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# Evaluation of UNHCR's Response to the L3 Emergency in Ethiopia 2021–2022

## Evaluation Report

April 2023

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Evaluation information at a glance	
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## LIST OF ABBREVIATIONS

Abbreviation	Definition
3R 4 CACE	Response – Recovery – Resilience for Conflict-Affected Communities in Ethiopia Project
AAP	Accountability to Affected People
ACAPS	Assessment Capacities Project
ACLED	The Armed Conflict Location and Event Data Project
AGD	Age, Gender and Diversity
ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
ANE	Action for the Needy in Ethiopia
APAs	Advanced Preparedness Actions
AoR	Area of Responsibility
CBCM	Community-Based Complaints Mechanisms
CBI	Cash-based Intervention
CBPM	Community-Based Protection Monitoring
CCCM	Camp Coordination and Camp Management
CFS	Child-friendly Spaces
CO	Country Operation
CP	Child Protection
CRI	Core Relief Items
CRRF	Comprehensive Refugee Response Framework
CwC	Communications with Communities
DESS	Division of Emergency, Security and Supply
DHR	Division of Human Resources
DIP	Division of International Protection
DIST	Division of Information Systems and Telecommunication
DRC	Danish Refugee Council
DRS	Division of Resilience and Solutions
DSI	Durable Solutions Initiative
DTM	Displacement Tracking Matrix (IOM)
ECA	Economic Commission for Africa (UN)
EDRMC	Ethiopia Disaster Risk Management Commission
EHAGL	East and Horn of Africa and Great Lakes
ENDF	Ethiopian National Defense Force
E-PMT	Ethiopia Protection Monitoring Tool
EPRDF	Ethiopian People’s Revolutionary Development Front
EQ	Evaluation Question
ERC	Emergency Relief Coordinator
ERT	Emergency Response Team (UNHCR)
ES/CRI	Emergency Shelter/Core Relief Items
ES-STBY	Emergency Services Standby teams
ETT	Emergency Task Team
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
FO	Field Office
FT	Fast Track
GBV	Gender-based Violence
GCR	Global Compact on Refugees
GRF	Global Refugee Forum

HALEP	High Alert List for Emergency Preparedness
HC	Humanitarian Coordination
HCT	Humanitarian Country Team
HDP Nexus	Humanitarian-Development-Peace Nexus
HLP	Housing, Land and Property
HNO	Humanitarian Needs Overview
HQ	Headquarters (UNHCR)
HR	Human Resources
HRC	Human Rights Council
HRO	Human Resources Officer
HRP	Humanitarian Response Plan
IAHE	Inter-Agency Humanitarian Evaluations
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
IDP	Internally Displaced Person(s)
IHL	International Humanitarian Law
INGO	International Non-governmental Organization
IOM	International Organization for Migration
IP	Implementing Partners
IRC	International Rescue Committee
KII	Key Informant Interviews
L3	Level 3
LLIN	Long-lasting Insecticidal Nets
LNGO	Local Non-governmental Organization
LOMI	Letters of Mutual Intent
M&E	Monitoring and Evaluation
MHPSS	Mental Health and Psychosocial Support
MOU	Memorandum of Understanding
MPA	Minimum Preparedness Actions
NCRRF	National Comprehensive Refugee Response Framework
NCRRS	National Comprehensive Refugee Response Strategy
NDRMO	National Disaster Risk Management Offices
CRI	Core Relief Item
NGO	Non-governmental Organization
NNGO	National Non-governmental Organization
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OECD-DAC	Organisation for Economic Co-operation and Development Assistance Committee
OL	Operation Level
OLF	Oromo Liberation Front
OP	Operation Plan
OSSHD	Organization for Social Service, Health, and Development
PMT	Protection Monitoring Tool
PPA	Project Partnership Agreements
PPE	Personal Protective Equipment
PSEA	Protection from Sexual Exploitation and Abuse
PSN	People with Special Needs
PWS	Psychosocial Wellbeing Section
PWD	People with Disabilities



RB	Regional Bureau for the East and Horn of Africa and Great Lakes (RB EHAGL)
RCC	Regional Committee on Contracts
RC/HC	Regional Coordinator/Humanitarian Coordinator
RBM	Results-Based Management
RRS	Refugees and Returnees Service
RSWG	Return/Solution Working Group
RTR	Real-time Review
SBP	Standby Partner
SCER	Senior Corporate Emergency Roster
SERC	Senior Emergency Response Coordinator
SET	Senior Executive Team
SOP	Standard Operating Procedures
TA	Temporary Appointment
ToC	Theory of Change
TDF	Tigray Defense Forces
ToR	Terms of Reference
TPLF	Tigrayan People's Liberation Front
UN	United Nations
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNLP	United Nations laissez-passer
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	Water, Sanitation and Hygiene
WEM	Workshop on Emergency Management
WFP	World Food Programme
WG	Working Group

# EXECUTIVE SUMMARY

## Background and Evaluation Rationale

This is an evaluation of UNHCR's response to the Level 3 emergency in Ethiopia during the period 2021–2022. With a view to supporting learning and accountability, the evaluation provides a comprehensive assessment and recommendations aimed at strengthening UNHCR's Ethiopia country operation and informing corporate policies and practices for emergency response.

The evaluation focuses on UNHCR's L3 response from May 2021 to June 2022 in northern Ethiopia's Tigray, Afar and Amhara regions. It is primarily concerned with UNHCR's operations during the humanitarian emergency, including inter-agency activities, internal processes and the "whole-of-UNHCR" response required when an L3 emergency is declared.

The response faced a rapid-onset humanitarian emergency driven by conflict. In November 2020, conflict broke out in Tigray between Tigrayan forces and Ethiopian National Defense Forces (ENDF), resulting in widespread displacement, civilian casualties, alarming reports of atrocities against civilians and critical levels of food insecurity. By December 2020, 2.3 million people were estimated to be in need of humanitarian assistance. Two of four Eritrean refugee camps had been destroyed – refugees fled, and many remain unaccounted for to this day. By May 2021, the number in need of assistance had climbed to 5.2 million people, many facing serious levels of hunger (Integrated Food Security Phase Classification 5).

The response evolved over the period 2020–2022. Before 2020, UNHCR's country operation was focused on a long-standing partnership with the government of Ethiopia for refugee protection and solutions in multiple regions, and not on internal displacement. When the conflict broke out in November 2020, UNHCR initially declared a Level 2 emergency and then escalated it to Level 3 in May 2021 to align with the Inter-Agency Standing Committee humanitarian system-wide Scale-Up activation issued by the Emergency Relief Coordinator. By this point, UNHCR was developing an IDP Protection and Solutions Strategy for Tigray, which prioritized: (i) centrality of protection across the inter-agency response; (ii) coordination and leadership in the two clusters; and (iii) operational engagement by UNHCR. The strategy targeted some 2 million IDPs across the three regions in the north and was complemented by an operational plan.

In 2021, responding to an automatic policy trigger, the Evaluation Office at UNHCR initiated a comprehensive evaluation of the emergency response.

### The evaluation had the following objectives:

1. Strengthen the design of the Ethiopia operation by assessing the extent to which UNHCR's strategy for the northern Ethiopia crisis response was relevant to the most important needs of people who UNHCR serves, i.e., refugees, IDPs, returnees, asylum-seekers, stateless and host communities; whether the operation corresponded to the organization's areas of strength; and whether UNHCR took into consideration the capacities and operations of partners.
2. Improve the results achieved for persons UNHCR serves in northern Ethiopia through an analysis of the interventions, partnerships, immediate results, and potential for longer-term impact of UNHCR's activities.
3. Help UNHCR further strengthen its policies, guidance, and systems to respond better to large-scale rapid-onset emergencies, drawing lessons from the Ethiopia (and Afghanistan) experiences.

## Methods

The evaluation was conducted by an external evaluation team, between January and October 2022. It used a theory-based and participatory approach, with some elements of a real-time evaluation, and mixed methods for data collection and evidence generation. Data were collected through semi-structured key informant interviews (76), two online surveys (104 respondents), facilitation of participatory workshops, site visits, focus

group discussions, a document review (945 UNHCR and external documents) and a validations/co-creation workshop with UNHCR staff. Multiple data sources were analysed and used to triangulate the findings.

The evaluation contended with several limitations. These related to the limited availability and consistency of results data, particularly for refugees; the impossibility of undertaking field visits in Tigray; complications with two online surveys; and several process delays.

## **Main findings**

### **Relevance: UNHCR's L3 response was well aligned with the needs of IDPs in northern Ethiopia.**

UNHCR conducted needs assessments in Tigray, Afar and Amhara regions, which included a focus on protection. The assessments regularly engaged communities and identified people with special needs, generating good information about needs and priorities and how they evolved. However, the geographical coverage of the assessments was limited by access constraints and conflict dynamics, and data generated consequently lacked scale and specificity beyond accessible locations with implications, e.g., for Eritrean refugees.

Most notably, UNHCR repurposed its refugee operations in northern Ethiopia to scale up activities for IDPs in response to growing needs. It established a scaled-up operation that assisted both IDPs and refugees in the region, expanded the use of cash to support solutions, and developed a network of protection desks to identify individual protection risks and expand "protection by presence". UNHCR also worked hard to adapt its response activities to the rapidly evolving emergency and highly restrictive environment for humanitarian action.

However, UNHCR's ability to address needs was limited by the geographic scope of its operation that was reduced due to access constraints, and needs addressed were limited compared to the overwhelming scale of needs identified. Furthermore, questions arose about UNHCR's ability to use the high volumes of data it collected for planning and implementing a more needs-based response.

### **Alignment: UNHCR's L3 response was generally well aligned with relevant policies and strategies.**

The IDP Protection and Solutions Strategy in Tigray was clearly aligned with corporate UNHCR policies and strategies on emergencies and IDPs and with wider inter-agency IDP goals. UNHCR did its best to deliver an emergency response while adhering to humanitarian principles. However, it was unclear how the humanitarian response for IDPs aligned with that of the government of Ethiopia or how the response for refugees aligned with that of the Refugees and Returnees Service (RRS). As acknowledged by the Humanitarian Country Team (HCT), UNHCR, like all other humanitarian actors, struggled to reach people in need in the region, to deliver assistance based on needs alone, and to ensure IDPs had unimpeded access to humanitarian assistance and protection. In particular, UNHCR struggled to meet the needs of highly vulnerable Eritrean refugees caught up in the conflict, leading to feelings of abandonment on the part of refugees and concerns about UNHCR's neutrality and independence<sup>1</sup>.

### **Cross-cutting themes: In the L3 response, UNHCR embedded key cross-cutting themes but did not operationalize them fully.**

UNHCR committed strongly to mainstreaming Accountability to Affected People (AAP), protection from sexual exploitation and abuse (PSEA), and Age, Gender and Diversity (AGD) in the response. It embedded these elements in the response design, used relevant approaches to implement them, and achieved many of the expected results. However, UNHCR did not fully implement all the relevant core actions associated with APP and AGD<sup>1</sup>. Most notable, it did not manage to scale up "meaningful participation and inclusion", which resulted in gaps in the two-way communication required for Community-Based Complaints Mechanisms (CBCM), and it did not integrate PSEA into community-level programming.

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<sup>1</sup> [https://www.unocha.org/sites/unocha/files/OOM\\_Humanitarian%20Principles\\_Eng.pdf](https://www.unocha.org/sites/unocha/files/OOM_Humanitarian%20Principles_Eng.pdf)

**Complementarity, synergies, and coordination: UNHCR’s L3 response was well coordinated internally and externally.**

Internally, UNHCR did well at coordinating activities across headquarters (HQ), Regional Bureau (RB) and Country Operation (CO) levels. A mission of the High Commissioner took effect shortly after the L2 declaration. Emergency cell meetings enabled a “whole-of-UNHCR” coordination of the response. A senior-level mission and a real-time review provided important strategic and technical direction to the response, and a CO IDP Task Force was established to strengthen IDP coordination and response at CO level. The initial emergency response team mission was integrated into country programme coordination mechanisms. However, complementarity and internal coordination at subnational level remained challenging and delegation of authority was limited.

Externally, UNHCR prioritized working through the inter-agency response: it conducted protection analyses that were shared with HCT members, and generally the organization shared data and information among its HCT partners. UNHCR upheld its coordination responsibilities by leading the Protection Cluster and co-leading the Camp Coordination and Camp Management (CCCM) Cluster, while also taking on additional responsibilities, such as the coordination of gender-based violence (GBV) activities and inter-cluster coordination in Amhara and Shire. However, UNHCR fell short in its responsibility for coordinating the Emergency Shelter/Core Relief Items (ES/CRI) Cluster, and it could not provide adequate coordination capacity for Protection and CCCM Clusters at subnational level in northern Ethiopia.

Furthermore, UNHCR and partners could not ensure the coordination of emergency assistance to Eritrean refugees in northern Ethiopia through the government’s Refugees and Returnees Service (RRS), and there was a lack of implementing partners to deliver sufficient services. This left the Eritrean refugees without adequate protection and assistance.

**Effectiveness: UNHCR responded well to the emergency in northern Ethiopia.**

At HCT level, UNHCR played a key role in promoting the centrality of protection by engaging with the Humanitarian Coordinator, HCT and the clusters; by developing an HCT protection strategy; by establishing a country-wide protection monitoring system; and by conducting and sharing protection analyses. At cluster level, UNHCR supported other agencies in protection mainstreaming by producing briefs and delivering capacity-building. It also made important contributions to the coordination and leadership of the Protection and CCCM Clusters.

As an operational actor, UNHCR acted as “provider of last resort” and used direct implementation for most of its IDP assistance activities. It achieved significant results in protection by delivering protection assistance to more than 2.5 million IDPs – including children and youth, pregnant women, women at risk, people with disabilities, older people at risk, and torture victims by enhancing Community-Based Protection Monitoring (CBPM), and by establishing 64 protection desks, which decentralized the identification of protection risks and the provision of protection assistance to IDPs and host communities. UNHCR was also the first and largest provider of ES/CRIs, which represented the largest component of its operations and helped to build trust among communities and local authorities. Importantly, these achievements were made possible by UNHCR’s effective scaling up of the IDP response, the signing of 26 implementing partner agreements, and the deployment of around 160 surge and Fast Track staff. However, UNHCR’s ability to robustly report on achievements was constrained by inadequate M&E capacity.

Implementation of protection activities was limited by the insufficient scale of the protection desks, which only addressed around 7,500 queries in the period evaluated, and by gender-based violence (GBV) and child protection activities that were fragmented and thus provided low coverage. Moreover, UNHCR was unable to provide life-saving assistance at scale until after the L3 declaration, raising questions about whether the L2 declaration had been effective, or whether both the IASC scale up and UNHCR L3 activation should have been declared earlier. Finally, effectiveness was limited by gaps in data analysis that could otherwise have informed the response and allowed for more accurate reporting of results, particularly for refugee assistance activities.

### **Efficiency: UNHCR's L3 response was not timely and nimble.**

UNHCR's deployment of human resources was slow and delayed the response, with ERTs being delayed and lacking necessary skills, Fast Track staff requiring lengthy multilevel approval processes and arriving late, and the recruitment and deployment of Fast Track national staff being particularly slow. UNHCR's deployment of material resources was also slow. It involved long processes for budget and approval, characterized by limited centralized warehouse capacity, and low procurement ceiling thresholds – leading to delayed action, suppliers having to revise prices, and UNHCR having to renegotiate contracts. UNHCR increased its partnerships over the period with 33 new partners for refugee activities and 26 for IDP activities, but delays in signing the Project Partnership Agreements (PPAs) and disbursement of funds undermined partner ability to respond quickly and at the scale required.

While some delays could be attributed to external factors, internal factors were important. Particularly relevant internal factors were processes for HR, supplies and partnerships that were unfit for the purpose of an emergency response; centralized decision-making processes in Addis Ababa that delegated insufficient authority to sub- and field offices for an emergency response; and inadequate emergency preparedness due to small-scale subnational preparedness and contingency plans and limited participation in the 2020 UN Humanitarian Country Team IDP preparedness activities.

### **Sustainability: UNHCR's L3 response did integrate humanitarian-development-peace nexus thinking to ensure connectedness with development programmes and to sustain its benefits.**

UNHCR supported the voluntary return and relocation of IDPs, conducting intention surveys, engaging with local authorities and IDP communities, establishing a Return Working Group under the leadership of the Protection Cluster, developing a Return Action Plan, and organizing consultative return workshops. UNHCR also explored Humanitarian Development and Peace (HDP) Nexus opportunities, by engaging with the World Bank and the African Development Bank to support IDPs, integrating refugees and IDPs within three multi-year development projects, and promoting refugee inclusion and self-resilience in the Amhara region. However, UNHCR's support to large-scale IDP returns was hindered by the ongoing conflict and by the fact that return locations and conditions were considered unsafe. UNHCR's contribution to the self-return of IDPs to their home areas was therefore limited. UNHCR struggled to promote viable solutions for Eritrean refugees in northern Ethiopia, and to relocate them in Tigray to safer locations.

## **Conclusions**

During 2021–2022, the UNHCR made crucial contributions to the inter-agency humanitarian response in northern Ethiopia, and most notably to the inter-agency protection response. It successfully designed and implemented a large IDP response during 2021 and made early efforts to promote solutions for IDPs. UNHCR's contribution to address needs was limited amid the ongoing conflict and their scale.

It struggled to assist and protect highly vulnerable Eritrean refugee populations, whose camps in northern Ethiopia had been attacked. Refugees' complaints were not adequately attended to, services were delayed and there were important gaps, including identification of, and functional referral to, services for gender-based violence and child protection. Humanitarian principles were challenged.

While the response was agile, the highly constrained humanitarian environment – with its complex conflict dynamics – forced UNHCR to adopt a reactive approach. Moreover, UNHCR struggled with limited data (registration and other), information and analysis required to assess the situation and results achieved and inform the evolving response.

The L3 mechanism was critical in enabling a scaled-up UNHCR response for IDPs. The scale-up was accelerated in large part by corporate leadership, strategic direction, and multilevel coordination. But it could have been quicker and stronger if more and better preparedness had been carried out during early 2021. The response benefited from the resources deployed, but it was hampered by internal processes that were poorly adapted for emergencies, which negatively affected the response. Notably UNHCR struggled to deploy

the right people at the right time, leading to insufficient cluster coordination capacity at subnational level and gaps between deployments, and some related dissatisfaction among stakeholders.

## Recommendations

1. In follow up to the current “peace agreement”, UNHCR should review its leadership role in the inter-agency IDP response to define its ongoing contributions to the inter-agency humanitarian response and continue to ensure the centrality of protection in all humanitarian action in northern Ethiopia. Humanitarian principles must be at the core of the UNHCT/interagency protection strategy and a firm basis for its ongoing relationship with the RRS as visions, plans and programmes under RRS’ new mandate are established.
2. The evaluation confirms the policy directive that orients UNHCR operations to work towards solutions from the onset of displacement. UNHCR in Ethiopia should continue to build upon its current joint planning for IDP solutions and contribute to sustainable reintegration/integration, ending IDP needs and preventing a protracted crisis.
3. UNHCR must ensure that vulnerable populations of Eritrean refugees receive necessary protection. This should start with identifying the whereabouts of refugees displaced from destroyed camps in Tigray and ensuring registration as a protection critical activity.
4. UNHCR should address key efficiency challenges arising from the L3 response at a corporate level. These include challenges related to emergency preparedness, and streamlining of internal procedures and business processes, e.g., supply processes, and staff recruitment and deployments, particularly of national staff fast-tracks. Implementing a “whole-of-UNHCR” response at speed, at scale and at multiple levels will always be difficult, but UNHCR processes can be improved by addressing persistent barriers. The oversight role of the RB is critical. An important part of addressing preparedness should be the thorough familiarization of emergency staff with fast-track procedures and authorities in an L3 emergency response.

The evaluation identified several **good practices** that could be replicated or scaled up including:

- **Emergency Transition Task Team** - Led by the Deputy Representative and comprising the Principal Emergency Coordinator and Heads of Units in Addis Ababa, the establishment of an Emergency Task Team to ensure an affective transition from the DESS ERT, enhance preparedness, provide field support, and coordinate emergency support needs was a good practice. However, this mechanism did not seem to have been able to sufficiently and effectively unblock bottlenecks related to internal business processes.
- **Community-Based Protection Monitoring (CBPM)**, which provided data on protection risks across specific communities and sites, informed a tailored response design (see Section 4.2) and stands out as a good practice and means to identify PSN.
- **Protection Help Desks:** To overcome restrictions in fuel and transport, UNHCR decentralized protection assistance by setting up protection help desks in across the region that brought assistance closer to people in need and that was used to identify individual protection risks, complement information coming from needs assessments and expand UNHCR’s protection presence, which was particularly important in Tigray.

The evaluation concludes by stressing the importance of creating more structured moments of reflection, learning and adaptation before, during and after major emergencies to inform current and future emergency responses. This is not a luxury but an essential component of an agile management system.

## 1. Introduction

### 1.1. Purpose

1. This is an evaluation of UNHCR's response to the Level 3 (L3) emergency in Ethiopia, declared by the High Commissioner on 20 May 2021 in accordance with UNHCR's Policy on Emergency Preparedness and Response.<sup>i 2</sup> The evaluation, which was conducted by an external and independent evaluation team, started on 26 January 2022, and was completed in October 2022.
2. The evaluation purpose is to support **learning** and **accountability**: at Country Operation (CO), Regional Bureau (RB) and UNHCR Headquarters (HQ) levels.

### 1.2. Objectives

3. The objectives of the evaluation, as set out in the Terms of Reference (ToR), (Annex 1), are to:
  - **Strengthen the design** of the Ethiopia operation by assessing the extent to which UNHCR's strategy for the northern Ethiopia crisis response was relevant to the most important needs of the people UNHCR serves, i.e., refugees, internally displaced persons (IDPs), returnees, asylum-seekers, stateless and host communities; whether the response corresponded to the organization's areas of strength; and whether UNHCR took into consideration the capacities and operations of partners.
  - **Improve the results** achieved for persons UNHCR serves in northern **Ethiopia** through an analysis of the interventions, partnerships, immediate results, and potential for longer-term impact of UNHCR's activities.
  - Help UNHCR further to **strengthen its policies, guidance, and systems** to respond better to the large-scale rapid onset of emergencies, drawing lessons from the Ethiopia (and Afghanistan) experiences.
4. This evaluation is also expected to complement the upcoming Inter-Agency Humanitarian Evaluation (IAHE), which will consider the performance of the overall humanitarian system response to the Emergency Relief Coordinator (ERC) declared scale up - and the leadership roles played by different IASC members (including the role of UNHCR in leading the Protection Cluster and co-leading the Cluster for Camp Coordination and Camp Management (CCCM) with the International Organization for Migration (IOM)). As a result, UNHCR cluster coordination performance and results are only touched on lightly in this evaluation.

### 1.3. Evaluation scope

5. The evaluation covers the period from the declaration of the UNHCR L3 emergency response on 20 May 2021 through to June 2022 – but also considers the L2 period when preparedness actions and early scale up take place. The geographic scope covered northern Ethiopia including the Tigray, Afar and Amhara regions and the urban refugee response in Addis Ababa. The evaluation focused on UNHCR's operations during the emergency, its coordination role, internal business processes such as deployment of surge staff, Fast Track, procurement, staff safety and well-being, and the whole-of-organization approach to the response.
6. According to UNHCR's policy on emergency preparedness and response, an L3 emergency declaration is expected to mobilize a "whole-of-UNHCR" response to an exceptionally serious

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<sup>i</sup> UNHCR declared an L3 emergency in May to align with Inter-Agency Standing Committee (IASC) system-wide scale-up activation issued by the Emergency Relief Coordinator on 28 April 2021. The system-wide scale-up was subsequently extended to 29 October 2022.

emergency, involving HQ, RB, and the CO. The L3 is a corporate mechanism for upholding UNHCR's policy objective to "*proactively anticipate, prepare for and respond to emergencies with urgency, speed and nimbleness (...) [and] effectively assure protection and support for persons of concern while from the outset working towards and leveraging solutions in the most optimal manner.*"<sup>3</sup>

#### 1.4. Evaluation users

7. **Internal users** of the evaluation include the UNHCR Ethiopia CO (senior management and staff), the Regional Bureau for East and Horn of Africa and Great Lakes (RB EHAGL, hereafter the "RB"), the Division of Emergency, Security and Supply (DESS), the Division of International Protection (DIP), the Division of Human Resources (DHR), the Division of Resilience and Solutions (DRS), the Division of Information Systems and Telecommunication (DIST), and the Senior Executive Team (SET).
8. **External users** include UNHCR's counterparts in Ethiopia, the Refugees and Returnees Service (RRS), the Resident Coordinator/Humanitarian Coordinator (RC/HC), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and broader Humanitarian Country Team and donors to the response.
9. **Other users** refer to UNHCR's implementing partners (IP), and other refugee or local or international organizations with interest in the evidence generated by the evaluation.

#### 1.5. Structure of the report

10. The context and subject sections provide an expanded overview of the crisis in northern Ethiopia. This overview captures the period leading up to the L3 emergency declaration and outlines the critical events that have been relevant to the L3 response. The overview is important, since there were many factors beyond UNHCR's control that influenced the effectiveness and efficiency of the UNHCR response.
11. The findings section has been organized according to four pillars: design, implementation and results, cross-cutting themes, and durable solutions. Each section includes a summary of high-level findings that are highlighted in blue. In addition, each paragraph starts with key findings that are highlighted in bold. High-level findings include a standard rating of the issues addressed. The ratings are detailed in Annex 3. The last section of the report includes conclusions and recommendations.



## 2. Background and Evolution of the Crisis

12. **UNHCR has a long-standing partnership with the Ethiopian government, providing refugee protection and solutions in multiple regions in partnership with the RRS.** Before the Tigray conflict, UNHCR supported the Government of Ethiopia (Ethiopia) in its work to develop relevant strategies and appropriate support for its refugee response.<sup>i</sup> Building on its endorsement of the Global Compact on Refugees (GCR) in 2018, Ethiopia confirmed its commitment with the adoption of a new Refugee Proclamation,<sup>ii</sup> which granted a wide-ranging set of additional rights to refugees. Furthermore, Ethiopia had presented an asylum policy and signed up to global refugee plans with pilots and commitments that promoted good practices.<sup>4,5</sup>
13. **Prior to the northern Ethiopia crisis, UNHCR also had an IDP operational footprint in the Somalia, Oromia, Benishangul-Gumuz and Amhara regions<sup>6</sup>.** UNHCR had established field offices in these regions<sup>iii</sup> and has continued to be a key operator, securing UNHCR's role as the provider of last resort. Guided by the UN Guiding Principles on Internal Displacement and the 2010 Inter-Agency Standing Committee (IASC) Framework on Durable Solutions for IDPs, Ethiopia developed its "Durable Solutions Initiative" (DSI) to support IDPs and host communities/communities at locations of return, relocation, or local integration. However, while internal displacement has been a long-standing challenge for the country, the UNHCR operation in Ethiopia had, prior to the crisis in the north, mostly focused on refugees.

### 2.1. Evolution of the conflict in the north

14. In 2018, Abiy Ahmed was sworn in as the fourth prime minister of the Federal Democratic Republic of Ethiopia. He promised political reform; to promote national unity and peaceful co-existence; to reach out to the Eritrean government to resolve the war between the two states, an ambition that had never been concluded; and to reach out to the political opposition.<sup>7</sup>
15. While the new leadership offered the prospect of reforms, it came with risks to the country's economic, ethnic, and political stability, and stoked tensions with the Tigray People's Liberation Front (TPLF), formerly the dominant power in what had been the ruling Ethiopian People's Revolutionary Democratic Front (EPRDF) coalition. Tensions between the Ethiopian government and TPLF forces quickly escalated.<sup>8</sup> In September 2020, despite the postponement of national elections due to the COVID-19 pandemic, regional elections were held in Tigray and, shortly thereafter, declared unlawful by the federal government.<sup>iv</sup> This situation escalated and eventually led to armed conflict breaking out in the early hours of 4 November 2020.<sup>9</sup>
16. After Tigray forces allegedly launched an attack on a command post of the Ethiopian National Defense Force (ENDF) in Mekelle, capital of the Tigray region, Abiy Ahmed declared a military offensive and a state of emergency.<sup>10</sup> At that point, OCHA estimated that the Tigray region had 600,000 people dependent on food relief assistance and had 100,000 IDPs and 100,000 refugees.<sup>11</sup>
17. Soon after the conflict started, humanitarian assistance was disrupted due to the insecurity. Roads within and to the region were cut off, flights were prohibited, and there was a shutdown of communication lines.<sup>12</sup> The conflict intensified, resulting in significant damage, civilian casualties, and displacement of populations.<sup>13</sup> More than 50,000 refugees fled to neighbouring Sudan,<sup>14</sup> and IDP numbers grew to around 131.000 by the end of January 2020.

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<sup>i</sup> In 2016, Ethiopia made nine pledges in support of the Global Compact on Refugees (GCR) to respond to the needs of refugees in a more comprehensive and sustainable manner. UNHCR also supported Ethiopia's implementation of the 2017 Comprehensive Refugee Response Framework (CRRF) and the government Road Map developed in 2017.

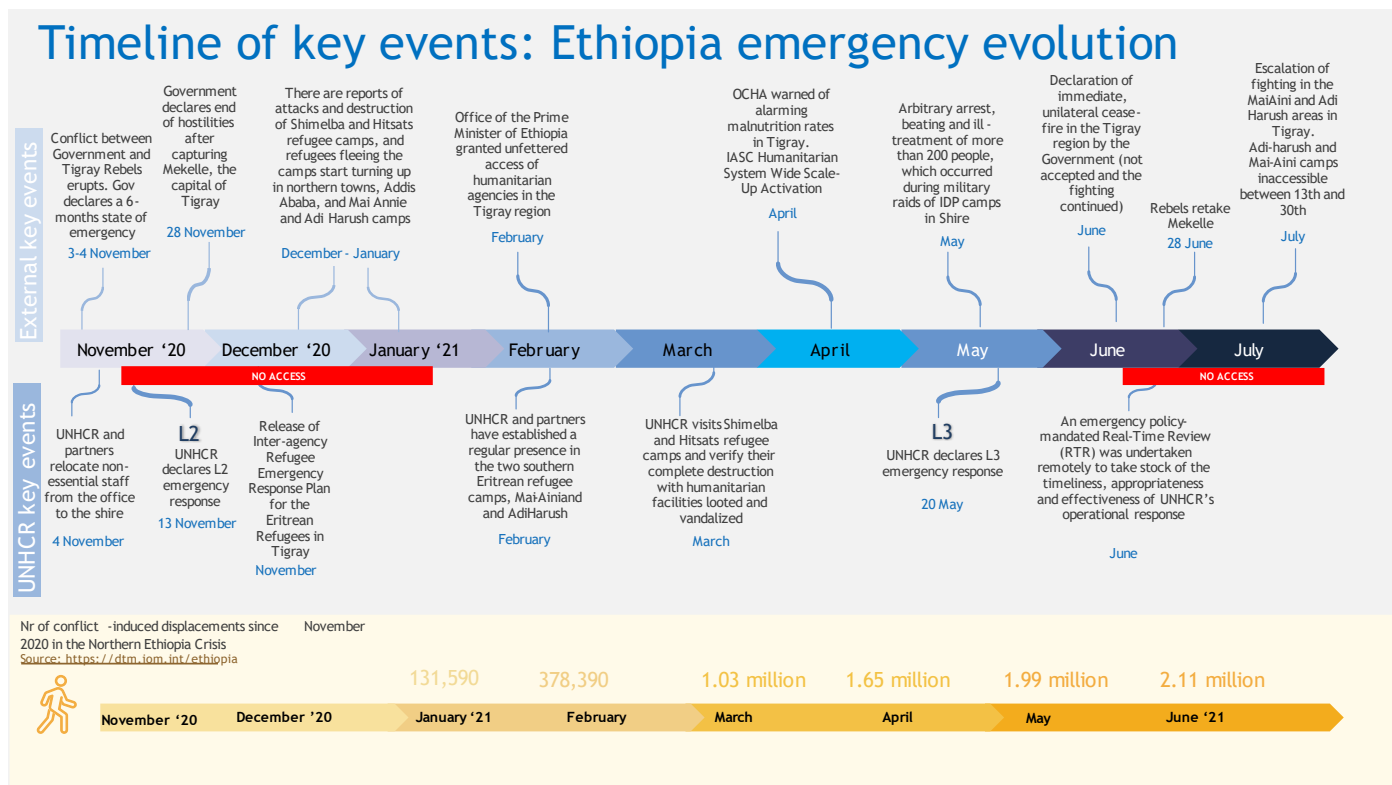
<sup>ii</sup> Proclamation No. 1110/2019.

<sup>iii</sup> In Bule Hora and Nekemte.

<sup>iv</sup> It should be noted that the regional government essentially constituted the members of the former Federal Government prior to the appointment of Abiy Ahmed.

18. Also in December 2020, in the Western Zone in Tigray, armed forces entered the northern refugee camps of Hitsats and Shimelba, which at that time housed 33,950 Eritrean refugees.<sup>15</sup> Between 5 and 8 January 2021<sup>16</sup> camp shelters, schools and humanitarian infrastructures were destroyed and burned; there were reports of civilian casualties, detainees and sexual assault.<sup>17</sup> Many refugees from Hitsats and Shimelba sought refuge in the southern refugee camps of Mai Aini and Adi Harush, or fled to Addis Ababa (numbers remain unconfirmed). The Ethiopian government declared the abandoned Hitsats and Shimelba refugee camps to be officially closed on 9 February 2021.<sup>18</sup> While UNHCR had access to the remaining camps, Mai Aini and Adi Harush, through the Gondor-Mai-Tsebri route<sup>i</sup> during the first six months of 2021, it was only on 12 February 2021 – when a total of 53 UN and NGO international staff received approval to enter Tigray region<sup>19</sup> – that UNHCR gained access to the two destroyed camps.

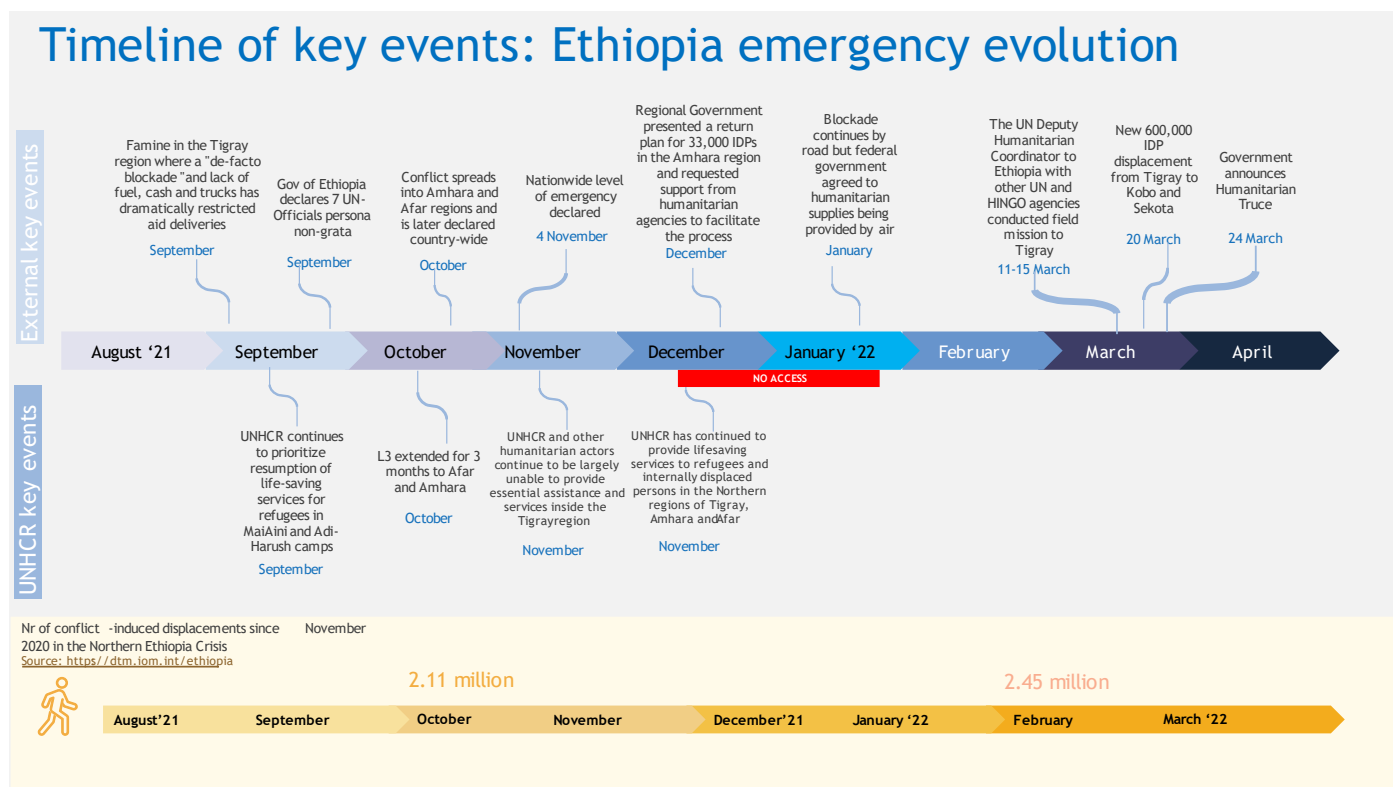
Figure 1: Timeline of key events in Ethiopia emergency (November 2020 to July 2021)



19. Between February and April 2021, heavy fighting continued throughout the Tigray region, with reports of a high number of civilian casualties and grave violations of human rights.<sup>20</sup> Most areas in Tigray remained cut off from telecommunications, electricity, banking, cash, and fuel, while many local markets remained inactive.<sup>21</sup> On 1 May 2021, the government designated the TPLF and the Oromo Liberation Front (OLF) as terrorist groups.<sup>22</sup>

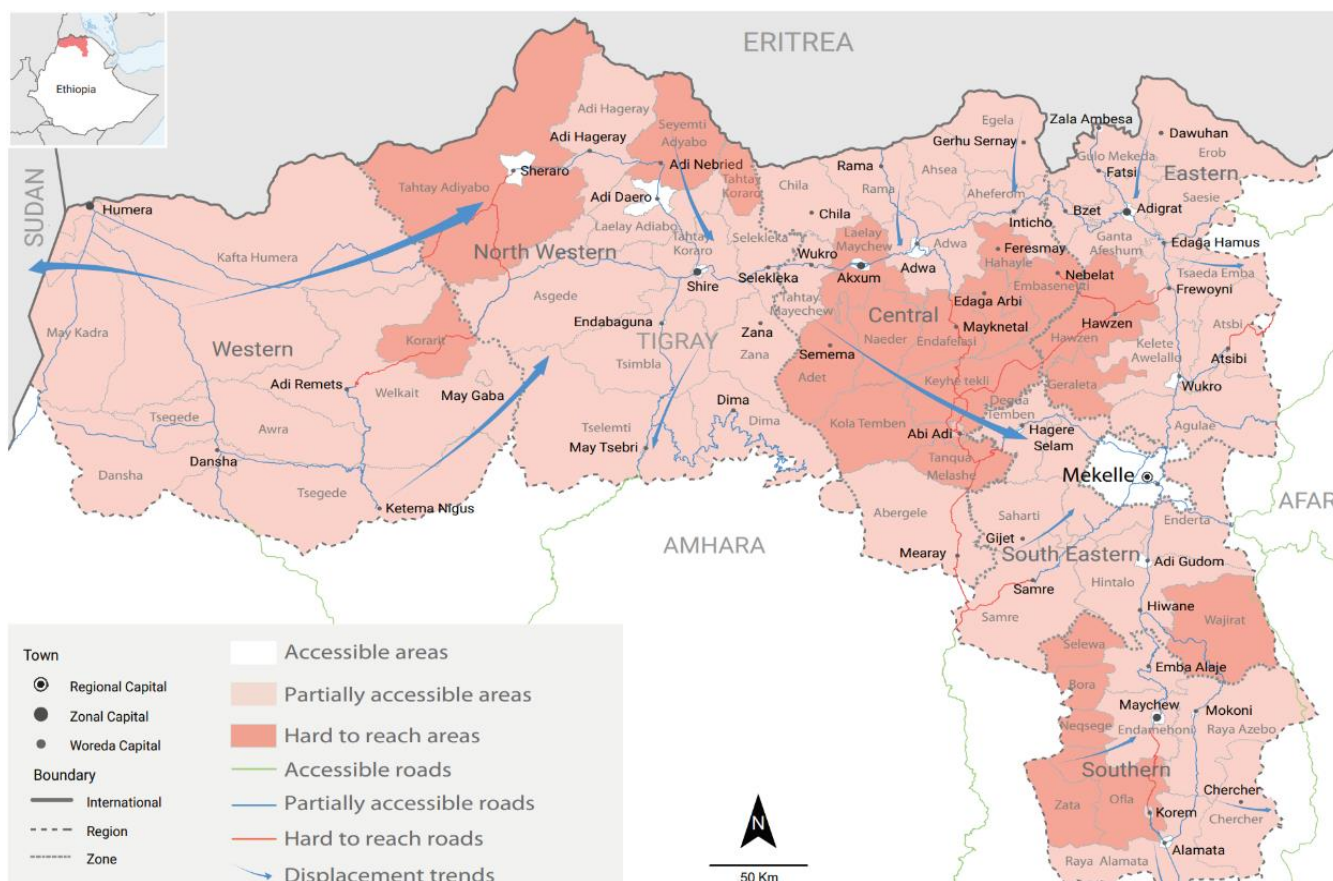
<sup>i</sup> UNHCR email, Thursday 19 May 2022 17:01.

Figure 2: Timeline of key events in Ethiopia emergency (August 2021 to April 2022)



- On April 28<sup>th</sup>, the UN ERC declared a system wide humanitarian scale up and, three weeks later, on 20 May 2021, UNHCR declared an L3 emergency response for northern Ethiopia and scaled up its IDP response following the large internal displacement.<sup>23</sup> Fighting around the two remaining refugee camps in southern Tigray (Mai Aini and Adi Harush) meant that these camps were inaccessible from 25 June to 30 July 2021. Later, the Tekeze River Bridge connecting Shire and Mai Tsebri was destroyed and UNHCR continued to provide assistance by using pulleys and ladders to cross the Tekeze River.<sup>24</sup> On 10 August 2021, UNHCR and its partners regained access to the Mai Aini and Adi Harush camps, which had not been possible since July.<sup>25</sup> The organization announced that 7,643 Eritrean refugees, known to have been in Hitsats and Shimelba camps in October 2020, were unaccounted for.<sup>26</sup>
- By September/October 2021, the conflict had expanded into Afar and Amhara regions.<sup>27</sup> Heavy fighting started in western Afar, displacing more than 140,000 people<sup>28</sup> (see Figure 3). In October UNHCR extended the L3 response by 3 months and expanded the scope of the response to include Amhara and Afar regions.

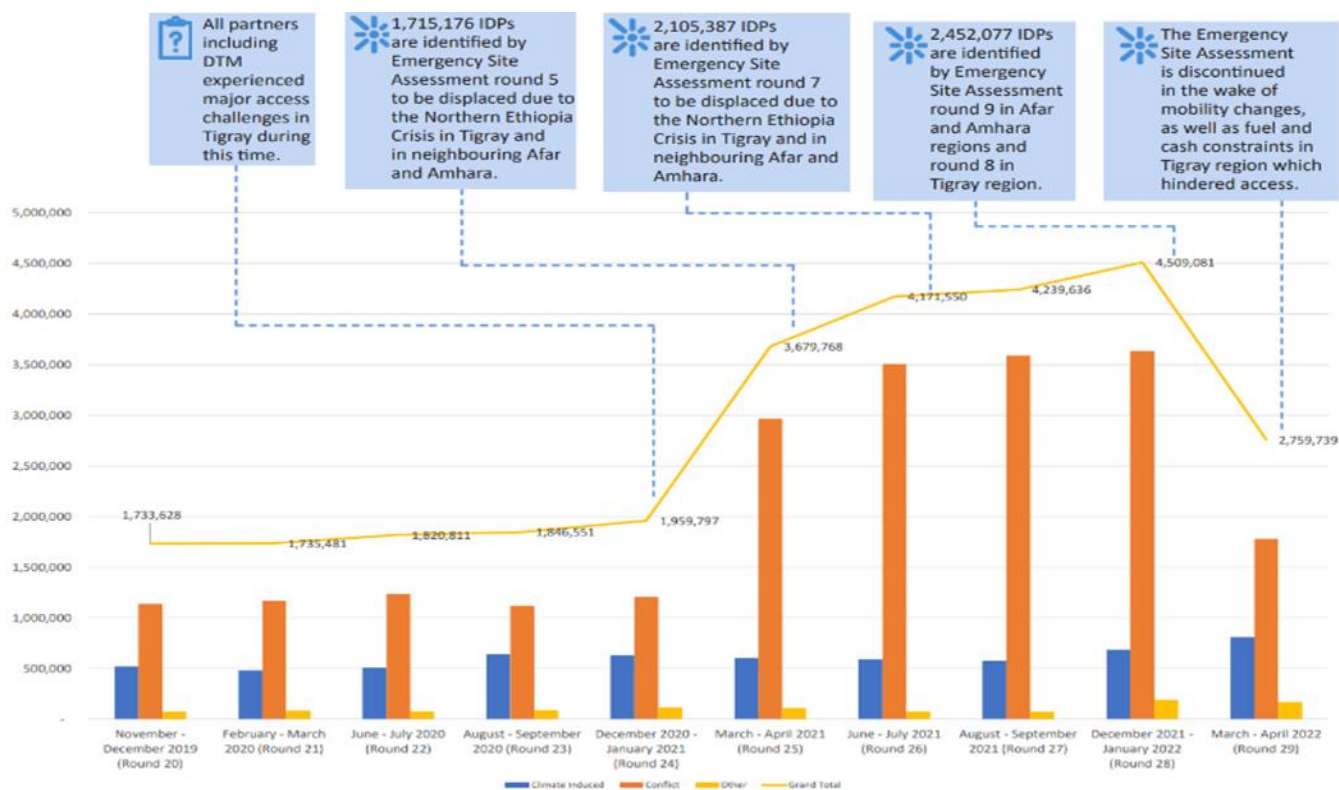
Figure 3: Accessibility and displacement trends in northern Ethiopia, access map, OCHA May 2021



Source available: [here](#)

22. From September 2021 onwards, the Tigray forces entered Amhara and Afar. By the end of October 2021, the Tigray Defense Forces (TDF) had captured the town of Dessie and Kombolcha.<sup>29</sup> In late September 2021, the UN Under-Secretary-General for Humanitarian Affairs and the ERC estimated that famine had taken hold in Tigray, where a nearly three-month long “de facto blockade” restricted aid deliveries to 10 per cent of what was needed. It was reported that at least 400,000 people were now suffering famine conditions.<sup>30</sup> The Ethiopian government expelled seven top UN officials for their alleged serious interference in the country’s internal matters.<sup>31</sup>
23. A second state of emergency was declared on 2 November 2021. Nine days later, Tigray troops had continued to advance and were now located 190 km northwest of the capital Addis Ababa.<sup>32</sup> Soon after, the Prime Minister reportedly campaigned to lead his army into battle.<sup>33</sup> During December 2021, the ENDF took back the Amhara and Afar locations that were occupied by the TDF.
24. Access to the north was still limited, which reportedly led to increasing concerns about famine due to shortages of food, fuel, and cash.<sup>34</sup> Between December and January 2022, movement in Tigray was heavily restricted due to ongoing drone strikes, and shortages of fuel and cash. At that time, UNHCR had only limited access to the Mai Aini and Adi Harush refugee camps. By February 2022, the IOM Displacement Tracking Matrix (DTM) reported numbers of IDPs to be 4,509,081; the displacement numbers in Ethiopia had more than doubled in 2021<sup>35</sup> (see Figure 4).

Figure 4: Number of IDPs identified nationwide by DTM, November to December 2019 (SA round 20). Source: IOM



25. On 3 February 2022, militants attacked an Eritrean refugee camp in Berhale in Afar state, reportedly resulting in thousands being displaced.<sup>36</sup> By March 2022, UNHCR was reporting 1,814,284 IDPs in Tigray, 336,582 in Afar and 542,300 in Amhara. In addition to the large increase in internal displacement, UNHCR estimated that 43,440 Eritrean refugees had self-relocated to Addis Ababa.<sup>37</sup>
26. On 24 March 2022, the Ethiopian government announced an indefinite humanitarian truce to ensure the free flow of emergency humanitarian aid, and it called upon the donor community to redouble its contributions.<sup>38,39</sup> Despite the humanitarian truce, the population’s access to humanitarian assistance and services in northern Ethiopia remained highly restricted.<sup>40</sup> This was due to the highly challenging security situation, and government access restrictions during several periods, with negative implications for the transportation of supplies like food, medicines and core relief items. The shortage of cash and fuel, and interrupted access to electricity and telecommunication services all negatively impacted the response. Consequently, UNHCR was severely limited in its ability to access and provide assistance to communities in an unhindered way.<sup>41, 42</sup>

## 2.2. Humanitarian needs

27. The Tigray conflict significantly increased the humanitarian needs (see Figure 5). The 2021 Northern Ethiopia Humanitarian Response Plan states that the impact of the crisis resulted in an increase of people needing humanitarian assistance, from 750,000 to 2.3 million in early 2021, of whom three quarters were women and children.<sup>43</sup> As the conflict continued, this increased to an estimated 5.2 million people in need of assistance. Funding requirements were highest for the food and emergency shelter/Core Relief Items (ES/CRI) sector and the worst-hit geographical areas were Central, North-western and Eastern Tigray (see Figure 3).

Figure 5: Increase of humanitarian needs due to the crisis



Source: HRP, 2021

28. The updated 2021 Northern Ethiopia Response Plan (May to December) required \$957 million, an increase from the original requirement of \$853.4 million<sup>44</sup> with a funding gap of 30.6 per cent.<sup>45</sup> The 2022 Humanitarian Response Plan (HRP) was 33 per cent funded by June 2022. This does not include an additional \$501 million funded outside this response plan/appeal. While the Food Cluster was well-funded in 2022, Agriculture, CCCM, ES/CRI, Health, Protection and WASH Clusters were all less than 20 per cent funded. Lack of successful resource mobilization for the emergency response in the north should be examined in the upcoming interagency humanitarian evaluation in Ethiopia.

## 3. Methodology

### 3.1. Approach

29. The evaluation adopted a non-experimental design, with a **theory-based approach combined with some elements of a real-time evaluation** and used mixed methods for data collection and evidence generation. To support the analysis in this evaluation, a simplified Theory of Change (ToC) was developed as a specific analytical tool for the evaluation. The TOC has been used by the independent Evaluation Team to examine the intervention logic of UNHCR’s L3 emergency response in Ethiopia (see Annex 2).

### 3.2. Criteria and questions

30. The evaluation’s approach and methodology were aligned with the evaluation standards and criteria of the Organisation for Economic Co-operation and Development’s Development Assistance Committee (OECD-DAC)<sup>46</sup> and the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP).<sup>47</sup> Criteria deployed to support the assessment include: relevance, effectiveness, efficiency, coherence, and connectedness/sustainability. The evaluation included seven evaluation questions (EQs) organized according to four pillars (Table 1). An evaluation matrix is available in Annex 3, outlining how the Evaluation Team have assessed each evaluation question.

Table 1: Evaluation questions

Evaluation criteria	Evaluation questions
<b>I DESIGN</b>	
<b>Relevance</b>	<p><b>EQ 1:</b> To what extent did UNHCR’s L3 response align to the needs of persons we serve (refugees, IDPs, returnees, host community), women and girls?</p> <p><b>EQ 2:</b> To what extent was the L3 emergency response aligned to relevant global, UNHCR and country policies, strategies, and priorities?</p>
<b>II IMPLEMENTATION AND RESULTS</b>	
<b>Coherence</b>	<b>EQ 4:</b> To what extent has UNHCR optimized internal and external coherence?
<b>Effectiveness</b>	<b>EQ 5:</b> To what extent has UNHCR responded effectively to the L3 emergency in northern Ethiopia (Tigray, Afar, Amhara, Addis Ababa)?
<b>Efficiency and fit-for-purpose</b>	<b>EQ 6:</b> To what extent has the UNHCR L3 response been efficient (HR, procurement, other resources) to cover adequately and in a timely way the priority needs of people affected?
<b>III CROSS-CUTTING ISSUES</b>	
	<b>EQ 3:</b> To what extent were relevant cross-cutting themes like Accountability to Affected People (AAP) and Age, Gender, and Diversity (AGD) embedded and operationalized in the L3 response?
<b>IV DURABLE SOLUTIONS</b>	
<b>Connectedness/sustainability</b>	<b>EQ 7:</b> To what extent has UNHCR integrated HDP Nexus thinking in its response as a means to enhance connectedness and sustainability?

### 3.3. Data collection methods and analysis

31. The evaluation process included regular consultation with stakeholders at all levels and through all phases to augment learning. To facilitate triangulation from a breadth of evidence and multiple sources, comprehensively assess the casual logic outlined in the ToC, and analyse factors contributing to or constraining results, the following mixed methods were deployed:

- a. **Key informant interviews (KIIs)** were an important source of information. These were purposively sampled<sup>i</sup> and conducted both remotely and in person with UNHCR staff (from HQ, the RB, and the CO), implementing and operational partners, both national and international, including government entities from national and subnational levels, donors and affected populations.
- b. UNHCR provided access to strategic and operational documents that the Evaluation Team used to undertake an in-depth **desk review** (see Annex 6 for a list of documents reviewed). The information collected from these documents provided a basis for identifying assumptions, establishing information gaps to be covered during the field mission, consolidating operational and sectoral updates, analysing results data, and establishing a timeline of the evolving situation in Ethiopia and the corresponding programmatic activities (Section 2.2).
- c. **Participatory workshops**<sup>ii</sup> were conducted in Addis Ababa Country Office (CO) to develop an in-depth understanding of three emerging issues that were affecting UNHCR's response. These included the finalization of Project Partnership Agreements (PPAs); and issues associated with human resources and supplies. A Root Cause Analysis was constructed for each issue and articulated using a cause-and-effect diagram (see Annex 19).<sup>iii</sup> An additional workshop was held with participation from HQ, the RB and CO representatives to co-create recommendations to address human resource challenges.
- d. **Two online surveys** were administered between April and July 2022 using Kobo Toolbox. The first survey targeted current and past UNHCR staff (national and international) at country, sub-, and field office levels. The second survey was administered to UNHCR's implementing and operational partners. The surveys addressed issues related to humanitarian needs, UNHCR's protection mandate, cluster coordination, leadership, partnerships, capacity, duty of care and the effectiveness and efficiency of the L3 response.
- e. The Evaluation Team also conducted **site visits to IDPs and refugee camps for observation**. The selection of these sites was determined by the security situation and permissions granted by government authorities. In total, nine sites were visited in the three affected regions as well as in Addis Ababa. These included Alemwach, Dabat/Debarq, Gonder, Dessie, Kombulcha, Jara, Semera Serdo, Agatina and the urban refugee operations in Addis Ababa.
- f. **Focus group discussions (FGDs) proved especially important for capturing the perspectives of target populations**. These were conducted (in person overall and remotely for Tigray) with refugees, IDPs, host communities, including community leaders, and refugee representatives. Selection criteria ensured representation from each of the target populations. Table 2 provides a quantified summary.

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<sup>i</sup> For a definition of purposive sampling, please refer to "Better Evaluation" [here](#).

<sup>ii</sup> The Evaluation Team conducted three workshops, including one during which UNHCR was invited to design a Fishbone diagram.

<sup>iii</sup> This is a visual technique for performing root cause analysis, available at <https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-humanitarian-system-wide-scale-activations-and-deactivations>



Table 2: Data collection methods, sources, and sample

Data collection methods	Data sources and sample achieved
<b>In-depth desk review</b>	<ul style="list-style-type: none"> <li>• 945 internal and external documents</li> </ul>
<b>KIIs</b>	<ul style="list-style-type: none"> <li>• 76 key individuals were interviewed from UNHCR (RB, HQ, CO, and FO), the Government of Ethiopia, INGOs, LNGOs, UN sister agencies, implementing partners and donors</li> </ul>
<b>FGDs</b>	<ul style="list-style-type: none"> <li>• 30 FGDs conducted with 465 with refugees and IDPs.</li> <li>• 75 IDPs participating in 9 FGDs.</li> <li>• 86 refugees participating in 12 FGDs.</li> <li>• 5 members from host communities in 1 FGD.</li> <li>• 9 key staff from implementing partners in 2 FGDs.</li> </ul>
<b>Sites visited</b>	<ul style="list-style-type: none"> <li>• Addis Ababa</li> <li>• <b>In Amhara region:</b> Kombulcha, Dessie, Kobo, Jara, Gondar, Dabat/Debarak</li> <li>• <b>In Afar region:</b> Semera, Serdo, Agatina</li> <li>• <b>In Tigray:</b> no Government authorization was given – all interviews were done virtually</li> </ul>
<b>Online surveys</b>	<ul style="list-style-type: none"> <li>• 56 UNHCR staff participated in the staff survey, over 101 reached, response rate 55%</li> <li>• 48 IP staff participated in the partner survey, over 158 reached, response rate 30%</li> </ul>

32. **The team conducted a two-level analysis of data.** At the inception stage, the analysis included a desk review of all available documentation as a foundation for answering evaluation questions. This was then elaborated further and with more detail through KIIs and FGDs. All **qualitative data from KIIs and FGDs were coded and analysed using Dedoose®, a Qualitative Data Analysis Software (QDA)**. These excerpts were then rated, using the Red, Amber, Green (RAG) criteria, which enabled the Evaluation Team to make a judgment about the extent to which UNHCR’s L3 response was relevant, effective, efficient, coherent, and connected/sustainable (see Annex 20). **Findings were triangulated using different data sources**, across stakeholders and across locations.

### 3.4. Limitations

33. The evaluation was negatively impacted by several limitations.

34. **Limited availability and consistency of results data.** At a corporate level, UNHCR’s results-based monitoring and learning system is currently being developed and its application is inconsistent. UNHCR produces a wide variety of operational updates, response overviews and dashboards. However, it was not possible to credibly consolidate data and analyse trends over time because indicators were not consistently used during the time covered. Furthermore, most data reported concerned the IDP response and only limited data were reported on the humanitarian response to the refugees. UNHCR was also changing from one reporting system to another.<sup>i</sup> This transition led to gaps, contradictions, and duplications across data sets.

35. **No access to Tigray region.** Visits to the Tigray region by the evaluation team were denied by the government; the same applied to all UN personnel not holding a residence card. Nonetheless, the Evaluation Team managed to remotely conduct several KIIs and FGDs among stakeholders and people UNHCR serves based in Tigray. While stakeholders interviewed were purposively sampled, the selection of affected people was done by UNHCR, which does present potential bias that cannot be tested.

36. Moreover, the field visit was short, so the observations represent only a picture of the situation on the day the team was on location. While such field visits are particularly instructive in complex humanitarian responses, they are rarely representative of the wider situation, which is why triangulation of data has been essential.

<sup>i</sup> UNHCR replaced its internal system FOCUS (used in 2020 and 2021) with its new RBM system COMPASS in 2022.

37. **Low response rate to online surveys.** Firstly, only a small sample of informants was reached for the Partner and the Staff Surveys, thus reducing the generalizability of the results obtained. Secondly, the proportion of female respondents was low. Both limitations are discussed in Annex 7, which presents the survey results.
38. **Delays in conducting the evaluation.** Due to local holidays, an evaluation field mission to Afghanistan that was conducted in parallel, and due to the availability of relevant UNHCR staff engaged in the emergency response in Ethiopia, the evaluation was delayed: this may have affected its use. To compensate for this, the Evaluation Team has provided ongoing feedback in real time.

## 4. Evaluation finding

39. **Several UNHCR missions were completed during the initial six months of the crisis, and these influenced the IDP scale-up.** At the end of January 2021, the High Commissioner visited, met with senior Government officials, and after a review of UNHCR's operation, advocated for an urgent restructuring and strengthening of UNHCR's field presence, including support to IDPs in addition to refugees. In May 2021, the Division for International Protection (DIP) undertook a mission that recommended prioritization of three protection interventions: expansion of protection help desks to scale up IDP protection assistance and referral; enrolment of IDPs; and introduction of cash for shelter activities. In June 2021, a policy-mandated real-time review (RTR) was conducted. It came with recommendations to strengthen UNHCR engagement in the IDP response.
40. **Following the L2 and L3 declarations, UNHCR developed an IDP Protection and Solutions Strategy for Tigray<sup>i</sup>** to guide the L3 scale-up in the Tigray, Afar and Amhara regions. The strategy established three strategic priorities: (i) centrality of protection across the whole response; (ii) coordination and leadership across the three clusters; and (iii) operational engagement.
41. **The emergency response to the Eritrean refugees who were also displaced was largely informed by existing refugee protection and solutions strategies.** However, the coordination of the refugee response falls outside the cluster mechanism and is coordinated through the government agency, the RRS, which reports directly to the Ethiopia National Intelligence and Security Service.

### 4.1. Design

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*This chapter presents findings related to the “relevance/appropriateness” of the Ethiopia L3 emergency response. The chapter provides an assessment of relevance to the needs of persons UNHCR serve,<sup>ii</sup> and explores the strategic alignment of the response to relevant global and national policies and strategies, as well as how humanitarian principles are embedded.*

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#### High-level finding

UNHCR conducted needs assessments and the organization had a good understanding of the needs and priorities of populations and how these changed over time. Needs assessments included a focus on protection, communities (AAP) and people with special needs (PSN). However, the extent to which needs assessments informed the response was strongly limited by the scale at which these could be conducted, due to access issues. This weakened UNHCR's ability to respond consistently to priority needs in the right place at the right time. As discussed elsewhere, the L3 activation in response to quickly increasing needs came late.

UNHCR's strategic adaptation to continuous and rapidly evolving crises in a very restricted environment was good. UNHCR tailored responses where possible to address operational constraints, and it scaled up the IDP response by following the evolving conflict while adjusting the refugee response. As a result, the organization became a well-established refugee and IDP operation. The organization expanded use of cash to refugees and IDPs. To overcome access barriers and restrictions, it developed a network of protection

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<sup>i</sup> July to December 2021.

<sup>ii</sup> This section answers the evaluation questions: “To what extent did UNHCR's L3 align to the needs of persons we serve (refugees, IDPs, returnees, host community), women and girls? (EQ 1.0);” and “To what extent was the L3 emergency response aligned to relevant global, UNHCR and country policies, strategies, and priorities? (EQ 2.0).” Sub-questions for each of these are included in the main body of the report.

desks<sup>i</sup> to identify individual protection risks and expand its protection presence, which was particularly important in Tigray.

The Tigray Strategy adequately embedded important aspects of UNHCR corporate policy and strategy, including the pursuit of IDP protection and “early” solutions. For refugees specifically, UNHCR worked closely with the RRS as a long-standing partner and in an aligned manner.

The conflict critically challenged principled humanitarian action. The delays and sometimes absence of humanitarian assistance and protection experienced by both IDPs and refugees across the three affected regions negatively influenced their perception of UNHCR’s adherence to humanitarian principles. Refugees interviewed during the evaluation felt abandoned by UNHCR.

### Needs assessments

42. UNHCR conducted needs assessments in Tigray, Amhara and Afar regions among refugees, IDPs and host communities to enhance the focus and relevance of the response and optimize alignment to their needs. The Humanitarian Needs Overview (HNO)<sup>48</sup> did not influence greatly the UNHCR response, and UNHCR produced its own needs assessments to deliver a more relevant and localized programme.<sup>ii</sup> UNHCR was perceived by stakeholders to have a strong understanding of changing needs. The organization conducted 21 IDP needs assessments in 2021, in the areas of protection, shelter and CRIs, CCCM and returnees as well as multisectoral assessments (see Annex 8). By August 2021, these assessments were being used to identify priority needs. Key priority needs identified for IDPs were food, CRIs and shelter. Given this, UN agencies and national non-governmental organizations (NNGOs) reported that UNHCR’s design and aid package became increasingly relevant to conflict-affected populations.
43. **The relevance of needs assessments, and how they informed the design of the response depended heavily on the contextual constraints.** Like the entire humanitarian sector, UNHCR was not able to continuously assess needs at scale and with a geographical reach that covered the conflict affected areas. Most needs assessments concentrated around urban and semi-urban settlements, due to the many imposed restrictions and security challenges. This resulted in needs assessments that had low reach, lacked follow-up monitoring, and were not representative. While this was beyond UNHCR’s control, the agency still found ways to engage with communities and understand needs. There are good examples at subnational level of how assessments, community engagement and “observations on the ground” informed the design of the response and targeted IDP populations or PSN (see Section 4.2; § 86–90).
44. **Due to challenges with conducting localized needs assessments, data were fragmented and often incomplete. This prevented aggregation that could signal broader issues or trends, or support results reporting.** Evidence from interviews with UNHCR staff (particularly at CO and RB levels) indicates that while needs assessments helped to identify groups with specific needs and inform the L3 response, including through protection desks, UNHCR did not optimize use of the high volumes of data collected to inform planning, e.g., allocation of financial and human resources, prioritization of sectors, or targeting of population groups and geographic areas. Despite the challenging context,

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**Protection Desks** are safe spaces offering protection services on locations that are easily accessible by persons of concern, including persons with specific needs.

The services at Protection Desks include protection information provision and counselling, identification of protection and specific needs, referrals, and case management.

A Protection Desk is composed of a static and a mobile outreach component and is considerate of confidentiality and data protection commitments, notably when handling individual queries.

Source: UNHCR Ethiopia 2021 Protection Desk Concept and Standard Operating Procedures

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<sup>i</sup> Please refer to UNHCR Ethiopia 2021 Protection Desk Concept and Standard Operating Procedures

<sup>ii</sup> For example: Rapid assessments in Amhara (Ebinat/Mekane/Mota); assessment in 14 IDP sites in Shire by UNHCR and partners; protection monitoring and protection monitoring outreach in Axum and Adwa, and Debaguna and Adi Daero, etc.

systematic use of data could likely have optimized targeting and informed prioritization of UNHCR's response and possibly also that of other agencies.

45. **Needs were also identified through Communications with Communities (CwC).** UNHCR used its pre-established Refugee Committees and established new ones for newly displaced populations to represent community needs. There were reports of ad hoc focus group discussions and individual interviews conducted to identify needs and protection risks together with the communities (see Annex 8). UNHCR also consulted refugees and IDPs on “voluntary return” or “relocation”<sup>49</sup> through return intention surveys.<sup>49</sup>
46. **Like other UN agencies, UNHCR was forced to respond in a reactive mode** with available means. For IDPs, this meant providing shelter, CRIs and cash assistance. For refugees, UNHCR provided protection, food, and health assistance – but security and access constraints prevented UNHCR from continuously doing so. Given the deteriorating food and nutrition security,<sup>50</sup> protection, food and health became de facto priority needs, for both IDP and refugee groups, as compared to CRIs. FGDs with refugees from Tigray reported people dying due to food and medicine shortages. There were also examples of affected people selling CRIs to buy food in Afar and Amhara. All FGD respondents (refugees and IDPs) reported food as being their priority need, and those who did receive food stated that it was not enough. UNHCR became responsible for distributing food in the refugee camps, after the departure of the RRS in Tigray, but these distributions were significantly hampered by access restrictions plus administrative and bureaucratic impediments. This resulted in long periods between food distributions and only limited access to basic services, such as health in the two remaining refugee camps in Tigray.<sup>51</sup> Food insecurity also generated (violent) demonstrations in the camps and in Addis Ababa<sup>52</sup> – all of which made it difficult for UNHCR to consistently respond to needs and at the required scale.
47. **UNHCR conducted ad hoc needs assessments with a focus on protection. This approach was highly relevant to the needs of affected people and to the organization's mandate.** The Community-Based Protection Monitoring (CBPM), which provided data on protection risks across specific communities and sites, informed a tailored response design (see Section 4.2; § 86–90) and stands out as a good practice and means to identify PSN (see Annex 8). By July 2021, UNHCR produced comprehensive Protection Analysis reports that identified critical protection risks and informed advocacy. These reports were shared with other organizations responding to the L3 emergency and with key donors in Mekelle, Shire and Addis Ababa. Partners at national level and donors reported that they valued the way these reports clearly reflected the dire protection context.

### **Adaptation to context and needs**

48. **UNHCR continuously adapted its response to address the operational constraints imposed by the conflict and government restrictions.** The desk review and interviews with staff and NGOs indicated that UNHCR continued to respond to the needs of people UNHCR serves, despite the challenges. This was apparent especially in Tigray. For example, UNHCR teams crossed the broken Tekeze Bridge with ropes to maintain access to and have a presence in the Mai Aini and Adi Harush<sup>53</sup> refugee camps. To overcome restrictions in fuel and transport, UNHCR decentralized protection assistance by setting up protection help desks that brought assistance closer to people in need. In many instances, it stepped up as a “provider of last resort”, where critical needs were unmet, or coordination by other agencies was absent, including in relation to gender-based violence (GBV) and child protection in Shire and Afar. Where there were critical staff shortages, or deployment of staff from certain ethnic backgrounds was not appropriate due to the conflict dynamics, the operation deployed staff between regions. Mitigating the closure of the banks in Tigray, UNHCR staff flew in cash when flights were operational. While most agencies did not have the means to communicate, UNHCR shared

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<sup>1</sup> Joint UNHCR/ARRA Operational Plan to relocate up to 20,000 individuals from Adi-Harush and Mai-Aini camps to Dabat (2022)

its communication equipment and internet access with other UN agencies and NGOs: this reportedly helped to increase the overall coverage of the humanitarian response, according to other UN agencies. Interviewees recognized that UNHCR was highly agile and flexible and that such efforts were considered highly valuable in sustaining continued assistance.

49. **The important strategic adaptation made by UNHCR was its scale-up of the IDP response, while at the same time adjusting its refugee response.** UNHCR developed an IDP Tigray Strategy, refined its protection strategies and mobilized resources for the response, which resulted in an effective scale-up across three regions (see Section 4.2; § 71–76). UNHCR also established an Emergency Task Team (ETT) in Addis Ababa and deployed an IDP protection specialist. UNHCR staff reported that the ETT enabled a smooth transition between the ERT response and the office-wide response, and this strengthened internal coherence to deal with the ever-changing emergency situation.
50. **Aligned with the IDP engagement strategies<sup>54</sup> and the Grand Bargain commitments,<sup>55</sup> UNHCR expanded use of cash to both refugees and IDPs.** UNHCR addressed the needs of an increasing number of Eritrean refugees, who had self-relocated to Addis Ababa, through cash assistance. By October 2021, some 5,000 refugees had been provided with a first instalment.<sup>56</sup> While cash-based interventions provided a means to improve the socioeconomic status of urban refugees, there were reported shortfalls at the time the Evaluation Team visited Addis Ababa: refugees reported that while they appreciated cash, many refugees had not received cash at the time of the field mission (April 2022), and the amount offered only covered their rent. Cash assistance also benefited IDPs as a means to mitigate the many challenges they faced, but provision of cash to IDPs remained small-scale. UNHCR reported that it was limited by the government to providing cash to IDPs. For example, in Amhara, UNHCR addressed the lack of cooking fuel, through multipurpose cash assistance. Cash was intended to enhance social cohesion and to put money back into the host communities, upon which IDPs were dependent for cooked food.

### ***Alignment to government and UNHCR corporate policy and strategy***

51. **Through its long-standing refugee partnership with the Ethiopian government,** specifically with the RRS, UNHCR is an important contributor to the national refugee policy and strategy. The RRS is both funded by UNHCR and leads the refugee response. The government recently announced its intention for the RRS to be mandated to develop plans and programmes responding to IDPs in addition to the refugees. While this is a recent development, it is an opportunity for UNHCR to build upon its relationship with the RRS with respect to its engagement in IDP responses.
52. The IDP Protection and Solutions Strategy for Tigray is well aligned to relevant corporate UNHCR policies and strategies and the inter-agency IDP ambitions. While perhaps not explicit enough, the proposed actions within it reflect similar ambitions as those found in the 2019 policy on UNHCR's engagement in situations of internal displacement.<sup>57</sup> These documents are aligned with the organization's emphasis on area-based approaches, inclusions of Age, Gender and Diversity (AGD), and community-based approaches. Alignment is also evident in cross-cutting themes – such as AAP, AGD, and protection from sexual exploitation and abuse (PSEA). As part of the inter-agency response, UNHCR response also aligned to the guiding principles on internal displacement to address all phases of displacement (protection from displacement, protection and assistance during displacement and durable solutions). It sets out the basic principles of a human rights-based approach to addressing internal displacement.<sup>58</sup>

### ***Alignment to humanitarian principles***

53. UNHCR is meant to be guided by humanitarian as well as by refugee protection principles.

54. **The conflict dynamics critically challenged operationalization of the principles of “humanity” and “humanitarian space”.**<sup>i</sup> As a humanitarian agency operating under complex conflict dynamics, UNHCR did its best to adhere to humanitarian principles. For example, the IDP Protection and Solutions Strategy for Tigray was developed in cognizance of who controlled which part of the territory, and it aimed to reach all people in need, including those most vulnerable. But administrative and bureaucratic impediments, access constraints and security challenges negatively affected rapid and unhindered access to humanitarian assistance and protection. UNHCR and partners reported a high degree of government pressure on how and where aid was delivered.
55. The HCT was divided in its views on whether humanitarian actors were abiding by humanitarian principles.<sup>ii</sup> <sup>59</sup> Assessment Capacities Project (ACAPS)<sup>iii</sup> rated humanitarian access in northern Ethiopia as facing very high constraints<sup>60</sup> though with some improvements since the humanitarian truce in March 2022. In parallel, UNHCR staff were regularly prevented from leaving their offices, resident permits were only issued to a few staff, and in September 2021 (when 5.2 million people were estimated to be in need across the three regions) seven UN officials, including senior UNHCR humanitarian officials, were declared *personae non gratae*.<sup>61</sup> <sup>iv</sup> The restrictions, particularly in Tigray, resulted in the depletion of stocks and resources. UNHCR could only respond to human suffering during selected periods of times, relating to specific populations and with the limited means the operation had at its disposal.<sup>62,63,64,65,66</sup>
56. **“Principled humanitarianism” was critically challenged in relation to Eritrean refugees.** Eritrean refugees was a particularly vulnerable group caught up in the conflict.<sup>67</sup> According to interviews with UNHCR and partners, the provision of humanitarian and protection assistance was repeatedly blocked across the three regions as well as in Addis Ababa. This included imposed restrictions on access, the sensitivity of protection monitoring, government restricting Eritrean refugees’ access to territory and asylum procedures, detentions, the cessation of issuing national ID cards, and restrictions in implementing cash programmes. In Tigray specifically, UNHCR and other humanitarian agencies were routinely cut off from the refugee camps, as well as blocked from delivering food, medicine, and other assistance. This situation reportedly contributed to the overall decline in the conditions for refugees and led to preventable deaths.<sup>68</sup> In Tigray, UNHCR was denied access to the Eritrean refugee camps for a cumulative period of 98 days.
- “We were not consulted for services delivered to us. Services and assistance are based on UNHCR and other agencies’ interests... Our priority needs include resettlement in third countries, as we knew Ethiopia has problems and couldn’t address the needs of refugees. We need a more secure place where we can live in peace and hence, we don’t want to live in this camp.”*  
(Refugee, Alemwach)
57. **Among Eritrean refugees, there were strong perceptions that UNHCR was aligning with both parties involved in the conflict.** UNHCR simultaneously balanced its engagement with the central government at national level and with the TPLF and other authorities at regional level. Since the Eritrean refugees were targeted by the different conflicting groups and therefore were particularly vulnerable, UNHCR’s engagement was perceived by refugees as negatively influencing the neutrality and independence of the operation. Many refugees who participated in FGDs reported that they did not get sufficient assistance to always cover basic needs, and that their complaints were received by UNHCR but not answered. Eritrean refugees referred to *UNHCR as an agency that “abandoned [them] and works with the government and the TPLF”*. Some made explicit reference to the humanitarian principles, saying that *“they do not apply to the UN as a whole”* in this crisis. They saw international actors as being *“highly politicized”*. Their feeling of abandonment was heavily based on the destruction

<sup>i</sup> Defined as “human suffering must be addressed wherever it is found” and “unimpeded access to protection and assistance.” Source: [Link](#)

<sup>ii</sup> The IASC survey presented the HCT as being split, with 50 per cent agreeing and 50 per cent strongly disagreeing or disagreeing that the humanitarian response was rooted in humanitarian principles.

<sup>iii</sup> ACAPS is a non-profit, non-governmental project that provides international, independent humanitarian analysis.

<sup>iv</sup> KII with UNHCR staff.

of Hitsats and Shimelba refugee camps, the limited assistance and protection due to the blockade, and the fact that thousands of Eritrean refugees remained unaccounted for after the destruction of the two camps in Tigray. Many refugees during FGDs presented UNHCR registration cards of family members who had disappeared or died. They raised concerns as to whether UNHCR was indeed neutral and impartial, reporting that UNHCR cars drove around with armed forces. The limited assistance they received following the access constraints exacerbated this perception of abandonment. Taken together, these comments raised concerns within the Evaluation Team about UNHCR's impartiality within the region. According to the Eritrean refugees who engaged in this evaluation, UNHCR's response in northern Ethiopia should be a matter of grave concern.

## 4.2. Implementation

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*This section presents findings on coherence, effectiveness, and efficiency in relation to the implementation of UNHCR's operational response, as well as its cluster leadership and coordination as part of the inter-agency response. The section presents an assessment of (i) internal and external response complementarity, and (ii) the response monitoring. It then explores (iii) the scale-up of UNHCR's IDP response; (iv) achievements against planned interventions; (v) preparedness; (vi) resource mobilization; (vii) partner mobilization; (viii) supply and procurement; (ix) human resources; (x) decentralization; (xi) staff safety and welfare; and lastly (xii) the implementation of recommendations from the real-time review.*

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### **Complementarity of the response**

#### **High-level finding**

UNHCR adhered to inter-agency agreements in leading the Protection and co-leading the CCCM Cluster. It also went beyond the inter-agency agreements to fill cluster coordination gaps of other UN agencies, thus enhancing complementarity. However, UNHCR did not lead the ES/CRI Cluster, and coordination capacity for the Protection and the CCCM Clusters at subnational levels was perceived as inadequate.

The Evaluation Team observed important gaps in service delivery in the refugee response. There were limited UN and NGO partners involved in the refugee response, and the RSS coordination and response capacity was weakened during the crisis, all of which negatively impacted on protection and humanitarian assistance delivery for Eritrean refugees.

Internal UNHCR support mechanisms and coordination between the CO, the RB and HQ were very good. UNHCR mobilized mechanisms that added value to the response, including: the integration of the initial Emergency Response Team (ERT) mission within the country coordination mechanisms; the establishment of a CO IDP Task Force to strengthen IDP coordination and response; the emergency cell meetings enhancing a whole-of-UNHCR response; the DESS and the DIP and RB Joint Senior Level missions; and a real-time review (RTR), which provided strategic and technical direction to the L3 response. Coordination between country and sub-office levels was more challenging, due to limited collaboration and delegation of decision-making to the field.

58. **UNHCR took steps to coordinate protection and CCCM and made an effort to work through the inter-agency response.** Following the L3 declaration, UNHCR led the Protection Cluster, and co-led the CCCM Cluster. While the ES/CRI Cluster was led by IOM, UNHCR engaged actively in the ES/CRI Cluster and achieved important ES/CRI results (see Section 4.2; § 86–90). Partners perceived UNHCR as the main ES/CRI implementer. In its subnational coordination with partners and the Ethiopia Disaster Risk Management Commission (previously the National Disaster Risk Management Commission), UNHCR was perceived as a coherent player. To support the inter-agency coordinated response to early IDP returns, the organization also set up the Return Working Group under the leadership of the Protection Cluster and developed a Return Action Plan and consultative return workshops. CCCM leadership played a notable role in engaging with IDPs, local communities and authorities to promote solutions.



59. **There are different views on whether cluster coordination should be based on global lead role or capacity in the field. Globally there is a shelter cluster co-lead by UNHCR and the IFRC.** In Ethiopia, IOM has historically led the ES/CRI Cluster. However, issues linked to coordination dynamics were observed at the onset of the response regarding decisions on cluster coordination. For example, UNHCR announced a vacancy for an ES/CRI cluster coordinator, where IOM already had cluster coordinators in place. Stakeholders engaged in the evaluation had varied views on whether a decision on cluster leadership should be based on the agency's capacity or solely by a decree.
60. **UNHCR took on responsibilities that normally fall within the remit of other agencies.** Due to limited partners and overall capacity on the ground (e.g., limited UN agency presence), the operation stepped up and filled coordination and implementation gaps. For example, UNHCR took on the inter-cluster coordination role in Amhara and Shire. In line with the GBV Accountability Framework,<sup>69</sup> UNHCR also took on a GBV role and collaborated with local partners to address this gap. In the refugee response in Tigray, UNHCR stepped in to cover food and health gaps following the departure of the RRS by airlifting more than 11 million tonnes of medicine. In the refugee response in Afar and Amhara, UNHCR and its implementing partners were practically the only agencies present providing multisectoral assistance, including for health, education, nutrition, protection, ES/CRI, WASH, and food. While stakeholders recognized that this was highly valuable, UNHCR staff raised concerns about further stretching UNHCR's limited capacities on the ground.
61. **At subnational levels, coordination capacity for the Protection Cluster was weak.** Protection Cluster coordination varied across regions and over the response period: many external stakeholders at subnational level expressed their concern about this, given that protection coordination is UNHCR's core responsibility. Effective protection leadership was limited by delays in recruitment (Section 4.2; § 104 –113). UNHCR HQ staff reported that the problem of finding appropriate staff for the Protection Cluster is an organization-wide issue and not just specific to Ethiopia. This calls into question how UNHCR might better recruit for these functions, and how it devises better international career paths within the organization. Only 57 per cent of respondents participating in the Partner Survey strongly agreed or agreed that the UNHCR Protection Cluster leadership was strong in the Ethiopian situation: among these, NNGOs were most positive about UNHCR's cluster performance (21 per cent).
62. **UNHCR's data and information-sharing practice was effective.** Data analysis and information-sharing across clusters, sub-clusters or working groups was perceived as largely good by 75 per cent of respondents in the Partner Survey.<sup>1</sup> A variety of analytical tools – including protection desk monitoring, CBPM, data on PSN and needs analysis on shelter and CCCM – were available to the HCT. UNHCR produced solid Protection Analysis reports from July 2021,<sup>70</sup> and these resulted in sufficient detail on the protection risks faced by IDPs.
63. **UNHCR information management and advocacy for refugees under the RRS partnership was less effective.** The Evaluation Team was not provided with sufficient and systematic evidence related to UNHCR monitoring and analysis of the protection risks of Eritrean refugees, which the evaluation team finds concerning. Some refugee data sets are available, but their consolidation is limited, which negatively affects their informative value for response coordination and advocacy.
64. **Inadequate refugee coordination and the limited availability of implementing partners in the refugee response have resulted in important response gaps.** While the RRS is the designated body to coordinate refugee responses, it lacks sufficient capacity to be efficient and this results in delays. Most approval processes, as well as the partnership agreements (see Section 4.2; § 97–99), came with delays: this was evident across Alemwach, Serdo and the Addis Ababa refugee sites. There were delays in refugee registration, service delivery and in ensuring effective referral mechanisms. This limited access to education and health services (including for GBV and mental health) and resulted in critical shelter shortages and insufficient food. Detentions were reported by Eritrean refugees who were

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<sup>1</sup> Strongly agreed or agreed.

affected, and security was not always guaranteed, resulting in attacks on and robberies of refugees. Here, refugees reported raising complaints but receiving limited feedback. While field-level RRS delegates stated that they were poorly resourced and could not find sufficient implementing partners, INGOs reported that administrative and bureaucratic impediments prevented their involvement in refugee response. The refugee response is mainly governed by RRS, leaving UNHCR and implementing partners with limited opportunity to scale up capacity.<sup>i</sup>

65. **UNHCR’s initial ERT mission in Tigray integrated its response within the country coordination mechanisms.** UNHCR staff indicated that at the onset of the crisis there was a period of adaptation and rapprochement, and this left the L3 response somewhat isolated from the country-wide operation. For example, senior UNHCR staff reported that important decision-making excluded senior staff in Addis Ababa, including on HR decisions. However, the operation did address this by the end of 2021, with the establishment of a CO IDP Task Force and an overall Principal Situation Coordinator responsible for coordinating across the three regions. The IDP Task Force was instrumental in strengthening coordination supported by an IDP protection specialist, who further enhanced the CO’s commitment to delivering an effective IDP protection response.
66. **Internal support mechanisms between the HQ, the RB and the CO were very good in guiding the L3 scale-up.** Interview respondents reported that internal collaboration, communication, and the support structures were mostly synchronized and that this positively influenced the way UNHCR was able to respond and adapt to the crisis. The survey results show that 60 per cent of international and national UNHCR staff strongly agreed or agreed that the support mechanisms between the three levels were good. Synergies in coordination between HQ-, RB- and CO-level staff were evident, with the emergency cell meeting notes showing a consistent and strong whole-of-UNHCR response. The DESS/DIP and RB Joint Senior Level Mission in May 2021 and the RTR in June 2021 provided strategic and technical direction to the L3 response, as reported by senior staff members. But there were also instances where roles, responsibilities and lines of accountability were not clear. For example, it was unclear who was accountable or responsible for ensuring that RTR recommendations were implemented. Some staff noted that the decentralization added yet another layer of bureaucracy at RB level, including accountability processes that slowed down processes and decision-making.
67. **Effective coordination between country and sub-office levels was challenging due to limited collaboration and delegation of decision-making to the field.** While 79 per cent of UNHCR international and national staff “agreed” or “strongly agreed” that there was good collaboration, UNHCR staff listed important challenges. Field responsibilities were not always taken up and, to an extent, not understood by field staff. For example, field staff were unable to explain why delays had occurred or how they could have been avoided, e.g., relating to recruitment of national staff and supply. While, in principle, decentralization should have moved decision-making and resources closer to the field, the capacity to operationalize decentralization was not in place. Processes such as national staff recruitment, signing of partnership agreements and procurement of supplies remained largely centralized in Addis Ababa: this was seen as contributing to delays. For example, UNHCR field staff and partners indicated that partnership agreements were developed at subnational level, but the signature centralized in Addis Ababa, which led to implementation delays for partners. This challenge is further discussed in the Efficiency section (see Section 4.2; § 97–99). The evaluation acknowledges that UNHCR is currently in the process of decentralizing authority and decision-making to the subnational levels.

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<sup>i</sup> Médecins Sans Frontières does not have authorization to work in the three regions; NRC was requested to leave Tigray.

## Monitoring results

### High-level finding

UNHCR produced a large variety of data, but weaknesses in the data quality limited adequate and accurate consolidation and analyses and, ultimately, UNHCR's ability to use data to consistently inform the response and report accurately on results.

Quantitative results data were particularly inadequate in the refugee response, and therefore it was not clear what results were achieved for refugees, despite 67 per cent of the Operation Level (OL) budget being allocated to them (compared to 33 per cent for IDPs). The inadequate monitoring raises concerns within the Evaluation Team as to how UNHCR measures its performance and results in the refugee response and effectively adapts its response. The evaluation team had to collect but could not rely on self-reported results data and instead needed to collect a significant amount of data during the evaluation.

68. **The objectives of IDP Protection and Solutions Strategy for Tigray are not easily measurable.** The emergency policy refers to “*key functional and response areas adequately and effectively coordinated by UNHCR or partner staff [...] across the entire spectrum of the response (planning, operational, monitoring, reporting and information management)*”.<sup>71</sup> But there was a lack of sufficient investment in programme monitoring and information management and data quality ranked among the top four risks in the country Risk Register (February 2022).<sup>72</sup> The inadequacy of monitoring was also highlighted in previous UNHCR evaluations. For example, within Ethiopia, this was also highlighted in evaluations of the Melkadida Livelihoods programme.<sup>73</sup> Beyond Ethiopia, the evaluation of the L3 in Eastern Democratic Republic of the Congo (2019/20)<sup>74</sup>, and the UNHCR Sudan Country Strategy Evaluation (2022)<sup>75</sup>, also documented similar inadequacies suggesting organizational impediments to robust emergency response planning and monitoring.
69. **Monitoring of the results of the emergency response by UNHCR and its partners was inconsistent.** Due to a lack of time and monitoring and evaluation (M&E) resources, monitoring at the local level was inconsistent. This was compounded by the fact that the operation did not have M&E staff deployed to appropriately oversee monitoring and relied on implementing partners for data. At subnational level, there were several data and reporting mechanisms in place to report on population needs (e.g., CBPM, protection desks, needs analysis) and implementation (operational updates and overviews), but these were inconsistently reported, and indicators were not consistently in use. RB staff indicated that the Ethiopia operation has an excessive volume of data and information available, but there was limited consolidation of this to inform course-correction of the actual response.
70. **Results data from the L3 response for refugees seemed particularly inconsistent.** Patchy data made it difficult for the evaluation to establish, which achievements related to the refugee response (which formed 66 per cent of the total OP) (see Annex 16). While the Evaluation Team found a variety of data sets enabling reporting on different sectoral results, data were regularly lacking and not always relevant. Outside factors affecting availability and consistency of data refer to constraints on accessing refugees in Tigray and Northern Afar (Berhale). The Evaluation Team was informed that the UNHCR information management team is currently aggregating refugee results data provided by partners, as well as retrieving the targets set by UNHCR in the Project PPAs – pointing to a heavy manual process for consolidating results.

## Scale-up of the IDP response

### High-level finding

UNHCR mobilized significant resources, resulting in important IDP results between January 2021 and May 2022. The operation signed 26 partnership agreements, and mobilized some 160 surge and Fast Track

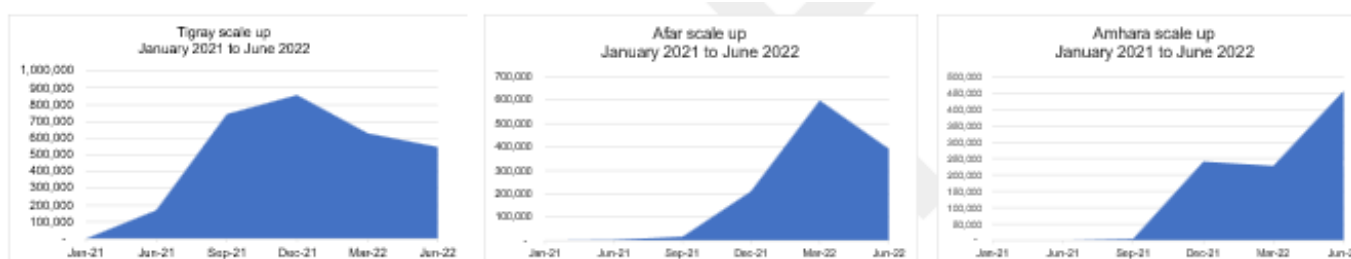
deployments: together, these resulted in expanded reach to affected locations and populations and extended types of activities for IDPs through the clusters.

UNHCR was not able to provide life-saving assistance at scale until several months after the declaration of the L3 response in July 2021. This delay in beginning life-saving assistance calls into question the contribution of the L1 and L2 declarations, and whether the L3 should have been declared earlier (by UNHCR and the IASC more broadly). UNHCR stepped up as “provider of last resort”.

The allocated Operation Level (OL) budget for refugees was high compared to that for IDPs, despite its much lower target population. UNHCR’s multisectoral responses, the cash assistance and the construction of new refugee camps were the main contributors to the high refugee response costs.

71. **UNHCR’s performance in scaling up the IDP response was highly commendable.** While the CO to a large extent primarily operated a regular refugee programme before the Tigray conflict, it adapted strategically to UNHCR’s commitment to engage in situations of internal displacement.<sup>76</sup> It developed a IDP Protection and Solutions Strategy for Tigray in collaboration with the RB and HQ. Following the L3 declaration, UNHCR mobilized the appropriate resources to ensure a scale-up across the three affected regions and in line with emerging needs. Between January and December 2021, the IDP budget (OL) was \$41.5 million, and between January and June 2022, it was \$39.8 million (see Annex 16).
72. By June 2022, UNHCR had signed 26 partnership agreements for the IDP response. Human resources were mobilized, and this resulted in 80 surge deployments, and 56 international Fast Track and 24 national Fast Track deployments covering both the refugee and IDP responses. The organization took steps to build knowledge and internal capacity relating to IDPs under the inter-agency response. In addition to the IDP Protection and Solutions Strategy for Tigray, this involved creation of the IDP Task Force and development of IDP data collection tools and standard operating procedures.
73. **The IDP scale-up occurred six months after humanitarian needs escalated.** There were several calls to action to expand the IDP response rapidly<sup>i</sup> during the L1 and L2 periods. Many UNHCR respondents strongly noted that the IDP scale-up should have been earlier, particularly in Tigray. Nevertheless, thanks to its long-term refugee response presence, UNHCR was one of the first responders following the onset of the Tigray conflict, and this was acknowledged by other NGOs and UN agencies. Under the L2 response, UNHCR had senior ERT capacity (D1, P5, P4) in place, i.e., from mid-November 2020. However, the response remained small in scale during the first half of 2021 (see Figure 6).

Figure 6: Number of people assisted by UNHCR over time in Tigray, Afar and Amhara



Source: UNHCR

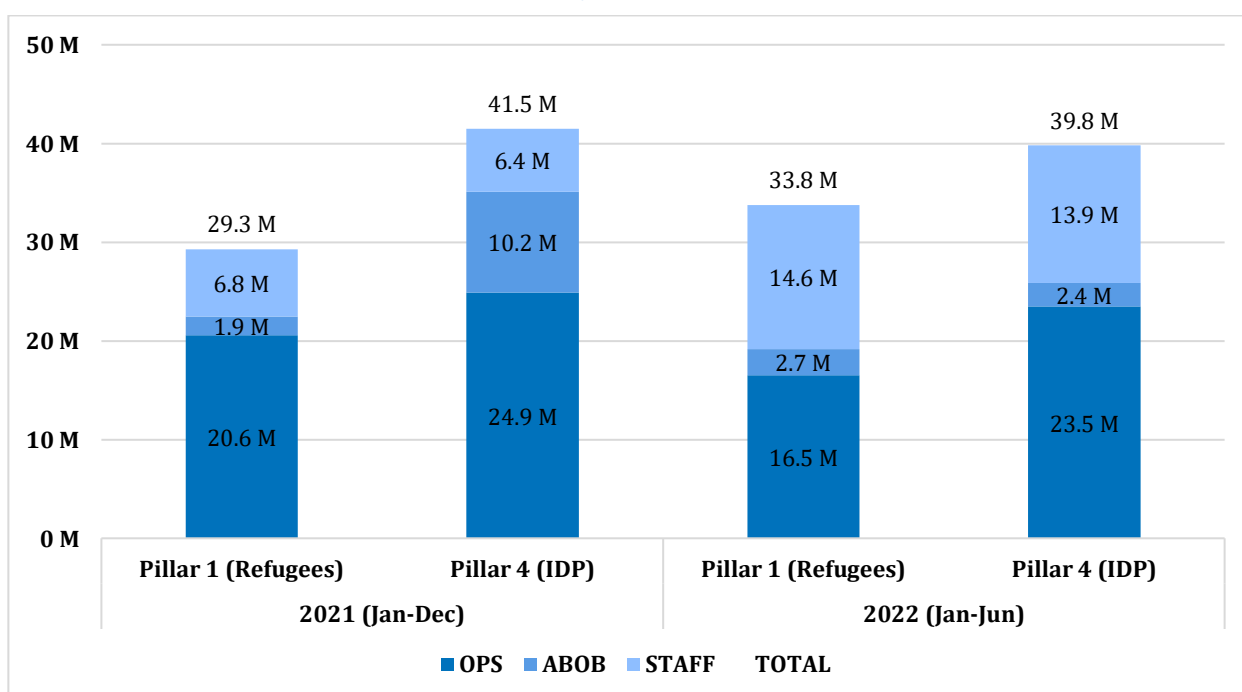
74. UNHCR scaled up in Tigray from June 2021. However, displacement started as early as November 2020 (100,000 IDPs)<sup>77</sup> and reached 131,000 people by January 2021 and 1,6 million by April 2021 (see timeline Figures 1 and 2 pages 4-5). UNHCR staff stated that the operation and the partners did not have the IDP know-how, because the organization continued to operate with a strong “refugee organization” mindset and had limited operational capacity on the ground. This raises questions about

<sup>i</sup> The visit of the High Commissioner in February 2021, and the DIP mission in April 2021.

the actual impact of the L1 and L2 mechanisms. Displacement in Afar and Amhara started as early as April 2021 and affected more than 1 million people in the Amhara region and 334,196 in the Afar region by December 2021.<sup>78</sup> This raises concerns about whether the IASC scale up and UNHCR L3 response should have been declared earlier than May 2021.

- 75. **UNHCR’s country operation expanded its operational presence during the L3 response.** UNHCR expanded its presence and assistance within Tigray at the end of April 2021 and expanded further into Afar and Amhara regions from July. In May 2021, the operation included one representation office, five sub-offices and nine field offices. By March 2022, this was scaled up to one representation office, 11 sub-offices, three field offices and 12 field units. By September 2021, UNHCR had expanded its partner network from 16 to 23 partners (see Annex 13).
- 76. **UNHCR increased its OL budget for both refugees and IDPs.** For 2021 and 2022, the IDP budget represented approximately 56.33% (\$81,301,723 of the cumulated total OL budget for the two years, while the Refugee budget accounted for around 43.67% (\$63,049,120) over a total of \$144,350,843. The higher budget allocation for the IDP pillar reflects the necessity for additional support and resources to address the unique challenges faced by IDPs over the course of the emergency response and consequently the extension of UNHCR’s mandate towards IPDs.
- 77. It is worth noting that although the refugee population was relatively lower than the IDP population, the refugee response incurred higher costs proportionally. This was mostly attributed to various factors such as the construction of new refugee camps, including Alemwach, the provision of cash assistance to approximately 50,000 refugees who had self-relocated to Addis Ababa, and the mandated responsibility of UNHCR, supported by its implementing partners, to implement multisectoral assistance encompassing health, education, nutrition, protection, shelter, water, sanitation, hygiene (WASH), food, and CRI (Community-based Recovery and Integration).

Figure 7: Emergency response – Operational Level Budget – Pillars 1 (refugees) and 4 (IDPs).  
Source: UNHCR Country Financial Report 2021 and 2022



- 78. **UNHCR stepped up effectively as a “provider of last resort”.** As per the global UNHCR engagement in Situations of Internal Displacement Policy<sup>79</sup>, “provider of past resort” is an essential element of UNHCR’s accountability as cluster lead. There were few implementing partners or partners with scaled-up capacity on the ground, especially for the IDP response in Tigray. Here, UNHCR used

its own funding and filled gaps, thus a large proportion of the results achieved can be attributed to direct last resort implementation (see Annex 16).

## **Achievements against planned interventions**

### **High-level finding**

UNHCR's achievement under Strategic objective 1 – centrality of protection – was good. The operation played a key role in ensuring the centrality of protection: this included engaging with the Regional Coordinator/Humanitarian Coordinator, the HCT and the clusters, developing the HCT protection strategy, conducting and sharing protection analysis, and establishing a country-wide protection monitoring system. UNHCR supported other agencies in protection mainstreaming through briefs and capacity-building activities.

UNHCR's achievement under Strategic objective 2 – cluster coordination leadership – varied and was challenging due to gaps and inadequate capacity of cluster coordinators.

UNHCR's achievement under Strategic objective 3 – operational engagement – was good. Under the L3 response, significant results were achieved. Here, UNHCR enhanced the CBPM and established protection desks. These decentralized activities of protection risk identification and assistance to IDPs and host communities, however, did not have the scale necessary vis-à-vis needs. GBV and child protection also remained fragmented across the operational response and coverage remained very low, in a context where GBV and rape were of high concern.

Under Strategic objective 3, UNHCR's ES/CRI response was very good. UNHCR was the first and strongest ES/CRI responder, and ES/CRI refers to the largest component of UNHCR's assistance. UNHCR's ES/CRI response was a trust builder with communities and local authorities; it also complemented the Protection and CCCM cluster response.

79. The evaluation assessed UNHCR's performance and achievements across the three strategic priorities defined in the Tigray IDP Protection and Solutions Strategy, i.e. **(i) ensure centrality of protection; (ii) coordination leadership; and (iii) operational engagement**. Given the limitations noted on monitoring data (see § 67–69), the evaluation cannot guarantee the below section is fully accurate.
80. **Strategic objective 1 – centrality of protection.** Here, UNHCR is expected to play a key role in ensuring the centrality of protection in all aspects of humanitarian action by supporting the HC, HCT and the clusters.<sup>80</sup>
81. **The operation engaged and advised the Regional Coordinator/Humanitarian Coordinator (RC/HC) and the HCT on protection centrality and this seemed most effective at national level.** The HCT engagement increased throughout 2021.<sup>81</sup> Under UNHCR's leadership, the HCT Protection Strategy was revised between September and December 2021 through the HCT Protection Advisory Group and adopted by the HCT in December 2021.<sup>82</sup> The operation also provided several thematic briefs to the HCT on various protection and durable solution issues.<sup>83</sup> These are good examples demonstrating how protection drives humanitarian action.
82. **UNHCR established country-wide protection monitoring.** UNHCR developed the Ethiopia Protection Monitoring Tool (E-PMT)<sup>i</sup> that informed the Protection Cluster's protection monitoring updates and provided more harmonized and evidence-based protection analysis and recommendations to the HCT, government and donor community. The tool was developed in September 2021, field tested in October and rolled out in November 2021.
83. **UNHCR also implemented capacity-building activities to support protection mainstreaming across the HCT.** UNHCR carried out several activities supporting protection mainstreaming as per the Tigray IDP Strategy.<sup>84</sup> For example, a three-day Protection Cluster workshop took place in Shire from 10 to 12 November 2021, to enhance overall coordination and strengthen the IDP protection

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<sup>i</sup> Rolled out in November 2021.

response.<sup>85</sup> UNHCR also organized 16 Days of Activism against Gender-Based Violence, celebrated by the refugees in Mensfawi site in Dabat through songs, drama, and poems. The programme was organized by the refugees with support from UNHCR and partners. A three-day workshop, to design protection tools and awareness materials among local authorities and partners, was also held in December 2021.<sup>86</sup>

84. **Strategic objective 2 – coordination leadership.** Here, UNHCR is expected to lead and dedicate adequate cluster coordination for Protection, CCCM and ES/CRI Clusters in conflict-induced crises.<sup>87</sup>
85. **UNHCR’s cluster coordination was not fully aligned to the IDP Policy and IASC agreements.** With reference to Section 4.2 (see § 57–69), UNHCR did not lead the ES/CRI Cluster. This reduced effectiveness in drawing on tri-cluster synergies to which the ES/CRI Cluster is key.<sup>88</sup>
86. **Across the two clusters – Protection and CCCM – UNHCR coordination capacity was found to be inadequate at subnational levels.** For Protection Cluster coordination, identified weaknesses were mostly due to “inexperience in IDP response under the HCT”, gaps between deployments and remote handovers. The UNHCR Emergency Handbook recommends a dedicated Protection Cluster Coordinator (P4 or P5 level) as well as full-time posts (at P3 or P4 level) to coordinate subnational protection clusters. But in Mekelle, the Senior Protection Coordinator (P4) arrived in June 2021, which was two months after the L3 emergency declaration, and this role was filled half of the time and shared between Mekelle and Shire for three months. This part-time role was considered insufficient, particularly given that only limited movement was allowed in the area. The second Fast Track downgraded this position to a P2 level (entry level) after a gap of two months, which negatively impacted UNHCR’s reputation as protection lead.<sup>1</sup> Fifty-seven per cent of partners who responded to the survey “agreed” or “strongly agreed” that UNHCR had strong protection leadership capacity in place; 27 per cent of UN agencies and INGOs disagreed. Of those disagreeing or strongly disagreeing, 54 per cent were in the subregions (see Annex 7).
87. **There were also gaps and delays in CCCM Cluster coordination.** For CCCM, a newly activated cluster in Ethiopia, only 52 per cent of surveyed partners “agreed” or “strongly agreed” that “UNHCR has strong CCCM leadership capacity in place”. Of those, 85 per cent of respondents were in the regions. By May 2021, three months after the CCCM Cluster Coordinator left Addis, a Senior CCCM Cluster Coordinator on an upgraded P4 level arrived (from a P3 level). In Mekelle, there was no CCCM Cluster Coordinator from November 2020 to July 2021 and Shire received a CCCM Cluster Coordinator in August 2021.

**Strategic objective 3 – operational engagement.** Here, UNHCR is expected to implement a robust protection and solutions response by supporting its implementing partners and acting as provider of last resort.<sup>89</sup>

### **Protection response**

88. **UNHCR established CBPM and developed a protection desk network.** UNHCR’s situational analysis in new areas of displacement contributed to the implementation of a protection desks network. UNHCR and partners found that this model enabled the identification of protection risks and other needs on an individual basis for IDPs, refugees and host communities. This model also expanded reach in a context where access was limited. The IDPs were consulted, counselled, and received referrals wherever necessary and possible. The protection desks undertook the task of identifying PSN, to strengthen the relevance of the response. In addition, CBPM was established, and data were analysed at regional levels to inform a targeted response.<sup>90</sup> For example, this enabled a targeted response in hard-to-reach areas, including for new refugee arrivals in Tigray with unconditional cash-based interventions (CBIs) and CRI distribution, as well as distribution of walking assistance devices,<sup>91</sup> and

<sup>1</sup> Partner survey and KIIs with external field partners.

additional assistance to vulnerable minority groups such as the Erob community on the border with Eritrea (Adigrat).<sup>92</sup>

89. **While the protection desk network was a strategic intervention, it did not have the scale necessary for the target population.** As presented in Annex 14, across 64 protection desks, 7,475 queries were made between July 2021 and August 2022. Of these, 98 per cent were in Tigray and 97 per cent were IDP queries. Main reasons for concern were pregnant women (n=1,569), women at risk (n=1,345), persons with disabilities (PWD) (n=1,270), older people at risk (n=971), and torture victims (n=747) (see Annex 14). While these only reflect a part of UNHCR's overall outputs, the Tigray Strategy refers to a target of 1,025,676 IDPs (this target was set in July 2021) and the 2021 Humanitarian Response Plan (HRP) refers to 2,800,000 people in need of protection assistance,<sup>93</sup> of whom 53 per cent were children, 24 per cent women and 15 per cent PWD. Furthermore, for 34 per cent of all queries made through the protection desks, there were no referral services available due to constraints outside UNHCR's control. The data show that these desks did not reach refugees or host communities, and their output in Afar and Amhara remained inadequate. While UNHCR staff and partners spoke in positive terms about the protection desks, many simultaneously acknowledged (including those affected) that UNHCR needed to do much more.
90. **The L3 emergency response achieved significant results (outputs) between January 2021 and May 2022.** As presented in Table 3, the operation assisted 2,513,007 IDPs.<sup>i</sup> These results were valued by authorities and partners and by some IDPs interviewed during the evaluation. These achievements represent commendable efforts across the initial target (1,025,676 IDPs), set out in the IDP Protection and Solutions Strategy for Tigray and operational plan.<sup>ii</sup>
91. **There were gaps in the implementation of GBV and child protection (CP) activities.** UNHCR recognized GBV and CP needs. The IDP Protection and Solutions Strategy for Tigray <sup>94</sup> lists several interventions including “*assessing the existing GBV/CP capacity within the GBV and CP Area of Responsibility (AoR), updating of service mapping and referral systems, monitoring, identifying, counselling and referring, and contributions to GBV/CP service provision, and case management*”. The Protection Analysis from May 2022 found that GBV and CP were fragmented across the operational response and coverage remained very low.<sup>95</sup> The implementation was limited by the capacity gaps of other UN agencies, which further stretched capacity. UNHCR reported that there were shortcomings in addressing GBV and CP through community protection mechanisms. In addition, an effective and quality prevention and response was further limited by administrative and bureaucratic impediments, a disregard for international humanitarian law (IHL), and the weak or non-existent public services. Several UNHCR staff acknowledged that more could and should be done on GBV and CP, including through community mechanisms. But they also called upon the other agencies to step up considering the IASC responsibilities, despite this being a sensitive topic. FGDs with refugees in Alemwach, Serdo and Addis Ababa also indicated that there were important gaps, including identification of, and functional referral to, services for GBV and CP. According to other humanitarian reports, only a minority of survivors could access post-exposure prophylaxis kits and sexually transmitted infections treatments, and even fewer had access to psychological support.<sup>96</sup>
92. **There were also positive examples of tackling GBV and providing CP from the field visits conducted by the Evaluation Team.** In the IDP response in Dabat (Amhara region), quality GBV and CP services were in place, which was observed by the Evaluation Team. FGDs with both IDPs and host communities also showed that the response was highly appropriate, and respondents expressed their appreciation for efforts made by UNHCR and other implementing partners. Between January 2021 and May 2022, UNHCR provided 16,238 children and youth with Mental Health and Psychosocial Support (MHPSS) and child-friendly spaces, and 58,249 IDPs were reached with awareness-raising













<sup>i</sup> NB: there are limitations in the results data. The accumulative number likely included double counting of individuals receiving multiple assistance.

<sup>ii</sup> NB: the Tigray Strategy and operational response plan July 2021 was in draft form and not updated following the evolving crisis and increasing humanitarian needs. The July 2021 draft however targets 1,025,676 IDPs across priority areas that were mostly located in Tigray.



sessions on general protection and GBV prevention and response. Partners and local authorities benefited from capacity-building and training on protection, CCCM, GBV prevention and advocacy. The Protection Cluster analysis report of June 2022 underlined that 79 per cent of persons reached were from Tigray and mainly from IDP sites in major towns (Axum, Maichew, Adwa and Mekelle), and that 80 per cent of protection services were GBV prevention and risk mitigation, awareness-raising and MHPSS<sup>97</sup> (see Annex 9).

Table 3: Achievements of northern Ethiopia IDP Emergency Response 2021–2022 by region. Source: UNHCR Response dashboard January 2021–June 2022

Achievements 2021/2022		2021	2022
	IDPs received CRIs	372,936	347,075
	IDPs received solar lamps	22,470	43,929
	IDPs received shelter kits	85,000	34,373
	IDP and children/youth provided with MHPSS at child-friendly spaces	17,000	9,238
	Women and girls received dignity kits	14,613	29,978
	IDPs supported by protection desks	4,290	3,921
	IDP voluntary returns supported with regional authorities and partners in Amhara and Tigray	N/A	34,628
	IDPs relocated to selected IDP sites	N/A	37,097
	IDPs and IDP returnees received CBI support	N/A	33,031
	IDPs in 65 CCCM-managed sites in Amhara and Tigray	N/A	359,000
	IDPs reached with awareness-raising sessions on General Protection, GBV Prevention and Response	N/A	58,249
	Partners and local authorities benefited from capacity-building and training on Protection, CCCM, GBV Prevention and Advocacy	N/A	2,688

### Emergency Shelter/Core Relief Items Response

93. **UNHCR was the first and strongest ES/CRI implementer.** ES/CRI was the largest component of UNHCR's operations and the achieved results against the Tigray Strategy target of 1,025,676 were very good. Results data indicate that, from January 2021 to May 2022, 720,011 IDPs had received CRIs, 119,373 IDPs received shelter kits, 66,399 IDPs received solar lamps, and 44,591 women and girls received dignity kits. UNHCR was considered the main ES/CRI implementer by external stakeholders interviewed. These respondents also reported that UNHCR was effective in supporting collaborative work and partnerships in multisectoral assessments and coordination meetings. ES/CRI was a trust builder with communities and local authorities early in the L3 response, and it was effectively tied to protection outcomes. UNHCR staff did also report on some challenges. Afar and Amhara teams reported a lack of ES/CRI supplies, which limited their ability to respond early to population displacement. This resulted from a lack of preparedness, as well as strict import regulations and limited market supply chains (see Section 4.2; § 100–103). Gaps in supply staff further complicated this situation. For example, the Amhara operation has only one supply officer, who at the time of the evaluation field visit was also double hatting as Head of Office. There were also challenges related to

shelter construction and permanent shelters in Alemwach. Delays were due to administrative and bureaucratic impediments and UNHCR's limited technical capacity in construction, alongside supply delays. All of this delayed the response – for instance, refugees in Alemwach lived in temporary shelters on a site that did not comply with the hygiene, waste, and water supply Sphere standards.<sup>1</sup>

### CCCM response

94. **UNHCR (with IOM) activated the CCCM Cluster at national and subnational levels, and activities were an integral part of the protection response, together with ES/CRI.** The desk review identified several multisectoral assessments in new areas of displacement and the CCCM activities effectively identified and addressed needs at sites of new displacement and/or relocation (see Annex 8). The operation aimed to prioritize access to sites for PSN, in collaboration with local authorities. FGDs, including with host communities in Alemwach and Tigray, indicated that PSN also benefited from the response.
95. IDP returns remained limited throughout 2021 and “early IDP operational disengagement”<sup>98</sup> was not considered in Ethiopia.<sup>99</sup> The conflict and the continuous population displacement made it challenging for UNHCR to keep up. Together with the administrative and bureaucratic impediments, these were barriers to returns and eventual longer-term solutions. The cluster dashboard and the CCCM were under-resourced, which was another constraint.<sup>100</sup>
96. By the end of May 2022, the CCCM Cluster had relocated 37,097 IDPs to selected IDP sites and 34,628 IDPs spontaneously returned in coordination with regional authorities and partners. Some 359,000 IDPs were settled across 65 CCCM-managed sites, and 33,097 IDPs and IDP returnees benefited from cash-based interventions.<sup>101</sup>

### Capacity and efficiency`

#### High-level findings

Subnational preparedness and contingency plans, and UNHCR's involvement in the inter-agency IDP preparedness planning were inadequate as per UNHCR guidelines and did not facilitate early response at scale.

UNHCR internal processes (HR, supply, partnerships, decentralization) were largely not fit-for-purpose and contributed to delays and capacity gaps. This was exacerbated by the limited delegation of authority to sub- and field offices, as decision-making processes remained centralized at Addis Ababa level as well as by factors beyond UNHCR's control.

UNHCR partnership processes were inadequate and largely unfit for an emergency response. UNHCR did engage effectively with its partners. However, partners' ability to implement their activities in response to the L3 emergency was constrained by delays in signing of the PPAs: this resulted in delayed funding disbursement, which affected their ability to implement at the scale required.

Internal UNHCR supply processes were lengthy, and this reduced efficiency at national and subnational levels. Efficiency reductions included lengthy budget and approval processes, limited centralized warehouse capacity, and low procurement ceiling thresholds. External factors like COVID-19, a limited local market and lengthy importation negotiations further exacerbated delays.

There were significant performance weaknesses in how UNHCR recruited staff, and this negatively impacted the response. For ERTs, surge deployment requests were delayed and ERT profiles were not always appropriate. Fast Track efficiency was particularly weak, due to lengthy processes between the initial CO request and the RB approval and delayed arrival of recruits. Here, national Fast Track recruitment was particularly weak. Businesses related to Fast Track options, as stipulated in the UNHCR guidelines, were not

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<sup>1</sup> The Evaluation Team did not conduct a technical assessment against Sphere standards. But the team observed numerous temporary latrines that were full/blocked, water drainage was filled with waste, there was insufficient space between tents, and the lack of effective water drainage resulted in water entering tents and flooding terrain.

always applied, or were not known by UNHCR staff. The lack of decentralized authority in recruitment and a delay in approving the Staffing Review further delayed national staff recruitment. Recruitment was also impacted by COVID-19 and burdensome visa and resident permit processes.

UNHCR managed the staff evacuations from Tigray very well and these were in line with UNHCR procedures. Moreover, albeit nine months after the L3 emergency declaration, UNHCR invested appropriately in staff health and staff well-being.

### **Preparedness and contingency planning**

97. **UNHCR's contingency and preparedness planning was not timely or adequate.** In line with the UNHCR Policy on Emergency Preparedness and Response,<sup>102</sup> a plan is required *“to be in place in the pre-emergency phase”*. However, the desk review showed that preparedness was neither timely nor adequate. UNHCR had several subnational contingency plans that effectively anticipated smaller-scale scenarios. This included the increasing number of Eritrean asylum-seekers crossing the border,<sup>103</sup> the regional elections,<sup>104</sup> as well as scenarios for North Gondar.<sup>105</sup> Those plans later informed the Tigray Situation Contingency Plan. The operation revised its preparedness and response levels, as the crisis evolved. Following the L3 declaration, the contingency plan was first updated in October/November 2021 and again in February/March 2022. According to the staff survey, 78 per cent of respondents indicated that UNHCR's emergency preparedness facilitated the initial L3 emergency response. However, interviews with UNHCR at national and regional levels found that this plan did not meaningfully guide the L3 and the L2 responses.
98. **By March 2022, the operation had finalized a comprehensive contingency and preparedness plan at national level.** The desk review confirmed that this was context-specific and included scenario-based plans.<sup>106</sup> These plans also included risk analysis and ranking, Minimum Preparedness Actions (MPAs) and Advanced Preparedness Actions (APAs). The plan, although not developed in collaboration with partners, did consider the existing mechanisms, coordination and collaboration including with the RRS, the Ethiopia Disaster Risk Management Commission (EDRMC), plus regional and local authorities. Today there is a belief that the country is better positioned for the changing context.
99. **Pre-L2 declaration, UNHCR participated minimally in the RC/HC-led inter-agency preparedness and contingency plan that targeted IDPs.** This plan<sup>107</sup> was developed in July 2020 to mitigate the impact of a possible deterioration of security following potentially controversial elections. The plan referred to *“a high potential of full-scale conflict leading to widespread access constraints, mass displacement, grave protection and human rights violations”* and a potential for *“imposed drastic measures and a blockage with likely serious repercussions”*. In this plan there was no mention of UNHCR being involved in protection activities.<sup>108</sup> Some UNHCR HQ staff raised concerns about this. Other UNHCR staff indicated this was not a formal and collective HCT process. There were no further data that explained UNHCR's minimal involvement. UNHCR's limited engagement in the inter-agency preparedness and contingency planning process raises questions as to whether early involvement in inter-agency coordination could have facilitated the IDP preparedness and response, and why UNHCR played a minimal role at that time.

### **Partner engagement**

100. **UNHCR engaged effectively with its partners, and, because of the L3 declaration, the operation increased its PPAs across refugees and IDP operations.** UNHCR was able to mobilize partners at central and decentralized levels for both its refugee and IDP responses. The importance of this was evident in the Partner Survey, in which most of the respondents (75 per cent) agreed or strongly agreed that partner engagement promotes a timely emergency response, although engagement itself is not sufficient without timely funding (as discussed above). Across all interviews, implementing partners expressed how they valued UNHCR support; but all of them referred to contracting delays and how this

negatively affected the response. For example, in 2022 only 51 per cent of the PPAs were signed within the first three months (45 per cent for the refugee programme and 61 per cent for IDPs)<sup>i</sup>, see Annex 13. While some of the PPA signatures depended on agreement from the Ethiopian government, these delays were more due to changes in internal processes such as the transition to the new results-based management system COMPASS. This is an area that will require review and revisions to improve response to future emergencies (see Annex 13).

101. **The delay in signing PPAs resulted in delayed disbursement of funding to the partners, which affected their ability to implement at the scale required.** Interviews with the majority of partners showed that this delay affected their ability to implement the agreed activities fully and in a timely way. There were reports of implementing partners delaying GBV and shelter activities due to late disbursement of funding. Partners, including smaller NGOs, continued to work with UNHCR, without funding, by drawing upon their internal (limited) resources. Partners considered this a burden and not an appropriate, or sustainable, way to operate. This raises questions about the extent to which UNHCR followed its emergency protocols that allow for expedited measures. Moreover, short-term mitigating measures were not always explored to try to relieve the financial burden placed on partners (see Annex 13).
102. UNHCR's Emergency Handbook<sup>109</sup> and other guidance<sup>110</sup> outline special measures to facilitate partnership engagement during an emergency. The guidance states, "*when a full selection process cannot be undertaken, a waiver may be sought from the Implementing Partnership Management Service*". While these measures were applied in the response in Ethiopia, other factors caused delays including the introduction of the new COMPASS system, delays in PPA negotiations, reduced budgets, a centralized approval process, and the fact that some refugee PPA processes were not tailored for IDP scenarios. Factors beyond UNHCR's control included lengthy negotiations with the RRS and the fact that UNHCR's traditional NGO partners did not have access to Tigray in the initial stages of the conflict. Some of the mitigating measures UNHCR took included taking on partners for small-scale projects, without requiring them to undergo prior UNHCR registration. This however provides less stability for the continuity of the response, as these partners were not selected through the Multi-functional Implementing Partnership Management Committee. UNHCR staff reported that they in alignment with the Emergency Preparedness and Response Policy were able to raise the funding threshold for partners from \$50,000 to \$100,000.

### Supply and procurement

103. **Evidence is mixed regarding the efficiency of UNHCR's supply and procurement processes.** Interviews with partners and findings from the UNHCR Staff Survey presented generally positive views about supply and procurement. For example, 65 per cent of respondents in the staff survey "agreed" or "strongly agreed" that UNHCR supply/procurement mechanisms were efficient in scaling up the L3 emergency response. Supply teams at the CO level played a key role in ensuring supplies reached the field. Delivery of the much-needed relief items was also perceived to be as timely as possible, reaching the right people and locations. Of the 3,260,228 individual CRIs, 73 per cent were delivered to IDPs. Seven types of non-food item<sup>ii</sup> were delivered to nearly 100 per cent of the target (out of 13 items), see Annex 12.
104. **However, at national and subnational levels, several important internal factors affected supply processes.** Interviews with UNHCR staff, as well as a workshop conducted with the Supply Team, indicated that internal constraints were related to contracts committees, funding approvals required to trigger procurement, lack of communication/coordination between planning, budgeting and supply staff at country level, supplier approvals and payments, and low procurement ceiling thresholds. For

<sup>i</sup> UNHCR increased its PPAs and, by July 2022, had PPAs with 33 refugee partners and 26 IDP partners.

<sup>ii</sup> Tent, plastic sheet (4m x 5m), plastic rolls (4m x 50m), jerry can (10 L), mosquito nets, sleeping mats, bucket with lid (14/15 L).

example, supply staff reported spending considerable time justifying their supply decisions to the bureau Regional Committee on Contracts (RCC) whose members they experienced often did not understand the Ethiopian context. There were also reported time lags between requests for supplies (from the field), identification of funding and the start of the tendering/procurement process. Moreover, the internal UNHCR delays in approving recommended suppliers led to suppliers revising (increasing) their price offers<sup>i</sup>, which led to further delays.

105. **Formal procurement processes, followed during the response, were considered lengthy.** The focus of the RB and HQ was reported to be more on compliance than supporting the CO in overcoming supply-related issues, according to interviews with staff. UNHCR supply processes for an emergency response are not found in the UNHCR Emergency Handbook – unlike other areas such as HR or partnerships. There was also a lack of awareness among staff (as reported in interviews with the supply team) about the tendering processes. UNHCR’s Emergency Policy only states, in relation to procurement, that “Where conditions allow, local procurement in lieu of international procurement should be applied”<sup>111</sup>: UNHCR did this but faced quality issues. Furthermore, the reluctance of the RB to endorse higher procurement thresholds (up to \$750,000) delayed many procurements, as the procurement with this ceiling needed to go to the RCC based in Nairobi.
106. **External factors exacerbated the internal constraints, and this impacted significantly on UNHCR’s ability to provide life-saving assistance and protection to affected populations in Tigray.** Interviews indicated that external factors included scarcity in the local market, competition among UN agencies and lengthy customs regulations for international shipment, all of which contributed to delays. Most importantly the security, and the imposed restrictions on supply to and within the Tigray region, prevented timely delivery and distribution: this also severely affected UNHCR’s ability to meet the basic needs of affected populations.

### **Human resources processes**

107. UNHCR’s Policy on Emergency Preparedness and Response states that “*upon declaration of a Level 2 or Level 3 Emergency, central and regional emergency resources shall be made available to the concerned operation*”. Emergency staffing mechanisms include surge deployments to enable immediate support (for three months), which is expected to be followed by more stable staffing arrangements, through temporary appointments (TA) and Fast Track assignment.
108. **UNHCR faced internal challenges to implement adequately and in a timely way the HR processes required during an emergency response.** Most staff interviewed at subnational, CO and RB levels (although less so for HQ) expressed dissatisfaction with HR deployment processes. In general, UNHCR’s performance was better on its surge emergency deployments, especially ERTs, and to an extent better for international Fast Track than national Fast Track recruitments.<sup>ii</sup> In the staff survey, 70 per cent of respondents “agreed” or “strongly agreed” that the Emergency Response Teams (ERTs) mechanism was fast in scaling up the emergency response, and 50 per cent “agreed” or “strongly agreed” that temporary appointments (TAs) were fast in scaling up the response (see Annex 17).
109. **UNHCR staff and partners raised concerns that ERTs do not always have the appropriate skillset and experience required for an emergency response.** UNHCR had a 5-person senior coordination

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<sup>i</sup> This was particularly acute after the Ukraine crisis started which resulted in hyperinflation in many countries due to increased energy costs and shortages of certain commodities.

<sup>ii</sup> Emergency staffing mechanisms include surge deployments to enable immediate support for three months. Staff from the emergency rosters managed by DESS can be deployed within 72 hours. For L3 emergencies, a multifunctional DESS response team, led by a Principal/Senior Emergency Coordinator, is automatically deployed. This is expected to be followed by arrangements for transition from emergency deployments to more stable staffing arrangements, through temporary appointments and Fast Track assignments (using the Fast Track Mechanism). Temporary appointments can be requested from the Emergency and Temporary Staffing Unit. A Fast Track vacancy announcement should normally be issued within the first eight weeks of an emergency.

team in place 13 days after the conflict had started in November 2020.<sup>i</sup> Apart from a P3 Inter-agency coordinator in Addis and a P3 CCCM Cluster Coordinator in Shire, all ERTs were P4 and above, thus demonstrating mid- and senior level representation. However, UNHCR staff indicated that most applications to the emergency roster are from national personnel who do not have sufficient international experience. International personnel found it difficult to obtain approval from their managers to join the roster. Additionally, many who were deployed during the emergency response were trained online rather than in person due to COVID-19, and this is reported to have affected the upskilling of ERTs. DESS is currently taking steps to address some of these recurring issues, through streamlining internal deployment mechanisms, strengthening the ERT roster, and re-establishing face-to-face Workshop on Emergency Management training post COVID-19.

110. **Of all the surge deployments, 47 per cent were of ERTs.** Of the 152 planned surge deployments, which included TAs and standby partners, 104 got on the ground (68 per cent), see Annex 17. Requests for and deployment of surge staff continued throughout 2021 and into March 2022, particularly of ERT staff: this underlined the continued need for and ongoing support to the country response. UNHCR deployment data indicated that the time between requests made for surge staff and their arrival times varied greatly. DESS surge teams, the Senior Emergency Response Coordinator (SERC) and the ERTs were quicker to be deployed after receiving a request from the CO, as per guidance provided in UNHCR's Emergency Policy.
111. **A large majority of ERT staff (23) arrived in July 2021, nearly three months after the declaration.** The average time of arrival was 26 days, which was slower than the 72 hours stipulated for deployment of ERTs (see Annex 17).<sup>112</sup> The desk review showed that there was a delay in DESS receiving surge deployment requests from the CO for the L3 response. It received 27 requests almost two months after the declaration of the L3 emergency (on 16 June 2021). Prior to this, only two supply deployment requests were received (at the beginning of June 2021). Moreover, changes to resident permit and visa processes affected the travel of many whose deployments were confirmed. While many of the United Nation's laissez-passer (UNLP)-holders could travel to Ethiopia without a visa, many could not enter Tigray without a resident permit. This challenge was compounded by the fact that it was not possible to apply for a visa online for several weeks and resident permits took months to obtain according to interviews. The change in the visa requirements resulted in many of those deployed arriving throughout the month of July.
112. **Deployment of all Fast Track posts was slow.** To date, there have been two Fast Tracks for both international and national staff. The first Fast Track was requested on 25 January 2021,<sup>ii</sup> for which the approval processes between the CO and the RB were lengthy, as it was approved only in April 2021. In May 2021, the first Fast Track staff started arriving. For the first international Fast Track,<sup>113</sup> 100 per cent (n=24) were deployed, with 66 per cent starting their positions in July 2021. The second international Fast Track was approved in July 2021<sup>114</sup> (which was within the target of eight weeks of the L3 emergency declaration) of which 98 per cent of staff were deployed and 70 per cent started their positions between November and December 2021 – a full year into the crisis. Two-thirds of these deployments (61 per cent), for Fast Track 1 and 2, were for Shire and Mekelle, which were the areas in most need. To date, almost 100 per cent (56 of the 57 requested) of Fast Track international staff have been deployed.

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<sup>i</sup> Principal Emergency Coordinator P5 (DESS STBY Team – automatic deployment), a Deputy Representative – Emergency Coordinator D1 (Mission17), a Senior Field Coordinator P4 (Mission) and a Protection and Data Coordinator P2 (Mission).

<sup>ii</sup> UNHCR New Resource Allocation Framework: Template for documenting proposed changes and decisions. Subject: Fast Track 1, request for OL increase, 25 January 2021.

Table 4: UNHCR overview ERT and Fast Track deployments and timeliness

	TIME REQUESTED	TIME APPROVED	FIRST ARRIVALS	N° REQUESTED	% DEPLOYED
<b>Surge total</b>				152	68% (104)
<b>ERT (included in Surge total)</b>					80%
<b>FT1 International</b>	25 Jan 2021	Apr 2021 (3 months)	Jun 2021 (6 months from initial request)	24	100% (24)
<b>FT1 National</b>				37	59% (22)
<b>FT2 International</b>	Jul 2021	Jul 2021 (1 month)	Oct 2021 (3 months from initial request)	32	98% (32)
<b>FT2 National</b>				68	0.2% (2)

Source: UNHCR data

113. **There were critical shortages of national Fast Track deployments impacting on the response capacity.** Under the two national Fast Tracks, there were 105 positions requested, 37 under national Fast Track 1 and 68 under national Fast Track 2.<sup>115</sup> The process of recruitment for the first Fast Track continued for five months and more, and only 59 per cent of Fast Track 1 positions (n=22) were deployed, with the majority of these (81 per cent) deployed in Addis Ababa in August 2021. The process for national FT 2 started in September 2021. Since then, only two staff (of the 68 requested) have been deployed: one each in Shire and Addis Ababa. More than half (51 per cent) of the positions were still pending action with the managers. Across the three regions, many national and international staff in the field raised concerns about the lack of national staff and how this limited their response capacity (see Annex 17).
114. **UNHCR faced major challenges in recruiting national staff.** Due to the lack of internet connection, UNHCR received 7,000 paper applications from external candidates in the Tigray region requiring manual screening. By June 2022, these applications were still being reviewed. In other regions where internet connection was available, candidates were able to apply online; but the majority of these were not from the Tigray region and, hence, not appropriate. Issues with recruitment were also observed in relation to temporary appointments (TAs), where it was difficult to find personnel using the specified competitive recruitment processes. UNHCR's CO was unclear on the extent to which competitive recruitment rules can be flexible and include recruitment of TAs. UNHCR adopted various measures, such as sharing applications received for other similar positions, which contributed to expediting TA recruitment. Other measures taken included posting adverts in public places to attract candidates. Given the considerable challenges with recruitment, more HR staff would have been helpful to support the process; but after five requests for HR personnel, only three had been recruited. Lastly, the Structure and Staffing Review, initiated in May 2021, was submitted on 1 October 2021.<sup>116</sup> However, actions arising from this were not finalized until March 2022, which further delayed national staff recruitment.
115. **As the emergency progressed, the CO realized that deployments per region were disproportionate.** According to UNHCR field staff, Afar required and should have received much more consistent staffing support, given that the Afar operation had been neglected for a long time and even prior to the conflict in Tigray. Here, UNHCR international staff raised concerns that the internal processes did not allow them to move staff swiftly between regions. It also took time to get additional staffing for the urban team in Addis Ababa, to cover emerging needs related to the thousands of self-relocated Eritrean refugees from Tigray. But there are also examples where UNHCR did mitigate some of the recruitment delays, by making use of available staff and deploying them in areas of most need. This happened in the Amhara and Afar field offices.
116. **The slow pace of deployments, particularly of national staff, was caused by a multi-layered recruitment process,** and the ERTs' lack of management capacity to support recruitment. Some of the factors contributing to HR issues during this L3 response included the following:

- **Considerable increase in the workload of local HR teams when recruiting national staff**, in particular the burden on middle-level managers. It was reported that the administrative burden during the emergency was even higher than when selecting for regular national positions, due to the urgent need to find people. National staff are required to screen long lists of candidates, participate in tests and interviews, and write “high quality recommendations”. These recommendations are reviewed by an Assignment Committee and Observers at the Regional Bureau, procedures seen by staff at the CO as “highly demanding in all phases of the selection process”. However, according to HQ, there are other ways to recruit national staff during emergencies, including at subnational level, which would have helped to bypass such selection processes.
- **Lack of systematic involvement of the in-country HR manager when coordinating deployments.** It was reported that the HR Cell<sup>i</sup> only functions optimally with a HR manager being involved throughout the deployment process as a strategic partner. The lack of involvement of a local HR manager in HR-related discussions reportedly hampered the cell’s ability to assess HR needs. The senior Human Resources Officer (HRO) became a member of the Senior Management Group only one year after the start of the L3 was declared.

## Decentralization

117. **UNHCR did not decentralize its decision-making processes, particularly for the signing of PPAs, recruitment, and to some extent supply management: the failure to decentralize contributed to delays in the L3 response.** Following the UNHCR’s 2019 decentralization agenda<sup>117</sup>, HQ and the RB are expected to guide the CO on decentralization, so authority is delegated, and sub-offices are empowered to conduct tasks such as signing of partnership agreements and recruiting of national staff. The CO made some progress in this regard, such as expanding infrastructure (offices and staff) at subnational levels. However, full decentralization is yet to happen. Strategic partners voiced their concerns about UNHCR’s centralized approval processes, and the delays caused as a result. However, UNHCR staff indicated that the centralization of decision-making was also imposed by the centralized systems of the host governments and by partners themselves. Strategic partners have made recommendations that UNHCR should decentralize its systems and processes, to reduce delays.
118. Interviews with UNHCR staff suggested that field-based managers are not always aware of the extent of their authority. They therefore rely on the CO to take decisions, which highlights the need for further work in this area by the RB and HQ – to better familiarize staff with changes in procedures and authorities that are triggered by an L3 declaration.

*“I think the approvals are too centralized... and if field teams could be empowered where they can approve some of the things, and then ensure that things are moving much faster, that would also help.”*  
(Strategic partner)

## Staff care, safety, and well-being

119. **UNHCR implemented several measures to mitigate and respond to staff care, safety, and well-being concerns.** Factors such as COVID-19, the conflict situation, a harsh working environment, inflammatory media statements, the large scale of operations combined with high workloads and staffing shortages highly affected UNHCR staff well-being in Ethiopia, especially those working in the Tigray region and those directly responding to the emergency. Here, UNHCR was able to provide staff with access to essential medical facilities, care, and supplies, which was seen as highly valuable by UNHCR staff. UNHCR had established a health team in Addis Ababa by December 2021, including an emergency medical care coordinator for Mekelle. It undertook health risk assessments (in 2021), and developed a “medical project”, working in consultation with other UN agencies (specifically WFP). This

<sup>i</sup> Composed of DESS staff and HR staff from DHR, the RB and the operation, and co-chaired by DESS and the RB.



resulted in staff having access to medical facilities, supplies and care in Shire and Mekelle by February 2022, nine months after the declaration of the L3 emergency.

120. **UNHCR provided timely support for psychosocial care and well-being, in close collaboration with HQ and the RB.** UNHCR recruited a full-time Well-Being Staff Counsellor within three months of the declaration of the L3 emergency (July 2021), organized several different individual counselling sessions<sup>i</sup> as well as access to external mental health service provision (Rome Institute), an external psychiatrist, follow-up for trauma and support to peer advisors.
121. **While UNHCR continues to support the clinics, the organization has transitioned to one UN facility (UN clinic) as a longer-term medical solution for the Tigray region.** To date, UNHCR continues to maintain these clinics and has played a key role in the transition towards a Memorandum of Understanding (MOU) with the UN Economic Commission for Africa (ECA) for management of these clinics, enabling all UN agencies to benefit from the services offered.
122. **UNHCR was able to relocate/evacuate staff at the onset of the conflict in the Tigray region, but there were difficulties.** The evacuation measures applied, to ensure the safety of staff, were in line with UNHCR procedures.<sup>ii</sup> While some staff appreciated these responses, others were highly affected and traumatized because of the events in the region. Due to the unprecedented nature of the conflict, UNHCR's inadequate contingency and preparedness measures, and no specific standard operating procedures to deal with such evacuations, several staff including national staff were stuck in Tigray without necessary communication and logistics equipment. This resulted in some national staff from different ethnic backgrounds being stranded in Tigray at the height of the conflict. Both national and international staff raised the question as to whether better contingency planning could have prepared UNHCR more for providing staff support and safety at an earlier stage.

### **Real-time review**

123. The UNHCR policy on emergency preparedness and response notes that the "*The relevant Regional Bureau and DESS undertake a joint real-time review of each UNHCR Level 3 refugee emergency situation three months after it starts*".<sup>118</sup>
124. **The real-time review (RTR) was considered a relevant mechanism to redirect the ongoing response, but implementation of recommendations varied. The RTR was conducted remotely within three months of the L3 emergency declaration.** UNHCR staff interviews indicated that the RTR was highly relevant and instrumental to course-correcting, from both a strategic and a technical perspective. Most of the recommendations were adopted by the CO and these positively influenced the response, including the recommendations on strategizing and scaling up the IDP response, for example by establishing protection desks and making use of cash-based assistance. Other recommendations were implemented despite there being significant delays, e.g., the Structural and Staffing Review and contingency planning (see Annex 18). The Structural and Staffing Review was initiated in mid-2021, but only finalized by April 2022 and this resulted in further delays in national staff deployment. During interviews, several concerns were raised that some recommendations were not adopted in a timely way (see Annex 18). UNHCR staff had questions as to who is responsible for monitoring the timely implementation of the recommendations.

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<sup>i</sup> Psychological Preparation sessions offered to all international staff assigned to Ethiopia; continued psychosocial support to COVID-related cases in collaboration with the Medical Officer; individual counselling interventions for all staff including affiliate workforce; end-of-assignment debrief sessions for international staff.

<sup>ii</sup> Namely the Administrative Instruction UNHCRAI/2018/11 'Measures in Support of Personnel in High-Risk Duty Stations (Non-Family Duty Stations Where Danger Pay Applies).'

### 4.3. Cross-cutting issues (AAP, AGD, PSEA)

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*This section describes whether UNHCR has mainstreamed core action points for AAP, AGD and protection from sexual exploitation and abuse (PSEA) and how this mainstreaming has put people at the heart of the response. Here the evaluation uses UNHCR policies for each of the cross-cutting issues and provides an overview of the actions followed throughout the programme cycle.*

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#### High-level finding

UNHCR's work to embed AAP, AGD and PSEA in the L3 response was good. There is evidence of use of AAP, AGD and PSEA approaches and how these targeted specific needs. The implementation achieved many expected outputs level results, but selected ADG and AAP action points were not achieved at the time of the evaluation.

While UNHCR does communicate with communities, it also acknowledged that scaling up “meaningful participation and inclusion” has not been done successfully, because there are gaps in the two-way communication for Community-Based Complaints Mechanisms (CBCM), and because PSEA has not been integrated into community-level programming.

125. **UNHCR demonstrates a strong commitment to mainstreaming AAP, PSEA and AGD in the response.** All three aspects were embedded in the Tigray Strategy.<sup>119&120&121</sup> During the L3 response, the CO developed a PSEA Strategy,<sup>122</sup> reiterating its “zero tolerance” policy. UNHCR staff were aware of such corporate policies and their importance. However, the IDP Protection and Solutions Strategy for Tigray and plan did not explicitly define AAP, PSEA and AGD action points across the programme cycle.
126. **UNHCR's implementation of PSEA action points was good and started early at the onset of the response.** The operation implemented several PSEA action points alongside community-based initiatives, for example establishing community groups to represent persons UNHCR serves, and anti-fraud campaigns. KIIs with UNHCR CO staff showed that UNHCR made good investments in PSEA, and this was supported by the RB. Such investments included the recruitment of a PSEA consultant.<sup>i</sup> The desk review conducted as part of the evaluation presented evidence of the operation having 57 PSEA focal points across Ethiopia by the end of 2021,<sup>123</sup> and an operation that had developed PSEA Community-Based Complaints Mechanisms (CBCM) Compliance Checklist, and for which training sessions were conducted with local authorities, partners and refugee committee members in Mai-Aini and Adi-Harush camps in Tigray.<sup>ii</sup> UNHCR is also an active member of the PSEA Network in Ethiopia and engaged at subnational level. At national level, it contributed to development of inter-agency tools for PSEA prevention and advocated for the roll-out of the Harmonized United Nations Implementing Partner PSEA Capacity Assessment, to prevent rehiring of offenders within the UN system. In addition, through the Protection Cluster, PSEA awareness-raising sessions were conducted, and a complaints and feedback mechanism established. There was some evidence of training for community representation structures, service providers, partners, and local authorities all of which testifies to UNHCR's significant commitment to and investment in PSEA.
127. **UNHCR's focus on the AAP core actions of “participation and inclusion” and “feedback and response” demonstrates adequate mainstreaming, but there are gaps in two-way communication for CBCM.** UNHCR included community-based approaches and Communications with Communities (CwC), including feedback mechanisms. Evidence from field visits and interviews demonstrated that people have been consulted. For example, UNHCR worked with a Refugee Committee in Adi-Harush and Mai-Aini. UNHCR partnered with Action for the Needy in Ethiopia (ANE), which set up CBCM and compiled data in collaboration with a CBCM committee and IDP

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<sup>i</sup> UNHCR Ethiopia PSEA compliance checklist.

<sup>ii</sup> Protection: Step-Up of Activities in Mai-Aini and Adi-Harush Camps.

representatives in Shire. In Mekelle, ANE installed suggestion boxes. UNHCR protection teams scaled up training for partners on code of conduct, PSEA, AAP and GBV prevention and response.<sup>124</sup> Despite this, IDPs consulted in FGDs had no knowledge of feedback mechanisms and stated that they were not consulted in the programming or the CBCM. Refugees from Alemwach and Addis Ababa were aware of CBCM but said that these were either not in place, or there was no response to their concerns. UNHCR staff indicated that community structures and working with communities around PSEA (but also GBV) was at times not sufficiently implemented or implemented at scale.

128. **UNHCR implementation of the AGD core actions<sup>i</sup> “inclusive programming” and “feedback mechanism and response” was effective.** Evidence from the desk review indicates that most of the data collected by UNHCR were disaggregated by AGD – for example, data from needs assessments,<sup>125</sup> protection monitoring,<sup>126</sup> the protection desks<sup>127</sup> and returns<sup>128</sup> were disaggregated by age and sex and by other social inclusion variables. PSN did identify diversity and vulnerability, and they indicated that these were appropriate to a conflict-affected context. For example, at-risk groups included female-headed households, widows, unaccompanied and separated children as well as torture victims and PWDs. While there is evidence that these disaggregated data informed a tailored response for AGD (see Section 4.2; § 86–90), some NGOs indicated that such data were not consistently shared.
129. **While UNHCR has made progress on specific AAP, AGD and PSEA core actions, most core actions are not yet fully addressed.** “Inclusion and participation” at each stage of the programme cycle have not been achieved. It is also difficult to judge whether “communication and transparency” have been addressed. While there is an indication that UNHCR established feedback mechanisms for both IDPs and refugees, the response system appears to be weak. Most respondents, during FGDs (Debank, Alemwach, Addis Ababa and Serdo), stated that their complaints (including complaint letters given directly to the CO and the RB) were not resolved. UNHCR RB informants questioned the efficiency of providing feedback to IDPs and refugees.

#### 4.4. Durable solutions and sustainability

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*This section describes durable solutions for refugees separately from those for IDPs. The evaluation has used the 2019 UNHCR IDP Guidance Package for UNHCR’s Engagement in Situations of Internal Displacement<sup>129</sup> – which is aligned to the 2010 IASC Framework on Durable Solutions for Internally Displaced Persons.<sup>130</sup> For refugees, the evaluation has consulted the Ethiopia Country Refugee Response Plan January 2022 to December 2022.<sup>131</sup>*

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##### High-level finding

UNHCR support to IDP voluntary returns and relocation was good. The organization conducted intention surveys, engaged with local authorities and IDP communities, established a Return Working Group under the leadership of the Protection Cluster, developed a Return Action Plan, and organized consultative return workshops. Scaling up of returns was hindered by ongoing conflict and the need to guarantee safe returns. The majority of IDP returns therefore were spontaneous and unassisted.

UNHCR is working towards the HDP Nexus and started engaging with the World Bank and the African Development Bank for IDPs. UNHCR ensured that both refugees and IDPs were included in three multi-year development projects.

There are specific concerns about providing viable solutions for Eritrean refugees. While UNHCR intends to promote refugee inclusion and self-sufficiency in Afar and Amhara, the relocation of refugees in Tigray to safer locations has been a struggle.

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<sup>i</sup> 1) AGD-inclusive programming, 2) participation and inclusions, 3) communication and transparency, 4) feedback and response, 5) organizational learning and adaptation, and 6) gender equality and commitments to women and girls.

130. **UNHCR assisted IDP returns and relocation on a voluntary basis.** To ensure strategic and safe returns, UNHCR collaborated with local authorities and IDP community representatives, set up a Return Working Group under the leadership of the Protection Cluster, developed a Return Action Plan and organized consultative return workshops. UNHCR ensured that returns or relocation were voluntary through intention surveys.<sup>132</sup> By the end of May 2022, UNHCR and partners had supported 34,628 voluntary returns and 37,097 were relocated, while 33,031 had received cash-based intervention support (see Table 3). By March 2022, UNHCR reported that 2,848,000 IDPs from the three regions had returned (including spontaneous-returns) to their place of origin.<sup>133</sup> According to most stakeholders, the ongoing fragility and fluidity of the context have not always been conducive to scaling up organized returns and sustaining solutions.<sup>134</sup> Most UNHCR responders stated that durable solutions interventions should have been more integrated into UNHCR's response from the outset, but they acknowledged that this was challenging to do.
131. **UNHCR is expecting the response to stabilize following the expiry of the emergency declaration and the early solutions engagement.** There are examples where UNHCR pursues durable solutions by working closely with authorities, national systems, and communities. For example, referrals based on the protection monitoring system, where possible, are made into the national system (e.g., schools, health facilities) to ensure better integration and future sustainability. Here UNHCR strengthens such structures. UNHCR and partners also set up IDP committees to discuss solutions. UNHCR does pursue social cohesion and dispute settlement, for example, through collaboration with universities.<sup>i</sup> In the wider country response on internal displacement, there are several more examples, including the community-based peace committees or the collaboration with the Trilateral Peacebuilding Office. According to UNHCR HQ staff, similar examples exist for livelihood activities, such as in the Amhara region.
132. **The Humanitarian-Development-Peace Nexus (HDP) is on UNHCR's agenda.** UNHCR established a robust partnership with the World Bank Group, in line with the HDP Nexus, and leveraged the existing platforms to systematically advocate for the inclusion of refugees and IDPs in development programmes. The engagement with the World Bank and the African Development Bank on the IDP response had started at country level. This engagement however was in its infancy, as development actors were still exploring avenues of engagement in this highly fluid and polarized conflict setting. As part of the strategic engagements, UNHCR managed to ensure that refugees and IDPs were included in three multi-year development projects. The first one is the Response – Recovery – Resilience for Conflict-Affected Communities in Ethiopia Project (3R 4 CACE), which targets IDPs and aims to rebuild basic infrastructure and improve multisectoral responses for GBV survivors in Tigray, Afar and Amhara regions. Secondly, refugees are included as primary beneficiaries in the second phase of the Development Responses to Displacement Impacts Project (DRDIP). The project involves a \$180 million Grant and will be implemented in all refugee-hosting *woredas* (districts) of Ethiopia, including the Tigray region, Afar and the new refugee site – Alemwach. The third project is the Urban Productive Safety Nets and Jobs project, a pilot initiative by the government to extend social protection schemes to refugees and forcibly displaced persons. The project benefits refugees residing in the new Alemwach refugee site and IDPs in the northern part of the country through unconditional cash transfers to IDPs, strengthening youth employment linkages and introducing gender empowerment interventions.
133. **UNHCR is limited in providing viable solutions for Eritrean refugees.** Resettlement is a solution for only a few,<sup>135</sup> and this is also dependent on quotas from resettlement countries. UNHCR has tried to navigate this through advocacy to increase quotas for Eritreans affected by the conflict. Here, evidence from the desk review suggests that UNHCR continues to pursue resettlement opportunities, including through family reunification projects<sup>136</sup> as part of Prospect Partnerships.<sup>ii</sup> But UNHCR faces

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<sup>i</sup> UNHCR Country Level Feedback on IDP Implementation and Engagement 2019 – 2021.

<sup>ii</sup> A partnership (IFC, ILO, UNICEF, UNHCR, World Bank) collaborates and supports government-led efforts to strengthen systems and develop and implement policies that promote inclusion and socioeconomic development of forcibly displaced people and host communities, while working closely with local authorities, business/private sectors, and communities to identify, maximize, and realize opportunities. See: [Link](#)

several constraints to pursue resettlement, including the suspension of registration of new arrivals from Eritrea (in January 2020); and the shrinking asylum space for Eritreans with an unknown number of Eritrean asylum-seekers currently scattered inside and outside Tigray, according to UNHCR staff and partners.

134. **UNHCR promotes refugee inclusion and self-resilience as per the Global Compact on Refugees (GCR), but it still faces challenges.** In Alemwach, UNHCR pursues “inclusion” in line with the GCR, aiming for refugee integration in existing public structures. Here, the desk review indicates that UNHCR supports rehabilitation of local electricity, water systems and health and education structures to promote integration.<sup>137</sup> UNHCR is also constructing permanent shelters at this site. Yet, there are several barriers that negatively influence the results. **Firstly, peaceful co-existence between refugees and host communities is perceived as difficult.**<sup>137</sup> FGDs also indicated that refugees are targeted by host communities, have limited freedom of movement, and are regularly excluded from public services due to delayed registration processes. **Secondly, despite UNHCR conducting intentions surveys, the operation is constrained in providing solutions informed by these.** For example, 90 per cent of refugees from Adi-Harush and Mai-Aini camps do not feel safe, and 72 per cent would like to be relocated or resettled. But despite UNHCR’s advocacy efforts, relocation from these camps has mostly been impossible, resulting in many refugees self-relocating and crossing the unstable Tigray-Amhara frontline.<sup>138</sup> During this transit, there are numerous reports of killings, rape, and detentions;<sup>139</sup> FGDs with refugees who have made that crossing reiterated this. **Thirdly, FGDs with Alemwach refugees indicated that most refugees do not want to live there due to insecurity, lack of services and referral, and suboptimal living conditions in the camp.** There are also reports of forced relocation to Alemwach.<sup>140, 141</sup> This raises questions as to how UNHCR can meet the voluntary requirements. Consequently, finding solutions for Eritrean refugees continues to be seen as a difficult issue in Ethiopia. Key informants highlighted that UNHCR has continuously engaged with the Ethiopian government on this, but the organization was significantly limited in operationalizing the wishes of the refugees. The relocation of the refugees is an ongoing project and results are still to be expected. Here, UNHCR is encouraged to monitor closely the well-being of the refugees following the reports given above.

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<sup>137</sup> Key informant, Debarak.

## 5. Conclusions

### Conclusions about the L3 emergency response

1. **UNHCR's contribution to the L3 emergency response was crucial.** During the period 2021 to 2022, UNHCR's L3 response made critical contributions to the inter-agency humanitarian response in northern Ethiopia. In May 2021, UNHCR and the HCT launched the Northern Ethiopia Humanitarian Response Plan to assist 5.2 million people in need of assistance following the outbreak of conflict in late 2020, recognizing displaced populations in Tigray, Amhara and Afar to be among the most vulnerable. UNHCR filled cluster coordination gaps, in the absence of other humanitarian actors. UNHCR upheld its cluster coordination responsibilities in leading the Protection Cluster, co-leading the CCCM Cluster, and engaging actively in the ES/CRI Cluster – which reached more than 1 million people with CRIs, although the organization's coordination at subnational levels remained inadequate. UNHCR also acted as a “provider of last resort” in the absence of operational actors in Tigray, so that many results achieved by the inter-agency response could be attributed to UNHCR's implementation activities.

2. **UNHCR reinforced protection.** The UNHCR L3 response contributed significantly to the inter-agency protection response. UNHCR delivered widely appreciated protection services to more than 2.5 million IDPs, surpassing the initial target of 1 million. It promoted the centrality of protection, engaging the Resident Coordinator/Humanitarian Coordinator and the HCT, leading efforts to revise the HCT protection strategy, and providing thematic briefs on different aspects of protection and solutions. It led the Protection Cluster, established a country-wide protection monitoring system, provided protection analysis and information to response actors, and it built protection mainstreaming capacity among them, although GBV and CP remained poorly covered overall. Protection coordination and leadership at sub-national level was weaker. UNHCR developed a network of protection desks to identify individual protection risks, expanding a protection presence, even if this remained at a relatively small geographic scale. UNHCR embedded measures to promote AAP, PSEA and AGD in its response, carrying out intended activities at community level, but it did not achieve the “meaningful participation and inclusion” of beneficiaries.

3. **UNHCR promoted solutions.** The UNHCR L3 response made early efforts to promote solutions for IDPs, but its overall contribution to reduce needs was limited amid the ongoing conflict. In efforts to find solutions for IDPs, UNHCR supported some 34,000 voluntary returns and 37,000 relocations, and provided cash-based support to some 33,000 of these IDPs. Its efforts included monitoring intentions at IDP sites in Tigray, collaborating with IDP representatives and local authorities, establishing a Return Working Group within the Protection Cluster, and developing a Return Action Plan. However, UNHCR could only offer limited support to IDPs who mostly expressed a wish to return home, because they lacked basic assistance and protection in IDP sites. Moreover, UNHCR only supported around 100,000 of the 2.8 million IDPs who had already returned to home areas by March 2022. More promisingly, UNHCR included IDPs and refugees in three multi-year development projects and built a strong partnership with the World Bank, advocating for IDP inclusion in a planned development programme (which remained at the planning stage during the conflict). UNHCR recognized, however, that IDP needs continued and that further humanitarian assistance would be needed so long as the political and military drivers of these needs remained unaddressed.

4. **UNHCR struggled to protect refugees.** UNHCR struggled to assist and protect highly vulnerable Eritrean refugee populations, whose camps in northern Ethiopia were attacked and then destroyed in January 2021. As a result, refugees were forced to flee southwards, the 2 remaining camps became inaccessible to UNHCR,

and to this day more than 7,500 refugees are unaccounted for. Caught between the warring parties, the Eritrean refugees who faced particular protection risks received limited assistance and felt abandoned by UNHCR. After the departure from the camps of its government partner, the RRS, UNHCR managed to distribute some food and emergency health supplies to the camps despite serious access constraints. It also provided cash assistance to thousands of the displaced refugees who arrived in Addis Ababa. But UNHCR struggled to support the refugees, whose assistance was coordinated through the RRS, and this raised questions among Eritrean refugees engaged in the evaluation about UNHCR's humanitarian independence and neutrality.

## Conclusions about the L3 mechanism

**5. The response scaled up for IDPs.** UNHCR successfully designed and implemented a large IDP response during 2021. The High Commissioner declared an L3 emergency in May 2021, activating a whole-of-UNHCR response to the IDP crisis in northern Ethiopia, just after a system-wide scale-up was declared by the Emergency Relief Coordinator in April 2021. UNHCR developed the IDP Protection and Solutions Strategy for Tigray, which refined protection objectives, aligned with the organization's 2019 IDP Policy, created a CO IDP Task Force, and developed IDP data collection tools and procedures. UNHCR mobilized resources to address needs in three regions, with an IDP budget (OL) of \$41.5 million in 2021, signing 26 partnership agreements for IDP activities, and deploying 80 surge capacity staff and a similar number of Fast Track recruits. These actions enabled UNHCR to reach IDP populations, provide a range of services and contribute to the inter-agency response. The scale-up was a considerable achievement considering UNHCR's lack of preparedness, its limited involvement with internal displacement in Ethiopia prior to the conflict, and initial tensions reported between assisting IDPs in Tigray and existing refugee protection operations, including a Global Compact on Refugees pilot programme.

**6. The response was well-led.** The UNHCR L3 response scale-up was accelerated by corporate leadership, strategic direction, and multilevel coordination. First, after visiting in January 2021, the High Commissioner activated the L3 emergency response mechanism in May 2021, and advocated for urgent restructuring, strengthened field presence, and addressing IDP needs. Second, UNHCR's DIP, DESS and the East Africa RB conducted a joint mission in May 2021, recommending prioritized protection activities to assist IDPs, including help desks, registration, and cash-for-shelter. Third, UNHCR conducted a real-time review in June 2021, resulting in recommendations aimed at strengthening engagement in the IDP response, although accountability for their adoption was unclear. Fourth, UNHCR developed the IDP Protection and Solutions Strategy for Tigray to guide the L3 scale-up, introducing strategic priorities (inter-agency protection leadership, cluster coordination and strong operational delivery) and an IDP Operational Plan to complement it. Fifth, UNHCR established an emergency task team in Addis Ababa including an IDP protection specialist, to help to translate the ERT-led IDP response into a wider UNHCR office response. Finally, UNHCR coordinated activities between HQ, RB, and CO levels through support mechanisms (i.e., emergency cell meetings), good collaboration and communication, and tasks carried out at each level.

**7. Both the IASC scale-up and UNHCR L3 declaration came late.** The UNHCR L3 response was hindered by insufficient preparedness in early 2021. Instead of scaling up from June 2021, UNHCR could have begun expanding programmes for IDPs in late 2020 or early 2021, when it declared an L2 and deployed a few senior staff, as IDP numbers escalated rapidly and already reached 1.65 million in April 2021, when the L3 was declared. UNHCR was poorly prepared for a large-scale IDP crisis, i.e., it lacked adequate scenario plans, partnership, and staff arrangements, or prepositioning of supplies, having played a minimal role in an inter-agency contingency planning exercise in July 2020 for just such a crisis. Furthermore, its subnational

contingency plans were too low-level to drive forward the L3 response in Tigray. Despite a long-term presence in northern Ethiopia, UNHCR lacked the right capacities for an IDP emergency response, as it had minimal activities for IDPs in the north of the country until mid-2021 and had remained focused on refugee programmes and government partnerships.

**8. The scale-up was hindered by internal procedures.** The UNHCR L3 response scale-up was hindered by internal processes that were poorly adapted for emergencies, which in turn reduced the quality, effectiveness, and efficiency of the response. UNHCR's scaling up required an increase in PPAs in northern Ethiopia, but the Country Operation was slow to sign them, leading to delayed payments that left partners unable to respond at the scale required, and to delayed GBV activities and stoppages to shelter construction. UNHCR managed to deliver many supplies, but CO procurement was slowed down by contract committees, funding approvals and divergences between planning and budgeting functions. UNHCR rolled out a decentralization agenda in the CO, but subnational offices and field offices lacked sufficient authority (or awareness of having such authority) for signing partnership agreements, national staff recruitment and procurement of supplies.

**9. The scale-up was delayed by HR.** The UNHCR L3 response struggled to deploy the right people at the right time, leading to insufficient cluster coordination capacity at subnational level and gaps between deployments: this undermined UNHCR's leadership in the eyes of stakeholders. UNHCR deployed ERTs relatively quickly (albeit within 26 days not three days as stipulated), but significant gaps were reported at critical moments in the response, as the ERT emergency skills were insufficient, and protection coordination actors were lacking across the organization. UNHCR was slow to deploy Fast Track recruits, with significant delays between initial requests and people being in post. This was particularly the case for national staff who followed a heavy multi-layered recruitment process in the absence of more strategic and nimble HR management. UNHCR eventually provided staff in Tigray with medical care, psychosocial and well-being support, and clinics that became operational in February 2022. But staff initially faced very difficult conditions dealing with COVID-19, violent conflict, high workloads, understaffing and cases of isolation.

**10. There was a lack of credible information to inform the response.** The UNHCR L3 response struggled with limited data, information, evidence, and analysis needed to guide a more relevant and effective response. UNHCR conducted IDP needs assessments, CBPM and other interactions with IDPs, but its IDP strategy was not informed by needs assessments. It lacked information about rapidly increasing and changing needs, and data were poor regarding people with special needs and Eritrean refugees. UNHCR needs assessments identified priority needs (food, CRIs, shelter) in 2021, and shaped more relevant aid packages, but they lacked scale and specificity beyond accessible locations, and could not identify priority needs and areas to guide assistance. Regarding results monitoring, UNHCR's IDP strategy lacked measurable objectives, and the operation had insufficient M&E capacities and means to aggregate data and identify trends. Its results-based management system remained in development, as reporting switched from FOCUS in 2020–2021 to COMPASS in 2022. Regarding use of evidence, the RTR was a useful mechanism to inform the response and its redirection, but UNHCR appeared to lack other mechanisms for supporting evidence-based decision-making.

**11. The response was reactive.** While the UNHCR L3 response overall was agile, it was also reactive as UNHCR operated in a highly constrained humanitarian environment. UNHCR committed to upholding humanitarian principles, engaging both with the central government at national level and the TPLF at regional level. In practice, it struggled to uphold these principles given the conflict dynamics. UNHCR, indeed the humanitarian system more broadly, faced a violent conflict, disregard for international humanitarian law and



the protection of civilians, attacks on civilian populations and infrastructure, grave violations of human rights, and high numbers of civilian casualties. It faced overwhelming needs across northern Ethiopia that exceeded its capacity to respond, major constraints to access, strict control on how and where aid was delivered, and tight restrictions on movements. It was denied access to Eritrean refugee camps for long periods. It faced logistic challenges as roads, flights and communications to Tigray were cut off; restrictions on the transport of food, medicine, and other items; and strict controls on importing fuel, cash, and other goods. It faced security risks that prevented staff from leaving offices, attacks on aid workers and threats of violence to staff, as well as requirements for resident permits to be in Tigray, and the risk of expulsion – as illustrated by seven UN officials, including senior UNHCR officials, being declared personae non gratae.

In this context, UNHCR responded with agility, flexibility, and energy, using adapted modalities for the protection of IDPs, filling gaps in the inter-agency response, and devising solutions to access populations (such as crossing the broken Tekeze Bridge with ropes to reach refugees in Mai-Aini and Adi-Harush camps). Despite all their efforts, however, it is unclear whether the UN in general and UNHCR, could have been more effective in addressing humanitarian access challenges.

The evaluation identified several good practices that could be replicated or scaled up including:

- **Emergency Transition Task Team** - Led by the Deputy Representative and comprising the Principal Emergency Coordinator and Heads of Units in Addis Ababa, the establishment of an Emergency Task Team to ensure an affective transition from the DESS ERT, enhance preparedness, provide field support, and coordinate emergency support needs was a good practice. However, this mechanism did not seem to have been able to sufficiently and effectively unblock bottlenecks related to internal business processes.
- **Community-Based Protection Monitoring (CBPM)**, which provided data on protection risks across specific communities and sites, informed a tailored response design (see Section 4.2) and stands out as a good practice and means to identify PSN.
- **Protection Help Desks:** To overcome restrictions in fuel and transport, UNHCR decentralized protection assistance by setting up protection help desks in across the region that brought assistance closer to people in need and that was used to identify individual protection risks, complement information coming from needs assessments and expand UNHCR's protection presence, which was particularly important in Tigray.

The evaluation concludes by stressing the importance in fast moving major emergencies of creating more structured moments of reflection, learning and adaptation before, during and after to inform current and future emergency responses. This is not a luxury but an essential component of an agile management system.

## 6. Recommendations

Recommendations	
From Conclusions 1, 2 → Consolidate inter-agency leadership	CO
<p>1. <b>In follow up to the current “peace agreement”, UNHCR should review its leadership role in the inter-agency IDP response to define its ongoing contributions to the inter-agency humanitarian response and continue to ensure the centrality of protection in all humanitarian action in northern Ethiopia. Humanitarian principles must be at the core of the UNHCT/interagency protection strategy and a firm basis for its ongoing relationship with the RRS as visions, plans and programmes under RRS’ new mandate are established.</b></p> <p>Suggested actions:</p> <ul style="list-style-type: none"> <li>• Ensure continuous and appropriate protection and CCCM cluster coordination and leadership at subnational level in northern Ethiopia.</li> <li>• Build on and expand protection interventions, for both IDPs and host communities and go beyond life-saving assistance, reassessing protection risk and amend protection strategies.</li> <li>• Make use of the long-term relationship with RRS and its expanded mandate for IDPs to optimize synergies, coordination, and collaboration in favour of protection in humanitarian crisis going forward.</li> <li>• Leverage high-quality data and analysis, as well as knowledge, to strengthen inclusive collaboration in the HCT response.</li> </ul>	
From Conclusion 3 → Scale up solutions	CO
<p>2. <b>The evaluation confirms the policy directive that orients UNHCR operations to work towards solutions from the onset of displacement. UNHCR in Ethiopia should continue to build upon its current joint planning for IDP solutions and contribute to sustainable reintegration/integration, ending IDP needs and preventing a protracted crisis.</b></p> <p>Suggested actions:</p> <ul style="list-style-type: none"> <li>• Consolidate the current Durable Solutions initiatives in leading solutions aligned with the 2019 UNHCR IDP policy and the UN Secretary-General’s Action Agenda on IDPs.</li> <li>• Follow the current peace agreement and assess how solutions for northern Ethiopia can be merged into the CO’s ongoing solutions initiatives.</li> <li>• Use the strategic planning process for the MYSP 2025 to consolidate a transition towards a whole of displacement approach that goes beyond IDP return service delivery (context-dependent).</li> <li>• Expand a whole-of-society approach, including civil society, national human rights institutions, and the private sector.</li> <li>• Ensure solutions are locally owned and informed by IDPs and host communities through meaningful participation and inclusion.</li> <li>• Consolidate development solutions by linking them to development partners and donors as per the Multi-year Strategy 2022–2024.</li> <li>• Increase operational support and funding for solutions where possible.</li> </ul>	
From Conclusion 4 → Include refugees	CO

3. **UNHCR must ensure that vulnerable populations of Eritrean refugees receive necessary protection. This should start with identifying the whereabouts of refugees displaced from the destroyed camps in Tigray and ensuring registration as a protection critical activity.**

Suggested actions:

- Develop approaches or review how to better protect Eritrean refugees.
- Revisit protection and solutions for refugees in Tigray.
- Promote a framework to the Ethiopian government, to help better coordinate and harmonize a mixed IDP and refugee humanitarian response.
- Advocate to the RRS for additional NGO/INGO partners to support refugee responses in humanitarian crises.
- Continue the construction of refugee sites and refugee inclusion as per the GCR and the Multi-year Strategy 2022–2024.
- Expand the urban refugee CBI response in Addis Ababa and revisit the amounts of cash distributed.
- Continue to innovate in preventing and responding to mental health and GBV.

From Conclusions 8, 9 → Address L3 roadblocks

**DESS,  
DHR, RB,  
CO**

4. **UNHCR should address key efficiency challenges arising from the L3 response at a corporate level. These include challenges related to emergency preparedness, and streamlining of internal procedures and businesses processes, e.g., supply processes, and staff recruitment and deployments – particularly of national staff fast-tracks. Implementing a “whole-of-UNHCR” response at speed, at scale and at multiple levels will always be difficult, but UNHCR processes can be improved by addressing persistent barriers. The oversight role of the RB is critical. An important part of addressing preparedness should be the thorough familiarization of emergency staff with fast-track procedures and authorities in an L3 emergency response.**

Suggested actions:

- The response was hindered by insufficient preparedness in early 2021. Solutions may involve ensuring the emergency preparedness system reliably escalates from risk analysis to L1, L2 and L3. It may also involve clarified accountabilities at CO, RB, and HQ levels.
- The response scale-up was hindered by internal processes that were poorly adapted for emergencies, which reduced the quality, effectiveness, and efficiency of the response. Solutions may involve ensuring that all relevant CO/RB staff are trained on the rules and flexible processes as described in the UNHCR Emergency Handbook and standard operating procedures. It may involve clarified accountabilities for using simplified procedures and working to accelerated time frames in emergencies.
- In the response, UNHCR struggled to deploy the right people at the right time, leading to insufficient cluster coordination capacity at subnational level and gaps between deployments, which negatively affected UNHCR’s leadership. Solutions may involve more streamlined procedures for Fast Track deployments, corporate approaches to emergency staffing and more delegation of authority to subnational level for hiring national Fast Track staff and for signing PPAs.

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