red Cross	Head of Emergency	1
OXFAM GB	Heads of Field Office, WASH, Nutrition	3
Imagine 1 day	Head of Office, Tigray	1
Centre for Victims of Torture (CVT)	Head of Office, MHPS, Tigray	1
Tigray Youth Employment Solutions	Director	1
Rehabilitation and Development Organisation (RADO)	Director	1
	<b>Total</b>	<b>25</b>

### Sampling Framework for community consultations

120. It was initially proposed that, in each of the 3 regions, 2 woredas in 2 different Zones be selected purposefully for FGDs and household-level interviews, covering both host communities and IDP sites. At the first stage of the sampling process, selection of woredas was based on their nutritional status as a proxy for vulnerability,<sup>102</sup> identified by GAM rates recorded in the UNICEF Find and Treat campaign. An additional parameter was that of receiving integrated assistance (i.e. two or more service sectors) from UNICEF or UNICEF-funded partners. Following extensive consultation with Regional Field Office staff, the final sampling framework was adjusted to factor-in closure of IDP sites and access driven by changing conflict dynamics.

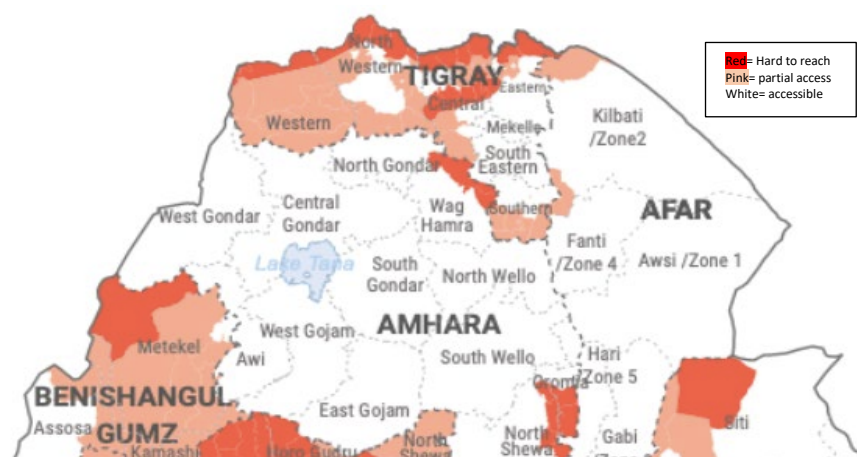


Figure 12 - Access Map Northern Ethiopia, Jan 2023

Source: OCHA

121. Based on our current understanding of the security conditions in the three regions, and the presence of two or more UNICEF-funded interventions in kebeles and IDP camps, we propose the following sampling plan:

Table 10 – Proposed sampling framework for community consultations

Region	Zone	Woreda	Kebele	IDP Sites	# FGD	# HHI
Tigray	Mekelle	Adihaki Sub-city	D/Genet	Seba Kare	4	24
		AbiAdi	03	Alene secondary school	4	24
	North West	Sheraro	Sedr	Lisano Secondary school	4	24
		Lalay Koraro	Selekleka	Selekleka	4	24
Amhara	Wag Himra	Sekota Zuria	Weleh	Weleh	4	24
	South Wollo	TBD	TBD	TBD	4	24
	Bahr Dar					
Afar	Kilbati Rasu	Erebt	Kora	n/a	4	24
		Berehale	Gerbah Tani	n/a	4	24
					<b>Total</b>	<b>32</b>

*N.B. Amhara to be decided due to insecurity. All locations subject to change depending on security and other considerations at the time.*<sup>103</sup>

122. *Household sampling:* Using the register of households in each Kebele/IDP site, the team will use *randomly purposive* sampling<sup>104</sup> to select households for interview (second stage of the sampling process). In each location, the team, in consultation with kebele leaders, will identify and include a selection of households with diverse characteristics which have been recipients of UNICEF assistance. These will include: one female headed household; one household either headed by, or sheltering, a person with a disability experiencing functional challenges; one household headed by an older person (aged 60+); and 19 households who benefited from at least two UNICEF-funded services (WASH, Food Security and Nutrition, Health, Child Protection and Education) support throughout the L3 emergency response. In addition, if they are to be found within the communities, the team will interview two households which have not been included in the response.<sup>105</sup> The following table shows the proposed household sample

Table 11 – Proposed Household sampling

Households	
Female-Headed Household	1
Household headed by or sheltering a disabled person	1
Older person (60 yo+) headed household	1
Household not reached by the response	2
Undifferentiated household reached by the response	19
<b>Total HH per Kebele</b>	<b>24</b>

123. *FGD sampling:* Participants in the Kebele- and IDP settlement- level FGDs will provide a further opportunity to understand the impact of the L3 emergency response. FGDs will include:

<sup>103</sup> As presented to ECO EMT on 17 April 2023 and the Tigray FO on 19 April 2023, all KII, FGD and HHI targets indicated are a maximum.

<sup>104</sup> Randomly-purposive selection entails the deliberate inclusion of a proportion of particularly vulnerable households (eg supporting an older person or headed by a child) within a normal range in the community.

<sup>105</sup> This might be because they were, for example, households inscribed on the PSNP register or they might have been left off an IDP list. It is hoped to understand what assistance UNICEF/ its partners were able to deliver between the declaration of the CEAP and the announcement of a peace agreement in Nov 2022. What vulnerable families and communities have received since. And how communities survived despite/because of the performance of the aid programme prior to the peace accord.



informant and conducted as a conversation rather than an interview. The *informant* is encouraged to respond along lines that are important to them, with the researcher using their intuition as to when, and how to guide the conversation back to the specific EQs.

127. *Focus Group Discussions: The same technique is used for FGDs, with the explicit aim, where possible, of limiting the interventions of, and domination by, community leaders.*

128. *Household interviews in communities and IDP sites are conducted in a similar vein.*

129. *A sample of the range and nature of the questions to be asked appears in the annexes.*

130. The wide geographical spread of the conflict, the inevitable polarisation of the affected populations within both Tigray and the conflict-affected areas of Amhara and Afar regions, and language differences requires the deployment of separate teams in the affected areas of the regional States.<sup>107</sup> In the case of Tigray, divisions along political lines (those in support of the TPLF and those opposing) may be evident and may influence interviewing and reporting. The evaluation will deploy one team of four in each of Amhara and Afar Regional states, and two teams of four in Tigray. The Tigray teams will work independently of each other, to allow triangulation of interview findings in an attempt to arrive at a degree of impartiality. In all cases every effort will be made to deploy an equal number women and men in each team.

131. Teams will undertake a rapid analysis of data collected each day in an early evening informal summary meeting to explore what questions are eliciting useful responses, to highlight the type and frequency of response received, and to agree what else we should be asking (or whether we should be asking the same questions in a different way).

132. An end-of-data-collection workshop will be held with each Regional FO to discuss preliminary observations from the data collection exercise.

133. A similar workshop will be held with ECO staff at the end of the data collection mission.

134. *Formal* qualitative data analysis during the draft final report-writing phase, will be conducted with the aid of a qualitative data software package such as MAXQDA<sup>108</sup>, set against a coding tree to be agreed following the data collection phase, but related directly to the five Evaluation Questions.<sup>109</sup>

135. Secondary data collection will more specifically draw on:

- a. A review of UNICEF-generated or specific project and programme documentation, including relevant corporate and country level policy and practice documents and past evaluations of similar L3 CEAPs
- b. Documentation from implementing partners, donors and researchers (if appropriate)
- c. A trawl of relevant databases made accessible through the UNICEF SharePoint, in particular INSIGHT Management Reports and Dashboards
- d. Comparable documentation from partner UN agencies, in particular members of the HCT.

136. While the team has access to the majority of UNICEF documentation, they will hope to have sight of policy, practice or strategy documents and communications which might not have been widely

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<sup>107</sup> Whereas team members in Amhara and Afar may easily move between States, those in Tigray and Amhara will be unable to alternate between their respective States.

<sup>108</sup> <https://www.maxqda.com>.

<sup>109</sup> Previous experience has shown that the greater the range of codes the less clear is the weight of the evidence gathered.

shared. We will hope, equally, to be given access to planning and other documentation from the UN partners listed in the Table above, and minutes of HCT and UNCT meetings.

137. The desk review of secondary evidence has commenced and a current list of references is provided at Annex 1.

## IX. Limitations and proposed remedies

138. Limitations to the evaluation include:

- Some key technical areas (the most significant being education) will be less closely examined than others. We will commission an Education in Emergencies (EiE) expert analysis to guide our desk-based research and primary data collection efforts
- The geographical spread of conflict-affected populations means that only a limited sample of household, focus group and KI discussions will be possible. However, we aim to interview as many people as possible to mitigate this limitation.
- Access to affected areas and hard-to-reach populations has been variable and is likely to present difficulties in the data collection phase. We have suggested the zones and woredas which we understand to be accessible and to be recipients of UNICEF assistance. We will only confirm these selections following discussion and agreement with UNICEF ECO and Field Offices. If our choices prove to be unviable in whole or in part, then we will select, with the offices, those zones/woredas which are deemed accessible, representative of conflict-affected communities, have received two or more forms of UNICEF assistance and are reachable within a day's round trip from the team's operational base.
- There are a number of evaluations taking place concurrently, including the Inter-Agency Humanitarian Evaluation of the L3 scale-up, which will be collecting data in the same regions for at least two thirds of the time our teams will be in the affected communities. This will need an important coordination effort to ensure both that the respective teams don't devise clashing meeting schedules at all levels (local, regional, federal) and that we don't encounter "evaluation fatigue" amongst households, communities and KIs. VE, whilst not paying cash for attendance, will consider providing, for example, a prepared meal from a local caterer for attendees of FGDs, and provision of some form of refreshment for households interviewed.
- There is likely to have been a high turnover of agency staff in the affected areas which might limit a full investigation of past events. We will mitigate this by carrying out remote interviews with staff who have moved on elsewhere.
- There is likewise an ongoing selection of officials for a Transitional Administration in Tigray. It is possible, therefore, that many of the civil servants who were involved with the L3 response will no longer be in post. We will, with the help, and on the advice, of the Tigray FO, seek out those officials where possible or permissible.
- Residual tensions between recent parties to the conflict means that travel to affected areas might be difficult or impossible for some team members. We will ensure that, as far as is possible, no opportunity will be provided for tensions to arise and for staff security to be put at risk by entering areas where their presence might not be welcomed.

## IX. Requests for immediate assistance to the Ethiopia Country Office

139. The data collection phase imminent, the Evaluation Team would like to request the following assistance from ECO and the regional Field Offices in Tigray, Amhara and Afar:

- To assign a focal point at each regional FO to liaise primarily with our in-country evaluation coordinator and Nutrition, Health and Food Security expert (Dr Eleni Asmare) for ease of planning and for up-to-date access and logistics information

- To facilitate letters of support for the evaluation data collection exercise from Federal to Regional State Governments and from Regional State government to zone or woreda administrations to facilitate KII with officials and data collection at kebele/IDP site level in particular
- Verification of, or proposed alternative Zones/Woredas/kebeles/IDP sites (all of which, it is assumed, will be subject to access and security conditions at the time)

## X. Ethical Considerations

### Confidentiality, interviewee/interviewer safeguarding and data protection

140. Each individual interviewee or group of interviewees will be asked for their consent to the interview and an explanation of the context of the exercise given. It will be made clear that the evaluation team can provide no additional resources as a result of the interview. It will also be made clear that the interviewee(s) can withdraw at any point. Interviews will be carried out at household level by at least two team members to provide a measure of protection for both the householder(s) and the interviewer. All data collected will be confidential. Interviews will not be recorded unless circumstances demand (eg the unavoidable absence of one of two interviewers at a household interview), but will be transcribed digitally. Transcripts of individual KIIs will be anonymised. Comments made by individuals in FGDs will be unattributed. All transcripts will be stored safely and kept for a limited period of time. (See Annexes for more detail.)

### Inclusion and consultation/accountability to affected people

141. The evaluation will look closely at inclusion issues, in particular the sensitivities of gender, disability and diversity. The GBV Area of Responsibility reports that 35% of women aged 15-49 in Ethiopia are victims of physical abuse in normal times. Many publications report the use of rape as a weapon of war in the N Ethiopia conflict, with PSEA a prominent concern for conflict-affected populations, employers and employees alike. The evaluation will collect data, if volunteered, from household, FGD and KI interviews, but only where the person or people volunteering the information can be guaranteed a safe and confidential space in which to talk (which might also accommodate an interviewee's accompanier), and interviewers with whom they feel comfortable.

142. The evaluation will adopt the protocols described in the UNEG Evaluation guidelines, and more specifically those detailed in the Ethical Guidelines for Evaluators<sup>110</sup> which commit us to, *inter alia*, "[t]he ethical principles of integrity, accountability, respect and beneficence..." and Do no Harm principles which apply equally to those being interviewed<sup>111</sup> and those interviewing.<sup>112</sup> We will, furthermore, closely observe the Institute for Development Studies (IDS) guidelines and protocols provided in annex to this report.

143. The research protocol (inclusive of design and data collection tools) underlying the evaluation was submitted for ethics approval to an independent Washington DC-based Ethics Review Board (HML). Ethics approval was received, prior to starting fieldwork, on 12 April 2023.

### Data sharing

144. On latest available information, it is unlikely that the data collection phase will run in parallel with that of the IAHE system-wide L3 evaluation. While the IAHE evaluation will not take as in-depth an approach to data collection at the community level, in the interest of reducing duplication of

<sup>110</sup> <http://www.uneval.org/document/detail/2866> 2020 Ethical Guidelines for Evaluation p.20.

<sup>111</sup> This might include include discomfort, embarrassment, intrusion, devaluation of worth, unmet expectations, stigmatization, physical injury, distress and trauma (p.11 para.1).

<sup>112</sup> This can be in terms of safety, potential trauma, culture shock and availability of emotional support (p.11 para 2).

effort, we will share anonymised and analysed household interview data, where appropriate, and make efforts to avoid visiting the same communities and interviewing the same FGD members.

#### Data treatment and storage

145. Unless the stakeholder shows a willingness to be identified, all interviews will be anonymised, and then digitally transcribed and stored safely in a password-protected environment. KIs will be denoted as a roll number in a footnote if referenced in a report (eg L3001/Tigray). Data will be analysed using a software package such as MAXQDA.<sup>113</sup> Data storage practice will follow the IDS protocols attached in annex.

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<sup>113</sup> <https://www.maxqda.com/products/maxqda-standard>

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## Annex 2: Evaluation Timetable Phases 1-4

Phase 1: Inception and initial data collection	Output / activity	Dates
<b>Activity 1:</b> ET inception discussions with UNICEF EO Agreement on scope, team roles, etc. Contracting.	Meeting notes and team member <u>ToRs</u> and contracts	January 2022
<b>Activity 2:</b> Initial document review and context analysis, plus initial work on evaluation design. Continuing discussions on timetabling for scoping visit to ECO/ESARO. Introductory "Clinics" for 3 L3 evaluations	Agreed scoping visit schedule, early development of evaluation questions distilled from <u>ToR</u> .	January 2023
<b>Activity 3:</b> Scoping visit ECO/ESARO to understand issues of importance to Chiefs of Section, Regional Advisers and senior management. KII with HQ staff  Develop EM and Inception report	IR/EM drafted, submitted, revised	13 February -26 March 2023
<b>Activity 4:</b> Presentation of draft IR to Reference Group	Draft inception report Ppt Presentation	27 March 2023
<b>Activity 5:</b> Revision/agreement of inception report	Final inception report	??
<b>Phase 2: Main data collection phase</b>		
<b>Activity 6:</b> Data collection phase commences	KII at different administrative levels in Regions and Addis Ababa; 32 FGDs, 192 household interviews at community level,	17 April 2023
<b>Activity 7:</b> Data collection phase completed	Evaluation team holds initial findings discussions Addis Ababa	3-4 May 2023
<b>Activity 8</b> Verification and de-briefing meeting with ECO/EO (virtually)	De-briefing presentation to ECO Section Chiefs and senior managers including Chiefs of Field Offices	5 May 2023
<b>Phase 3: Report drafting and submission of 1<sup>st</sup> Draft</b>		
<b>Activity 9:</b> Further document analysis Drafting of evaluation report sections Remote follow up KIIs	Draft report sections	June 2023
<b>Activity 10:</b> Completion / submission of 1 <sup>st</sup> draft evaluation report	1 <sup>st</sup> Draft Report	30 June 2023

Phase 4: Consultation: validation of findings, feedback on report, revision, dissemination		
<b>Activity 12:</b> Review of draft report by RG Virtual workshop to present draft findings Wider consultation on first draft	Ppt Presentation Feedback compiled by UNICEF EO	TBC
<b>Activity 13:</b> Evaluation team review of feedback Production of 2 <sup>nd</sup> draft report	2 <sup>nd</sup> Draft Report	TBC
<b>Activity 14:</b> Formal feedback, further revision, submission and approval of final report	Final report approved	TBC
<b>Activity 15:</b> Presentation to UNICEF HQ (TBC)	Ppt presentation and discussion	September 2023

### Annex 3: Data Collection Workplan

L3 Northern Ethiopia L3 Evaluation Data Collection Workplan 17 April-6 May 2023																				
	April 2023													May 2023						
	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	1st	2nd	3rd	4th	5th	6th
<b>Primary Data Collection Phase</b>																				
Evaluation team assembles in Addis Ababa- briefing with relevant ECO staff	█																			
Team members depart to Tigray, Amhara and Afar. TL travels to Tigray for KII and kick-off data collection		█																		
Assemble research teams and conduct training for data collection, including half day methodology test			█	█																
Data collection in all three regions						write up/rest	write up/rest	█	█	█	█	█	█	█	write-up/rest	Summarise findings/debrief FO heads	█			
TL travels to Addis for KIIs/FGDs																				
TL travels to Amhara or Afar																				
Team members and TL return to Addis Ababa- rapid primary data analysis																	█	█	█	
Validation workshop with ECO																				█
Teams return to home countries																				█
NB data collection days and locations subject to aid distribution days, market days, feast days etc																				

## Annex 4: Full Evaluation Matrix

OECD/DAC Criteria	Evaluation Question	Sub-Questions	Indicators	Data Sources	Methods	Comments
Relevance Coherence	<b>EQ1. Design and planning: how relevant, appropriate and well communicated was UNICEF's response strategy?</b>	1.1 To what extent did UNICEF's response strategy take into account a) the context (including nexus) b) the needs of the population, and most particularly the needs of the most vulnerable and marginalised?	1.1.1 Evidence that response activities and strategies (per response component) were designed based on conflict analysis and factored in long-term development considerations	UNICEF documentation; authorities; IPs; UNICEF staff	Review of documents; KIIs	See UNICEF Guide to Conflict Analysis: <a href="https://www.unicef.org/media/96581/file/Guide-to-Conflict-Analysis.pdf">https://www.unicef.org/media/96581/file/Guide-to-Conflict-Analysis.pdf</a>
			1.1.2 Evidence of joint needs analysis (JNA) or UNICEF-specific needs analysis (NA) conducted since the L3 activation, evidence (per response component) that they incorporated the needs of the most vulnerable and marginalised and that they informed	UNICEF documentation; authorities; IPs; UNICEF staff	Review of documents against needs of the most vulnerable; KIIs	See 'Standards for Needs Analysis' as per the CCC

			strategy and response plan(s)			
			1.1.3 Number and percentage of affected people or their representatives who acknowledge that their views or those of the community as a whole have either: a) been taken into account or b) not taken into account and why, during the development of services/activities provided as part of the response	Affected people and/or their representatives	KII/FGDs	

			1.1.4 Evidence of response activities (per component) developed by taking into account the strategies of other UN partner actors	UNICEF documentation; UN partners	Review of documentation for reference to UN partner actions KIIs	Response components and activities are as per the sectoral and cross-sectoral commitments in the CCC where these apply to the N Ethiopia response
	1.2 To what extent was UNICEF's response strategy in line with the CCCs and global standards, principles and commitments for humanitarian action?	1.2.1 Evidence that activities (per component) were compliant with the principles spelled out in the CCCs	UNICEF documentation; UNICEF staff	Review of documents to ensure compliance with CCC principles; KIIs		
1.2.2. Number and percentage of response components that were compliant with the sectoral targets spelled out in the CCCs		UNICEF documentation; UNICEF staff	Review of documents to ensure compliance with CCC sectoral targets; KIIs			
1.2.3 Number and percentage of activities (per component) that were compliant with		UNICEF documentation; UNICEF staff; IPs	Review of documents to ensure compliance with Sphere			

			Sphere Standards		Standards; KIIs	
		1.3 To what extent was gender and protection incorporated into the response strategy?	1.3.1 Number and percentage of strategies (per response component) that integrated gender at design stage.	UNICEF documentation; UNICEF staff; IPs	Review of documents to check for integration of gender in project design; KIIs	See CCC for Gender benchmarks
			1.3.2 Number and percentage of strategies (per response component) that integrated protection at design stage.	UNICEF documentation; UNICEF staff; IPs	Review of documents to check for integration of protection in project design; KIIs	See CCC for Child Protection benchmarks
		1.4 To what extent was the response strategy coherent and integrated	1.4.1 Number of Chiefs of Section, Heads of FO that <u>actively</u> contributed to the analysis for, and development of, the response strategy	UNICEF staff	KIIs	Added to KII protocol

			1.4.2. Number of Chiefs of Section, Heads of FO that either a) actively contributed (and how) and b) could not contribute and why; to the review of the response strategy	UNICEF staff	KIIs	
			1.4.3 Evidence of the inclusion of strategic priorities (eg impartiality) in fundraising proposals, PDs etc	UNICEF documentation; UNICEF staff	Review of documentation for inclusion of strategic priorities KIIs	See CCC Global Standards and Principles for definition of terms such as impartiality
			1.4.4 Evidence of integrated planning/design to meet the full range of needs of affected people.	UNICEF documentation; UNICEF staff; IPs	Review of documentation for inclusion of strategic priorities KIIs	See CCC Section 2.2.2 on definitions and benchmarks for Multisectoral and Integrated programming.

		1.5 To what extent was the response strategy sufficiently ambitious to meet the level of need?	1.5.1 Evidence that target numbers of people to reach matched those numbers identified in needs assessments, taking into account internal and external factors that may have enabled or hindered achievements in this area, and degree of realism of these targets when first proposed and/or subsequently amended.	UNICEF documentation; UNICEF staff; IPs; authorities	Review of documents to compare targets with numbers identified in needs assessments; KIIs	
Effectiveness Coverage	<b>EQ2. Implementation: how effective was UNICEF's response?</b>	2.1 To what extent did UNICEF's preparedness efforts support the timely delivery of the response?	2.1.1 Evidence that project implementation was improved by preparedness plans and actions previously undertaken or evidence of this	UNICEF staff	KIIs	

			failing to happen and why.			
		2.2 To what extent was UNICEF's response timely?	2.2.1 Evidence of swift CEAP activation and mobilisation and delivery of human resources, funding, supplies and other support services. Evidence will also be sought on access and how this impacted activation and mobilization, how access changed over time and what negotiations helped or hindered access.	UNICEF documentation; UNICEF staff Affected people and/or their representatives; IPs	Building of a timeline; Review of documentation for dates events occurred and dates action taken; KIs; FGDs	
			2.2.2 Evidence of the opportunities and obstacles that changing	UNICEF documentation; UNICEF staff	Review of documents, including risk assessment	

			access had on activation and mobilisation, including the impact of negotiations with the parties to the conflict	Affected people and/or their representatives; IPs	, supply chain analysis, KIIs	
			2.2.3 Perceptions of implementing partner and UNICEF staff and affected people on timing of response.	UNICEF staff; Affected people and/or their representatives; IPs	KIIs	
		2.3 To what extent was UNICEF's response adaptive to i) changes in the operating environment and ii) monitoring reports showing room for improvement?	2.3.1 Number of programme and project agreements showing justified and evidence-based modifications in response to changes in the situation on the ground	UNICEF documentation; UNICEF staff; IPs	Review of documentation for evidence of modifications to programme and project agreements; KIIs	
			2.3.2 Number of programme and project agreements showing	UNICEF documentation; UNICEF staff; IPs	Review of documentation for evidence of modificatio	

			justified and evidence-based modifications in response to monitoring and reporting		ns KIIs	
		2.4 To what extent was UNICEF's response conflict sensitive?	2.4.1 Number of PDs which reference a formal conflict analysis	UNICEF documentation; UNICEF staff; IPs, authorities	Review of documentation for evidence of appropriate understanding and analysis; KIIs	See UNICEF Guide to Conflict Analysis: <a href="https://www.unicef.org/media/96581/file/Guide-to-Conflict-Analysis.pdf">https://www.unicef.org/media/96581/file/Guide-to-Conflict-Analysis.pdf</a>
			2.4.2 Number of integrated projects which emphasise conflict reduction objectives at community level	UNICEF documentation	Review of documents for mention of conflict reduction objectives	
		2.5 To what extent were the full range of needs of affected people met through UNICEF action, leadership and advocacy	2.5.1 Evidence that initial targeting was appropriate. Evidence of subsequent progress against these targets and their contribution	UNICEF documentation; UNICEF staff; Affected people and/or their representat	Review of achievements of targets (HPM) and documentation; KIIs/FGDs	

			towards the expected outcomes of the response	ives; IPs; authorities		
			2.5.2 Evidence that UNICEF supported the leadership and coordination of the humanitarian response	UNICEF and HCT documentation; UNICEF staff; UN partners and IP staff	Review of documentation for evidence of collaboration; KIIs	See CCC Section 2.1.2 on the commitment and benchmarks for Coordination
		2.6 To what extent was there a rolling risk-assessment that factored in potential hazards?	2.6.1 Evidence of updates to risk analysis and risk assessment documents with criteria for decision-making (including a description of the types of risks which occurred and lessons learned responding to risks identified)	UNICEF documentation; UNICEF staff	Review of documentation for evidence of risk analysis; KIIs	
		2.7 To what extent did UNICEF's response address	2.7.1 Number of response activities where monitoring data shows outcomes	UNICEF documentation; UNICEF staff	Review of documents to compare outcomes with CCCs	

		priority needs for children, meet quality standards and provide adequate coverage of need?	were in line with the CCCs		and Sphere Standards/ CHS; KIIs	
			2.7.2 Number of response components which met or exceeded planned coverage figures (including through partnerships with national or international IPs).	UNICEF documentation; IPs; UNICEF staff	Review of documents to compare expected and actual coverage; KIIs	
		2.8 To what extent did UNICEF achieve its objectives/intended outcomes?	2.8.1 Number of response components that achieved their stated objectives	UNICEF documentation; UNICEF staff; KII	Review of documents to compare expected and actual achievement; KIIs	
		2.9 To what extent did UNICEF's response take into account the humanitarian-development-(peace) nexus	2.9.1 Evidence that there was or was not coherence and complementarity between humanitarian and development	UNICEF documentation; UNICEF staff UN partner and IP staff; Affected people	Review of documentation ; KII/FGDs	See CCC Section 2.2.4 on the commitment and benchmarks for linking humanitarian and development

		where possible?	planning as per the CCC commitment	and/or their representatives		
		2.10 To what extent did UNICEF make good use of the right partnerships? Did the choice of partner further the localisation ambition?	2.10.1 Number and percentage of NGOs/CBOs who were either able or unable to deliver UNICEF-funded interventions in hard to reach communities	UNICEF documentation; UNICEF staff; IP staff	Review of documentation; KIIs; Partner Survey	Added to Partner Survey
		2.11 To what extent did UNICEF preparedness and programming reflect learning from previous evaluations?	2.11.1 Number of UNICEF project documents and meeting minutes consulted (including all those made available by UNICEF) that highlight learning from past L3 evaluations.	UNICEF documentation; UNICEF staff	Review of documentation for evidence of learning; KIIs	

		2.12 How effectively has UNICEF collaborated and coordinated with partners (IPs, authorities, UN agencies)?	2.12.1 Evidence of alignment with CCCs (benchmark on coordination) and partner feedback on UNICEF	UNICEF documentation; UNICEF staff; IP staff; UN staff; authorities	Review of documentation; KIIs	
Effectiveness Coherence	<b>EQ3. Leadership and representation: how effective was UNICEF's leadership both internally and externally?</b>	3.1 To what extent was UNICEF able to influence and lead across the UN humanitarian system?	3.1.1 Number of decisions taken at UNCT/HCT as a result of UNICEF's policy and advocacy initiatives and that contributed to the enhancement of the response (and how)	UNICEF and HCT documentation; UNICEF staff; UN partner staff	Review of documentation for evidence of influence KIIs	
			3.1.2 Number and typologies of other agencies and partners being either a) appreciative, or b) critical of UNICEF leadership in the response	UN partner staff; IPs; project implementation reports	KIIs	Added to KII protocol

		3.2 To what extent did UNICEF fulfill its relevant cluster/AoR lead/co-lead agency role and responsibilities , including at national, sub-national and field levels?	3.2.1 Number and typologies of other partners being either a) appreciative, or b) critical of UNICEF contribution to the Cluster's work and Instances/Examples of UNICEF's role as coordinator and leader	UNICEF staff; UN partner staff; cluster members	KIIs, expert elicitation	Added to KII protocol
		3.3 To what extent did UNICEF manage to operate as a neutral, impartial, independent humanitarian actor?	3.3.1 Number of other agencies and partners being either a) appreciative or b) critical of UNICEF's ability to operate as a neutral, impartial and independent actor	UNICEF staff; UN partner staff; IPs	KIIs	
Appropriateness Coherence	<b>EQ4. Accountability: how effective was UNICEF in providing</b>	4.1 To what extent was UNICEF able to communicate effectively with affected	4.1.1 Evidence of UNICEF's alignment with CCC benchmarks on AAP	UNICEF documentation UNICEF staff Affected	Review of documentation KIIs Site visits	See CCC Section 2.1.6 on the commitment and benchmarks for AAP

	<p><b>accountability to children, their carers and communities and being responsive to their feedback?</b></p>	<p>people and incorporate their views into the response? Were accountability systems established and monitored and used? Were programmes designed with affected communities?</p>		<p>people and/or their representatives Direct observation</p>		
			<p>4.1.2 Number of IPs having a feedback system in place and collecting feedback and the types of challenges encountered by IPs in developing/using it</p>	<p>IP documentation IP staff UNICEF documentation</p>	<p>Review of documentation KIIs Site visits</p>	
			<p>4.1.3 Number and percentage of the community members and community representatives interviewed that were involved in the response (by phase: design, implementation, monitoring, feedback)</p>	<p>UNICEF documentation UNICEF staff Affected people and/or their representatives</p>	<p>Review of documentation for evidence of involvement KIIs/FGDs</p>	

		4.2 To what extent did programmes change in response to community feedback and complaints?	4.2.1 Number of IP reports showing feedback and complaints system in place and monitored and types of complaints most frequently submitted by communities	UNICEF documenta tion UNICEF staff Affected people and/or their representat ives	Review of documenta tion for evidence of feedback and complaints systems KIIs/FGDs	
			4.2.2 Number of PDs or activities on the ground (without PD adjustments) showing changes to project in response to complaints and feedback	UNICEF and partner documenta tion UNICEF staff IP staff Affected people and/or their representat ives	Review of documenta tion KIIs/FGDs	
		4.3 To what extent did programmes deliver on UNICEF's commitment to protection from sexual	4.3.1 Evidence that every child had or did not have access to safe, child- and gender-sensitive reporting channel(s) to report SEA, that	UNICEF and partner documenta tion UNICEF staff IP staff Affected people	Review of documenta tion KIIs/FGDs	See CCC Section 2.1.5 on the commitment and benchmarks for PSEA

		exploitation and abuse?	survivors were referred for assistance in line with their needs and wishes, and that investigations of SEA cases was prompt, safe and respectful and consistent with the wishes and best interests of the survivor	and/or their representatives		
Appropriateness Effectiveness	<b>EQ5. To what extent have UNICEF's systems, structures and processes supported a flexible, timely and effective response?</b>	5.1 To what extent did implementation of UNICEF's simplified emergency procedures support the response?	5.1.1 Number of senior managers who a) were aware of the emergency procedures; b) used them and c) found them useful/led to a more coherent response.	UNICEF staff	KIIs	Question added to KIIs protocol
			5.1.2 Number of management reports which refer to the procedures being used and	UNICEF documentation	Review of documents (including monitoring matrix provided by EMOPs)	It is unlikely that reference to the Emergency Procedures has been included in management reports. Will assess anyway.

			adding value to the response			
		5.2 To what extent have Supply, Funding, HR and Communications functions supported the response?	5.2.1 Number of senior managers that a) acknowledge the contribution of or b) are critical of the support provided by the following sections: 1. Supply 2. Funding 3. HR and 4. Comms functions, why and suggestions for improvements	UNICEF ; IPs; Donors	Review of documentation. KIIs	Question added to KIIs protocol
			5.2.2 Number of management or programme/project reports which highlight how Supply, Funding, HR and Comms functions either	UNICEF documentation inc. Supply dashboard and HR monitoring tools. Fundraising	Review of documentation; KIIs	These four areas will be assessed separately.

			a) supported or b) could not support adequately the response, and why, and how this could have been improved	monitoring tools. Communica tion products and materials.		
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